



Emotional education and development of emotional skills in students of health courses: an integrative review

Educação emocional e desenvolvimento de competências emocionais em estudantes de cursos da área da saúde: revisão integrativa

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ABSTRACT

Health undergraduate education is characterized by exhausting study periods and impactful clinical scenarios. This situation contributes to the development of numerous psychopathologies and reduced academic performance. However, the development of Emotional Competencies (EC) through Emotional Education (EE) plays a significant role in promoting the physical and psychological well-being of health undergraduates. This study examined the role of EE in the development of EC in healthcare students. An integrative literature review was conducted between August and September 2021 involving the Virtual Health Library: VHL (BIREME) - with access to MEDLINE, LILACS and IBECs, PubMed, PsycINFO, SciELO (Scientific Electronic Library Online - Regional Portal), Scopus and Web of Science databases. The search retrieved 385 articles, of which four were included in the review. The study results showed the intrinsic relationship between EE and the development of EC in health undergraduates. In addition, EC were associated with better academic performance, higher levels of Emotional Intelligence (EI) and greater professional opportunities.

Keywords: Emotional Abilities. Emotional Intelligence. Mental Health. Teaching. University students.

RESUMO

A graduação na área da saúde é caracterizada por jornadas exaustivas de estudos e cenários clínicos impactantes. Isto contribui para o desenvolvimento de inúmeras psicopatologias e redução do desempenho acadêmico. Entretanto o desenvolvimento das Competências Emocionais (CE), por meio da Educação Emocional (EE), desempenha funções significativas na promoção do bem-estar físico e psicológico dos universitários. Este estudo teve como objetivo examinar o papel da EE no desenvolvimento das CE em estudantes na área da saúde. Trata-se de uma revisão integrativa da literatura, realizada nos meses de agosto e setembro de 2021, nas bases de dados: Biblioteca Virtual em Saúde: BVS (BIREME) - com acesso às bases MEDLINE, LILACS e IBECs, PubMed, PsycINFO, Scielo (Scientific Eletronic Library Online - Portal Regional), Scopus e Web of Science. Com isso, foram encontrados 385 artigos e quatro destes foram incluídos nesta revisão. Os resultados obtidos evidenciaram a relação intrínseca entre EE e desenvolvimento das CE em graduandos da área da saúde. Somado a isso, as CE foram associadas a melhores desempenhos acadêmicos, maiores graus de Inteligência Emocional (IE) e possíveis desenvolturas profissionais.

Palavras-chave: Ensino. Habilidades Emocionais. Inteligência Emocional. Saúde Mental. Universitários.

INTRODUCTION

Studies on mental health, together with the possible protective mechanisms against psychopathologies, have attracted great interest from the scientific community, particularly regarding the relationship with Emotional Intelligence (EI) and the development of Emotional Competencies (EC). Briefly, EI can be defined as an individual's ability to perceive, evaluate, understand, express and use emotions (Bueno & Primi, 2003; Extremera & Fernández-Berrocal, 2006). Emotional Competencies complement EI, constituting the skills needed to cope with adversities and consequently seek well-being and personal happiness (Gilar-Corbí, Pozo-Rico, Sánchez & Castejón, 2018). Social and emotional education (EE) helps promote the development of these EC, such as self-knowledge, creativity, empathy, and critical and collaborative thinking (Carneiro & Lopes, 2020).

In order to create and maintain "healthy" university environments, the adoption of teaching methodologies that incorporate socialization, communication and social support as core elements of the learning process is paramount (Pavodani et al., 2014). However, conventionally, educational environments tend to adopt traditional methodologies based solely on cognitive knowledge, with an emphasis on scientific and technical aspects. This approach relegates sentimental and emotional factors to a secondary level. Nevertheless, emotions have steadily received greater recognition as being fundamental for the process of human development, allowing EE to gain importance (Dantas, 2021).

In this respect, Vilelas, Diogo, Carvalho, Tavares and Santiago (2017) reported numerous EE methodologies in the university environment. This is exemplified by the use of mentorship programs, essential for the process of socialization between mentors and the mentored, the manifestation of EC abilities, and resultant better academic and professional performance. Furthermore, the practices of mindfulness meditation, defined as a receptive attention and awareness of the events and experiences of the present moment, and of coaching, defined as a method of personal development between two collaborative partners intended to maximize personal and professional potential, have been associated with improved learning outcomes and higher levels of personal growth (Corti & Gelati, 2020). Evidence shows that, using virtual tools alone, effective results can be achieved in teaching and developing EE (Giliar-Corbí et al., 2018). Lastly, the use of reading and writing workshops allows students to express their thoughts and feelings, favoring the redefining of meaning of self in the relationship with others and of their potential for expression (Zonta & Zanella, 2021). These methods promote academic growth of undergraduate students. In other words, students who are emotionally prepared will be able to better understand the numerous emotional states that may arise during their professional training, cope positively with them, and enjoy performance gains during the acquisition of academic and professional knowledge (Giliar-Corbí et al., 2018).

It is important to note that, particularly among healthcare students, the development of psychopathologies is prevalent (Diogo, Rodrigues, Sousa, Martins, & Fernandes, 2017; Gomes, Pereira, Cardoso, & Silva; Sequeira, Carvalho, Borges, & Sousa, 2013). The academic environment within which health students train can create high pressures regarding the technical aspects of the profession trained, and be associated with exhausting periods of theory and practical subjects. In addition, students experience hospital environments, which require critical care for others, sometimes under conditions unfavorable for care delivery. On top of this, there is the responsibility of caring for those in need, culminating in an overly self-demanding attitude and in the need to adapt to new situations and deal with external pressure and acceptance. Consequently, high levels of stress and rates of anxiety and depression are typically seen in this group of students (Kikanloo et al., 2019).

In this context, synthesizing knowledge on the relationship between EE and the development of EC in healthcare students is vital. Thus, the objective of the present study was to examine, based on an integrative literature review, the role of EE in the development of EC in health undergraduates.

MATERIAL AND METHODS

An integrative review study was conducted. According to Souza, Silva and Carvalho (2010), integrative reviews enable knowledge and conclusions of previous studies to be condensed, allowing inferences to be drawn on the topic under investigation. This process consolidates theoretical and empirical data from the literature promoting Evidence-Based Practice, and a consequent reduction of study bias. To this end, the present study analyzed the output on the role of EE in the development of EC among healthcare students in articles published in indexed journals by answering the following research question: “What is the role of EE in the development of EC in university undergraduates of health-related subjects?”

The data search was performed in August and September 2021 and involved the following databases: Biblioteca Virtual em Saúde: BVS (BIREME) – providing access to MEDLINE, LILACS and IBECs -, PubMed, PsycINFO, Scielo (Scientific Electronic Library Online - Portal Regional), Scopus and Web of Science.

Document retrieval and data collection procedures

A general exploratory search with no restrictions on publication date was first carried out to identify possible bibliographic reviews addressing the guiding research question. Despite the numerous studies available on the subject, no major reviews addressing the topic were found.

The database searches were conducted with the descriptors: “emotional intelligence”, “emotional competence”, “emotional education”, “emotional regulation”, “self-regulation”, “education”, “emotions”, “human resources in health”, “university students”, “college students”, “higher education”, “health”, “nurses”, “nursing”, “physical therapists”, “physical therapy specialty”, “physicians”, “medicine”, “speech-language therapist”, “speech, language and hearing sciences”, “physical educator”, “physical education and training”, “nutritionists”, “nutritional sciences”, “psychologist”, “psychology”, “dentists”, “dentistry”, “occupational therapist” and “occupational therapy”; by combining the strings using the Boolean operators AND and OR.

Study selection was based on the following inclusion criteria: (1) empirical articles in English, Portuguese or Spanish; (2) studies on the relationship of EE with EC for undergraduate courses in the health field requiring contact with the individual to deliver a healthcare service; (3) articles available in full.

The exclusion criteria applied encompassed: duplicates; literature review articles, case studies, letters, congress abstracts, conference content, posters, reports, monographs, dissertations and theses; studies not reporting results on the relationship between EE and EC; studies that were off-topic or failed to analyze health undergraduate students; studies involving psychopathological disorders or devising or validating of instruments. Studies which fulfilled the eligibility prerequisites were selected for full reading and subsequent analysis for inclusion or exclusion in the present review.

Analysis procedures

After application of the exclusion criteria, the eligible studies were analyzed to determine whether the respective results answered the research question. This stage of analysis entailed the following steps; 1) initial screening based on analysis of title and abstract of each publication with subsequent exclusion of off-topic studies; 2) analysis of studies which fulfilled the previous criteria to determine whether the methodological procedures employed in the study included EE measures or programs; and 3) the results of the remaining studies were analyzed to check whether they showed a relationship between EE and EC.

Data collection was performed by 2 researchers. The information analyzed and extracted from the selected studies were compiled into a table containing the relevant parameters for this review, namely: database on which the study was indexed, reference; country of origin of study; objective;

sample (particularly study group); analysis instruments used to study EC; and results and conclusion.

A total of 385 articles were initially retrieved, of which 61 duplicates were removed, giving 324 studies for further analysis. After applying the exclusion criteria, 260 empirical articles remained. Of this total, 256 articles were excluded for being off-topic; incorporating samples that did not include undergraduate students in health-related courses; had a clinical focus or did not establish a relationship between EE and EC. At the end of the process, a total of 4 articles remained for reading of the full text (Figure 1).

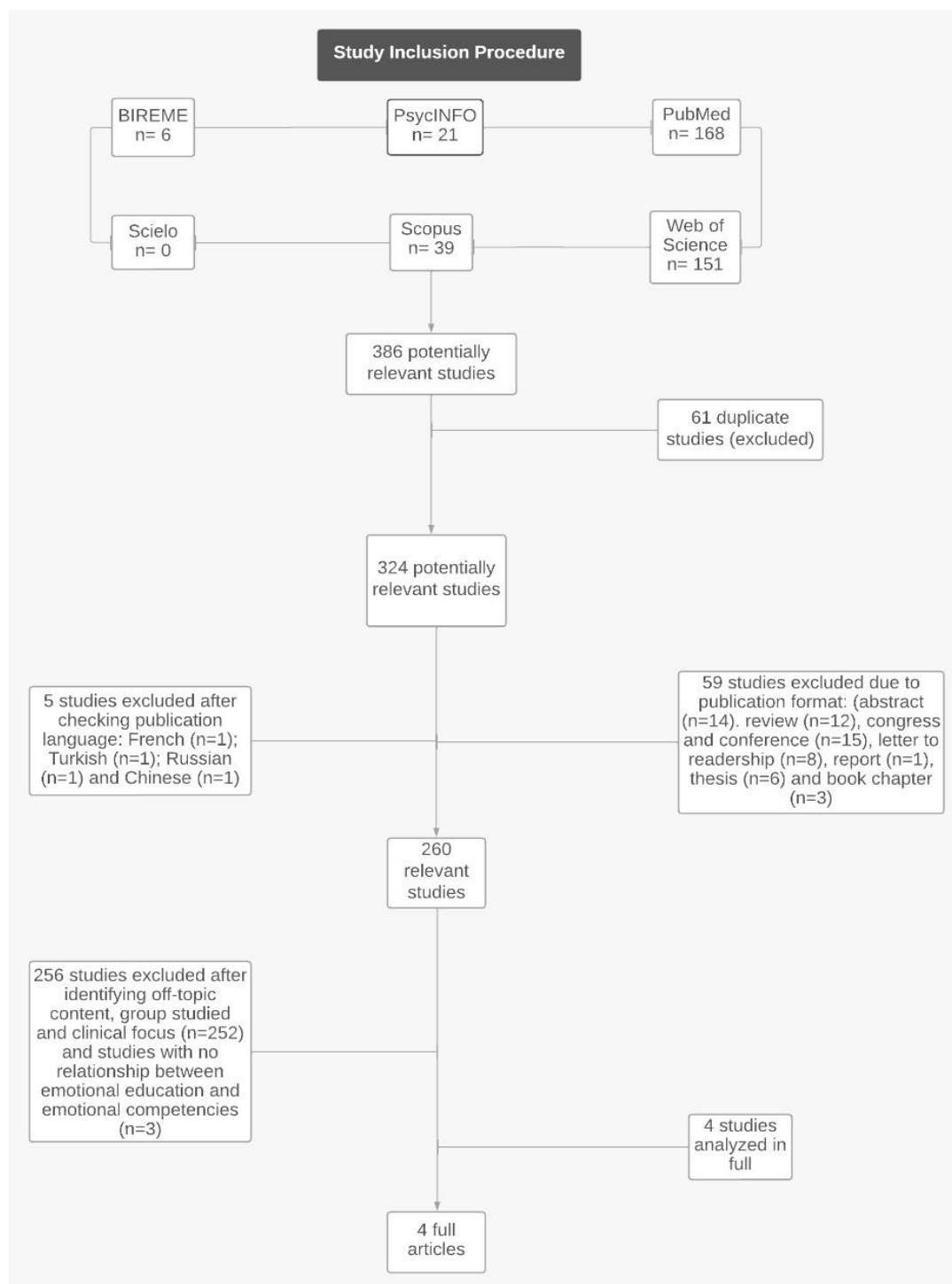


Figure 1. Flow diagram of article selection process for inclusion in integrative literature review.

Source: The authors.

RESULTS AND DISCUSSION

The final sample of this review comprised 4 scientific articles (3 retrieved from the PubMed and 1 from the PsycINFO databases). Regarding the source, the individual articles were published in the following respective journals: *Saudi Journal of Medicine & Medical Sciences* (Altwijri et al., 2021); *Current Psychology* (Kuk et al., 2021); *Journal of Intelligence* (Puffer, Pence & Ferry, 2021) and *Nurse Education Today* (Yu et al., 2021). The countries of origin of the articles were Saudi Arabia, Australia, the USA and Poland. Details for each of the articles included in the final review are given in Chart 1.

Table 1
Studies retrieved and selected from the databases.

Source database/Reference /Country	Objectives	Sample	Instruments assessing EI and EC	Results
PubMed Altwijri et al. (2021). Saudi Arabia	To explore the association of EI with academic success and performance.	n=296 medical students (4th-6th year). M age: 23 years, 48% women	ASICS; SSEIT	Students with high EI tended to have strong socializing skills and high external motivation and career decidedness and perceived efficacy of their instructors.
PsycINFO Kuk, Guszowska & Gala-Kwiatkowska (2021). Poland	To determine changes in EI of students who participated in psychological workshops.	n=30 Physical Education students. M age: 21 years, 60% women	PKIE; CECS; KKS	Psychological workshops promoted significant changes in EI (especially in understanding of emotions). However, benefits vary depending on psychological traits of the participants and their age.
PubMed Puffer et al. (2021). USA	To test the impact of ultra-brief interventions on EI.	n=75 Psychology students. M age: 19 years, 57% women.	MSCEIT	Ultra-brief interventions promoted significant change in EI (particularly for perception of emotion and facilitation of emotion).
PubMed Yu et al. (2021). Australia	To compare emotional and social competence among students across four academic year levels.	n=360 OT students. M age: 21 years, 77% women.	ESCI-U.	Students demonstrated good social and emotional competencies, with strengths in teamwork, empathy and achievement orientation. Fourth-year students developed better self-awareness, reflection and perception of reality than first-year peers.

Source: The authors.

Notes. ASICS: *The Academic Success Inventory for College Students*; EC: Emotional Competencies; CECS: *The Courtauld Emotional Scale*; ESCI-U: *Emotional and Social Competency Inventory – University Edition*; EI: Emotional Intelligence; KKS: *Social Competence Questionnaire*; M age: Mean age; MSCEIT: *Mayer-Salovey-Caruso Emotional Intelligence Test*; n: Number of participants; PKIE: *The Popular Questionnaire of Emotional Intelligence*; SSEIT: *The Schutte Self-Report Emotional Intelligence Test*; OT: Occupational Therapy.

All articles included in the present review were published in 2021. This publication year highlights the recency of the studies and growing interest in the subject. All of the studies selected

emphasize the potential benefit of developing EI and EC, as well as the efficacy of EE interventions in healthcare students (Altwijri et al., 2021; Kuk et al., 2021; Puffer et al., 2021; Yu et al., 2021).

The study conducted by Altwijri et al. (2021) explored the association of EI with academic success and performance in medical students. A total of 296 students (mean age 23 years) on the 4th-6th year of the medical course of the King Saud bin Abdulaziz University for Health Sciences (KSAU-HS), Riyadh, Saudi Arabia, took part in the study. In the intervention, the Academic Success Inventory for College Students (ASICS) was administered, assessing general academic skills, career decidedness, internal and external motivation, lack of anxiety, concentration, socializing, personal adjustment and perceived instructor efficacy, as well as the Schutte Self-Report Emotional Intelligence Test (SSEIT), which measures expressing emotions, managing emotions and utilizing emotions. Demographic data (sex, study year and academic performance GPA (grade point average) were collected and analyzed. The study found positive associations between higher levels of EI and GPA. In addition, students with a high level of EI exhibited better external motivation social and emotional skills, perceived efficacy and socializing. However, a decline in internal motivation/confidence and external motivation/current and future with time on the course was observed. Notably, no association was observed between EI, academic success, academic performance and level of study, while EI scores and academic success were independent of participant gender.

The aim of the study by Kuk et al. (2021) was to determine changes in EI of students who participated in psychological workshops on interpersonal communication, forgiveness and love. The study involved 30 students (mean age 21 years) on the physical education course of the Józef Piłsudski University of Physical Education, Warsaw, Poland. The following tools were used in the intervention: the Popular Questionnaire of Emotional Intelligence (PKIE) which assesses acceptance, expressing and using the person's own emotions in action, empathy, control (also cognitive) over the person's own emotions, and understanding and awareness of emotions; the Courtauld Emotional Scale (CECS), which assesses emotional control; and the Social Competence Questionnaire (KKS), which measures social competencies. The study revealed that, post intervention, the students achieved high levels of understanding of emotion. However, no significant changes were observed in acceptance of emotions or on the empathy scale. This latter result was explained by the fact that the psychological workshops focused more on the improvement of emotional self-awareness and ability to communicate. Moreover, the authors found that the most important predictor of changes in EI was ability to control depression. In other words, this allows for predicting the increase in acceptance of emotions and emotional control, with greater changes expected in people who are more willing to suppress manifestations of depression. Thus, the authors stressed that the benefits of the workshops are likely to vary depending on psychological traits of the participants (e.g., mental conditions, tendencies for suppressing emotions and social competencies) and their age.

The objective of the study of Puffer et al. (2021) was to test the impact of ultra-brief emotional functioning interventions on EI by assessing EI before and after the intervention. A total of 75 first-year college students (mean age 19 years) enrolled in psychology courses from a Mid-Western university in the United States took part on the study. The lecture entailed a 55-min session, plus supporting instructional educational material focused on the ability emotional intelligence. The measure for EI was the online version of the Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT) comprising 8 different sections or kinds of tasks generating 7 scores, four of which were included in this study: perception of emotion, facilitation of emotion, understanding emotion and regulation of emotion. The study showed improvement on two out of four outcome measures: perception of emotion and facilitation of emotion. The authors found that providing EI improvement programs to undergraduates, particularly freshmen, can aid not only their transition to college, but also in the kind of lives they will lead while a student and possibly beyond.

Lastly, the study of Yu et al. (2021) compared emotional and social competence among undergraduate students across four academic year levels. The study involved 360 students (mean

age 21 years) on the occupational therapy course at a university in Victoria, Australia. Students completed a questionnaire collecting sociodemographic and academic information and also the Emotional and Social Competency Inventory – University Edition (ESCI-U), which analyzes the social and emotional competencies of self-awareness, self-management, social awareness and relationship management. The university version of the tool also measures the two cognitive competencies Systems Thinking and Pattern Recognition. The study results showed that students demonstrated good social and emotional competencies, with strengths in teamwork, empathy and achievement orientation competencies, fundamental in health service practice. However, fourth-year students scored lower for emotional self-control, positive outlook, and competencies of influence compared with first-year peers, indicating the development of greater self-awareness, reflection and perception of reality in the fourth-year students. The authors pointed out that the process of the development of professional identity and transition to the profession can be a source of stress for students, particularly in the final years of the course. Thus, pedagogical methods centered on optimizing confidence and on the development of emotional and social competence can help prepare students for professional life.

With regard to the conceptualization of EC, only the study of Yu et al. (2021) explicitly defined the term, describing EC as non-cognitive skills derived from EI. The EE term, however, was not defined in any of the studies reviewed. All of the studies selected reached the same conclusion on the promising potential of EI for nurturing the attributes needed for the development of undergraduates on health-related courses (Altwijri et al., 2021; Kuk et al., 2021; Puffer et al., 2021; Yu et al., 2021). Emotional intelligence is related to the capacity of perception, assessment, understanding and control of emotions (Bueno & Primi, 2003), whereas EC are acquired via EI strategies and linked to practical skills, such as expression of emotions and ability to cope with environmental demands and pressures (Yu et al., 2021). Emotional Education enables the development of EC (Carneiro & Lopes, 2020).

The study of EC includes important health promotion measures, given that emotional abilities have a direct role in reducing the prevalence and development of psychopathologies in the university environment, where students are required to adapt to new routines, rules and respond to new demands satisfactorily (Vilelas et al., 2018). Consequently, this population is prone to developing psychopathological conditions, as outlined by Gomes et al. (2020), who reported that university students are at greater risk, relative to other social groups, of developing mental disorders such as mood disorders, anxiety and somatization.

Healthcare students in particular have to cope with intense emotional experiences, especially during the period of clinical practice (Diogo et al., 2013). The study by Yu et al. (2021) cited the high levels of stress faced by students, with the difficult process of developing professional identity and the transition to professional life representing a source of stress. In addition, the authors reported that final-year students had lower levels of emotional self-control than first-year students. This reinforces the tendency of an increasing likelihood of developing mental problems with each additional year of the course (Altwijri et al., 2021).

In addition, the process of the bibliographic analysis revealed a dearth of studies in Brazil related to the objectives of the present study. This gap in the literature might be explained by the strong adoption of traditional teaching methods in Brazil, centering more on the technical aspects to be performed while embracing the hierarchical top-down teaching-learning process and a passive approach by students. Despite this, the framework of National Curricular Guidelines for health-related courses, such as nursing (“Resolution CNE/CES 3”, 2001); Medicine (“Resolution CNE/CES 3”, 2014); Speech Language Therapy (“Resolution CNE/CES 5”, 2002); Occupational therapy (“Resolution CNE/CES 6”, 2002); Physiotherapy (“Resolution CNE/CES 4”, 2002); Dentistry (“Resolution CNE/CES 3”, 2021); and Nutrition (“Resolution CNE/CES 5”, 2001); among others, is based on competencies, which is incongruent with the lack of studies on the subject and overlooks the high emotional input necessary in the education and training of these professionals.

This scenario underscores the need for pedagogical activities in the context of EE, given that these efforts contribute to promoting EC abilities (and hence EI), providing opportunities to learn emotions. In turn, this education promotes better self-awareness in students, better management of emotions and greater subjective well-being, reducing the manifestation of psychopathological symptoms and favoring a healthier and more successful life in all spheres (Dantas, 2021). In this respect, Altwijri et al. (2021) found direct relationships between EI and increased academic performance in medical students, where this group also had better career outlooks and thus financial success.

However, in order to effect this change, education institutions must invest in EE methodologies. Some suggestions for EE interventions in the university environment include the reforming of curricula to feature compulsory and elective subjects addressing the topic of mental health and development of EC; the development of monitor and mentoring programs to aid first-year students in the transition from the school environment to an academic setting; psychological aid and support programs during the process of transition of final-year students to the professional environment; the incorporation of tests assessing academic performance and psychological status of students throughout the duration of their courses, the organizing of scientific events which enhance understanding of EC and EE (Vilelas et al., 2018), and the use of psychological workshops (Kuk et al., 2021) and ultra-brief interventions on EI (Puffer et al., 2021).

The study by Kuk et al. (2021), in particular, showed significant changes in the ability of understanding of emotions, fundamental for recognizing emotions and understanding emotional responses in contextual situations, amid the presence of fear of hospital procedures, anger over clinical errors, patient optimism in recovery and hope for better days. The cited study, however, had several limitations: the intervention promoted no significant changes in acceptance of emotions, while significant differentiation for empathy was reported only between the first and last measurements.

Puffer et al. (2021) also had relevant results after administration of ultra-brief methods of EI. The content commenced with the undergraduates listing 5 pleasant and unpleasant emotions and sharing these with the whole class; this was followed by explanation by the organizers of each emotional skill listed by participants; and to close, the students answered an ungraded quiz on the topic of the intervention. The results showed that students attained a high-average level of perception of emotion, and competent levels for facilitation of emotion, understanding emotion and regulation of emotion post intervention.

The results of this study confirmed without doubt the vital role of developing EC in healthcare students. Emotionally-competent individuals will be better able to cope with multiple challenging situations, such as management of terminally-ill patients and chaotic hospital scenarios. Moreover, this group of students will be able to assign new meaning to these situations through positive framing. These factors favor the education and training of those professionals who are prepared with adequate theoretical technical and emotional knowledge.

CONCLUSION

The studies reviewed suggest that EE is effective for the development of EC in university healthcare students, favoring a healthy and successful life in all spheres, including academic and professional. Nonetheless, this study proved insufficient to elucidate different sample profiles for the variables race, culture, sociodemographics, education and health system organization, with regards to the use of EE strategies for the development of EC. More specifically, the situation in Brazil could not be described owing to the lack of national studies on the subject. Nevertheless, the present study provides a picture of the current knowledge available, along with existing gaps, helping to guide future studies elucidating the role of EE in the development of EC in healthcare students.

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