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MALE NURSING STUDENTS' EMOTIONAL INTELLIGENCE, CARING BEHAVIOR AND RESILIENCE

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Research examining males in nursing education has provided data for understanding male nursing students. It is encouraging to note that many males view nursing as an appropriate profession for them. They find the experience to be a challenging one. The primary aim of this study is to determine the relationships of emotional intelligence, caring behavior and resilience among third and fourth year male nursing students in a tertiary educational institution in Manila. This study made use of descriptive correlational design and purposive sampling technique in data collection. A researcher developed questionnaire was used as a tool in measuring the respondents' emotional intelligence, caring behavior and resilience. It employed Pearson-product-moment correlation to ascertain the relationship among male nursing students' emotional intelligence, caring behavior and resilience. With the participation of 186 third and fourth year male nursing students recruited from a tertiary educational institution in Manila, findings revealed that there is a significant relationship between male nursing students' emotional intelligence and caring behavior ($r=0.390$, $p\leq0.01$), emotional intelligence and resilience ($r=0.365$, $p\leq0.01$) and caring behavior and resilience ($r=0.568$, $p\leq0.01$). These findings suggest the incorporation of emotional intelligence into clinical practice and integration of emotional and intellectual data into decision-making. Nurse educators should continue to stress on caring behavior in the nursing curriculum and further research is needed to explore how resilience can be developed in nursing students.

Keywords: Emotional intelligence, Caring behavior, Resilience, Male nursing students.

Introduction

Undoubtedly, nursing is the health profession with the widest numerical disparity between men and women practitioners. In fact, it is well documented in the literature that nursing has traditionally been viewed as a predominantly female profession (Dyck, Oliffe, Phinney & Garrett, 2009). When the concept of male nurse was examined from national and international historical perspectives, it was seen that the percentage of male nurses has been very low (Saritass, Karadag & Yildirim, 2009). Recent trends, however, suggest that despite being a minority, the number of males entering nursing is increasing (Stott, 2004). More men are choosing nursing than in the past decades (Dyck, Oliffe, Phinney & Garrett, 2009) and exposure to excellent male nurse professionals motivates them to consider nursing as a career. It can only be assumed that such exposure during academic experiences will be useful in motivating male nursing students to complete their course (Stott, 2007). Male nursing students are scrutinized more closely (Anthony, 2004), expected to perform at

a higher level and experience more pressure than female students to be assertive and take on leadership role (Dyck, Oliffe, Phinney & Garrett, 2009) in the nursing field.

Today, there is great pressure on being a male nurse and one needs to be prepared for criticism and stress when entering this field (Wang, Li, Hu, Chen, Gao , Zhao & Huang, 2010). Liang (2004), reports that the main barriers for male nurses are social values, relatives and friends and family resistance. The stereotypes tie nursing to femininity and, thus, discourage men from becoming nurses. Additionally, the extremely small number of male nurses in the hospital makes people feel that it is a strange thing for a man to be a nurse (Wang, Li, Hu, Chen, Gao, Zhao & Huang, 2010). However, Kleinman (2004) posits that men are overrepresented in high-technology specialties of nursing such as intensive, perioperative, and emergency care. Male nurses are considered to be a "scarce resource" in hospitals, thus, creating a strong demand for them in the job market. With increasing awareness of their capabilities such as perseverance and physical strength, hospitals would prefer them. With more male nurses in the nursing profession, clinical practice, nursing administration and nursing education will be improved (Li, Zhang & Hu, 2009).

On one hand, nursing education programs fail to create an environmental infrastructure for attracting and recruiting men to the nursing profession, such as lack of male professors and clinical instructors (Smith, 2006). Moreover, teaching contents and textbooks are not gender sensitive (Wang, Li, Hu, Chen, Gao, Zhao & Huang, 2010). It would be beneficial for the profession to accept applicants without gender discrimination (Saritass, Karadag & Yildirim, 2009). Despite the fact that male students are a minority, men consistently ask more questions, make more comments and contribute to discussions more than their female colleagues (Dyck, Oliffe, Phinney & Garrett, 2009).

In a profession where nurses are faced with life-and-death decisions, all data, including data obtained from emotions, can be considered critical. Improved decision making and problem solving is one reason that emotional intelligence has been identified as a characteristic of effective nursing performance (McQueen, 2004; Moyer & Wittmann-Price, 2008). Numerous other reasons why emotional intelligence may be related to effective nursing performance have been reported (Bellack, 1999; Brewer & Cadman, 2000; Evans & Allen, 2002; McQueen, 2004; Moyer & Wittmann-Price, 2008; Strickland, 2000; Tahan, 2000). One such reason is that emotions are essential to creating and maintaining a caring environment (Smith, 2005). The nurse's ability to establish rapport with patients, manage their own emotions, and empathize with patients is essential to providing quality care (Evans & Allen, 2002). Enhancing emotional intelligence skills may help nurses cope with the emotional demands of the healthcare environment which can be stressful and exhausting and can potentially lead to burnout (McQueen, 2004; Moyer & Wittmann-Price, 2008).

Stott (2007) assert that there is a gender difference in terms of the expectation of being able to exhibit caring behavior in that male nurses' expectations were significantly lower than female nurses. Further, there were no significant differences found between the male and female nurses' perceptions of actions to represent caring behavior. Various studies have shown that, when male nurses touch women in private areas such as on the breast or in the genital area, women's stress level increases. In other words, female patients are not comfortable with having male nurses providing care for them (Inoue, 2006). Male nurses are not as careful as the female nurses, and that injections given by them were experienced to be more painful. Wang, Li, Hu, Chen, Gao, Zhao and Huang (2010) aver that women patients are more comfortable in communicating with female nurses.

Interestingly, Por, Bariball, Fitzpatrick & Roberts (2010) aver that students who have high emotional intelligence are better at managing the emotions evoked by the demands of their nursing program and, therefore, experience less stress. McAllister & McKinnon (2008) affirm that as resilience is a personal and cultural strategy for surviving and even transcending adversity, the

concept can be used to explore and understand health professionals who survive in their workplace. Further, research within health professional groups that experience high exposure to potentially traumatic experiences, such as emergency nurses and ambulance and paramedic personnel, has found those characteristics such as extroversion, openness, agreeableness, conscientiousness and coping levels influence posttraumatic growth (Shakespeare-Finch, Gow & Smith, 2005). However, exploratory and intervention-based research using resilience to deal with stress in the health workplace is only in its infancy (Gillespie, 2007; Jackson, 2007).

While studies on emotional intelligence, caring behavior and resilience abound among female nurses, there is a paucity of literature within the domain of male nurses in the context of these three variables, hence, this study. It aimed to correlate the emotional intelligence, caring behavior and resilience among junior and senior male nursing students in a comprehensive university in Manila.

Through this study, male nursing students performance may be improved by preparing them to not only critically think but to integrate emotional intelligence to clinical practice; the incorporation of both emotional and intellectual data into decision-making will afford male nurses the potential to improve both nursing performance and patient outcomes; and this will contribute to the body of knowledge since few studies were conducted in global and national setting.

Literature Review

Emotional Intelligence

In the early 1990s, the term emotional intelligence was defined in the scientific literature by Salovey and Mayer (1990) as a subgroup of social intelligence that includes the capability to examine feelings and emotions, to distinguish between them, and to utilize these data to direct one's reasoning and action. The public's attention was drawn to the concept with the release of two books by Goleman: Emotional Intelligence (1995) and Working with Emotional Intelligence (1998). Goleman postulates a broad interpretation of emotional intelligence that defines it as the ability to distinguish feelings, to motivate themselves, and to manage emotions in themselves and in their relationships. His definition includes such meanings as: self-awareness, self-regulation, motivation, empathy, and social skills (Goleman, 1998). This is a much less cohesive and less unified definition of emotional intelligence than Salovey's and Mayer's (1990) conceptualization. Given the vast number of potentially intervening variables, Goleman's broad definition makes it difficult to operationalize the concept for empirical studies (Mayer, 2008). Further complicating matters, promoters of this broad, popular definition have made some potentially misleading or misunderstood statements about the value of emotional intelligence making such claims as it is a major predictor of success (Goleman, 1995). Although emotional intelligence is an important variable, the popular press which promotes this broad definition appears to have overstated the influence of emotional intelligence (Mayer, 2008).

Emotional intelligence is the ability to be sensitive to one's own feelings and those of others, to be in control of oneself, to motivate one's self and influence others, to manage emotions effectively and can be developed to promote emotional, intellectual and professional growth (Bar-On, 2006). The attributes of emotional intelligence are important for overall well-being which influences one's ability to succeed in life. Together with cognitive intelligence, emotional intelligence forms an important part of general intelligence; it develops over time, changes throughout life, and can be improved through training as well as therapeutic techniques (Bar-On, Maree & Elias, 2007).

The attributes (Communication Skills, Interpersonal Skills, Personal Motivators, Self awareness, Self Management, Social Awareness, Social Skills) of emotional intelligence are integral to professional nursing. Nursing values caring and nurtures its members to gain knowledge

of self including intrapersonal and interpersonal skills, to manage emotions and to develop empathic and therapeutic nurse-client relationships. Nurses have long fostered supportive and positive collaborative work environments and have used emotional intelligence attributes in their interactions with peers, colleagues and clients (McQueen, 2004). Baetiong (2007) posited that individuals with high emotional awareness and sensitivity have better chances to communicate with other people and handle different kinds of circumstances. Emotional intelligence is significant for the development of nursing leaders to deal with the ever-changing landscape of healthcare and to stem the tide of burnout among professional nurses (Cummings, Hayduk & Estabrooks, 2005). Characteristics and outcomes attributed to effective nursing leadership and the caring nurse-patient relationship such as empathy, self-awareness, motivation, self-control and adeptness in relationships have been closely aligned with emotional intelligence (Akerjordet & Severinsson, 2008).

Meanwhile, Montes-Berges and Augusto (2007) explore the role of perceived emotional intelligence, social support and coping and mental health of nursing students. Results show that students with higher emotional clarity scores (had a clear perception of their stress) use less time focusing on their emotional reactions and sought out appropriate resources, strategies and support to address their distress. Moreover, emotional intelligence is a skill that is important in coping with negative stress in nursing.

Similarly, Evans and Allen (2002) acknowledge the need for nurses to manage their emotions and understand those of their patients, but note that, emotional intelligence has not been incorporated into nursing curricula. Freshwater and Stickley (2004) affirm that emotional intelligence "is at the heart of learning to care" and needs to be placed at the core of the nursing curriculum. While emotionally intelligent persons have been described as "likely to have qualities that are highly valued in professional nursing" (McQueen, 2004; Brewer & Cadman, 2000), there is little research in nursing to support his claim. The lack of evidence emphasizes the need to explore emotional intelligence among nursing students. In turn, this would assist nurse educators to understand and potentially facilitate the development of a high level of emotional intelligence among them (Freshwater & Stickley, 2004; McQueen, 2004).

Emotional intelligence brings together the emotions and intelligence by viewing the former as useful source of information that helps individuals to make sense of and navigate the social environment (Salovey & Grewal, 2005). Thus, it is important for nurses and nurse educators to understand the concept of emotional intelligence to be able to provide holistic care to clients. Furthermore, the integration of emotional intelligence concepts in pre nursing education may provide fresh insights into nursing recruitment, retention and ultimately patient/client outcomes.

Caring Behavior

Caring as an essential element of nursing is widely accepted among nurses. Nurses' caring approach enhances patient's health and well-being and facilitates health promotion. Nurses' caring behaviors were highly valued as important in providing quality patient care (Bermudez, 2011). Caring to be an interpersonal relationship indicates that it is a mutual endeavor of the nurse and the patient, encompassing both the feelings and the behaviors that occur between them. McQueen (2004) posits that in order to help patients feel being cared for, nurses should welcome them, must be polite, respectful and considerate.

There is a considerable amount of literature on the definition of caring in nursing practice, but the concept has rarely been defined in the context of nursing education. Some schools of thought also believe that caring is a highly complex phenomenon and need to be modeled in nursing education as a part of the hidden curriculum. Antiporta-Tee (2007) posited that not all "faculty, students and patients manifest or experience the same level of caring behavior".

Caring for students in nursing education is significant and nurturing a caring attitude in nursing education is important as this is the first place for students to learn about the most significant values and essence of their profession (Begum & Slavin, 2011).

Caring as an attitude of the nurse educators is different from the concept of caring that exists in nursing practice. In nursing practice, the focus of caring is on performing certain specific tasks for patients, such as providing hygienic care, giving medication on time and performing other specific nursing tasks. The concept of assisting, instructive acts, concern, coping and supporting that are associated with caring (Wade & Kasper, 2006; Leininger, 1988) occur in both nursing education and practice. Watson, Dreary, Thompson & Li (2008) suggest that to practice caring in education, teachers need to encourage students to help and support each other, and should provide them with opportunities to work in small groups. Caring for nursing students during their education is important as it empowers them to be confident and teaches them to develop a caring attitude towards others.

In 2011, Sanford, Townsend-Rocchiccioli, Quiett and Trim state that teaching students to communicate with and care for patients and their families has never been an easy task. To facilitate learning, use of high-fidelity human simulators is used as a tool to improve skills of nursing students (Hyland, 2009). Simulation exercises place students in situations where they must respond appropriately based on their theoretical knowledge. Further, students express that clinical exposure to patients is in itself the best preparation for enhancing future student nurse-patient relationships.

Resilience

The concept of resiliency has increasingly found its way into the nursing literature (Tusaie & Dyer, 2004). Nurses in all domains work with individuals and communities whose daily lives are defined by circumstances of extreme adversity and for whom resiliency is a way of life. Resilience is broadly defined as the capacity of individuals exposed to a negative event to remain healthy (Bonanno, 2004) and to cope flexibly with challenges of life (Breda, 2007). Resilient people are typically characterized by optimism, positive coping and firmness and these characteristics are associated with better physical and mental health outcomes (Connor & Davidson, 2003) and more positive adaptive behaviors to negative life events. Rew, Taylor-Seehafer, Thomas and Yockey, (2001) postulate that those with high levels of resilience are less likely to have mental health problems.

Moreover, the concept of resilience is a dynamic process by which individuals respond to environmental stimuli (Wiles, Wild, Kerse and Allen, 2011). Others emphasize that resilience is about balance, incorporating resistance and acceptance, rather than a matter of success or failure. Thus, resilience may be an ability to maintain a tension between, for example, contentment with what one has, against continual self-growth and active engagement in life (Reichstadt, Sengupta, Depp, Palinkas & Jester, 2010).

There is no doubt that discussions of resilience often start with topics related to individual characteristics and responsibilities, such as having a positive attitude (Wiles, Wild, Kerse & Allen, 2011) towards difficult situations or experiences (Hildon, Montgomery, Blane, Wiggins & Netuveli, 2010). It is not merely a trait or behavior, but a multidimensional, contextual and ongoing process. One might struggle in one area, such as financial or physical wellbeing, but be highly culturally, socially or environmentally resilient. It may mean the ability to incorporate both vulnerabilities and strengths across a range of areas and timeframes, rather than being a narrow measure of success or failure. Indeed, even those living with significant illness or hardship can be understood to be resilient. High levels of resilience help the individual to use the positive emotions for overcoming the unfavorable experiences and returning to the normal status (Hosseini & Besharat, 2010). A

study by Santiago (2010) revealed that resiliency is just as commonly practiced and happening among Filipinos.

McAllister and McKinnon in 2008 assume that, resilience theory should be a part of the educational content and taught in a way that promotes reflection and application in order to give students strength, focus and endurance in the workplace. Resilience and similar qualities ought to be emphasized in clinical experience courses, internships, work integrated learning and other work experience courses.

Theoretical Background

Emotional Intelligence Theory

Often referred to as EI, Emotional intelligence is about having the ability to understand and manage the emotions of oneself and also those around him/her. It was developed by Peter Salovey and John Mayer in 1997 as a psychological theory. Salovey and Mayer (1997) posited that "Emotional intelligence is the ability to perceive emotions, to access and generate emotions so as to assist thought, to understand emotions and emotional knowledge, and to reflectively regulate emotions so as to promote emotional and intellectual growth. They identified four different factors of emotional intelligence namely; the perception of emotion, the ability to reason using emotions, to discriminate among them and to use this information to guide one's thinking and actions. The first factor towards understanding emotions is to be able to recognize them as they occur in others. Second factor focuses on the ability to generate an emotion and act/react to it. Third factor involves the ability to interpret an emotion, its cause and meaning. The final factor is the ability to regulate your own emotions and respond to emotions in others to effectively manage the situation.

Moreover, Daniel Goleman, (2002), a psychologist who helped make the idea of EI popular, presented the concept of Emotional Intelligence as being encapsulated by four elements: (1) Self Awareness; (2) Self Management; (3) Social Awareness; and (4) Social Skills. Self-awareness refers to the ability to recognize and understand personal moods and emotions and drives, as well as their effect on others. A sure sign of self-awareness include self-confidence, realistic self-assessment, and a self-deprecating sense of humor. Self-awareness depends on one's ability to monitor one's own emotional state and to correctly identify and name one's emotions.

Self-Management refers to the ability to control or redirect disruptive impulses and moods, and the propensity to suspend judgment and to think before acting. Hallmarks include trustworthiness and integrity; comfort with ambiguity; and openness to change. Social awareness is the ability to understand the emotions of others around them and to get a good comprehension of their emotional makeup. The ability to treat people according to these emotional reactions is vital. This area is linked to empathy which refers to the ability to understand and see things in other peoples' view points, expertise in building and retaining talent, valuing diversity and appreciating the organizational goals. In essence this part of emotional intelligence is about understanding and being truly in touch with the complete demands of the environment and acting to suit those conditions. Social skills, the final element from Goleman's emotional intelligence theory, links leadership and emotional intelligence together. Individuals with good social skills are often very good communicators. Individuals who are good in this discipline are also good at conflict resolution and communicating the vision to others, enlightening them and creating motivation and inspiration throughout the team. They are experts at getting their team to support them and also believe in their leadership. They set the example for others to follow by demonstrating the acceptable behaviors and values. As future professionals, male nursing students should have a high level of emotional intelligence to perform well under pressure, set very high standards for himself and his team, make

most of their ability and always give their one hundred percent and be a good team player. Hence, the aforementioned theory provides a strong basis to be used in the study.

Theory of Transpersonal Caring

Theory of Transpersonal Caring by Watson also called Theory of Human Caring was developed in 1979. This theory has evolved over the years but the basic premise remains the same. It emphasizes the humanistic aspects of nursing in combination with scientific knowledge. Watson designed this theory to bring meaning and focus to nursing as a distinct health profession. She believes that "Caring" is an endorsement of professional nurses identity. The Caring Theory is composed of (1) Carative Factors; (2) Transpersonal Caring Relationship; and (3) Caring Moments.

Carative factors includes formation of a Humanistic-altruistic system of values; instillation of faith-hope; cultivation of sensitivity to one's self and to others; development of a helping-trusting, human caring relationship; promotion and acceptance of the expression of positive and negative feelings; stematic use of a creative problem-solving caring process; promotion of transpersonal teaching-learning; provision for a supportive, protective, and/or corrective mental, physical, societal, and spiritual environment; assistance with gratification of human needs and allowance for existential-phenomenological- spiritual forces. Some examples of "carative factors" include; showing kindness, concern and love of self and others; enabling and sustaining faith and hope; showing sensitivity to others and to oneself, using interpersonal communication skills to create trusting, helping, and caring relationships, accepting the emotions and feelings of others, and encouraging others to share those emotions and feelings, promoting teaching and learning based on an assessment of the patient's perception and feelings, creating an environment that is supportive, protective, and advances physical, emotional, and spiritual health and well-being, attending to the basic human needs of the patient and attending to the existential and spiritual needs of the patient.

Transpersonal Caring embodies a spirit to spirit, heart-to-heart connection through the full presence of the nurse with Caritas Loving consciousness and intentionality in the moment. Transpersonal caring radiates a field of caring beyond the two people, but a process that becomes part of the life journey and greater complexity of life. A transpersonal caring transcends time, space and physicality and affects both nurse and patient which both carry into their life processes as long as they live. It is this human caring moment which informs the next moment and potentiates healing and wholeness. In this model of caring/ Caritas nursing is not just doing, but involves informed, consciousness intentional way of being. Caring moments also extend to uninterrupted time spent with family members. She believes that these caring moments transform both the patient and the nurse. Examples of "caring moments" or "moments of truth" are: entering the patient's room, shaking the patient's hand, making eye contact with the patient, explaining a procedure and making the patient's environment more comfortable. Nurse's role in Caring Theory includes: establishing a caring relationship with patients, showing unconditional acceptance and using a holistic treatment approach (one that includes treating the mind, soul, and spirit as well as the body), spending uninterrupted time with patients – something Watson calls "caring moments" and promoting health through knowledge and intervention. In a caring profession like nursing, male students are expected to imbibe these characteristics. Hence, this caring theory provides a strong basis for the application of good caring behavior to every male nursing student.

Resilience Metatheory

Resilience metatheory was developed by Richardson in 2002. Resilience metatheory presented a conceptualization of resilience that not only embodies previous conceptualizations, but also

identified the source of resilience as the individual's spirit, quanta, chi—the inner being of an individual—and, thus, potentially available to all individuals. Resilience as an innate energy or life force is a resource on which individuals can draw to cope more effectively during stressful situations (positive adaptation) and use the experience as a learning experience to restore and strengthen the biopsychosocial- spiritual well-being of the self and reduce their vulnerability to future stress (positive transformation) through greater resilience. Positive adaptation and transformation allow for reframing of stressful experiences or situations whereby the experience is no longer viewed as stressful and personal changes and positive meaning can be attributed to the experience.

Male nursing students oftentimes experience stressful situations in their daily lives most especially in the course of their study. These situations enable them to be more adept to the different facets of life and make them learn from those experiences to be more flexible and be able to surpass all the hardships. The resilience metatheory is very much applicable in this study since the respondents are being molded as future professionals which should be ready to face life challenges positively.

Methods

Design

The researcher utilized descriptive correlational design to determine the correlation between the emotional intelligence and caring behavior, emotional intelligence and resilience and caring behavior and resilience of male nursing students. Descriptive correlational design is used in studies to determine relationship rather than to infer causal-pathways of the variables (Polit & Beck, 2008). This type of study is used in nursing research because some nursing problems are not amenable to experimentation (Polit & Beck, 2008). Descriptive study focuses on the identification of the degree of relationship that exists between variables (Graziano & Raulin, 2000). The use of correlation research in this study provided the researcher to collect data pertaining to emotional intelligence, caring behavior and resilience of male nursing students.

Site

The researcher conducted the study in a tertiary educational institution in Manila. The chosen institution is a private sectarian university, which offers a four-year program consisting of general education and professional courses with related learning experience leading to the degree of Bachelor of Science in Nursing. The researcher chose the said institution because of the considerable large number of male nursing students (third year = 140; fourth year = 110), accessibility to the respondents and familiarity of the location.

Sample

Purposive sampling technique was used in the study. It is a type of sampling in which, persons are deliberately selected for the important information they can provide that cannot be taken from other choices (Maxwell, 1997; Teddlie & Yu, 2007). The respondents were selected based on the following criteria: (1) Third and Fourth year male nursing students enrolled in the first semester of academic year 2012-2013; (2) 18-22 years old; (3) with one to one and a half years clinical

experience; and (4) willingness to participate as respondents. One hundred eighty six of 206 junior and senior male nursing students responded (90.29%).

Instrumentation

A researcher-developed questionnaire adapted from the following sources: Assessing and measuring caring in nursing and health science by Jean Watson (1979); Emotional Intelligence Test for students by Daniel Goleman (1995); 2008 Personal Resilience Assessment Tool of Kathryn Stratton from Adelaide South Australia, Principal Consultant Career Diagnostics was utilized to collect data and information from respondents in a consistent and standardized manner. The questionnaire is divided into two parts. The first part of the questionnaire includes the respondents' robotfoto which pertains to the demographic data of the respondents. The second part is a 53-item scale using an 8-point Likert Scale composed of 16 item questions on emotional intelligence, 12 item questions on caring behavior and 25 item questions on resilience respectively. The use of 8-point Likert Scale is advantageous because of the variance in options that it provides the respondents (Mc Donnel, 2001; Friborg, Martinussen & Rosenvinge, 2006). The indicators are stated both negatively and positively.

Data Gathering

The respondents were chosen from third and fourth year male nursing students currently enrolled in the first semester of academic year 2012-2013; 18-22 years of age; with one to one and a half years clinical experience; and were willing to participate in the study. They were selected through purposive sampling technique. The researcher explained to the respondents the goal and purposes of the study. After the detailed explanation of the study, the researcher reminded the respondents of their freedom to withdraw from the study and their non-participation would not be held against them. The respondents were also reminded that whatever information gathered from them would strictly be kept confidential. They were asked to sign a consent form as a proof that they agreed to participate. The questionnaires were handed over to the respondents who agreed to participate in the study. 186 questionnaires were retrieved out of the 206 questionnaires distributed. Results of the respondents' answers were tallied, collated, analyzed and interpreted. Data encoding was done using MS Excel.

Ethical Consideration

The researcher observed certain ethical principles in the study. Before conducting the study, approval from the institution was sought. After the approval, the researcher took note of the schedules of the respondents to explain the nature of the proposed study. Respondents were asked to sign an informed consent to signify approval. Clarifications from respondents were entertained. Full disclosure, right to participate, voluntary withdrawal, and freedom from coercion of the respondents were explained. Names of respondents were not disclosed. Control numbers were used instead of the names and any other personal information as representation to a particular respondent. Information gathered was kept with utmost confidentiality.

Data Analysis

Data were analyzed using Pearson-product-moment correlation version 20. It is a parametric measure of association for two variables. It measures both the strength and the direction of a linear

relationship. An r of 0.8 and above is considered a high coefficient, an r around 0.5 is considered moderate and an r of 0.3 and below is considered a low coefficient.

Results and Discussion

Table 1 and 2 depict the indicators of emotional intelligence and caring behavior of male nursing students. Notably, the respondent's top answers include: I freely admit to making mistakes, While I might not enjoy doing the more difficult parts of my job (approximately 10%), when I finish I feel proud and more confident, I am sensitive to other people's emotions and moods, I am aware of how my behavior impacts others and I can receive feedback or criticism without becoming defensive for emotional intelligence; I sustain eye contact during patient interaction, I verbally respond to an expressed concern, I verbally validate patient's emotional status, I explain procedure prior to initiation and I provide physical comfort measures for caring behavior. Table 3 shows the relationship between male nursing students' emotional intelligence and caring behavior. Findings reveal that there is a low coefficient between male nursing students' emotional intelligence and caring behavior. Emotions are perceived as vital to genuine, authentic, and compassionate relationships and therefore understanding emotion is a professional requirement of competent nursing practice (Bellack, 1999; Freshwater, 2004; McQueen, 2004). The results are consistent with the findings of Smith, Profetto-McGrath & Cummings (2009) which confirmed that emotional intelligence skills of students improve their competencies related to stress, initial and future decision-making, and impact clinical learning situations. Further, emotional intelligence skills ease student nurse transition into practice. Emotional intelligence skills and competencies educate nurses about emotion and make explicit notions of caring and competent nursing care within human relationships. Emotionally intelligent nursing care positively impacts patient outcomes (Snow, 2001; Vitello-Cicciu, 2002; Willard, 2006) because emotional situations are managed at a personal and team level. Emotionally intelligent practitioners directly impact the health care environment and patient health. The emotions of nurses and the quality of patient care they provide are linked. Therefore, the hypothesis that there is a significant relationship between male nursing students' emotional intelligence and caring behavior is thus accepted.

Table 1. Indicators of Emotional Intelligence.

Indicators of Emotional Intelligence	N	Minimum	Maximum	Mean	Std. Deviation
I freely admit to making mistakes.	186	1	8	6.88	1.358
While I might not enjoy doing the more difficult parts of my job (approximately 10%), when I finish I feel proud and more confident.	186	1	8	6.78	1.436
I am sensitive to other people's emotions and moods.	186	1	8	6.46	1.426
I am aware of how my behavior impacts others.	186	2	8	6.44	1.359
I can receive feedback or criticism without becoming defensive.	186	1	8	6.17	1.637
I communicate my needs and feelings honestly.	186	1	8	6.16	1.615
I can pull myself together quickly after a setback.	186	1	8	6.11	1.402
I calm myself quickly when I get angry or upset.	186	1	8	6.08	1.630
I pay attention & listen without jumping to conclusions.	186	2	8	6.06	1.276
I stay relaxed and composed under pressure.	186	1	8	6.00	1.492
I stay focused (not lost in unimportant details or procrastination) in getting a job done.	186	2	8	5.92	1.481
I can identify negative feelings without becoming distressed.	186	1	8	5.89	1.543

I take regular time out (once a month/quarter) to reflect on my core purpose and vision for how I want to live my life.	186	1	8	5.73	1.799
I find about 10% of my job more difficult than the rest of everything I do.	186	1	8	5.73	1.558
if I didn't have to do about 10% of my job, I would really enjoy my job.	186	1	8	4.93	2.059
I avoid about 10% of my job because I find it difficult.	186	1	8	4.37	2.091
Valid N (listwise)	186				

Table 2. Indicators of Caring Behavior.

Indicators of Caring Behavior	**N**	**Minimum**	**Maximum**	**Mean**	**Std. Deviation**
I sustain eye contact during patient interaction.	186	3	8	6.90	1.210
I verbally respond to an expressed concern.	186	2	8	6.53	1.218
I verbally validate patient's emotional status.	186	3	8	6.48	1.067
I explain procedure prior to initiation.	186	3	8	6.44	1.194
I provide physical comfort measures.	186	1	8	6.40	1.292
I verbally reassure patient during care.	186	1	8	6.35	1.337
I discuss topics of patient concern other than current health problems.	186	1	8	6.08	1.397
I verbally validate patient's emotional status.	186	1	8	5.94	1.352
I share personal observations or feelings (self-disclosing) in response to patients expression of concern.	186	1	8	5.76	1.563
I enter patients room without solicitation.	186	1	8	5.03	2.343
I touch patient exclusive of procedure.	186	1	8	4.81	1.904
I sit down at bedside.	186	1	8	4.13	2.204
Valid N (listwise)	186				

Table 3. Relationship between Emotional Intelligence and Caring Behavior.

Variable	Emotional Intelligence
Caring Behavior	.390**

* Significant at ≤ 0.05 level

** Significant at ≤ 0.01 level

Table 4. Indicators of Emotional Intelligence.

Indicators of Emotional Intelligence	N	Minimum	Maximum	Mean	Std. Deviation
I freely admit to making mistakes.	186	1	8	6.88	1.358
While I might not enjoy doing the more difficult parts of my job (approximately 10%), when I finish I feel proud and more confident.	186	1	8	6.78	1.436
I am sensitive to other people's emotions and moods.	186	1	8	6.46	1.426
I am aware of how my behavior impacts others.	186	2	8	6.44	1.359
I can receive feedback or criticism without becoming defensive.	186	1	8	6.17	1.637
I communicate my needs and feelings honestly.	186	1	8	6.16	1.615
I can pull myself together quickly after a setback.	186	1	8	6.11	1.402
I calm myself quickly when I get angry or upset.	186	1	8	6.08	1.630
I pay attention & listen without jumping to conclusions.	186	2	8	6.06	1.276
I stay relaxed and composed under pressure.	186	1	8	6.00	1.492

I stay focused (not lost in unimportant details or procrastination) in getting a job done.	186	2	8	5.92	1.481
I can identify negative feelings without becoming distressed.	186	1	8	5.89	1.543
I take regular time out (once a month/quarter) to reflect on my core purpose and vision for how I want to live my life.	186	1	8	5.73	1.799
I find about 10% of my job more difficult than the rest of everything I do.	186	1	8	5.73	1.558
if I didn't have to do about 10% of my job, I would really enjoy my job.	186	1	8	4.93	2.059
I avoid about 10% of my job because I find it difficult.	186	1	8	4.37	2.091
Valid N (listwise)	186				

Table 5. Indicators of Resilience.

Indicators of Resilience	N	Minimum	Maximum	Mean	Std. Deviation
I feel proud that I have accomplished things in life.	186	2	8	7.29	1.051
Keeping interested in things is important to me.	186	3	8	7.25	.927
I can usually find something to laugh about.	186	1	8	7.24	1.177
My life has meaning.	186	1	8	7.12	1.458
I am friends with myself.	186	1	8	6.83	1.466
I can be on my own if I have to do.	186	1	8	6.81	1.325
My belief in myself gets me through hard times.	186	1	8	6.65	1.460
In an emergency, I'm someone people can generally rely on.	186	1	8	6.60	1.321
I can get through difficult times because I've experienced difficulty before.	186	1	8	6.59	1.385
I usually manage one way or another.	186	2	8	6.58	1.179
I am determined.	186	1	8	6.56	1.459
I can usually look at a situation in a number of ways.	186	1	8	6.55	1.311
When I'm in a difficult situation, I can usually find my way out of it.	186	1	8	6.51	1.400
I keep interested in things.	186	1	8	6.48	1.411
Sometimes I make myself do things whether I want to or not.	186	1	8	6.46	1.521
I am able to depend on myself more than anyone else.	186	1	8	6.44	1.319
I usually take things in stride.	186	2	8	6.26	1.261
When I make plans, I follow through with them.	186	2	8	6.11	1.404
I have enough energy to do what I have to do.	186	1	8	6.10	1.598
It's okay if there are people who don't like me.	186	1	8	5.90	2.289
I feel that I can handle many things at a time.	186	1	8	5.84	1.618
I do not dwell on things that I can't do anything about.	186	1	8	5.71	1.984
I have self-discipline.	186	1	8	5.62	1.761
I take things one day at a time.	186	1	8	5.55	1.604
I seldom wonder what the point of it all is.	186	1	8	5.53	1.780
Valid N (listwise)	186				

Table 6. Relationship between Emotional Intelligence and Resilience.

Variable	Emotional Intelligence
Resilience	.365**

* Significant at ≤ 0.05 level

** Significant at ≤ 0.01 level

Table 4 and 5 depict the indicators of emotional intelligence and resilience of male nursing students. Clearly, the respondent's top answers include: I freely admit to making mistakes, While I might not enjoy doing the more difficult parts of my job (approximately 10%), when I finish I feel proud and more confident, I am sensitive to other people's emotions and moods, I am aware of how my behavior impacts others and I can receive feedback or criticism without becoming defensive for emotional intelligence; I feel proud that I have accomplished things in life, Keeping interested in things is important to me, I can usually find something to laugh about, My life has meaning and I am friends with myself for resilience. Table 6 shows the relationship between male nursing students' emotional intelligence and resilience. Findings reveal that there is a low coefficient between male nursing students' emotional intelligence and resilience. The results are consistent with the findings of Por, Bariball, Fitzpatrick & Roberts (2010) that students who have high emotional intelligence are better at managing the emotions evoked by the demands of their nursing program. In addition, Ong, Bisconti & Wallace (2006) confirmed the association between resilience and positive emotion. Further, students are able to regulate negative emotions and demonstrate receptive reaction to daily stressful life events. In general, resilient people are believed to possess positive emotions, and such emotions in turn influence their responses to adversity. Therefore, the hypothesis that there is a significant relationship between male nursing students' emotional intelligence and resilience is thus accepted.

Table 7. Indicators of Caring Behavior.

Indicators of Caring Behavior	N	Minimum	Maximum	Mean	Std. Deviation
I sustain eye contact during patient interaction.	186	3	8	6.90	1.210
I verbally respond to an expressed concern.	186	2	8	6.53	1.218
I verbally validate patient's emotional status.	186	3	8	6.48	1.067
I explain procedure prior to initiation.	186	3	8	6.44	1.194
I provide physical comfort measures.	186	1	8	6.40	1.292
I verbally reassure patient during care.	186	1	8	6.35	1.337
I discuss topics of patient concern other than current health problems.	186	1	8	6.08	1.397
I verbally validate patient's emotional status.	186	1	8	5.94	1.352
I share personal observations or feelings (self-disclosing) in response to patients expression of concern.	186	1	8	5.76	1.563
I enter patients room without solicitation.	186	1	8	5.03	2.343
I touch patient exclusive of procedure.	186	1	8	4.81	1.904
I sit down at bedside.	186	1	8	4.13	2.204
Valid N (listwise)	186				

Table 8. Indicators of Resilience.

Indicators of Resilience	N	Minimum	Maximum	Mean	Std. Deviation
I feel proud that I have accomplished things in life.	186	2	8	7.29	1.051
Keeping interested in things is important to me.	186	3	8	7.25	.927
I can usually find something to laugh about.	186	1	8	7.24	1.177
My life has meaning.	186	1	8	7.12	1.458
I am friends with myself.	186	1	8	6.83	1.466
I can be on my own if I have to do.	186	1	8	6.81	1.325
My belief in myself gets me through hard times.	186	1	8	6.65	1.460

In an emergency, I'm someone people can generally rely on.	186	1	8	6.60	1.321
I can get through difficult times because I've experienced difficulty before.	186	1	8	6.59	1.385
I usually manage one way or another.	186	2	8	6.58	1.179
I am determined.	186	1	8	6.56	1.459
I can usually look at a situation in a number of ways.	186	1	8	6.55	1.311
When I'm in a difficult situation, I can usually find my way out of it.	186	1	8	6.51	1.400
I keep interested in things.	186	1	8	6.48	1.411
Sometimes I make myself do things whether I want to or not.	186	1	8	6.46	1.521
I am able to depend on myself more than anyone else.	186	1	8	6.44	1.319
I usually take things in stride.	186	2	8	6.26	1.261
When I make plans, I follow through with them.	186	2	8	6.11	1.404
I have enough energy to do what I have to do.	186	1	8	6.10	1.598
It's okay if there are people who don't like me.	186	1	8	5.90	2.289
I feel that I can handle many things at a time.	186	1	8	5.84	1.618
I do not dwell on things that I can't do anything about.	186	1	8	5.71	1.984
I have self-discipline.	186	1	8	5.62	1.761
I take things one day at a time.	186	1	8	5.55	1.604
I seldom wonder what the point of it all is.	186	1	8	5.53	1.780
Valid N (listwise)	186				

Table 9. Relationship between Caring Behavior and Resilience.

Variable	Caring Behavior
Resilience	0.568**

* Significant at ≤ 0.05 level
** Significant at ≤ 0.01 level

Table 7 and 8 depict the indicators of caring behavior and resilience of male nursing students. Tellingly, the respondent's top answers include: I sustain eye contact during patient interaction, I verbally respond to an expressed concern, I verbally validate patient's emotional status, I explain procedure prior to initiation and I provide physical comfort measures for caring behavior; I feel proud that I have accomplished things in life, Keeping interested in things is important to me, I can usually find something to laugh about, My life has meaning and I am friends with myself for resilience. Table 9 shows the relationship between male nursing students' caring behavior and resilience. Findings reveal that there is a moderate coefficient between male nursing students' caring behavior and resilience.

The results are consistent with the findings of Baldursdottir & Jonsdottir (2002) that caring behaviors are characterized by being open to and sensitive of others, having genuine concern for patients, being morally responsible; dedicated and having the courage to be appropriately involved as a professional nurse. Caring behavior enhances clinical reasoning processes and skills, patient health, and personal awareness (Griffin, 1993; Watson, 1988; Wua, Chin, & Chen, 2009). Karaoz (2005) agreed that nurses' caring behaviors affect nurses' experiences, nurses' respect to self and their profession, beliefs, past experiences, professional education and climate of workplace. Henderson (1990) as cited by Karaoz (2005) posited that a caring nurse is one who remains compassionate and sensitive to patients, who has developed technical nursing skills, but who uses, and has the opportunity to use, her or his emotional and technical responses in a unique design that suits the particular needs of the person served and the situation in which they are in. The study of McAllister & McKinnon (2008) showed that resilient individuals possess personal attributes such as

internal locus of control, pro-social behavior, empathy, positive self-image, optimism and the ability to organize daily responsibilities. These attributes, caring behavior and resilience, enable individuals to build supportive relationships with family members and friends. Therefore, the hypothesis that there is a significant relationship between male nursing students' caring behavior and resilience is thus accepted.

Summary

This study aimed to correlate male nursing students' emotional intelligence, caring behavior and resilience in a tertiary educational institution in Manila.

Descriptive correlational design was utilized in this study. Purposive sampling technique was used to select respondents from junior and senior male nursing students. A total of 186 respondents participated in the study.

A researcher-developed questionnaire was utilized to collect data from respondents. Pearson-product-moment correlation was used to determine the relationship between male nursing students' emotional intelligence, caring behavior and resilience.

Results of this study reveal that there is a low coefficient between male nursing students' emotional intelligence and caring behavior. There is also a low coefficient between male nursing students' emotional intelligence and resilience. Lastly, there is a moderate relationship between male nursing students' caring behavior and resilience.

Conclusion

In the light of these findings, the following conclusions are drawn:

1. Male nursing students' emotional intelligence influences their caring behavior.
2. Male nursing students' emotional intelligence affects their resilience.
3. Male nursing students' caring behavior influences their resilience.

Recommendations

Nursing Education

1. Role modeling by educators both in classroom and clinical setting where they can demonstrate to students how to interact and perform procedures so that students will have a good example to follow on how to demonstrate caring behaviors to their patients.
2. Educators should continue the practice of individual conferences and evaluation of nursing care provided by the students. This will enable the students to develop a genuine therapeutic relationship with the patients where there is an air of concern and a room for human care, rather than reducing patients to objects and the clinical area just a place to practice.
3. Nursing curricula should include discussion on resilience to help students deal with daily demands effectively and integration of emotional intelligence in Psychology course.

Nursing Practice

1. Integrate emotional intelligence into clinical practice and integration of emotional and intellectual data into decision-making.
2. Establish support groups and networks that would advance emotional intelligence abilities and continue coping with challenges in life.

Future Research

1. Further research is needed to examine male nursing students' emotional intelligence, caring behavior and resilience in other colleges of nursing since the study was limited to one institution.
2. Explore how resilience can be developed in nursing students to reduce vulnerability to adverse work environments and promote self-care and development.
3. To conduct a study comparing the caring behavior between male and female nurses.

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