

## DEVELOPMENT OF A NON-FORMAL LEARNING MODEL TO ENHANCE EMOTIONAL AND MORAL QUOTIENTS OF REGISTERED NURSES

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**Abstract:** In this research, the purpose is to develop a non-formal learning model to enhance emotional and moral quotients of registered nurses. Research Framework based on the Transformative Learning Theory that through transforms meaning schemes of experience's learners to positive perspective frame of references based on Neo-Humanist Concept. The four objectives are to analyze learning situation and learning needs of registered nurses to enhance emotional and moral quotients, develop a non-formal learning model, deploy an implementation of the model and analyze the success factors of the model.

The research methodology composes of four phases : 1) survey of learning situation and learning needs of registered nurses; 2) developing a non-formal learning model to enhance emotional and moral quotients that consists of 6 components within 8 steps of learning cycle and interviewing nursing experts to valid and suggest the actual model before implementation; 3) try out the learning model experimental and evaluation is used to pre-test and post-test scores design in 3 assessments of content of knowledge, attitudes and behaviour about emotional and moral quotients in t-test statistics; 4) analysing the success factors of the model. This research advantages are academic field to setting development strategies for enhancing emotional and moral quotients of registered nurses to happy of work lives; make satisfaction clients; executive of agencies can lead the model to using in organization. Finally, researcher expects that the findings could contribute a great deal to development of nursing profession.

**Keywords:** Non-formal Learning Model, Transformative Learning Theory, Emotional and Moral Quotients

### Introduction

The human resource base is an asset of great worth and value to the development of society and nation with human capital being critical to organizational and national development, following the employment of

the 10<sup>th</sup> National Economic and Social Development Plan (2007-2011), which puts an emphasis on human resources by specifying its development objective as "human resource development allows all Thai people to develop their physical and mental condition, their knowledge, their competencies, their occupational skills, and allow them to find stability in their lives." Human resource development is to transform the Thai society into a society of wisdom and learning (10<sup>th</sup> National Economic and Social Development Plan, 2011).

Education constitutes an important instrument in human resource development in light of attaining the objectives set out by the 10<sup>th</sup> National Economic and Social Development Plan. One type of education that is especially well suited to achieve the human development objectives of the National Economic and Social Development Plan is lifelong education, because it covers the whole human lifetime from birth to death, and because it focuses human development on self-improvement to cope with the changing world we live in and on continuous development to the individual's full potential, and because it is based on the motivation of the individual student (Archanya Ratana-ubol, 2002)

Section 8 of the *Promotion of Non-Formal and Informal Education Act* (2008) emphasizes lifelong education by focusing on including the society in the education management and by encouraging the development of substance and continuous learning processes. It also specifies non-formal education to be flexible in the specification of its purpose, format, the method of education management, the duration of education, measurement, and assessments, which are important conditions of the education achievements, because the contents and the syllabus need to appropriately reflect the conditions of the problem and the needs of each group (Office of the National Education Commission, 2002). In addition section 6 of the above mentioned Act identifies the main mission of education management to be the development of Thai people into persons of healthy body, mind, and intellect, of knowledge in combination with morality and culture in leading their life, and of having the ability for a happy coexistence with other people, which is in close line with the 10<sup>th</sup> National Economic and Social Development Plan (2007-2011).

Nurses play a significant role in social and national development. Nursing is a profession that

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includes services in medical treatment, health promotion, disease prevention, and rehabilitation to Thais all over the country. Registration statistics of registered nurses, as published by the Thai Nursing Council in 2009, show a total number of registered professional nurses at around 140,000. They perform their duty in hospitals and related institutions all over the country, both in public and in private sectors (Thai Nursing Council, 2009). The nursing profession depends not only on specialized professional knowledge in the medical and nursing sciences, but also on the use of arts in dealing with customers and colleagues (Kulaya Tantiphachiva, 1997). It is essential to depend on artful skills in thoroughly understanding the human mind and the human nature, in order to deliver high quality services to customers and to satisfy their needs. These characteristics of the nursing practice require registered nurses to be in direct and close interaction with customers, patients, and their relatives. If this requirement is not met and nurses' behavior deviates from the expectations of customers, the resulting outcome will be dispute, which will lead to potential conflict, or incidents and undesirable behavior, which lead to dissatisfaction on both sides.

Pripana Srisean (2001) and Wanphen Suanseeda (2001) who have studied customer dissatisfaction in hospitals have found that causes for dissatisfaction lie in the behavior of the service provider, which corresponds to the findings of Supawadee Ketkaew (2005) Yothin Sawangdee and et al.(2000), Suangtip Wongpan (1998), Porntip Netsaengsri (2002) and Weeraya Yumvilai (2003) According to these authors the problem of service quality perception in hospitals asks for changes and developments in attention, compassion, phrasing, emotionality, and the relationship to customers.

Registered nurses need to possess knowledge of themselves, awareness of their responsibilities, and control over their emotions in order not to exhibit inappropriate behavior, which is rooted in emotions, in front of customers (Supatta Pinthapath, 1999). The ability of intelligently managing one's emotions under various conditions of stress is called "Emotional Intelligence".

The success of an individual in doing so does not solely depend on intellect. Individuals that are successful in life exhibit progress, find pleasure in professional and educational fields, and enjoy interaction with others. All elements of emotional intelligence are components of apparent importance (Goleman, 1995).

Emotional intelligence is the foundation of important virtues of registered nurses, which assures high performance in nursing practice (Kulaya Tantiphachiva, 1999) If customers' expectations of

registered nurses to have a positive attitude, to have appropriate manners and to be good tempered while providing service and paying respect to customers, to show caring attention, to be gentle, to be kind, to be knowledgeable, and to be generous (Farida Iblahim, 1994) are not fulfilled, problems will result in the relationship between nurses as service providers and patients and their relatives. Registered nurses therefore need to possess the knowledge, the abilities and the skills to perform their duty and to control their emotions. This requires knowledge and understanding of the nature of different human behavior in order to be able to understand the emotions, feelings and psyche of others, which will in turn make other people, cooperate willingly. Having a highly developed emotional intelligence will allow nurses to perform more efficiently.

Emotional intelligence can be developed and trained. It is believed that the emotional quotient (EQ) can be developed from early childhood until after the age of 50, reaching its peak at an age of 45-55 years (Weerawat Pannitamai, 2001). The Department of Mental Health at the Ministry of Public Health states that emotional intelligence allows us to be good, well performing and happy persons, because it enables us to be in control of ourselves and enjoy life, to sympathize with others, to maintain good relationships with other people, and be responsible to the public. Persons of high emotional intelligence are of good character and are able to adapt well to a variety of situations (Acharapan Jarusawat, 2001).

Apart from specialized professional knowledge based on intellect and performance derived from solid knowledge background, and apart from emotional intelligence in the interaction with patients and co-workers, nurses also need to consider being persons of virtue according to professional work ethics. As Henderson (1990) stated, there are 3 characteristics that constitute high performing nurses, which are love, compassion and the desire to free people in need from their suffering. Practitioners in the field of medicine thus need to show a high degree of consideration for humanity and medical personnel needs to consist of people with strong abilities in the professional field, in their professional ethics and in living a life within society (Gration, 1998).

Therefore registered nurses need not only possess professional knowledge, or intellect, but in addition, they also need to have emotional and moral intelligence. In line with the view that persons who possess a high emotional intelligence are more likely to develop strong morality (Pataraporn Sirikarn, 2005) and to enhance their use of intellect and reasoning to control emotion in order to make progress in moral (Plato, 423-348 BC as cited in Pataraporn Sirikarn, 2005), and also following the line of thought that in

order to achieve a high moral quotient (MQ) it is necessary to first develop one's EQ and that the development of MQ naturally follows a high EQ (Kiatiwan Amatyakul, 2004), the absence of personal and professional morality might have harmful effects on the individual, society and the future of the profession (Supaporn Pisarnbutra, 2001).

The Moral Quotient (MQ) describes a person's ability of correctly perceiving, which behavior in society is desirable and which behavior is not in order for that person to be able to peacefully fit into the social framework and connect with other people. Reaching a certain level of ethical behavior and moral standards mean to gain control of oneself, to be responsible and honest, to know gratitude, to be a good person, to be disciplined, to have a sense of justice, to be respectful towards others, and to exhibit responsibility towards oneself, society and humanity in general.

Goleman (1995) stated that even though an individual might possess a lot of knowledge, this knowledge and rational reasoning will be rendered void, once that individual becomes emotional. Therefore, more weight should be put on emotional intelligence, rather than the intellect. If emotional intelligence is emphasized and a tranquil state of mind is maintained, rational thinking can be carried out unaffectedly. Only then can rationality be achieved, can knowledge be accumulated and can right be distinguished from wrong. This behavior, which is ethical behavior (MQ), follows emotional intelligence (EQ) and intellect (IQ). Therefore ethical behavior (MQ) depends on emotion (EQ) and intellect (IQ).

Registered nurses can be considered as adults with a diverse range of experience. The development of emotional intelligence and moral intelligence of these registered nurses, which aims at self-improvement and at the ability to participate in social life and perform professional duties with joy, needs to produce learning that is a guideline to changing sets of ideas, which contain problems or which seem unsatisfactory to the adult learner. This is necessary in order to advance and develop an understanding of oneself, to adapt one's original set of ideas by integrating it into a new mindset that suits one's way of life.

In accordance with this understanding of learning based on transformative learning theory to bring about changes in the conceptual mindset, learning encourages registered nurses to become aware of the importance of self-improvement that originates from within and that includes a changing perspective on one's undesirable behavior in order to look for a new role that is more suitable. Thus, the objective of learning management is to strengthen emotional and moral intelligence of registered nurses.

The required results are not limited to changing one's thought patterns, but also include the learning management to follow the development path of emotional and moral intelligence, to enrich new thinking also.

Neo-humanist thought is a concept, which emphasizes the development of the individual to its full potential because of a positive worldview. In this line of thought the emotional and moral quotients of learners can be developed, while neo-humanists do not focus on the learning process that allows students to analyze themselves based on experience, which has an influence on behavior. The majority of adult learners have accumulated satisfying and dissatisfying experiences from situations, which occurred in the learners' lives and which are of relevance to the various ways the world is viewed. Setting up a learning process, which leads to the acceptance of desired and undesired behavior based on reflective and critical consideration, constitutes an important component, which facilitates the learner's realization of rational and flexible self-improvement.

The authors hold the view that promoting learning in order to strengthen emotional and moral quotients of registered nurses requires additional knowledge and revision of the existing conceptual frameworks in order to incorporate changes in the registered nurses' conception of adapting problematic behavior and the aforementioned effects stemming from experience. The inclusion of emotional and moral quotients into an integrated learning framework based on the transformative learning theory and on the neo-humanist concept. Because the neo-humanist concept focuses on the development of the human resources to their full potential, the management of non-formal learning from neo-humanist perspective aims at achieving a complete personal development in all aspects (Kiatiwan Amatyakul, 2004). This is in line with the objectives of human resource development set out in the current 10<sup>th</sup> National Economic and Social Development Plan (2007-2011). Additionally neo-humanist thought also focuses on the development of emotional and moral quotients. Emotional intelligence enhances individual characteristics to a desired level and allows the individual to achieve success in life more easily (Worarat Apinankul, 2005).

In light of these facts and owing to their professional background as registered nurse combined with the opportunity to study non-formal education with a focus on adult learning, the authors have taken an academic interest in developing the development of a non-formal learning model to enhance emotional and moral quotients of registered nurses based on transformative learning theory and the neo-humanist concept.

### Research Objectives

1. To analyze the learning situation and learning needs of registered nurses to enhance emotional and moral quotients.
2. To develop a non-formal learning model to enhance emotional and moral quotients.
3. To implement the model.
4. To analyze conditions and success factors of the model.

### Proposed Hypotheses

1. Registered nurses that study according to the non-formal learning model to enhance emotional and moral quotients achieve higher scores in knowledge assessment than before studying.
2. Registered nurses that study according to the non-formal learning model to enhance emotional and moral quotients achieve higher scores in attitude assessment than before studying.
3. Registered nurses that study according to the non-formal learning model to enhance emotional and moral quotients achieve higher scores in behavior assessment than before studying.

### Scope of the Study

The research conducted to develop a non-formal learning model to enhance emotional and moral quotients of registered nurses is based on the transformative learning theory and on the neo-humanist concept. The scope of this study consists of the following points:

1. Study participants are registered nurses with a minimum of 1 year working experience that perform their duty in hospitals of more than 300 beds under the jurisdiction of the Ministry of Public Health in the metropolitan area of Bangkok.
2. Variables under study are
  - 2.1 Independent variable: the non-formal learning model.
  - 2.2 Dependent variable: the outcome of the application of the model as measured by comparing scores of knowledge assessment, attitude assessment, as well as behavior assessment both before and after the application of the learning model.

### Definitions

Learning means the procedure of changing one's behavior based on analytical thinking or interpretation of previous individual experience in order to advance knowledge, abilities, and attitude, which manifest as a response to one's objectives.

Non-formal learning means educational activities or experience by individuals and various institutions within society, which are applied

according to appropriate ability and as a response to the needs of students and problems of target groups. Non-formal learning is very flexible in its formulation of purposes, formats, methods, its time horizon, and the assessment and evaluation of its effects.

Non-formal learning model based on Transformative learning theory and neo-humanist Concept is a construct created to demonstrate the relationships of the different characteristics of learning in accordance with one or more education theories. This format can thus be used to explain the sequential order of components or steps in the processes systematically in order to form a model for learning activities as developed by the authors. The model consists of 6 components, which are *Learning Environment, Learner's Experience, Critical Reflection, Dialogues, Group Processes, and Motivation*. The learning cycle consists of 8 continuous steps, beginning with the setting up of a relaxed learning environment, followed by accepting past experience that is of value, self-assessment, opening up to critical reflection, opening up to different perspectives by entering into dialogue, determining one's self image, finding motivation, and finally consolidating new knowledge by practice.

Registered Nurses in the context of this study are professional nurses with a minimum of 1 year working experience that are working in hospitals of more than 300 beds under the jurisdiction of the Ministry of Public Health in the metropolitan area of Bangkok.

Emotional Quotient (EQ) refers to registered nurses' abilities in emotional contexts. The authors have defined nurses' EQ to consist of the following components: 1) Self-awareness, 2) Adequate control over own emotions, 3) Management of own emotions, 4) Self-motivation, 5) Interconnectedness with others, 6) Recognition of other people's emotions, 7) Adaptability, 8) Social skills, 9) Communication skills, 10) Development of one's emotions.

Moral Quotient (MQ) is the registered nurses' ability to systematically consider what they ought to do or ought not to do, by adhering to ethical reasoning, professional ethics, and performing their duty in a manner that involves strong body, mind, and communicative abilities. These are determined by beliefs, values, experience, and the social cultural context. The authors define nurses' MQ to consist of 1) Generosity, 2) Caring attendance, 3) A broad mind, 4) Helpfulness, 5) Credibility and trustworthiness, 6) Respectfulness, and 7) Protective and ad vocative attitude.

Rational Discourse or Dialogues to Provide New Perspectives: Discussions take place between two people or more, while dialogues are guided by rules, standards and if in the larger groups. They

intend to create and develop collective creativity and deeper understanding in order to provide an opportunity to the individual for self-study and self-improvement.

### **Expected Benefits from this Study**

1. To attain a body of knowledge that registered nurses and executives may be able to apply in learning management and design to enhance emotional and moral quotients in registered nurses throughout hospitals to allow them to perform well at work and to lead happy lives.

2. Registered nurses that go through learning processes provide better services, gain the ability of appropriately managing emotions of themselves and others, exhibit behavior that is desired by professional standards, and perform their duty in a way that maintains happiness, satisfies customers and accomplishes organizational goals.

3. Executives of various agencies can use the learning model developed in this paper to formulate policies with the aim of enhancing emotional and moral quotients of their personnel and to advance themselves in order to more adequately and effectively perform their duties, to enjoy life, and to coexist more appropriately with other people and society.

### **Research Framework**

This research study of developing a non-formal learning model to enhance emotional and moral quotients of registered nurses based on transformative learning theory and the neo-humanist concept uses following research framework:

(See figure 1 in next page)

### **Research Methodology**

This research study aims at developing a non-formal learning model to enhance emotional and moral quotients of registered nurses and the research methodology consists of 4 phases:

#### **Research Phase 1**

A survey of the learning situation and learning needs of registered nurses to enhance emotional and moral quotients is conducted by applying following research method:

The authors use questionnaires and conduct interviews with nursing experts, executives that are responsible for maintaining and developing service quality of registered nurses, and customers in order to determine the learning needs of registered nurses in order to enhance emotional and moral quotients and customers' expectations. This data is then used to test the correctness and accuracy of the tools. The data collection by questionnaire involved a sample group of 400 registered nurses. Interviews were conducted

with a sample group of 7 nursing experts and executives and 5 customers.

#### **Research Phase 2**

A learning model is developed based on transformative learning theory and the neo-humanist concept to enhance emotional and moral quotients of registered nurses.

The authors study adult learning theory, transformative learning theory, neo-humanist theory, emotional and moral quotients, the development of emotional and moral quotients, and the role of registered nurses to form a framework for this research study, draft a learning model and adapt it until it is in line with the information gathered in phase 1. This model is taken to implementation in a test group and validated through further in depth interviews with nursing experts, before it is taken to full implementation.

#### **Research Phase 3**

The developed non-formal learning model to enhance emotional and moral quotients of registered nurses is brought to trial.

The authors design tests to assess and evaluate the knowledge, attitude, and behavior related to emotional and moral quotients of registered nurses before and after the trial. The questions in this test are to be answered on a scale of 5 levels. The assessment test is validated by nursing experts and tested for correctness and accuracy, before being taken into the test group of 20 registered nurses, which take part in learning activities of 90 minutes twice a week over a total period of 11 weeks (the total of 22 learning sessions include the pre-trial assessment of 3 hours in the first week.), and which are assigned duties at work that involve emotions and moral for a continuous period of 21 days.

#### **Research Phase 4**

Conditions and success factors of the application of the non-formal learning model to enhance emotional and moral quotients of registered nurses are analyzed.

The authors use questionnaires to gather information about conditions and success factors. The sample group counts 32 people, who consist of nursing experts, executives, and registered nurses.

### **Validating Research Instruments**

The research instruments used in this study have been checked by a total of 7 experts from various related fields for content validity and achieved Item-Objective Congruence (IOC) values of 0.86 – 1.00. Questionnaires were also checked for correctness and accuracy of the language used. Reliability was tested by using Cronbach's alpha coefficient.

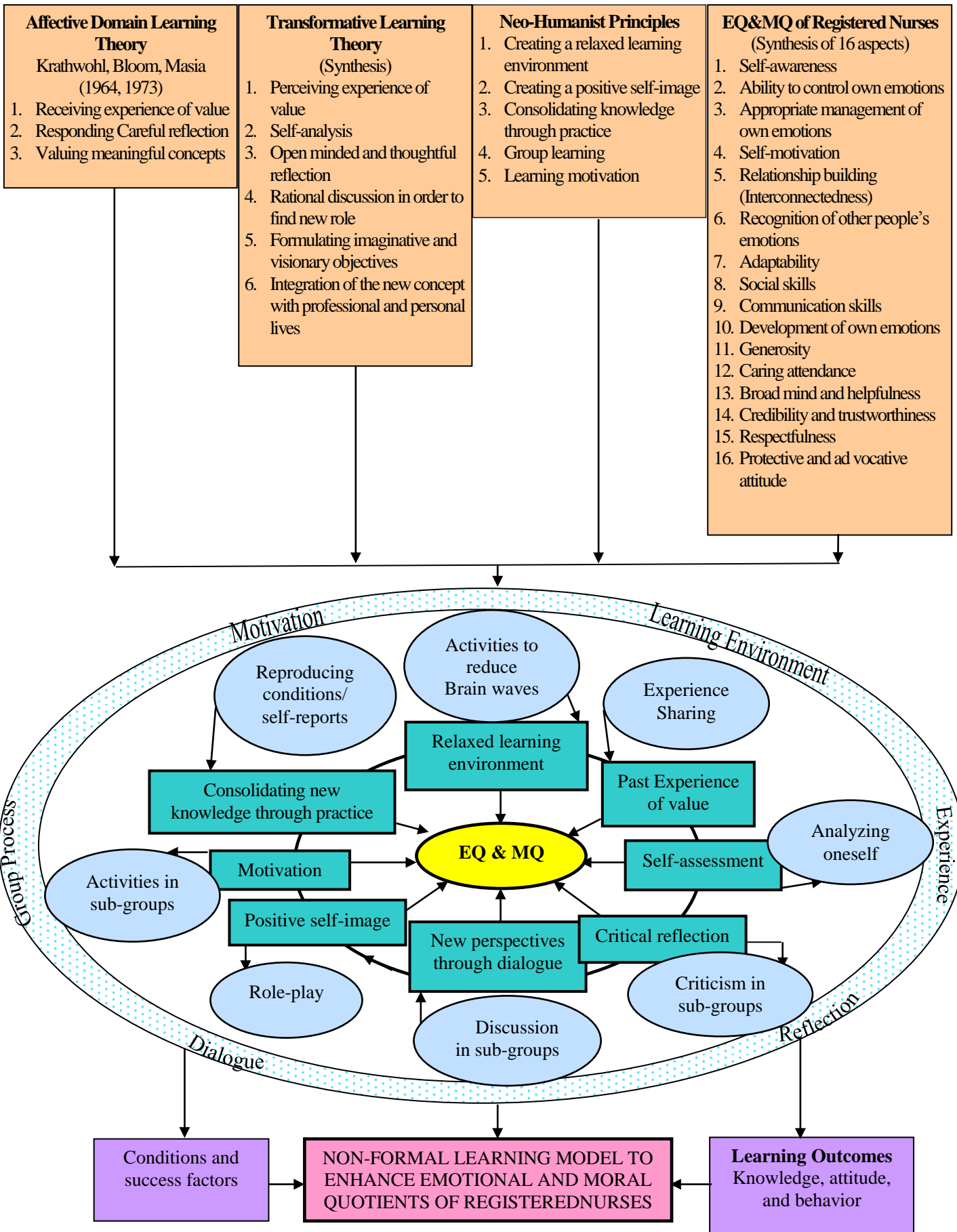


Figure 1: Research Framework

### Data Analysis

The statistical method used in analyzing data is the t-test. Descriptive statistics such as percentage values, arithmetic mean, and standard deviation are used to describe and analyze data retrieved from questionnaires and content analysis is used for interviews.

### Assessment of Knowledge, Attitude, and Behavior

The author uses questionnaires to assess knowledge, attitude, and behavior of learners after 22 days of learning by assigning point values and comparing the values to the results achieved before the learning period. It is found that learners scored higher after the learning period and the increase was statistically significant.

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