Objective: to reflect on emotional competence in the practice of nursing. Method: this is a review with reflective approach on emotional competence in everyday nursing. The literature search was conducted in diverse and databases such as VHL, EBSCO and MEDLINE by descriptors of ‘nursing care’, ‘emotions’, ‘nursing’ and ‘feelings’. Conclusion: experiencing the provision of nursing care becomes something enhancer in the management of emotions, arising from the relationship with the patient / family. The emotionality of care is still a little thematic depth. It is essential to study how nurses can use strategies for learning and development of emotional competencies, identifying the limits and optimizing resources in order to give meaning to everyday practice and understand the impact of emotionality in the process of nursing care. Descriptors: nursing care; emotions; nursing; feelings.

Resumen
Objetivo: reflejar sobre la competencia emocional en la práctica de la enfermería. Método: se trata de una revisión con enfoque reflexivo sobre la competencia emocional en el día a día de los enfermeros. La búsqueda fue realizada en bibliografía diversa y en bases de datos como BVS, EBSCO y MEDLINE, con los descritores ‘asistencia de enfermería’, ‘emociones’, ‘enfermería’ y ‘sentimientos’. Resultados: se destacan tres ejes de análisis e reflexión: percurso conceptual de afeto, sentimiento e emoción; competencia emocional como elemento de la praxis cuidativa; el esfuerzo de la emoción en el cuidado profesional. Conclusión: vivenciar una prestación de cuidados de enfermería torna-se algo intensificador en la gestión de las emociones, decorrentes del relacionamiento con el paciente/familia. La emotividad en los cuidados se convierte en algo tan aprofundado que es fundamental estudiar cómo el enfermero puede utilizar estrategias de aprendizaje y desarrollo de competencias emocionales, identificando limites y optimizando recursos, de modo a dar sentido a práctica cotidiana y a comprender el impacto de la emotividad en el proceso de asistencia de enfermería. Descritores: asistencia de enfermería; emociones; enfermería; sentimientos.
INTRODUCTION

Nursing is a profession of feelings and emotions. Experiencing nursing care emerges as something enhancer in the management of emotions arising from the relationship with the patient and his family. In this sense, it is important to identify the limits and optimize resources in order to give meaning to everyday practice. The provider does not treat yourself to have a hard time to offer something to those you care for. Despite the ‘state of the art’ still is subtle, there are some studies on the emotionality of nurses.1-6

Nurses face increasing challenges related to the complexity of their professional practice. An interdisciplinary approach, going beyond the health and oblige a real team effort, so that you can overcome internal and external obstacles to the protagonists of the action of caring, plays a critical role. In light of changes inherent in the process of health / disease, it is necessary that nurses provide a holistic assistance involving human beings in all dimensions: physical, emotional, social, psychological and spiritual. In this sense, it is important to understand the emotional reactions in the different phases presented by patients and professionals.

The technical skills of nurses, although important and fundamental for the exercise of their profession, do not justify by them self, the quality of care. These skills can be a factor to approach some patients for certain nurses, however, this alone do not allow us to offer integral comprehensive care to the patients.

The interest and investigation by the relationship interaction process between nurse and patient reveals that the care is increasingly valued but nevertheless, the technical care continue to constrain the practice of caring in nursing.7

The relationship of transpersonal caring assumes a particular form of relationship, high regard for the whole person and his ‘being-in-the-world.’

A relationship with the transpersonal ‘Other’ depends on several factors, among which stand out from the nurse’s own history, the opportunity to have experienced their own feelings and have imagined the feelings of others under various human conditions.8

The approaches of the personal involvement of nurses in a professional relationship with the patient are directed to the identified problem and its effect on the lives of the latter, so that the different perspectives between the two is often used to indicate degrees of development differs from emotional.9 Nurses differs from the patient, as he/she seeks to help him/her to integrate the subjective experience of emotion, with an objective view of the external situation. This implies that the patient is more emotional than the nurse. However, there is the possibility of both experiencing the emotional intensity of care ratio.

Emotionally competent individuals contribute positively in the workplace, expressing concerns such as quality and improved outcomes of care for patients.10

The relationship established with the patient depends on the ability of nurses to understand and detect emotions and feelings and inner condition of the other and also the way of others' being in the world. “Emotional experience in nursing care, it is assumed as a fundamental part of the transpersonal caring in nursing, a means of communication and release of human feelings, through co-participation total of all intervenientes.8

Experiencing the provision of nursing care emerges as something enhancer in the management of emotions arising from the relationship with the patient / family. Thus, considering that human reason has the emotional rudder arrays and how they are experienced, it is important to ask: what is the impact of emotional competence in the practice of nursing?

Studies show that emotional involvement is an essential dimension of the therapeutic relationship with the patient.1-6. 11 They reveal that the management of emotions should occur in a mature way, with limits to be obeyed, because the context of the practice of care is an area for noble emotions and feelings sometimes painful and contradictory.

The emotional involvement as a capacity to transcend himself and become interested in another person without that interest renders them unfit, is the necessary ingredient for nurses being aware of each other, making it sensitive to the situation that both (patient and nurse) experience, driving and guiding nurses to provide the necessary help.

OBJECTIVE

- To reflect on emotional competence in the practice of nursing.

METHOD

We conducted a study of reflective approach based on the theme of emotionality in the practice of nursing care, and aims to reflect on the state of the art of the phenomenon under study. The research was
conducted through a search in bibliography as well as in different databases VHL, EBSCO and MEDLINE, accessing full-text articles, between February and April 2011. The search was performed using the keywords 'nursing care', 'emotions', 'nursing' and 'feelings'.

We tried to make in this study a general approach on emotions, feelings and emotions, reviewing the construct 'emotional competence' as the ability to perceive, express and manage emotions associated with the practice of nursing assistance.

RESULTS AND DISCUSSION

From the reading and qualitative synthesis of the material three lines of analysis and reflection were formed: conceptual route of affection, feeling and emotion, emotional competence as part of the careful praxis; room for emotion in professional care.

● The conceptual route of affect, feeling and emotion

Emotion is one of the basic phenomena of human existence but it has proved extremely difficult to describe in scientific terms. In first instance, it is easy to direct the characteristic non-human emotions, since it is assumed that animals have emotions. However, the challenge is to link them to values, principles and judgments that legitimate human emotion as special.

It is peaceful that emotions have physical correspondences, such as behavioral and physiological expressions. The emotional phenomena are essentially described by the labels assigned to them in terms of conscious experience, such as anger, fear, sadness, joy, shame, pleasure, love and more. However, the human impact of all causes of emotion depends on the feelings generated by these emotions. It is through the feelings that are directed inward and private, that emotions, which are directed outwards and are public, begin their impact on the human mind.12

During the past century, and also in this one, the study of emotion has evolved in many aspects. The vagueness of the boundaries between feeling, emotion and affection are not always conducive to understanding the intensity with which they are felt. The affection tends to assume a shift lens, which can be observed. The sense denotes an inward state, an intrinsic and unique experience. However, not always the person assumes awareness of all its feelings.

Over the time it's correct for the purpose of seeking objectively define the concept of emotion. Until the second half of the twentieth century, philosophy had as unquestioned assumptions the rationality and objectivity. Since Plato the mind is considered a noble part of the human being, body and emotions become obstacles to knowledge. Historically, philosophers and thinkers have imposed a clear separation between emotion and reason. Plato defended the change as a virtue of all the passions, pleasures and individual values by the thought, that yes, a universal value. The expression 'I think therefore I am' of Descartes, also suggested the separation between emotion and reason, attributing the latter, higher value. Kant persevered dichotomous vision, namely the encounter between reason and happiness, arguing that if God had created man to be happy, would not have fitted him with reason.13

Only in the late twentieth century, that subjectivity is acquired important epistemic category, such as rationality and objectivity, to acquire knowledge.

Studies such as by Antonio Damasio allow currently theorize about intelligence, unifying cognition with emotion as well as mind and body. Emotions and reason are not dissociated elements, such as Descartes proposed. Emotions are not rational acts therefore are not directly causing cognition. They generate feelings, and yes, these act rational, and these are used for learning, i.e., they are starting the process of learning.12 According to Damasio:

“emotions provide an immediate response to certain challenges and opportunities faced by an organism, related to the feeling it provides them with an alert mind. Feelings amplify the impact of a given situation, enhance learning and increase the likelihood that similar situations can be anticipated". 12:781

The notion of feeling and emotion, whose semantic approach has driven the search in order to discriminate them, causes the various meanings that the terms allow behave in scientific terms and overlapping, setting the terms emotion and feeling and affection, in a frame of imprecision and indiscrimination. These semantic overlap can be observed in several dictionaries of psychology, in which the term 'affection' is defined as 'feeling', 'emotion in general', differing from 'cognition'.14 are on course to reach philosophical semantics 'affection'. Scholars distinguish two orders of affection: one from internal causes or intimate, and other external causes. In both cases, is defined as the affection of a print
result on the mind, therefore, a form of excitation.13

With regard to feelings, they manifest themselves in interpersonal relationships. In this sense, it is essential to meet the human life cycle stage in which the relationship is established, because the differences from the emotional life cycle differ primarily by the interests, and peculiar characteristic of each stage.

Throughout life, the person experiences different experiences that shape their way of viewing the world and therefore their emotional reactions, which leads to awareness of the forms of social existence, moral norms and culture.15

The attenuated feelings as affective states, endowed with intentionality, intimacy and connection with the individual system of values, maintaining a vehicle value (positive or negative) that can be understood in two groups: psychic and spiritual. The psychic is on the quality of the Self, for the spiritual and aesthetic values, ethical-moral and intellectual.

Set feeling is a complex task, since “understand our own feelings is to understand the reaction to the world around us” 16-17

Feelings are answers on how you interpret the world, because without awareness of what the feelings mean, not there is really consciousness of life.

We can thus say that the feelings are the basis of the act, think and mean. Attach importance, value and mean the person in their own space. Functions are essentially human, manifesting itself in engaging with you in relation to others and the world surrounding the person. Reward human life, becoming in many ways according to social situations, relational, material and human.17 However, these spheres of human uniqueness lack dynamism and sense of completeness, as manifested in an integrated and integral.

The designation of feeling should be reserved for private and mental experience of an emotion, while the term emotion should be used to denote the set of responses that are, many of whom publicly observable.12

The emotion alloy which is important for the person with the surrounding world - a world of people, things and events, so understanding the emotions and their meanings requires attention by the multidisciplinary nature of understanding.13

Emotions are mechanisms that facilitate the rapid reaction against unexpected events, making safe decisions and non-verbal communication with other beings.

Organize thinking in terms of primary emotions, meaning and simplifies the discussion of the problem. However, it is essential to meet that there are many behaviors that have been assigned the label of emotion, such as the drives and motivations, states of pain and pleasure.12

There is no hope in the standardization of definition and classification of emotions, being preferable to retain the traditional nomenclature, to clarify the use of terms and wait for further evidence to impose a new classification, hoping to maintain some continuity serves to facilitate communication in the transition.18 It is possible to take up three levels of emotion: primary, secondary and background. The primary or universal emotions include happiness, sadness, anger, fear, surprise and disgust. The secondary or social emotions include shame, jealousy, guilt or pride. The field of background emotions brings together the well-being or malaise, calmness or tension, fatigue, or energy, hope or discouragement.12, 18

Consciousness allows any emotion can be identified, and in doing so reinforces the person’s ability to respond adaptively to the needs that the body senses. Thus, the basic level of regulation includes the vital biological states that can be consciously identified by the Human Being, as impulses and motivation, as states of pain and pleasure. The biological design of emotion is one level higher and more complex, however, may induce pain emotions, feelings, and some may include a state of pain. In this context, the emotion is dedicated as the conscience for the survival of the Human Being.12, 18

Partially control the expression of some emotions is the task does not instilled consciousness. It is possible to induce emotions and not consciously aware of how I appear to ‘not motivated’. However, what really get is the ability to disguise (some) external manifestations of emotion, without being able to control (block or cancel) the emotions. In other words, can a person be in a state of sadness or joy without being able to explain the reasons originating in that feeling. According to Damasio:

“The real cause may be an image that raised awareness to an event, a temporary change in the internal profile of Being, various factors such as their health, diet, climate, hormonal cycle, if practiced exercise intensity than the usual or even a particular concern with the subject”12, 48

Prevent the expression of an emotion is so difficult as to prevent a sneeze. What really accomplishes is the ability to disguise some of
Emotional competence, an element to the careful praxis?

In recent decades there has been a growing interest in the conceptualization of the polysemic concept of 'competence', giving a vision beyond the optical professional, more comprehensive. From the review of several studies, can be designated competence as the ability to mobilize an adequate body of knowledge, skills, abilities and attitudes necessary to perform various activities with a certain level of quality and efficiency. Thus, although not unanimous, it is possible to call several classifications, such as developing skills in technical and professional skills to the level of socio-personal (including the subset of emotional competencies).

The technical-professional, also called functional, are limited to around the knowledge and procedures of the professional. Relate to 'know' and 'know-how', necessary for professional performance. The social needs related to changes in the labor market, inducing the recognition of the needs of other skills, which however, is not synonymous with names accepted so unanimous. Basic skills, generic skills, relational skills, life skills, interpersonal skills, social skills, emotional skills are some of the names used among the various researchers.

Emotional competence takes a broad construct that includes several processes, causing a variety of consequences.

Different authors advocate different domains of emotional intelligence. You can configure up five basic dimensions, namely: the cooperation, responsibility, empathy, assertiveness and self-control. However, are also defined four areas: self-awareness, self-management, social awareness and relationship management.

Emotional competence relates to the demonstration of self-efficacy to express emotions in interpersonal relationships. To have self-efficiency, it is necessary to know your own emotions as well as the ability to adjust according to the expected results. A different level of emotional competence should be reflected in a wise ethical conduct significantly to the culture where one is inserted. Emotional competence enhances the adaptation to the context, benefits the face of life's circumstances, with the highest probability of success.

Thus, emotional competence fosters learning processes, interpersonal relationships, help in solving problems, enhances the achievement and maintenance of professional activities, among others.

Recently emerged from various scientific models of emotional mind able to explain how much of what is done can be guided emotionally. At the level of praxis of care giving, this concept - regardless of the type of institution, type of service, the nurse, the person who is cared for or its context - a field is 'poor' research, experience and why the conclusion.

Awaken to this reality will provide bet on emotional literacy, so that nurses can feel free to talk/express/manage emotions (yours and the 'Others'). On this basis it is considered crucial to explore the relationship between emotional competence and levels of personal and professional performance. Learning to understand and manage emotions a scenario becomes proficient for enhancing the quality of any ratio in general and in particular the conductive relationship, which if managed also in the design of literacy emotional will become predisposing inter-and intrapersonal development.

Repress and hide emotions of caregivers as an obligation and implicit end product of professional socialization, therapeutic relationship is transformed into a neutral, away from all the 'senses' and protected by the emotional perception of protocolization of care. Thus, emotionality and expression should help to understand the context of resistance to change (the nurse and the institution) in order to enhance the quality of care placed on the holistic philosophy of caring.

A context of nursing care without emphasis also on emotional literacy can more easily provide a state of functional rationality as opposed to emotion. This fact may have
several causes, such as a preoccupation with the levels of financial profitability, and also protection strategies and emotional control, separating the ‘world of carets’ with the ‘world that cares’. However, the nurse faces difficult emotional experiences with which they suffer, and will develop strategies to manage these experiences in the course of his practice of care.6

The feelings are inherent Care 30 by the perception of its implications to reflect the required level of professional practice, considering the experience of feeling human emotions.

The road construction and development of emotional competencies to substantiate the dyad emotional relationship with the patient and emotional experiences. This fact requires that the nurse develops the emotional dimension of care, building your path rooted in the discovery of emotional awareness and the ability to regulate their emotions, so that thereby potentiates the careful process.7-9

● The space of emotion in nursing care:

The scientific and technological advances that have emerged in recent decades of the twentieth century were reflected in changes in nursing care. The inquiry into the practice of nursing and what characterizes, and many different ideas originated in an attempt to clarify the specific field of nursing. The growing importance attached to human social sciences, the multidimensionality of human beings and the environment in which it occurs, assume significant importance leading to the recovery of the size of care.7 Thus, to address the nursing care currently takes, in any case, different dimensions of a few years ago. By growing and progressive research, the term ‘Caring’ invaded nursing as a science, in an attempt to be clarified, defined, delimited and characterized. ‘Caring’ is an intrinsic part of language and practice of nurses, regardless of their area.

Being the ‘Caring’ is a universal phenomenon seen on several theoretical perspectives. Continues to be deepened and defended as a fundamental concept and intrinsic to nursing that, apart from being innate to the person, based on a system of universal humanistic values, encompassing a variety of activities that sustain life and a complex relationship factors involved in cognitive, emotional and moral.

The importance of interpersonal relationships, appropriate to the context of care practice in the development of emotional competencies, the nurse being a privileged agent, is a vital step not only for their personal development, how to achieve...
nurses must be competent with regard to dealing with their emotions and those of others.10

The patient's emotional state is often changed during the disease process, particularly in serious and / or prolonged. Thus, it is desired that the nurse is able to integrate their own specific skills of the profession, together with another group:

Soft skills that include flexibility, creativity, autonomy, sense of responsibility, teamwork, adaptation to change, the ability to think critically, make decisions and the ability to act competently and independently within a multidisciplinary 11 team:

It is between the desired and perceived reality in practice that fit the emotional competencies. A nurse who integrates all of these skills is certainly an emotionally competent nurse.

Emotional experience in nursing care, considering the art of transpersonal caring in nursing as a moral ideal, is a means of communication and release of human feelings, through total co-participation.8

The extent of involvement and emotional expressiveness assume investment category in the interaction process between nurse and patient.

The relationship established with the patient depends on the ability of nurses to understand and detect emotions and feelings and also the way of others' being in the world.

"The feelings that nurses are able to instill in others can be variable strong or weak, or significant, can be feelings of love, fear, joy, peace or fear. 4,59

It is argued that the emotional dimension of care, characterized by the essence of inner disposition to 'Be' and the sharing of human experiences, bearing in mind that the cornerstone of the nurse-patient interaction based on mutual feelings and emotions, and sure that the nurse is able to empower themselves in the face of emotional regulation as opposed to the repression of emotions. However, several studies in recent years show that training and development of emotional skills is difficult and complex task, and, with the possible inclusion of emotional training in professional practice, will be considered an indicator of professional excellence.3,5

Conclusion:

Analyze the process of care as a relational process imbued with emotions and feelings, like any relational process is considered an important vector in the (learning) Professional Caring as emotional experience is omnipresent in every caring act.

Contemporary nursing is living moments of change, with technological advances, new diseases and demands from different organizations and different health care needs of the patients. All these skills are considered essential for the effective practice of nursing. However, it is essential to study how nurses can use strategies for learning and development of emotional competencies, not forgetting that it is crucial to understand its impact on care practice (impact on the 'Other').

The emotional education and training of nurses is one way to optimize the quality of care provided by these professionals.

The success in personal life, professional and organizational is too complex to rely solely on the emotional factor. However, it is known that a person has more emotionally competent to overcome potential problems and manage your life in a more secure and productive. The emotional competence can be learned and perfected over a lifetime. Learning to be emotionally competent is in the literature as emotional literacy, been very important to nursing as any other subject, thus, the curriculum of courses in the area of health, especially nursing, emotions should include cross-sectional areas of the different courses.

From previous research it is unclear how the emotional influence nursing care. The nurses must have knowledge and skills to deal with emotional situations inherent in the care process. These data reinforce that nurses need to commit themselves emotionally aspires to establish a therapeutic relationship with the patient or any other human being.7,4 However, the essence of emotionality, while competent, are not reflected in the relevant available literature, which is so important for learning and training as any other scientific discipline.

REFERENCES


