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Mental Health of Nursing Students in Relation to their Emotional Intelligence and Cognitive Styles

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Nursing is a challenging job that necessitates constant communication with a range of people including co-workers, patients, and families in a stressful environment. In addition to this stressful environment, nursing students must obtain the required knowledge and skills, and how to behave in various stressful professional situation. These obligations may have a severe impact on their mental health. We aimed to investigate the role of emotional intelligence and cognitive styles on mental health of nursing students. 294 nursing students from different colleges in Kozhikode district of Kerala, India were selected. Stratified random sampling method was used to collect the data. The mental health, emotional intelligence, and cognitive styles of nursing students were evaluated using three different inventories. The Mental Health Inventory, developed by Augustine in 1988, was utilized to assess mental health. Emotional intelligence was evaluated using the Emotional Quotient Inventory, created by Bar-On in 1997. Finally, the Personal Style Inventory (PSI) developed by Taggart in 1993 was utilized to evaluate the cognitive styles of the nursing students. Results revealed that emotional intelligence and cognitive styles had a significant positive association with mental health among nursing students. The emotional intelligence and cognitive styles of students had a significant impact on their mental health. Moreover, nursing students differed significantly in their mental health with respect to their demographic characteristics such as the year of study, family type, and locality. Findings suggested the importance of implementing effective psychological interventions to promote mental health and sound environment for nursing students.

Keywords: Cognitive styles, emotional intelligence, mental health, nursing students.

Nursing is a demanding profession that involves frequent and intense interactions with various individuals (such as staff, patients, friends, and families) in high-pressure surroundings (Reeves, 2005). The primary goal of nursing is to develop skilled and proficient nurses to have the necessary knowledge and competencies needed to maintain and improve societal health (Li et al., 2008). Nursing students are required to balance their role as learners with their responsibilities to provide direct patient care, as nursing education is designed to closely simulate the actual work environment (Allan et al., 2011). The nursing education environment offers nursing students a chance to gain hands-on experience and transform theoretical knowledge into essential mental, psychological, and psychomotor skills that are crucial for providing quality patient care (Oermann & Gaberson, 2016). Given that a substantial proportion of nursing students suffer from poor mental health, which has a variety of negative effects, it is crucial to focus on the skills that nursing students might use to mitigate the adverse effects and maintain good mental health. Karaca et al. (2019) defined mental health as "a state that goes beyond the mere absence of mental disorders and encompasses factors such as well-being, self-esteem, self-determination, competency, interpersonal relationships, effective communication, prosperity, and intellectual and emotional abilities." Stress in the classroom, interpersonal tensions at work, issues brought on by death and suffering, a lack of knowledge and training, and insufficient hospital resources are among the factors that frequently affect nursing students' mental health the most frequently (Pulido-Martos et al., 2012). Emotional intelligence and cognitive styles are important factors that could play a crucial role in mental health of nursing students. Although

there are many other factors influencing the mental health of nursing students, the present study aimed at investigating how these emotional intelligence and cognitive styles affect their mental health.

Emotional Intelligence and Mental Health

Greater emotional intelligence can be achieved by individuals who possess the ability to adapt socially and effectively handle the demands and stressors present in their environment (Robert & Kadhiravan, 2019). Emotional intelligence, as defined by Serrat (2017), refers to an individual's ability to recognize, evaluate, and manage their own emotions, as well as the emotions of others and groups. This includes the capacity to perceive and understand emotions accurately, regulate and express emotions effectively, and use emotional information to guide thinking and behaviour. Mayer et al. (2004) describe emotional intelligence as the capacity to apply emotional reasoning to enhance cognitive processes and utilize emotions to augment thinking. This involves the ability to use emotional information effectively in problem-solving, decision-making, and other cognitive tasks. Emotional intelligence also includes the capacity to regulate one's own emotions in order to facilitate learning and adaptability. Having the ability to regulate one's own strengths and weaknesses can lead to a greater understanding of those around them for an individual. The well-being of students' mental health has become a long-standing concern in the modern world (James Robert & Kadhiravan, 2020). The concept of mental health is characterized by a state of contentment in which individuals are able to recognize and develop their own capabilities, effectively manage the normal stresses of daily life, engage in productive and meaningful work, and contribute to the well-being of their community (WHO, 2005). This definition suggests that mental health involves more than the absence of mental illness and encompasses a broad range of psychological, social, and emotional factors. Galderisi et al. (2015) describe mental health as "a dynamic condition of psychological equilibrium, which allows individuals to effectively utilize their capacities in accordance with societal norms and values. This state includes fundamental intellectual and social skills, the capacity to recognize, express, and regulate one's own emotions, empathize with others, adaptability to cope with stress, and the establishment of a harmonious relationship between the body and mind, all of which contribute to overall mental well-being."

Cognitive Styles and Mental Health

Cognitive style pertains to the distinctive approaches that individuals use to arrange and assimilate information and experiences based on their preferences and tendencies (Triantafillou et al., 2003; Chen & Macredie, 2002). Individuals' cognitive processes are influenced by their cognitive styles, which have been identified as a fundamental aspect of their cognitive processes. Moreover, they deal with cognitive activities such as thinking, perceiving, and remembering (Yang et al., 2013). Gullo (1988), Hayes and Allinson (1994), and Keller and Ripoll (2001) have identified two main categories of cognitive styles that can be classified as reflective and impulsive. When a situation calls for planning, analysis, and control—tasks that are associated with logical mode—students who have a reflective cognitive style spend more time considering all possible solutions as well as the accuracy and sufficiency of the hypothesis. Students with an impulsive cognitive style, on the other hand, are more likely to act intuitively rather than critically, making decisions quickly and responding to whatever comes to mind. Knowing the cognitive style of each student enables the teacher to explain content that fosters understanding and improves academic performance, both of which promote good mental health. According to Hayes and Allinson (1994), students can enhance their learning experience when the learning environment aligns with their cognitive styles. This suggests that learning environments that accommodate students' cognitive preferences can promote more effective learning outcomes which in turn could lead to sound mental health. Therefore, it is crucial to investigate the mental health of nursing students in relation to their emotional intelligence and cognitive styles.

Review of Literature

Magnussen and Amundson (2003) identified several factors that impact the

mental health of nursing students, including: (1) challenges associated with maintaining family and academic responsibilities; (2) time constraints; (3) economic stressors; (4) feelings of disconnection from faculty; (5) anxiety related to perceived unpreparedness for clinical settings; and (6) inadequate confidence in clinical settings (Poorman et al. 2002; Brown & Edelmann, 2000; Lauder & Cuthbertson, 1998; Jones & Johnston 1997; Hammil, 1995; Beck, 1995). Previous research has investigated the relationship between mental health and emotional intelligence. Sharma and colleagues conducted research that revealed emotional intelligence to be a significant factor in mitigating the negative effects of stress on the psychological well-being of nursing staff (Sharma et al., 2015) that leads to better mental health. Another study highlighted that psychological distress was found to have a negative correlation with emotional intelligence (Kong et al., 2012). Additionally, a meta-analysis examining the link between emotional intelligence and mental health demonstrated a significant positive association between mental health and emotional intelligence (Martins et al., 2010). Additionally, previous research has demonstrated the efficacy of incorporating cognitive styles into the development of user interfaces for information retrieval (Frias-Martinez et al., 2008). Research has identified cognitive style as a critical factor that impacts how students seek and process information (Frias-Martinez et al., 2008). According to Zhang and Sternberg (2001), the academic achievement of students can be impacted by their individual characteristics, particularly their cognitive styles. The relationship between cognitive styles and mental health has yet to be comprehensively investigated, particularly in the context of nursing students. This study aims to bridge the research gap by examining the relationship between emotional intelligence, cognitive styles, and mental health among nursing students. By investigating this relationship, we can gain a better understanding of how emotional intelligence and cognitive styles can impact mental health outcomes in this particular group. Therefore, this study is essential in exploring the influence of cognitive styles and emotional intelligence on mental health outcomes among nursing students.

Need for the Study

Nursing students inevitably encounter issues of different complexity. To deal with those difficulties, they need to be in good mental health. Gulliver et al. (2015) opined that mental health is not just the absence of illness or disability but rather a holistic state of well-being that includes physical, psychological, and social aspects. Ensuring good mental health is vital for nursing students to be able to function effectively in clinical practice; hence, it is important to know the factors influencing mental health among them (Esmaeili Darmian & Javadi, 2019). Huber and colleagues also opined that mental health is essential to a healthy lifestyle because all interactions pertaining to it take place in the mind (Huber et al., 2011). Since the majority of nursing students are newly graduated, they might differ from those who are already married or have previous work experience. Given the substantial pressure and psychological stress in academics associated with future medical settings, the mental well-being of medical students must not be overlooked (Xu et al., 2014). Cognitive styles and emotional intelligence are major factors influencing the mental health of nursing students. Goleman (1998) defined emotional intelligence as the capacity to understand our own emotions and the emotions of others, to inspire ourselves, and to regulate our emotions effectively. Emotional intelligence is crucial for the well-being of an individual. There is a lack of research on emotional intelligence among nursing students (Benson et al., 2010). Their cognitive styles, in particular, can have an impact on the students' learning outcomes (Zhang & Sternberg, 2001) that could reflect on their mental health which would be helpful for the researchers with a novel research paradigm. Hence, it is imperative to investigate the mental health of nursing students in relation to their emotional intelligence and cognitive styles.

Method

Participants and Procedures

This study is cross-sectional in nature. The researcher approached the Principals of the different nursing colleges in Kozhikode district of Kerala, India. After scrutinizing the objectives of the study and questionnaires, 6 colleges

provided permission to collect data from their students. The researcher approached the students and briefed them about the objectives of the study. Informed consent was obtained from each student who participated in the study. A total of 350 nursing students were initially recruited and administered questionnaires. After screening for incomplete responses, 294 respondents were finalized for the analysis.

Measures

Mental Health Inventory

The self-report questionnaire created by Augustine (1988) comprises of 60 statements and was designed to measure mental health. The questionnaire contains two response options, namely "Yes" and "No." By calculating the sum of scores across all 60 items, an individual's mental health score can be obtained. The split-half reliability is 0.83 and its test-retest reliability of the measure is 0.72. Additionally, its divergent validity is 0.18, while the convergent validity is 0.62. The test was revalidated and Cronbach alpha is found to be 0.76.

Emotional Quotient Inventory

Bar-On (1997) created a self-report comprising 66 items, which evaluates 10 distinct dimensions of emotional intelligence. The questionnaire contains 5 point Likert scale, which ranges between "Not True" and "True." This scale's Cronbach alpha ranged between 0.69 and 0.86 for different dimensions. It also demonstrates content validity, criterion validity (0.81) and face validity. Moreover, the scale exhibits divergent validity, which is 0.12 when compared to the intelligence scale. The re-established Cronbach alpha for this tool is 0.819.

Personal Style Inventory

Taggart (1993) developed this scale to assess the two primary dimensions of cognitive styles, namely the logical mode (which encompasses planning, analysis, and control) and the intuitive mode (which includes vision, insight, and sharing). It has 30 items with a score of never (1) to always (6). The Cronbach alpha value was found to be 0.82. The split of reliability of this tool is 0.86 and test retest reliability is 0.83. This tool possesses both content and construct validity. The predictive validity of this tool with the cognitive ability measure is 0.81. The re-established Cronbach alpha of this tool is

Statistical analysis

Data were processed and analyzed using SPSS 25.0 statistical software and AMOS 23.0. The study employed the Karl Pearson correlation

Table 1: Correlation matrix for emotional intelligence and mental health

No.	Variables	M	S.D	1	2	3	4	5	6	7	8	9	10	11
1	SR	27.96	6.01	-										
2	IR	21.02	4.69	.40**	-									
3	IC	12.38	5.19	.15**	.27**	-								
4	PS	18.22	4.36	.41**	.33**	.25**	-							
5	ES	15.31	4.91	.19**	.20**	.13*	.19**	-						
6	Flex.	18.72	5.54	.22**	.27**	.29**	.28**	.18**	-					
7	RT	15.00	4.86	.15**	.24**	.22**	.23**	.15**	.02	-				
8	ST	18.50	5.26	.37**	.30**	.26**	.28**	.04	.21**	.13*	-			
9	Assert.	15.23	4.99	.29**	.33**	.24**	.28**	.31**	.29**	.26**	.21**	-		
10	Emp.	15.89	3.88	.11*	.22**	.19**	.25**	.08	.19**	.02	.07	.27**	-	
11	EI: Total	178.24	27.53	.63**	.64**	.55**	.63**	.45**	.55**	.44**	.54**	.63**	.40**	-
12	MH	35.10	6.56	.07	.17**	.29**	.17**	.21**	.23**	.08	.10	34**	.34**	.36**

Note: **p<.01; *p<.05; SR-Self-regard; IC-Impulse control; IR-Interpersonal Relationship; PS-Problem solving; Flex.-Flexibility; ES-Emotional self-awareness; RT-Reality testing; Assert.-Assertiveness; ST-Stress tolerance; Emp.-Empathy; EI-Emotional Intelligence; MH-Mental Health.

Table 2: Correlation matrix for cognitive styles and mental health

Variables	M	S.D	1	2	3	4	5	6	7	8
1. Planning	22.49	4.38	-							
2. Analysis	20.72	4.27	.38**	-						
3. Control	21.82	4.30	.47**	.26**	-					
4. Logical Mode	65.03	9.92	.81**	.71**	.76**	-				
5. Vision	22.01	3.97	.48**	.33**	.43**	.54**	-			
6. Insight	20.31	4.39	.33**	.37**	.28**	.43**	.19**	-		
7. Sharing	21.85	4.57	.53**	.34**	.49**	.59**	.40**	.36**	-	
8. Intuitive Mode	64.17	9.59	.60**	.47**	.54**	.70**	.69**	.71**	.80**	-
9. Mental Health	35.10	6.56	.33**	.08	.35**	.34**	.25**	.06	.27**	.26**

Note: **p<.01

Table 3: Impact of cognitive styles and emotional intelligence on mental health

Independent Variables	Un-standardized coefficient		Beta	't' value	Model Summary
	B	Std. Error			
Self_regard	-.125	.066	-.114	-1.879	F=7.852 R=0.559 R^2=0.312
IR	-.059	.084	-.042	-.700	
IC	.198	.072	.156	2.763	
PS	-.012	.091	-.008	-.130	
EA	.146	.073	.109	2.017	
Flexibility	.073	.067	.061	1.090	
RT	-.001	.075	-.001	-.017	
ST	.028	.071	.022	.385	
Assertiveness	.237	.079	.180	3.000	
Empathy	.265	.096	.157	2.768	
EI-Total	.063	.014	.263	4.552	
Planning	-.076	.090	-.049	-.840	
Analysis	.268	.098	.176	2.733	
Control	.268	.098	.176	2.733	
Logical mode	.124	.046	.188	2.717	
Vision	-.123	.145	-.075	-.849	
Sharing	-.214	.137	-.143	-1.561	
Insight	.122	.095	.085	1.286	
Intuitive mode	.092	.093	.134	.990	

Note: *p<.05; IR – Interpersonal Relationship; IC - Impulse control; EA - Emotional self-awareness; PS - Problem solving; ST - Stress tolerance; RT - Reality testing

Table 4: Difference in mental health based on demographic characteristics

Variables	Category	N	Mean	SD	t value
Year of Study	First-year	164	33.99	7.272	3.283*
	Final-year	130	36.48	5.262	
Family Type	Nuclear	144	34.17	6.973	2.376*
	Joint	150	35.98	6.047	
Area of Living	Rural	155	35.96	6.104	2.407*
	Urban	139	34.13	6.946	

Note: * - Significant

test to examine the relationship among cognitive styles, emotional intelligence, and mental health. Additionally, t-test was conducted to investigate any variations in mental health across different demographic categories.

Results

Table 1 presents the correlation matrix for emotional intelligence and mental health. It was noticed that interpersonal relationships, problem-solving, impulse control, emotional self-awareness, flexibility, and assertiveness dimensions of emotional intelligence were positively associated with the mental health. Moreover, overall emotional intelligence was positively associated with mental health. Self-regard, reality testing, and stress tolerance did not have any significant association with mental health.

Table 2 demonstrates the correlation matrix for cognitive styles and mental health. It was observed that analysis and control of logical mode as well as vision and sharing of intuitive mode had a significant positive relationship with mental health. Planning of logical mode and insight of intuitive mode did not have any significant association with mental health of nursing students.

Table 3 represents the linear regression analysis. It was observed that impulse control, assertiveness, emotional self-awareness of emotional intelligence significantly predicted mental health of nursing students. Logical mode significantly predicted mental health whereas intuitive mode did not.

Table 4 shows the difference in mental health of nursing students based on their demographic characteristics. Final-year students had better mental health compared to first-year students. Students from joint families had sound mental health than students from nuclear families. Furthermore, students from rural areas had better mental health than students from urban areas.

Discussion

The goal of this current study was to investigate the role of cognitive styles and emotional intelligence on mental health among nursing students. Nursing students with a high level of emotional intelligence had better mental health [Table 1]. Numerous studies have highlighted the significance of emotional intelligence as a key psychological factor of mental health. Catanzaro and Mearns (1990) reported that emotional intelligence can act as a protective factor for mental health and well-being, hence a higher level of emotional intelligence could potentially have an impact on mental health. Research has shown that emotional intelligence is a valuable skill for nursing students, as it can help to mitigate the adverse effects of stress and foster positive mental health outcomes (Montes Berges & Augusto, 2007) which is consistent with present findings. Various dimensions of cognitive styles such as planning, control of logical mode as well as vision, and sharing of intuitive mode were positively associated with mental health [Table 2]. Students with well-planned and controlled cognitive styles may be competent in making decisions on how to judge and evaluate

information that would increase their positive mental health. A consistent result was found by Yuan et al. (2017), who opined that planning and control that need higher levels of creativity and cognitive complexity are typically associated with more general coping mechanisms and personal growth which leads to sound mental health of the students.

The regression analyses demonstrated that emotional intelligence and cognitive styles were significant predictors of the nursing students' mental health [Table 3]. 31% of mental health was explained by emotional intelligence and cognitive styles. Nursing students who possess a high level of emotional intelligence are more likely to effectively manage their own emotional concerns and experience greater emotional well-being, ultimately contributing to better overall mental health. Extremera and Fernández-Berrocal (2005) pointed out that individuals who exhibit low emotional intelligence tend to be less productive, as they are less attuned to their emotional experiences and do not use this information to regulate their moods effectively. As a result, they may be less successful in managing their emotional states and may experience negative outcomes as a consequence.

First-year students had poor mental health compared to final-year students [Table 4]. The transition from high school to college can be a significant source of stress and psychological strain for first-year students, as noted by Blimling (2003). Despite being perceived as a significant and positive life event, going to college may pose challenges to emotional security, physical well-being, and the ability to concentrate on academic activities (Bernier et al., 2005). When students move away to college, they are required to create new social networks and reassess past relationships with their family and friends from their hometown (Shaver et al., 1986). The new college atmosphere might intimidate and cause anxiety for students for numerous reasons aside from setting up new support networks which would affect their mental health. For instance, the first exams, submitting the required papers, engaging with professors with advanced degrees, getting accustomed to the college campus, and meeting thousands of other college students could impact their mental health. Final-year students may have accustomed to all these challenges. College students face various challenges related to academic, social, and emotional adjustment, making the transition to college life a difficult process (Chickering, 1969). How students respond to these stressors can have a significant impact on their well-being and future outcomes (Grace, 1997). Hence, it is reasonable to claim that first-year students have poor mental health than final-year students. Students from nuclear families had poor mental health than students from joint families [Table 4]. It is obvious that if both parents are working, students from nuclear families could not receive enough parental assistance. Students from joint families, on the other hand, may have elders who can offer adequate support, improving the mental health of the students. In a comparison of mental health between rural and urban nursing students, it was found that those from rural areas reported better mental health outcomes [Table 4]. Gao et al. (2021) reported that urban nursing students exhibit higher rates of stress, anxiety, and depression than their rural counterparts which indicate that students from rural areas exhibit better mental health than students from urban areas.

Future Implications

The present study may incorporate a longitudinal design which could provide insights into how changes in emotional intelligence and cognitive styles over time may affect mental health outcomes. Alternatively, this study may be replicated with a mixed-method approach, where both quantitative and qualitative data can be collected to provide comprehensive understanding on the relationship among these variables.

Conclusion

The findings of the present study revealed that first-year students lack sound mental health. First-year students could be provided with life skills training to help them confront challenges with confidence, which will help them develop their emotional intelligence and cognitive styles that lead to sound mental health. Students from nuclear families as well as students from urban areas had poor mental health. Regardless of the family system and locality, students should receive enough parental care which might

contribute to the creation of healthy families, communities, and educational systems, all of which would enhance their mental health. Mental health of the students could be improved through mental health programs that are effectively delivered in colleges. Findings also showed that students who have less emotional intelligence and poor cognitive styles were more likely to experience mental health problems. In order to improve the mental health of students, nursing colleges should look into potential remedies to increase their emotional intelligence and cognitive styles. Counselors and mental health professionals need to take into account the needs of first-year students, nuclear family students, and urban students to enhance their mental health. Also, students should have access to proper clinical education programs, sufficient clinical supervision, appropriate clinical evaluation, and a supportive learning environment that would improve mental health.

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