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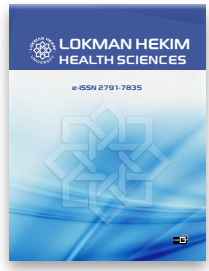

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ORIGINAL ARTICLE

Determining the Relationship Between Midwifery Students' Emotional Intelligence Levels and Their Perception of Clinical Learning Experience

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Abstract

Introduction: Emotional intelligence is a multifaceted concept that involves the ability to perceive, understand, manage, and utilize one's own emotions as well as those of others. The aim of this study is to examine the relationship between midwifery students' emotional intelligence levels and their perceptions of clinical learning experiences.

Methods: This cross-sectional study was conducted with the midwifery students in a public university. Data were collected using the "Descriptive Information Form," the "Emotional Intelligence Scale," and the "Perceptions of Midwifery Students Toward Clinical Learning Experiences Scale."

Results: Two hundred five midwifery students completed the study. Of the participants, 35.6% were first-year, 24.4% second-year, 24.9% third-year, and 15.1% fourth-year students. Among them, 72.7% were graduates of Anatolian high schools, 74.1% lived in nuclear families, and 65.9% reported being raised in democratic family environments. In addition, 31.2% resided in metropolitan areas, and 62.9% were staying in dormitories. According to the findings, there was a statistically significant difference in emotional intelligence levels and perceptions of clinical learning experiences across the year levels ($p<0.005$). First-year midwifery students were found to have higher levels of emotional intelligence and more positive perceptions of clinical learning experiences compared to students in other years ($p<0.05$). A statistically significant positive correlation was found between the total score of the Emotional Intelligence Scale and the total score of the Perceptions of Clinical Learning Experiences Scale ($r=0.263$, $p<0.05$).

Discussion and Conclusion: As midwifery students' emotional intelligence levels increase, their perceptions of clinical learning experiences also improve.

Keywords: Clinical learning; Emotional intelligence; Health sciences students

Emotional intelligence is a multifaceted construct that encompasses the ability to perceive, understand, manage, and effectively use one's own emotions as well as those of others. The concept was first introduced in 1990 by renowned psychologists Peter Salovey and John Mayer. [1] In contemporary psychology, numerous definitions have

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emerged. According to psychologist Daniel Goleman, emotional intelligence includes competencies such as self-awareness, self-regulation, motivation, empathy, and social skills, which are essential for both personal and professional success.[2] High levels of emotional intelligence not only enhance individual well-being but also promote better relationships and improved performance in various fields, including healthcare.[3,4] Individuals with high emotional intelligence adapt more effectively to new situations and are known to demonstrate stronger communication skills within teams.[5]

Midwifery is a dynamic profession that involves teamwork and critical thinking. Due to the nature of the profession, midwives are constantly required to empathize with their patients and manage their own emotions effectively in high-stress situations. Therefore, emotional intelligence plays a vital role in the midwifery profession. It is essential for midwifery students to develop their emotional intelligence during their undergraduate education before entering professional practice.

The literature shows that nursing students, a group closely related to midwifery students, often exhibit high levels of emotional intelligence, which is positively associated with their ability to cope with stress and perform well in clinical settings.[6,7] Students with higher emotional intelligence report better coping strategies and professional performance, suggesting that emotional intelligence is an integral part of their educational experience and future careers.[7,8] Emotional intelligence has also been found to significantly influence clinical decision-making and the quality of patient care. Students with high emotional intelligence are better equipped to handle patients' emotional needs, which contributes to more positive patient interactions and increased satisfaction.[8] This is particularly important in midwifery, where emotional support and understanding are critical components of care.

Furthermore, individuals with higher emotional intelligence are shown to have more effective coping mechanisms in stressful situations, potentially enhancing students' learning experiences.[9] Zolfaghary found that emotional intelligence was a significant predictor of job satisfaction among midwives and suggested that those with high emotional intelligence were more likely to have positive experiences in clinical settings.[10] Emotional intelligence has also been linked to advanced communication skills, which are vital in midwifery practice.[11] This correlation indicates that students with higher emotional intelligence are better able to manage clinical challenges and develop more positive perceptions of their learning experiences.

In conclusion, emotional intelligence is a critical attribute for midwifery students, influencing their academic performance, clinical decision-making, and overall well-being. However, studies investigating emotional intelligence levels and their relationship to clinical learning experiences among midwifery students remain limited. Therefore, this study aims to examine the emotional intelligence levels of midwifery students and explore their relationship with perceptions of clinical learning experiences.

Materials and Methods

Study Place, Type and Design

This study was carried out at the Department of Midwifery, Faculty of Health Sciences, Gaziantep Islam Science and Technology University. It was designed as a descriptive and cross-sectional research to examine the relationship between midwifery students' emotional intelligence levels and their perceptions of clinical learning experiences. The research was conducted between February 1, 2024, and December 31, 2024.

Population and Sample

The study population comprised first- to fourth-year midwifery students in the same setting described above (N=261). Using the finite population formula at a 95% confidence level (Z=1.96), 5% margin of error (d=0.05) and p=0.50, the minimum required sample was n=156. Data were collected from 205 volunteers (response rate: 78.54%), and analyses were conducted on N=205 complete cases. Inclusion criteria were willingness to participate, having started clinical practice, and being a midwifery student; the exclusion criterion was voluntary withdrawal.

Data Collection Tools

Data were collected using the "Descriptive Information Form," the "Schutte Emotional Intelligence Scale," and the "Perceptions of Midwifery Students Toward Clinical Learning Experiences Scale."

Descriptive Information Form

This form, developed based on the current literature, includes questions regarding students' age, parental education level, number of siblings, employment status, and perceived academic success.[12]

Schutte Emotional Intelligence Scale

Originally developed by Schutte et al.[13] in 1998 and revised in 2004, the Schutte Emotional Intelligence Scale was

adapted into Turkish by Tatar, Tok, and Saltukoğlu (2011).[14] The scale consists of 41 items and three sub-dimensions, with 21 items reverse scored. It is a five-point Likert-type scale, with responses ranging from 1 (Strongly disagree) to 5 (Strongly agree). The Cronbach's alpha internal consistency coefficient of the original scale is 0.82. In this study, the Cronbach's alpha was found to be 0.88.

Perceptions of Midwifery Students Toward Clinical Learning Experiences Scale

This scale was developed by Griffiths et al.[15] in 2019 and is a combination of two separate tools: the Clinical Learning Environment Scale and the Midwifery Teacher Effectiveness Scale. Its Turkish validity and reliability were tested by Ayyıldız and Akyüz in 2023. The scale includes 26 items and is scored using a four-point Likert scale: "Strongly agree=4 points," "Agree=3 points," "Disagree=2 points," and "Strongly disagree=1 point." It comprises two subscales: the Clinical Learning Environment Scale and the Midwifery Teacher Effectiveness Scale. The total possible score ranges from 26 to 104. There is no cut-off point; higher scores indicate more positive perceptions of clinical learning experiences. The Cronbach's alpha values were reported as 0.92 for the Clinical Learning Environment subscale and 0.95 for the Midwifery Teacher Effectiveness subscale.[16]

Clinical Learning Environment Subscale

This subscale consists of 16 items and two sub-dimensions: Skill Development and Philosophy of Midwifery Care. The possible score ranges from 16 to 64.

Midwifery Teacher Effectiveness Subscale

This subscale consists of 10 items and two sub-dimensions: Skill Development and Philosophy of Midwifery Care. The possible score ranges from 10 to 40.

Data Collection

The data were collected face-to-face from midwifery students engaged in clinical practice at the faculty where the study was conducted, using a survey method. The data collection process was carried out between April 1, 2024, and June 30, 2024, after obtaining ethical approval and institutional permissions. For each participant, data collection took approximately 10–15 minutes.

Data Analysis

Statistical analyses were performed using IBM SPSS Statistics for Windows, Version 26.0 (IBM Corp., Armonk, NY, USA). Distributional assumptions were inspected using skewness and kurtosis values. For comparisons between two independent groups, the independent-samples t test was used when assumptions were acceptable; otherwise, the Mann–Whitney U test was applied. For comparisons among three or more groups, one-way ANOVA was used with Tukey HSD post hoc when variances were comparable and Tamhane's T2 when variance homogeneity was not assumed; when parametric assumptions were not acceptable, the Kruskal–Wallis test was used followed by Bonferroni-adjusted pairwise Mann–Whitney U tests. Associations between continuous variables were examined using Pearson's correlation (or Spearman's rho when distributional assumptions were not acceptable). In addition, to quantify the association between emotional intelligence and clinical learning experience, a simple (single-predictor) linear regression model was used. Two-tailed $\alpha=0.05$ was adopted.

Ethical Considerations

This study was conducted in accordance with the ethical principles of the Helsinki Declaration (2013). Ethical approval for the research was obtained from the Clinical Research Ethics Committee of a university (approval No: 36, date: 26.03.2024). Following the ethical approval, institutional permission was granted. In addition, permission to use the scales employed in the study was obtained.

Results

Two hundred sixty one students were enrolled to the study, however, 205 students completed the questionary.

Among the participants, 61% were between the ages of 21 and 23, 35.6% were first-year students, 65% were raised in a democratic family environment, and 56.1% chose the midwifery department willingly. Table 1 summarise the sociodemographic distribution of the students who participated in the study.

The students' mean total score on the Emotional Intelligence Scale was 150.09±17.13. When the subdimensions were examined, the mean score for the Optimism/Mood Regulation subdimension was 45.38±6.26, the mean score for the Utilization of Emotions subdimension was 22.14±2.90, and the mean score for the Appraisal of Emotions subdimension was 35.82±5.71 (Table 2).

The highest mean score on the Emotional Intelligence Scale was observed among first-year students (153.1±17.40), while the lowest was found among fourth-year students (143.1±19.85). A statistically significant difference was identified between students' academic years and

Table 1. Distribution of descriptive characteristics (n=205)

	n	%		n	%
Age			Academic success		
18-20	78	38.0	Bad	2	1.0
21-23	125	61.0	Middle	105	51.2
24-26	1	0.5	Good	98	47.8
27 and above	1	0.5	Sibling		
Class			No sibling	0	0.0
First grade	73	35.6	2 siblings	39	19.0
Second grade	50	24.4	3 siblings and above	166	81.0
Third grade	51	24.9	Work status		
Fourth grade	31	15.1	Yes	9	4.4
Place to live			No	196	95.6
Village	27	13.2	Child raising style		
County	54	26.3	Irrelevant	9	4.4
City	60	29.3	Democratic	135	65.9
Metropolitan	64	31.2	Disciplined	61	29.8
Family type			Selection of midwifery department		
Nuclear	152	74.1	Willingly	115	56.1
Extended	48	23.4	Unwillingly	90	43.9
Split	5	2.4	Reasons for choosing midwifery		
Mother's educaiton level			Ease of finding work	141	68.8
Illiterate	36	17.6	Being a desired profession	38	18.5
Literate	23	11.2	Being a profession desired by the family	16	7.8
Primary	70	34.1	Guidance from teachers	10	4.9
Middle	38	18.5	Perspective on midwifery profession		
High school	29	14.1	Changed in a positive direction	151	73.7
University	9	4.4	Changed in a negative direction	17	8.3
Father's educaiton level			No opinion	37	18.0
Illiterate	6	2.9	The department with the most internships		
Literate	20	9.8	Delivery room	29	14.1
Primary	54	26.3	Postpartum service	35	17.1
Middle	46	22.4	Gynaecology service	36	17.6
High school	47	22.9	Emergency	8	3.9
University	32	15.6	Internal units	55	26.8
			Surgical units	42	20.5

both the total score and the "Utilization of Emotions" subdimension score of the scale (F=2.97105; p<0.05). Additionally, students who willingly chose the midwifery department had significantly higher total scores on the Emotional Intelligence Scale (t=2.303; p<0.05). Students who perceived their academic success as high also had significantly higher total scores on the Emotional Intelligence Scale (t=3.191; p<0.05) (Table 3).

Table 4 presents the distribution of scores obtained from the Clinical Learning Experience Perception Scale and its subdimensions. The midwifery students' mean total score on the Clinical Learning Experience Perception Scale was 62.43±13.61; the mean score for the Clinical Learning Environment subscale was 35.08±7.35; and the mean score for the Midwifery Instructor Effectiveness subscale was 27.35±6.70 (Table 4).

Table 2. Distribution of scores obtained from emotional intelligence scale and its sub-dimensions (n=205)

	Mean	±SD	Minimum	Maximum
Schutte Emotional Intelligence Scale	150.09	17.13	82.00	201.00
Sub-dimensions				
Optimism/mood regulation	45.38	6.26	15.00	60.00
Using emotions	22.14	2.90	12.00	30.00
Evaluating emotions	35.82	5.71	17.00	49.00

SD: Standard deviation.

Table 3. Distribution of Schutte Emotional Intelligence Scale and sub-dimensions according to demographic characteristics (n=205)

	n	Optimism/mood regulation	Using emotions	Evaluating emotions	Schutte Emotional Intelligence Scale
Class					
First grade	73	46.23±5.75	22.38±3.07[ab]	37.23±6.17[a]	153.1±17.40[a]
Second grade	50	46.28±4.61	22.9±2.48[a]	35.14±5.28[a]	151.98±12.25[ab]
Third grade	51	44.71±7.10	21.55±2.93[ab]	34.92±5.16[a]	148.18±18.07[ab]
Fourth grade	31	43.03±7.69	21.32±2.81[b]	35.06±5.68[a]	143.1±19.85[b]
F; p		2.499; 0.061	2.925; 0.035*	2.379; 0.071	2.971; 0.033*
Family type					
Nuclear	152	45.11±6.42	22.15±2.82	35.73±5.62	149.66±17.27
Extended	48	46.13±4.92	22.29±2.73	36.35±5.41	152.02±14.01
Split	5	46.6±12.14	20.4±6.02	33.4±10.69	144.4±36.03
KW; p		0.950; 0.622	0.612; 0.736	0.483; 0.785	0.430; 0.807
Academic csuccess					
Bad-middle	107	44.14±5.69	21.99±3.02	34.83±5.69	146.51±15.59
Good	98	46.73±6.6	22.31±2.77	36.9±5.55	153.99±17.94
t; p		3.002; 0.003*	0.777; 0.438	2.627; 0.009*	3.191; 0.002*
Selection of midwifery department					
Willingly	115	46.03±6.71	22.3±3.06	36.44±5.77	151.83±18.28
Unwillingly	90	44.54±5.56	21.94±2.68	35.02±5.55	147.87±15.34
t; p		1.717; 0.088	1.704; 0.090	2.180; 0.031*	2.303; 0.022*

t: Independent Sample T Test; F: One-way Analysis of Variance (ANOVA) (Post Hoc Tukey HSD or Tamhane's T2 was used for pairwise comparisons); KW: Kruskal Wallis Analysis of Variance (Mann Whitney with Bonferroni Correction was used for pairwise comparisons); *: P value is significant at 0.05 level.

A statistically significant relationship was found between students' academic years and academic achievement variables and their clinical learning experiences. First-year students had significantly higher perceptions of clinical learning experiences compared to students in other years ($F=5.836$; $p<0.05$). In addition, students who rated their academic achievement as good had significantly higher perceptions of clinical learning experiences than other students ($t=2.676$; $p<0.05$) (Table 5).

As a result of the correlation analysis conducted to examine the relationship between students' emotional intelligence levels and their perceptions of clinical learning experiences, a statistically significant positive correlation was found ($r=0.302$; $p<0.001$). Furthermore, a statistically significant positive correlation was also identified between the "Appraisal of Emotions" and "Optimism/Mood Regulation" subdimensions of the Emotional Intelligence Scale and the perceptions of clinical learning experiences ($r=0.317$; $r=0.279$; $p<0.001$) (Table 6).

According to the results of the regression analysis, the Emotional Intelligence Scale ($\beta=0.302$; $p<0.05$) was found to be a significant predictor of the Clinical Learning Experience Perception Scale among midwifery students. A one-unit increase in the Emotional Intelligence Scale

Table 4. Distribution of scores obtained from clinical learning experiences perception scale and its sub-dimensions (n=205)

	Mean	±SD	Minimum	Maximum
Clinical Learning Experiences Perception Scale	62.43	13.61	21.00	84.00
Sub-dimensions				
Clinical Learning Environment Scale	35.08	7.35	12.00	48.00
Sub-dimensions				
Skill development	14.34	3.30	5.00	20.00
Philosophy of care	20.75	4.62	7.00	28.00
Midwife Instructor Effect Scale	27.35	6.70	9.00	36.00
Sub-dimensions				
Skill development	12.12	2.97	4.00	16.00
Philosophy of care	15.23	3.76	5.00	20.00

SD: Standard deviation.

score leads to a 0.240-unit increase in the Clinical Learning Experience Perception Scale score (Table 7).

Discussion

Emotional intelligence, at its simplest, refers to the ability to identify and regulate emotions in oneself and others. In the field of healthcare, emotional intelligence is a skill that needs to be developed, as it plays a fundamental role in enhancing interpersonal skills, job satisfaction, and the overall quality of patient care.[17] Emotional intelligence also significantly impacts clinical decision-making processes and the quality of patient care.[8] Therefore, the aim of this study is to examine the relationship between midwifery students' emotional intelligence levels and their perceptions of clinical learning experiences. The current literature includes a limited number of studies on this topic, thus the findings of this study are discussed in the context of existing evidence.

Emotional intelligence is increasingly recognized as an essential skill that influences midwifery students' education, self-awareness, and clinical learning experiences. The literature highlights that many midwifery students demonstrate varying levels of emotional intelligence, with many achieving levels necessary for effective patient care and interpersonal interactions. According to Cesur et al.[11] (2018), midwifery students generally exhibit moderate levels of emotional intelligence, and those with higher emotional intelligence possess better communication skills essential for professional relationships in clinical settings. A study on nursing students found that approximately 74.5% reported high emotional intelligence, while only 25.5% had moderate levels.[18] In our study, midwifery students were found to have above-average levels of emotional intelligence. Differences in findings across studies may be attributed to various factors such as individual characteristics and educational environments. Factors such as gender and learning environment have been shown to influence emotional intelligence; co-educational environments, for example, are associated with higher emotional intelligence levels.[19] This is particularly relevant in Türkiye, where midwifery education is exclusively offered to female students. Individual differences such as age, gender, and personality traits also play a role in emotional intelligence. Older nursing students are reported to have higher emotional intelligence levels, likely due to greater life experience and maturity.[20] In our study, a statistically significant difference was found between academic years, with first-year students having higher emotional intelligence levels. This may suggest that emotional intelligence is influenced by other factors such as self-leadership and intrinsic motivation. Students with higher motivation and self-directed learning tendencies tend to demonstrate better emotional competencies.[21] Self-leadership encourages students to take responsibility for their emotional and educational processes, thereby enhancing emotional intelligence. Conversely, a lack of intrinsic motivation can reduce educational engagement and hinder emotional development.[22] In our study, students who perceived their academic performance as high and those who chose midwifery willingly had significantly higher emotional intelligence scores—findings that align with the literature.

Clinical learning experiences are a core component of midwifery education, providing students with opportunities to develop competence, confidence, and readiness for practice. A study conducted in Sierra Leone

Table 5. Distribution of Clinical Learning Experiences Perception Scale and sub-dimensions according to demographic characteristics (n=205)

	n	Clinical Learning Environment Scale	Sub-dimensions		Midwife Instructor Effect Scale	Sub-dimensions		Clinical Learning Environment Scale
			Skill development	Philosophy of care		Skill development	Philosophy of care	
Class								
First class	773	37.62±5.29[a]	15.71±2.34[a]	21.9±3.66[a]	28.86±5.54[a]	12.85±2.38[a]	16.01±3.18[a]	66.48±10.39[a]
Second class	550	31.84±8.47[b]	12.94±3.43[b]	18.9±5.45[b]	24.54±7.49[b]	10.84±3.34[b]	13.7±4.18[b]	56.38±15.61[b]
Third class	551	34.98±7.88[ab]	14.24±3.7[ab]	20.75±4.91[ab]	27.63±7.43[ab]	12.18±3.31[ab]	15.45±4.15[ab]	62.61±14.8[ab]
Fourth class	331	34.52±6.78[ab]	13.52±3.25[b]	21±3.9[ab]	27.87±5.38[ab]	12.39±2.39[ab]	15.48±2.99[ab]	62.39±11.7[ab]
F; p		**6.727; <0.001***	**8.740; <0.001***	**4.436; 0.005***	**4.480; 0.005***	**4.925; 0.003***	**4.107; 0.007***	**5.836; <0.001***
Academic success								
Bad-middle	107	33.79±8.33	13.83±3.64	19.96±5.15	26.28±7.68	11.65±3.41	14.63±4.29	60.07±15.67
Good	98	36.49±5.82	14.89±2.81	21.6±3.8	28.52±5.23	12.63±2.31	15.89±2.96	65.01±10.41
t; p		**2.703; 0.007***	**2.335; 0.021***	**2.607; 0.010***	**2.419; 0.0016***	**2.423; 0.0016***	**2.430; 0.016***	**2.676; 0.008***
Selection of midwifery								
Willingly	115	35.26±7.18	14.46±3.21	20.8±4.64	27.3±6.62	12.12±2.91	15.18±3.73	62.57±13.31
Unwillignly	90	34.86±7.6	14.18±3.43	20.68±4.62	27.41±6.84	12.12±3.06	15.29±3.81	62.27±14.06
t; p		0.391;0.696	0.608;0.544	0.188;0.851	0.113;0.910	0.001;0.999	0.201;0.841	0.155;0.877

t: Independent Sample T Test; F: One-way Analysis of Variance (ANOVA) (Post Hoc Tukey HSD or Tamhane's T2 was used for pairwise comparisons).

found that midwifery students had high perceptions of clinical learning experiences. Students placed in community-based clinics reported higher satisfaction with skill development compared to those placed in hospitals.[23] In our study, students' perceptions of clinical learning experiences were above average, which is consistent with the literature. Several factors influence students' perceptions of clinical learning, including the learning environment, interpersonal relationships, logistical arrangements, educational support, and individual characteristics. Intrinsic motivation and interest in midwifery significantly affect learning experiences. Higher levels of motivation are associated with lower perceived stress during clinical practice and, consequently, improved learning outcomes.[24] Our findings showed that students who perceived their academic success as high also had higher perceptions of clinical learning. Relationships with instructors and peers in clinical settings are crucial to learning outcomes. Positive interactions with clinical staff and faculty members were associated with increased competence and confidence among midwifery students.[25] In contrast, negative experiences or lack of support from faculty and clinical staff during placements were linked to stress and dissatisfaction.[26] Workplace culture also plays a key role in shaping students' clinical learning. Arundell et al.[27] emphasized that a supportive workplace culture fosters trust and autonomy among students, which is essential for professional development. In our study, second-year students reported lower perceptions of clinical learning compared to other year levels, possibly due to negative experiences encountered during clinical placements or other contributing factors.

Midwifery students' perceptions of clinical learning experiences are influenced by various factors, including their own emotional intelligence. Clinical settings are inherently stressful and can significantly affect how students perceive their learning experiences. Rezaei et al.[24] highlighted that midwifery students in Iran often face multiple stressors during clinical training, such as fear of harming patients or anxiety over their performance. Emotional intelligence is positively associated with clinical communication skills. Hamouda[28] (2018) found that nursing students with higher emotional intelligence demonstrated better self-relational and teamwork skills, positively impacting their clinical learning experiences. Effective communication is critical in clinical environments, as it facilitates patient rapport and teamwork, ultimately enhancing the overall learning experience. Another study revealed a measurable link

Table 6. The Relationship Between Schutte Emotional Intelligence Scale and Midwifery Students' Clinical Learning Experiences Perception Scale and subscale scores (n=205)

	Emotional Intelligence Scale Sub-dimensions			Schutte Emotional Intelligence Scale
	Optimism/mood regulation	Using emotions	Evaluating emotions	
Clinical Learning Environment Scale				
r	0.243	0.051	0.277	0.263
p	<0.001*	0.466	<0.001*	<0.001*
Sub-dimensions				
Skill development				
r	0.180	0.010	0.204	0.196
p	0.010	0.883	0.003*	0.005*
Philosophy of care				
r	0.259	0.074	0.295	0.279
p	<0.001*	0.291	<0.001*	<0.001*
Midwife Instructor Effect Scale				
r	0.299	0.091	0.339	0.324
p	<0.001*	0.197	<0.001*	<0.001*
Sub-dimensions				
Skill development				
r	0.284	0.079	0.330	0.312
p	<0.001*	0.258	<0.001*	<0.001*
Philosophy of care				
r	0.309	0.099	0.344	0.332
p	<0.001*	0.159	<0.001*	<0.001*
Midwifery Students' Clinical Learning Experiences Perception Scale				
r	0.279	0.072	0.317	0.302
p	<0.001*	0.304	<0.001*	<0.001*

r: Pearson's Keralisation Coefficient.

between emotional intelligence and clinical performance, particularly during obstetric and gynecological practice. Students with higher emotional intelligence tended to perform better clinically, influencing their perceptions of competence and learning.[29] Emotional intelligence also serves as a coping mechanism, helping midwifery students manage stress and adapt to clinical challenges. Dooley et al.[30] (2019) reported that students with higher emotional intelligence are generally better equipped to handle stress, which positively affects their learning outcomes. When students can regulate their emotions effectively, they are more capable of facing and overcoming challenges in clinical practice. Our study supports these findings, demonstrating that emotional intelligence positively influences midwifery students' perceptions of clinical learning experiences. However, when effect sizes are considered, the observed associations are small to modest in magnitude (maximum r=0.317). Given the adequate sample size (N=205), even small effects can reach statistical significance; therefore, we interpret the findings with an emphasis on effect sizes and 95% confidence intervals rather than p-values alone. This pattern is consistent with the limited variance explained by the regression model (R^2=0.091) and suggests that the

Table 7. Regression analysis results

Model	β (Beta)	t	p
Schutte Emotional Intelligence Scale	0.302	4.508	**<0.001***
R=0.302; R^2=0.091; Adj. R^2=0.87; Durbin Watson: 1.531; F: 20.319; p<0.001*			

contribution of emotional intelligence to clinical learning experience is modest. In this context, future studies with larger and more representative samples (preferably using probability sampling) and employing multivariable models are warranted to more robustly establish the strength and clinical relevance of these associations.

Study Limitations

This study has several limitations. First, it employed a cross-sectional design; therefore, the findings may not reflect changes over time. Second, the results are limited to the midwifery students included in the study sample and may not be generalizable to all populations.

Conclusion and Recommendations

In conclusion, we found that midwifery students' emotional intelligence (EI) levels significantly predicted their perceptions of the clinical learning experience. This pattern is consistent with the limited variance explained by the regression model (R^2=0.091) and suggests that EI's contribution to clinical learning experience is modest. EI is a critical component of midwives' professional toolkit, influencing professional performance, patient interactions, and team motivation. From enhancing communication to mitigating burnout, promoting EI is important for preparing resilient midwives capable of meeting the evolving demands of the health sector. In this regard, academic faculty bear substantial responsibility. Strategies to strengthen EI should be implemented from the first year; EI training ought to be integrated into both undergraduate and graduate midwifery curricula. Incorporating mindfulness exercises into both theoretical and practical components of the curriculum may increase students' EI and, in turn, benefit their clinical learning experience—an effect that should not be overlooked. Effective role modeling and high-quality clinical supervision in practice settings should aim to foster EI and elevate perceptions of clinical learning.

In sum, while emotional intelligence may contribute to students' perceptions of the clinical learning experience, further evidence is required to confirm this relationship. Although statistically significant, the magnitude of the association is small. Given the limited explanatory power, larger-sample and multivariable studies are needed to more firmly establish the strength and clinical relevance of this relationship. A supportive clinical environment, combined with higher EI, can lead to more positive learning experiences and ultimately shape future midwives' competence and self-confidence.

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