A Qualitative Study to Develop a Framework for Embedding EI in the Health & Social Care Curriculum: Students as Co-creators of Curriculum - An Inclusive Approach

Uzma Abid Siddiqui, London Metropolitan University, siddiquu@staff.londonmet.ac.uk

Abstract

Highly motivated and emotionally perceptive individuals are needed in every aspect of care (Man et al, 2020). Emotional Intelligence (EI) promotes coping strategies essential in managing stressful events and reduces negative emotions (Petzold, Plag & Strohle; 2020). There's increasing need for healthcare students to be well-equipped in dealing with their own and service user's emotional needs. This can be resolved through having EI competencies mandated for student development as future health care professionals (Quinlan; 2016). Considering the need for an inclusive learning and teaching (L&T) approach in Higher Education (HE); This qualitative study aimed to develop a framework for embedding EI into an undergraduate BSc Health & Social Care (H&SC) course curriculum. An inclusive approach was adopted through semi-structured interviews/questionnaires with students and fellow academic colleagues/lecturers. Both group of respondents agreed that curriculum learning outcomes (LO) should include EI with coherency and continuity throughout the course in a progressively developmental way. A theoretical framework was developed grounded in Toohey's (1999) representation of instructional design and Ouija board models for embedding EI strands. Subsequently, proposals of a framework for a curriculum programme were presented based on the results/findings of the study. Engaging students in co-creating curricula, applying, and utilising teaching methods around the topic of EI can help them build relationships with the discipline and link to real-world issues. The proposed framework is expected to enhance the quality of graduate's EI competencies on commencement of roles within healthcare settings.

Keywords: EI, Co-creation/coproduction, Curriculum, Inclusive, Students engagement/partnership, HE

Introduction

A diverse H&SC workforce is required to manage the healthcare needs of a demographically varied cohort including an increasingly ageing population in the UK (ONS, 2017). As evidenced with the COVID-19 pandemic, and other global issues e.g. wars and other calamities such as environmental catastrophises, which have a far reaching psychological and emotional impact as a direct consequence; there is greater need for a highly motivated and emotionally perceptive group of individuals in every aspect of care (Man et al, 2020). Such issues create heightened conditions for compassionate pedagogy. EI is the adeptness to acknowledge, comprehend/appraise, and control one's emotions, as well as the emotions of others, and even groups (Mayer; Salvoy and Caruso, 1990). It also allows people to handle additional pressures, anxieties, and life stressors (Chapin, 2015). EI can help promote coping strategies to manage stressful events and reduce negative emotions (Petzold, Plag & Strohle; 2020). It constitutes four components: self-awareness/self-regulation, motivation, empathy, and social skills (Goleman, 1995).

H&SC BSc degree courses help and train students to interact with and provide professional services to clients/patients (service users). There is a need for students to be well equipped to deal with their own and service user's emotional needs and to manage a range of stressful and emotionally charged scenarios. This can be resolved with having EI competencies mandated of future health care professionals, but we must understand our student cohort first. It comprises of highly diverse, largely BAME (Black, Asian, and other ethnic minority) groups, mature students usually from lower socio-economic backgrounds, and those with disabilities (Hockings et al, 2010; Hutchinson et al, 2011). Hockings et al (2010) emphasizes the notion of 'inclusivity' and provides a core definition based on the premise that keeping in mind individual differences, students can engage in learning that is meaningful, relevant, and accessible to all. Learning is an

emotional affair, and such emotions are regarded as an essential attribute to augment and develop social and relational skills that assist in student development for L&T in HE especially healthcare (Claxton, 19 99:15, Quinlan, 2016). Therefore, considerations should be made for curriculum coherence whilst planning and developing (inclusive) L&T practices. This helps students develop their graduate level attributes (Hounsell & McCune, 2002 in Warren 2016) with their emerging academic and professional identities (Allen, 1985; Harrington et al, 2016: 107) focussing more on developing a collaborative and dialogic approach not just didactic teaching. Hence, creating conditions for dialogue amongst students as peers with their tutors and encouraging their epistemological curiosity and promoting free and critical learning (Freire, 1970).

Theorists such as Mayer and Salovey (1990) and Goleman (1996) stressed that thinking and feeling work together (Kerr et al, 2005) as an ability to be socially efficient and operative. A renewed and innovative approach to personal and professional development (PPD) for H&SC students and future practitioners is necessary. This can be achieved by applying EI to a range of healthcare and educational contexts fostering and guiding students to engage on both emotional and cognitive levels could offer an empowering way to work more effectively individually and together (Hurley and Linsley; 2011). One of the aims for redesigning the H&SC Course to roll-out EI across the curriculum is inclusivity (Hockings, 2010) defined by Banks (2001:77), cited in Warren, 2005) to endorse respect equity/equality for all ethnic and culturally diverse groups. This is important if we would like the students to engage with each other and the sessions. This view of inclusive pedagogy embraces a wide range of differences and explores their effects on individual learning. There's evidence suggesting teams/working groups that exhibit higher EI show more inclusiveness. Jada, Jena and Patnaik (2016) identified correlation between EI and inclusion/diversity. This concept is also reiterated in the London Metropolitan University's (LMU) Education for Social Justice Framework with its focus on inclusivity, diversity, relationality among other factors (LMU ESJ Framework 2021/2022). It is worth considering the physical/mental health impact of global issues which has further emphasised the need for more emotionally effective and intelligent H&SC workforce. There is a need for more critically proficient graduates who are analytical scholars and

not just learners with relevant knowledge and skills. They must also have a range of personal qualities/capabilities to be able to make clear, adequate but flexible judgments to perform in both known and unknown situations (Illeris, 2003). HE institutions can play a major role to help them achieve this. Therefore, it is imperative to review and evaluate approaches that are employed already and propose more effective changes that can help students take control of their learning. Hence a project was devised to involve students and academic colleagues to engage with EI and subsequently reflect and provide their thoughts either supported by their previous actions and/or their aim to use EI as a major part of their professional practice in the future. A framework to embed EI in the H&SC curriculum was planned, developed and presented. A collaborative effort through semi-structured interview /questionnaires was used with fellow colleagues and level six BSc H&SC students.

EI and Curriculum Development through an Inclusive Approach

There's a need to develop a more inclusive approach where both students and lecturers can work together to bring change. Paul Gorski (2019) observed that terms such as diversity, equality and inclusion can be usurped by individuals and institutions to feign the appearance of institutional change by using and glamourising these terms. This is similar to using 'Safe Space' stickers. However, students' cohort belong mostly to a non-traditional category i.e., mature students from diverse backgrounds entering HE after a gap of several years which merits attention itself. Warren, (2002: 86) explains the importance of development of such curriculum design models that take into consideration the heterogeneity of the student population in relation to differing academic and professional domains such as H&SC. It's important that they are considered as most of them bring a wealth of previous knowledge and experience. Evidence suggests that students from non-traditional backgrounds have struggled to cope with study demands (Hounsell & Hounsell, 2007). It's necessary that these students should be involved in what they study and how they study. This was also echoed through the LMU ESJF which amalgamates principles of inclusive pedagogy with a values-based curriculum approach. This provides a positive direction to students by involving them in open discussions and

encourages personal responsibility to shape their future (Mountford-Zimdars et al, 2015). With the shift to online/remote (hybrid) teaching, there were some unexpected issues for both students and teachers warranting greater consideration for stakeholder consultation and input before any design, change/re-design or inception of any curriculum. Therefore, student choices and opinions should be taken into consideration. Participation in study design is paramount for students already working in the H&SC industry and have opted to study a H&SC Course to improve their qualifications.

Student engagement is the main focus in HE however their engagement in the design and delivery of curriculum or conspicuously lacking (Trowler and Trowler; 2010). Students need to engage with a deep transformative lifelong process of reflection, critical thinking, problem solving, and applying learning across all disciplines. This is a collaborative process of learning by re-imagining and adopting a student-centred approach where teachers adopt the role of co-learners and facilitators and students lead the sessions (Wright; 2011), with student involvement in co-creating/co-producing curriculum (Zubizarreta; 2012). As identified in the Congruence of Curriculum Model (Hounsell & Hounsell, 2007), multiple key factors need to be considered in designing a curriculum. L&T activities, learning support, assessment and feedback should be congruent with factors such as student backgrounds, aspirations and learning needs (Hounsell & McCune, 2002 in Warren 2016). This empowers students and facilitates them as graduates to find the right employment and vice-versa (The HE Academy, 2011). In the experiential/student-centred approach, knowledge emerges as being interpersonal derived from interaction among students, the text, and teachers. To facilitate student learning and fostering deep versus surface approach, it's necessary to harness their aspirations and values as co-creators/co-producers. Knowledge is culturally, socially, and politically conditioned (Toohey, 1999). Academics have argued that students' prior knowledge, interests, and ways of learning, should be taken into consideration in curriculum development (Biggs, 1999a, 1999b). However orthodoxly in HE the top-down approach to curriculum development necessarily means students are not involved.

Managing emotions and care are intricately connected and approaches that foster positive learning environments are characterized by caring, trusting relationships. EI or 'social intelligence' intuitively is a pertinent paradigm for H&SC education. Health care practitioners must respond appropriately to multiple emotional experiences every working day (Mayer et al, 1990). It was noted that mortality rates within a Cardiac care unit were four times higher where care providers/practitioners had depressed moods. In critical situations an expert care provider is intuitive, proactive, has analytical and observational skills but a powerful emotional (interpersonal) connect is usually lifesaving as it motivates the patients to self-heal and increases their determination to survive. This is achieved through an informed understanding of principles and theories with a natural ability to fathom and empathise with people in distress (Benner, 2001). The future of H&SC work relies on rebuilding 'a sense of dynamic connectedness' i.e., an understanding of relationship-based practice and the contribution of EI to bring the best and most impact (Morrison, 2007).

Aims and Objectives

Considering the need for an 'Inclusive L&T' approach in HE; the aim in this project has been to develop a framework through consultation with students and fellow colleagues' for embedding EI into the curriculum in the BSc H&SC course. The following objectives were considered:

- Identify and draw upon published examples/sources of EI embedded in BSc health related courses in HE to be used as support to build upon the EI proposals/framework.
- Adopt a collaborative approach to developing key proposals for embedding EI through semi-structured interviews and/or questionnaire responses of students and colleagues.
- How EI can be incorporated in the overall H&SC curriculum through development of a framework for embedding EI into it based on inclusive pedagogies.
- Develop approaches to introducing EI in health-related courses.

Literature Review

The importance of teaching EI in HE

According to Goleman (1996), we cannot alter our emotional responses to situations/events but learn how to respond to them differently. During Covid-19, much emphasis was placed on life-skills including EI construct and its identification as a set of key factors by social and psychological scientists and academics. Puertas-Molero et al (2020) emphasised that it affects and promotes the social and psychological well-being of students, enables them to better understand themselves, their environment, and others. With this understanding students tend to become more inclusive. ''Emotional literacy goes hand-in-hand with education for character, for moral development, and for citizenship" (Goleman; 1995). Therefore, this construct should be continuously developed and taught by educational institutions. However, it was refuted by certain researchers who viewed the list of EI competencies as a 'laundry list' of desirable qualities which have nothing to do with academic rigour. Matthews, Robert and Zeidner (2002) criticised Goleman's (1995) work and claimed EI was not as important and effective as cognitive intelligence with little or no undertaking on academic success. Grant (2014) further supported their argument and postulated that EI is overrated, and cognitive intelligence was five times more powerful than EI. However, the two intelligence quotients positively correlate, meaning the higher a person's cognitive ability the easier it is for them to develop EI when and if needed. He even posited that with enhanced practices they become good manipulators.

Steptoe and Wardle (2017) oppose this view by highlighting individuals who lacked life skills/EI are too reactionary and tend to "just react" without bearing in mind the pros and cons of their actions. They concluded whilst cognitive abilities may lead a person to succeed; it's their character that will keep them at the top. Cherry et al (2014), posited high emotionally intelligent health care professionals will communicate effectively and demonstrate higher levels of professionalism. Theorists have also proposed that EI can

enhance the accomplishment of academic and educational success (Mohzan, Hassan and Halili, 2013) along with including and investigating EI theories in L&T and then applying these theories in educational design (Kaplan, 2019). It is imperative that students' prior knowledge, interest and ways of learning are considered whilst developing a cohesive curriculum especially around the inclusion of EI in HE. It's necessary to introduce EI in a progressive fashion and scaffold it, and not in piecemeal to support student's step-by-step development to help them get to the next level (Vygotsky, 1978).

Can Emotional Intelligence Be Taught and Developed?

There is limited evidence/literature suggesting how EI can be incorporated within curriculum in general and specifically in H&SC courses in HE. Freshwater and Stickley (2004) identified EI construct has grown in popularity but the way it's been incorporated in the curriculum is still developmental and largely based on the rhetoric that for EI practitioners and students, theory, practice, and research are intricately wrapped up with implicit and experiential knowledge. A more realistic and appropriately integrated approach to the profession is needed that can help transform L&T. Previously, the focus to integrate EI was largely in relation to leadership and management in business related subjects in HE and a less relevant topic for H&SC Courses. Conventional teaching methods involved rote learning that enhances memorization and encourages verbatim. This helps students in regurgitation of information and is not an effective approach in teaching EI and for development of EI skills (Bar-On, Maree and Elias, 2007). The curriculum redesign focusing on EI should consider the course contents and delivery method. A more inclusive approach is needed where there is a balance between logic and emotions. Pugh (2008) illustrated that little is known about the role of emotions and emotional experiences when it comes to teachers and their teaching practices, and how it relates to and interacts with the sociocultural context of teaching. Healthcare professionals face the same dilemma as they are expected to detach and avoid getting emotionally involved with service users to avoid emotions to cloud their objectivity whilst providing care.

Nelis et al (2009) concluded after their pilot project that EI is important to learn and to be taught and it can be taught by adopting a suitable methodology based on students' requirements and acceptance to learn which helped them to retain this intelligence six months after their training sessions ended. Critical pedagogy is a continuing practice of "unlearning", "learning", "relearning", "reflection", and "evaluation", and the influence these actions have on students, in particular whom are believed to have been historically and continually marginalised and/or alienated by "traditional schooling; Paulo Freire (1992;2009); as cited in Hollis's online blog (2013).To develop EI, there needs to be engagement from students individually and with support from lecturers/facilitators. Consequently, lecturers/facilitators with a student-centred approach can assist students to develop their EI to improve their educational performance and guide them to develop and prepare for their personal and professional goals for their role as H&SC professionals in the future. H&SC practitioners/leaders are likely to be involved in several challenging life-and-death situations. For instance, COVID-19 required personality transformation including emotional restructuring making it necessary to change oneself to move on and/or go further (Mezirow (1991). Similarly, for future H&SC practitioners/students, it's important to transform their cognitive, emotional, and social-societal dimensions in order to achieve and empower themselves to work more effectively as individuals and as part of a team (Hurley and Linsley; 2011). It ensures that students are not only aware of their emotional and cognitive needs/dimensions and challenges but also provide them with the opportunities to fulfil those needs and learn to fight any challenges so that they achieve their aspirations for the future. There are several examples of introducing and embedding EI at different levels of education: primary, secondary, and higher education. All academic researchers who wish to embed EI in their courses curriculum agree that kindness, compassion, and other gestures/competencies of emotional support such as showing empathy, awareness of self/others, motivation, understanding, reasoning, and adaptability result in a sense of connection between teachers and students. Treating students as members of a community of practice, inviting and respecting their contributions alongside and in dialogue with course committee members helps support engagement, inclusivity, and diversity. This analysis indicates that there was need for a

more cohesive and synchronised approach/framework/model, which would help link the way this important topic is going to be taught at all three levels where there will be continuity, starting with the basics of the topic of EI, then leading to an incremental scaffolding and increase in the level of information and linking the material to be taught at each level of BSc H&SC.

Methodology

The methodology adopted was to conduct a qualitative and interpretivist (constructivist) approach paradigm to primary research involving a selection of all stakeholders (Guba & Lincoln; 1989). This involved students in their final year of BSc H&SC Course, fellow academic colleagues teaching the same course and colleagues/fellow academics from other related courses e.g., Social Work, Youth Work, Childhood Studies, Public health, Health Promotion and Community Work etc. (constituting the H&SC workforce) to obtain a perspective from a cognate field of practice. The project was conducted based on some one-to-one semi-structured interviews and/or responses to a questionnaire via email. This also constituted as a form of engagement (Kuh; 2009). This approach was adopted as it allowed for interaction with participants to gauge their viewpoint and their interpretation of the topic (Kivunja & Kuyini; 2017). Where interviews were not feasible, questionnaires were sent out to participants to complete in their own time whilst the responses were analysed in excel. Based on students' willingness to accept and adopt EI into their learning and as professionals in H&SC; recommendations were made and considered regarding how EI education could be linked either to the assessment and or learning/teaching activities such as through the interaction and review of relevant EI inventories and/or tests that may be a consideration after a successful role out.

Purposeful convenience sampling was employed targeting all (75) level 6 students enrolled in the leadership and management module in H&SC and academic colleagues from SSSP. 7 students accepted the invitation to participate, however in the end only 5 students participated (dropping out due to personal reasons) leading to a more limited but still insightful sample size. Academic colleagues from H&SC, Public health and Health

Promotion and other related courses e.g. Community Development studies within SSSP were invited with 7 agreeing to participate. Based on the scope of study our representative sample consisted of 5 students and 7 academic colleagues after careful consideration of the inclusion/exclusion criteria. The process was challenging in some ways, due to some unavoidable constraints; online teaching amidst the Covid-19 pandemic and timing of the teaching session on EI towards the end of term. Level 4 & 5 students across SSSP at London Met were excluded because these students have either not been taught EI or not reached the conclusion of their degree course to contemplate the need for EI in their University experience compared to Level 6 students. Non-SSSP students and staff/colleagues were also excluded. This qualitative research is focused on the student and staff cohort under SSSP whereas other departments may have a different assessment of a need for EI in their degree courses hence the project is limited to SSSP only where it has been established that EI is an important pillar of the educational and professional development of students. Only level 6 BSc H&SC students who studied and engaged with the topic of EI in their curriculum were included as study participants. The 5 students were from varied demographic backgrounds i.e., mature BAME, white British and mixed ethnic groups. The gender representation was 3 is to 2 i.e., 3 females and 2 males. On the academic colleague's side, there were 4 males and 3 females with 1 lecturer from a BAME background whilst all others were white British.

Ethical approval was obtained through completing and submitting the University's research ethics process. Information gathered through interviews/questionnaires from students and fellow colleagues/lecturers was kept anonymised to avoid any conflict of interest, bias and compliance with GDPR requirements. Participants were randomly included through voluntary informed consent. Informed consent was obtained verbally however voluntary responses to the questionnaire provided were deemed as consent for use for academic purposes. A copy of the consent form was sent to participant for their reference via email. No participant was coerced to take part in the study based on the core principle of individual autonomy in research in higher education. Furthermore, to protect participants' rights to privacy, no information was and is not going to be shared with third parties. The author being the primary investigator of this project ensured the

participants responses were collected/stored anonymously (Lankshear & Knobel, 2004; Cohen, Manion & Morrison, 2007 and 2017). The audios were recorded and were kept at a secure folder to ensure confidentiality of participants.

Approach

To introduce the EI strand into the H&SC curriculum, identification of some published examples of EI embedded in H&SC related courses in HE was performed. Additionally, the Instructional Design approach (Toohey, 1999 – p.25) was adopted to identify the range of key dimensions of the curriculum, combined with the "Ouija board" model (Jenkins, 1998 in Jenkins, Breen and Lindsay, 2003) to put it into practice as an overall process and to bring flexibility in the curriculum design (Fig.1). This was based on the diverse student learning requirements and the available resources. The students and academic colleagues from various disciplines were invited to contribute to the re-designing of the curriculum.

A cohesive and synchronised framework/model (Fig 1) was employed to indicate how EI is going to be taught throughout the BSc. H&SC course where there will be a continuity, starting with the basics of EI, leading to an incremental scaffolding and increase in the level of information and linking the material to be taught at each level of the course.

Fig.1. The Theoretical Framework for a Curriculum Design Process for Adopting EI in H&SC (Adapted from Toohey's Instructional Design Model, Toohey., 1999, and Ouija Board Model, Healy., Jenkins., and Leach., 2005)
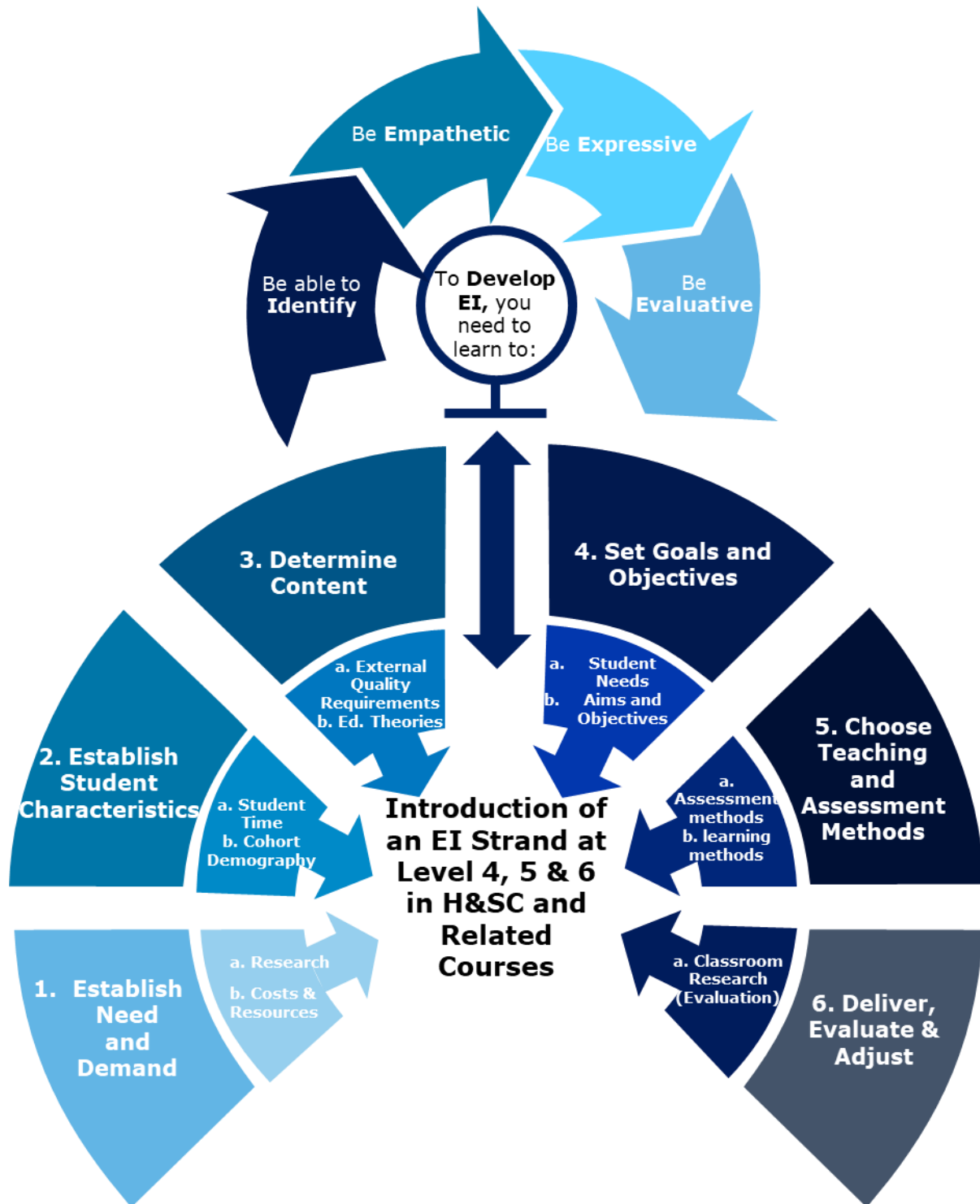
Result/findings

Excerpts are provided below of the responses from the interviews and questionnaires performed with students and lecturers. The comments in the figures below have been paraphrased to retain the anonymity of the participants whilst retaining their meaning at the request of the participants.

The responses in the figures below represent an individual participant's response e.g., there are seven unique responses in Fig. 2.

Lecturers/ Academic Colleagues Responses

Fig.2. Implication of Embedding EI in H&SC and Related Courses Curriculum for Future Students and London Met in General?

01 Provides graduates with the necessary skills to work in a professional setting with service users and patients.

04 Students appear to appreciate the opportunity to turn the spotlight on themselves.

02 An opportunity for students to work in a reflective manner and begin to develop awareness of their own levels and style of emotional intelligence.

05 Help further enhance their career progression.

03 Makes students more aware of how they acknowledge, recognise and respond to the behaviours and values of others.

06 This will help challenge all those issues around our values and our belief systems.

Students Responses

07 Help our students reach their aspirations of becoming the next generation of inclusive leaders.

Fig.3. Do Learner's believe it would be beneficial for them to study EI throughout Undergraduate Degree Courses?

01 Yes, at all levels across all departments because it will boost learner aptitude.

04 Yes, having that awareness to learn, understand and manage our emotions and those of others, can influence and change behaviours internally and externally, especially in group work.

02 Yes, because the pandemic highlighted the need to understand one's own emotions and supporting others.

05 Yes, because it's an essential skill set for learners in a professional setting in perceiving people and making decisions.

03 Maybe – it would be beneficial to incorporate EI at MSc Level as students have developed and matured further to fully comprehend and implement EI.

Fig.4. Suggestions to help develop a framework/proposal for embedding EI in the degree courses?

01 It's vital for learners to participate because of the need for this skill in a professional setting. Even employers are providing training on EI. This will help learners deal with service users and their relatives for example with regards to end-of-life care where situations can become emotionally charged very quickly.

03 EI learning should start at level 4 with a simple understanding of the basic concepts and build-up to implementing EI in real life scenarios through smaller tutorial sessions and ultimately a presentation. Whilst level 5 should provide the grounding for leadership at level 6 in the form of an essay.
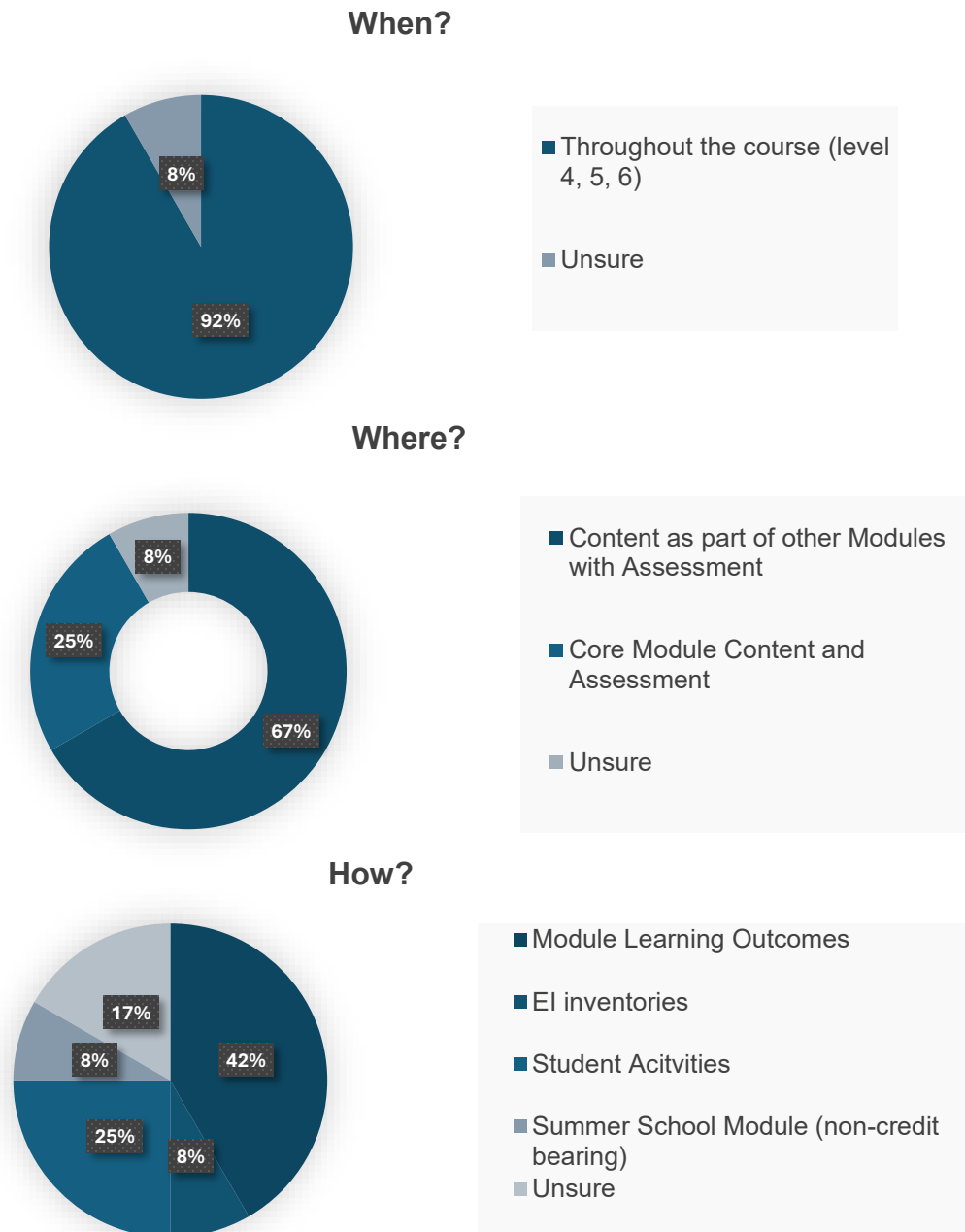
02 Learners should participate in the development of a framework for EI because it can help them with other modules such as the Research module and group assignments.

04 It's a good idea because it would help learners gain more knowledge about EI and help future students.

A summary of the results of the questionnaires and interviews with all participants

Fig.5. How should EI be Embedded in the Health and Social Care and Related Courses Curriculum?

When?

- Throughout the course (level 4, 5, 6)
- Unsure

Where?

- Content as part of other Modules with Assessment
- Core Module Content and Assessment
- Unsure

How?

- Module Learning Outcomes
- EI inventories
- Student Acitvities
- Summer School Module (non-credit bearing)
- Unsure

Discussion of study findings

To develop a framework of embedding EI in the H&SC curriculum, an inclusive approach has been adopted where students and fellow lecturers were engaged to provide their responses via semi-structured interviews/questionnaires and then information gained incorporated in devising the framework (Fig.1). EI curriculum framework offered a suitably developmental progression across Levels 4, 5 and 6, reflecting a "spiral curriculum" approach. However, it was important to identify a starting point for this design process which required a needs analysis. Robinson et al (2019) noted positive emotional perceptions such as compassion, empathy and other EI competencies are directly linked and are crucial for all types of social interactions. Similarly, there seemed to be increased emphasis on applying EI in healthcare and almost all the participants agreed on the importance and usefulness of EI and considered it as an effective approach to personal and professional development. According to feedback received from all participants; 92% agreed incorporating EI into existing H&SC curriculum at all levels (100% of lecturers and 80% of students) (Fig.5) through learning interventions agreed upon between educators and learners i.e., 'curriculum partners' while 8% were unsure. Introducing EI from inception will inform and enhance student interaction with the topic and develop transferable competencies/skills needed for future practice according to the feedback from learners and facilitators per (Fig.2 & 3). There was one lecturer/respondent who was unsure about the utilization of EI as a key paradigm because they were newly introduced to the term. All other lecturer respondents agreed that the LOs should reflect EI to be included as part of the curriculum and there should be coherence and continuity throughout the three levels. This is reiterated by the student responses highlighting the need to embed EI in the curriculum to provide learners with a stronger learning base to equip them with the skills and knowledge in both work-based and L&T settings but also as part of other modules throughout the course during their time at university (Fig.4). As supported by Allen, Shankman and Miguel (2012), introducing and integrating new concepts and constructs such as EI in HE degree courses adds significance and value and increases future growth both for research and practice. They further emphasized that

programs such as student leadership at degree level courses should be designed to prepare and train students with the relevant knowledge and intelligence skills/capabilities, to achieve the desired outcomes. This current research study highlights and supports this notion but also pinpoints its significance in relation to PPD of students. In this research project, year 3 students were included as target participants where EI has been taught for the past five years. Hence these students were deemed to be best suited to respond and participate to provide suggestions for the development of an EI framework. Nevertheless, it's important to recognize that EI should be introduced and embedded earlier on in the curriculum as supported by the findings of this project (Fig.1 and 3).

Despite the advantages above, there are challenges as identified within the literature review. Key challenges highlighted by respondents were the inability of learners and lecturers to understand the importance of EI as an academic topic, willingness of students to discuss subjective material in classroom settings (virtually and in-person), knowledge of lecturers to teach EI and the marking criteria for assessing EI LOs. Allen, Shankman and Miguel (2012) assert that there are challenges to achieving results and to bring change rightly due to the conforming attitudes of followers in general. Nonetheless having EI helps individuals to work together and adapt to the challenges and opportunities as needed. They acknowledge that developing competencies is a long-term and intentional venture to ensure that students use and internalize it but can be fostered with continuing focus, deliberate and intentional practice through coaching and reflection. The study findings from the respondents also shared pedagogical suggestions for managing challenges such as pilot sessions and communication exercises to build stakeholder trust in the importance of EI in H&SC and related courses. The study findings also suggest developing a coaching/mentoring scheme to help learners develop their communication skills whilst also making classrooms a space to allow learners to express their thoughts and opinions, lecturers to share their own knowledge and experience of EI to support their own development respectively. The students were not asked to particularly identify any challenges however indicated that they felt EI was important to boost their aptitude, to help them with not only their careers but to deal with any untoward circumstances and should be taught at all levels of degree course as an essential skill (Fig.3).

It's important to identify and ascertain what and how EI should be taught. Both the students and fellow lecturers suggested introducing EI in a progressively developmental way e.g., starting from personal awareness to group dynamics and finally to the professional role. Examples of learning activities included use of lecture slides and/or other workshop activities, tools e.g., EI inventories and tests and other resources such as the use of technological devices to conduct some presentations on scenario/case studies and/or role plays based activities, self- reflection journals. Depending on the ability of students to accept and adopt EI into their learning and as professionals in H&SC, suggestions were made and considered regarding what should be linked either to the summative assessment, in the form of reflective logs/essays, and or formative assessments such as critical incidence reporting, case studies/scenario-based quizzes etc. (both formal and informal). Punia, Dutta and Sharma (2015) also endorsed modifying L&T activities to improve student attainment during the sessions or learning/teaching activities. Though the interaction and review of relevant EI inventories and/or tests may be considered after a successful roll-out according to a few participants however some suggested to include them from the outset in year one, as also recommended by the Halimi, Al-Shammari and Navarro (2020). Nonetheless there is a downside where students may be disheartened if they score low based on these tests. To avoid this situation, students can be informed and reassured before taking the test. The optimum way that students can enhance their EI skillset is through regular practise, interaction, and enhancement of their communication skills successfully working together promoting cooperation/collaboration all of which are integral to one's emotional intelligence (Fig.2-5). This was also emphasised by Kotomina and Sazhina (2018). Finally, based on our interaction and discussions/interviews, lecturers/participants within other departments also agreed on the importance and usefulness of EI in relation to their degree level courses. Respondents working in Childhood Studies emphasized the role of EI from the outset earlier on in the lives of children not only by teachers but parents as well similar to the findings of Walter and Hen (2009) and Busch and Oakley (2017). Participants from Youth Studies stated that their department had already engaged in teaching EI to their

undergraduate students and would be happy to see its complete roll-out across the university.

Framework of Proposals for the Course

This project is an investigation into discipline-aligned L&T of Emotional Intelligence based on the personal, educational, and professional development needs of HSC students. Based on the theoretical framework (Fig.1.) and as evidenced in the results, the underpinning thought behind EI strand and its embedding is its introduction at all three levels of H&S Care course. Starting with the level 4 module: in theory, this is based on a combination of two key paradigms, EI and PPD at level four. At level 5 EI and group dynamics which can work well in different modules such as work-based learning/development for employment and/or issues in Health, Illness, and Society where EI can be embedded. I have selected the latter as being a Senior lecturer in Health, I found that there is scope in introducing it while examining contrasting perspectives on health and illness experiences, such as professional and service-user/lay perspectives and power play. At level 6, the framework proposes embedding EI in the context of leadership and management as it's currently being taught at this level and will provide some familiarity to lecturers and students. However, one thing to consider while embedding EI is how to learn and develop it. Fig. 1. highlights the four specific areas to consider while adding the EI construct to the curriculum. Using the Toohey model and its instructional design aspect as the basic template and overlapping it with aspects of Ouija Board (Toohey, 1999 & Jenkins, 1998 in Jenkins, Breen and Lindsay, 2003), another strand (Fig.1.) was added on to the two overlapping models about EI and how it could be learnt by focusing on these four key points:

- Identify: Any negative thoughts, emotions, and expressions. Also identify positive traits, outcomes, and acknowledge green flags;
- Empathize: With family, friends, colleagues, and service users;
- Express: Make clear how you feel and why? i.e., communicate in order to resolve any conflicts, but also to highlight those positive experiences. Both

formally, through check-in and reviews and informally through face-to-face interaction;

- Evaluate: Your work ethics i.e., your actions, behaviors, and relationships both personally and professionally.

Keeping in mind these key points the rational, aims and LOs were developed and embedded into the curriculum for each academic year.

Teaching & Learning Activities

Based on the supporting academic literature, areas of theoretical knowledge were embedded into the existing L&T activities of the course across each academic year (all levels), with incremental embedding and development of L&T material with a particular focus on the students' needs and preparedness starting with EI in the context of PPD goals at level 4 Followed by examining EI against contrasting perspectives on health and illness experiences, such as professional and service-user/lay perspectives and power play at level 5 and lastly EI in leadership and management within a professional context at level 6. Students are expected to engage in directed self-study using learning materials provided prior to or with each associated session. All resources available through weekly folders and linked reading lists available via blackboard/Web-Learn. All sessions be taught in person and/or online as three-hour workshops or in 1:2 sessions i.e. 1 hour lecture followed by 2 hour seminar groups and/or one-to-one tutorials etc., according to each level of the course.

Conclusion, Recommendations, and Implications

After approval of the research proposal, an exploratory qualitative study to develop a framework of embedding EI in the H&SC curriculum was conducted by adopting an inclusive approach as both fellow lecturers/colleagues and students were invited to participate as the co-producers/co-creators of the curriculum. The responses in the form

of semi-structured interviews were recorded. The selected/nominated students and fellow academics were involved to develop proposals for a curriculum framework to be rolled out for all levels of the undergraduate BSc H&SC course with the prospect of being rolled on to other related degree courses. The purpose of the H&SC course redesign to embed an EI strand was to provide students with a comprehensive grounding on the topic of EI both theoretically and conceptually. It was to help BSc H&SC students to develop skills and capabilities associated with the understanding and interpretation of their own emotions and that of others both in personal and professional context i.e., formally with service users/patients/clients and carers but informally as well with family, friends, and colleagues etc. Toohey's (1999) model and Ouija model (Jenkins, 1998 in Jenkins, Breen and Lindsay, 2003) was used as the background framework/skeleton for embedding the EI strand (Fig.1). The instructional systems approach was taken to build new learning grounded in previous learning by carefully analysing, structuring, and scaffolding learning goals and outcomes into their component knowledge and skills (Toohey 1999). The focus was to help students improve their chances of success by adopting approaches to L&T that will inform and prepare them for their personal and professional future achievements (Knight, 2002).

In consideration of the above, the literature review and study findings suggests a positive outlook for embedding EI with the H&SC curriculum. Based on the theoretical framework (Fig.1), the study concludes a suitably developmental progression across Levels 4, 5 and 6, reflecting a "spiral curriculum" approach. This approach has been concluded upon in partnership with learners and educators, taking in to account their views whilst keeping in mind the theoretical framework posited by Toohey (1999) & Jenkins (1998) in Jenkins, Breen and Lindsay (2003) per Fig.1. It is important to note that from the analysis of the results of the study, many participants; both lecturers and students suggested similar approaches to embedding EI within the H&SC curriculum. This indicates their need and desire for this skill to be taught and learned by students. Overall, the positive response to embedding EI within the H&SC curriculum supported by the demand from employers, students and lecturers suggest that its future implementation will benefit all stakeholders involved. One of the study limitations was that the session on the topic of EI was always

taught in the second term conflicting with public holidays with not enough time for the researcher to engage with and get the perspective of a larger sampling population.

It should be noted that this was a qualitative study and sample size is a limitation. Qualitative studies may lack in generalizability however this does not mean that they lack in impact. In the future a similar study could be implemented to a larger and more diverse population, to avoid any chances for selection bias. Nevertheless, there are significant in-depth responses from this small sample as is evident from the excerpts below. For future reference the researchers do take these limitations into consideration while developing their studies.

A recommendation for future would be to introduce the topic from the outset and conduct EI inventories tests/questionnaire in the first term for level 4,5 and top-up level 6 students followed by other modes of L&T methods to comply with the LOs as explained above. This should be followed up with a final test in the second term for level six students completing their degree course and compared to their results at level 4 to provide them with tangible support on their development of EI skills. Note that EI inventories should be framed carefully to help students understand that this is just a self-reflective tool; it's not making a judgement about them and is to assess their own growth in the future. Dependent on the success of the embedding of EI strand in the H&SC curriculum, a possible role-out is recommended for other relevant courses as an implication. A key recommendation of the study was for the framework proposals to be presented to the course team for feedback and discussion on incorporating the proposal within the BSc. H&SC course curriculum.

The implications of this study are important for both students and lecturers as learning EI may impact their relationships with each other and with their peers as well. This will encourage them to engage into a community of practice whereby while learning/teaching; they will "gather around the subject matter". This will help them engage with the world through the "studied subject" through sharing experiences about scenarios for stimulating engagements (Quinlan, 2016). Engaging in creating curricula, applying, and utilising

teaching methods around the topic of EI can help students build relationships with the discipline, which they can then link to the real-world issues, and uncertainties. Quinlan (2016) suggests that this can get students to enquire into intellectual and emotionally sound pedagogy. Allowing them to make connections, learn deeply, and experience positive emotions that will inspire them further. For example, prompting the students to become critical thinkers, ask questions, formulate, and develop hypotheses/arguments and stimulate them to collect and analyse the relevant information/data to address those queries supported by an overall critical self–reflection for academically and morally desirable outcomes (Brina, 2003). In H&SC BSc course, the students should be involved in multiple problem-based exercises such as role-playing scenarios, where they engage in the situations requiring EI. They should learn critical thinking, lifelong learning capabilities and judgment skills so they can develop values and competencies such as, working in groups of 4/5 to learn and devise effective goals and strategies to develop trust, bonding and communication. Enabling them to debrief, resolve issues, and reflect afterwards as part of their HE L&T experience. Preparing our students for their future practice is essential, as they will come across different patients/service users each with their own story and potentially several stressful and emotionally charged scenarios. The expectation will be for them to deal with these scenarios to the best of their abilities/capabilities and this can only be possible if they are mentally and emotionally prepared to handle, and emotionally intelligent enough to cope with them by making the right decisions at the right time. Disorienting experiences destabilize students enough for them to reconsider a situation and make a substantial change. However, as highlighted that having a level of EI competencies mandated of health care professionals, the learning/teaching practice helps to reduce maladaptive interpersonal distress by recognizing everyone's needs such as to feel valued, recognized and understood, is deemed to be successful (Quinlan, 2016).

Given the importance of EI within other departments highlighted by the study participants, it's roll-out seems to be a probable outcome of the current proposal. Within healthcare settings the proposed framework is expected to enhance the quality of graduates EI on commencement of roles thereby aiming to reduce employer's time in training graduate

staff on dealing with personal awareness and awareness of those around them such as service users. It is important to highlight that even while at university, we should expect to see students interact harmoniously with each other when performing group projects as they become more aware of themselves, their team-members as well as having the ability to lead projects. This should benefit the lecturers in resolving issues such as lack of team cohesion in group projects. Overall, the aim of the study was to adopt a collaborative approach to developing key proposals for embedding EI within the H&SC curriculum. Upon completion, this aim has been successfully accomplished through student-teacher collaboration and a proposed framework has been presented based on both stakeholder's input.

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