Emotional Intelligence and Performance of Nursing Students

By

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DECLARATION

I, (Your name), would like to declare that all contents included in this thesis/dissertation stand for my individual work without any aid, & this thesis/dissertation has not been submitted for any examination at academic as well as professional level previously. It is also representing my very own views & not essentially which are associated with university.

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Abstract

The aim of this study is to examine the relationship between Emotional Intelligence (EI) and performance of nursing students. The Health and Human Services Department (HHS) has said the Affordable Care Act (2014) will extend healthcare to 49.9 million previously uninsured Americans (HHS, 2010). This, along with an aging population, places an enormous demand on nursing educators to increase qualified graduates to meet the challenge. Research has established that EI is fundamental to success but little research is found regarding the relationship of EI and performance of nursing students. Grounded on the conceptual framework that understanding emotions influence how, what, and why people think the way they do and in turn facilitate their behaviors and actions (Mayer et al., 1999) may influence nursing education. The study follows on a previous correlation study between EI and nursing performance (Beauvais et al., 2010) that demonstrated a positive association between EI and nursing students at various levels of experience and practice. The study is a descriptive correlation study, consisting of a proposed convenience sample of 125non-licensed nursing students enrolled in an accredited technical school for practical nursing that qualifies graduates for licensure. Population size of this study was determined using correlation as the highest order statistical test and an effect size ranging from .20 to .40, power of .80 and a sample size range of 47 to 194 nursing students was suggested to safeguard against possible Type 2 error. Measurement are: the Mayer, Salovey and Caruso Emotional Intelligence Test (MSCEIT) to evaluate EI of students(Mayer et al., 2003), the Six Dimension Scale of Nursing Performance (6D Scale)measurement of nursing performance through self-evaluation, and grade point averages (GPA) for academic measures..

Keywords: emotional intelligence, education, nursing, students and performance.

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CHAPTER 1: INTRODUCTION

The focus of chapter one presents an introduction to the thesis topic entitled Emotional *Intelligence (EI) and Performance of Nursing Students*. This chapter states the background, purpose and a summary of the background literature for the study relating to the concept of Emotional Intelligence and student performance. EI concept for this study is grounded on the understanding that emotions influence how, what, and why people think the way they do and in turn facilitate their behaviors and actions (Mayer et al., 1999). Performance of nursing students is measured in relation to professional qualities and levels of academic achievement. EI concepts, significance to nursing and assumptions of the researcher are also discussed.

Background of the Research

Emotional Intelligence (EI) as defined by Salovey and Mayer (1990) is the ability to monitor one's own and others feelings and emotions, to distinguish among them and to use this information to guide one's thinking and actions. EI establishes itself most obviously in our relationships with others. Interests in EI as a form of intelligence began to gain attention with the Salovey and Mayer conceptual model, known as the Four Branch Model of EI (Mayer et al., 1999). This intelligence-based theory is uniquely measured by the Mayer, Salovey and Caruso Emotional Intelligence Test (MSCEIT). The four branches of perception, assimilation, understanding, and management levels are assessed through individual's reactions to pictures, situations and tasks. As of today, The MSCEIT remains the only ability based tool to define EI concept (Salovey, 2013).

The Four Branch Model (Mayer et al., 1999) served as a catalyst for other theorists to interpret, test and conceptually define EI. Reuven Bar-On (2000) developed the Emotional Quotient concept (EQ), which defines EI as a co-dependence of ability with personality traits, which relates to personal well-being. The development of the EQ instrument (EQ-I) the participants self-reported responses of self-understanding and awareness of their emotions. EQ-I can easily be adapted to determine job satisfaction as a counterpart with personal satisfaction. Unlike MSCEIT however, it is a self-reported tool that integrates personality traits which hinders empirical research and the limitation of using a self-reported tool to determine EI may be biased (Salovey 2013).

Goleman (2002) defines EI as an array of emotional and social competencies that contributes to professional performance. The theory is a departure from ability based concept to understand one's emotional self and in turn others as defined by Salovey and Mayer (1990), but rather describes EI as one's performance through learned abilities based on experiences. Outstanding performance is achieved through a learning process that can be developed. This concept of experience and education is not operational for this study. Benefits in other environments can be found since the EQ-I tool can easily adapt to determine leadership styles and job performance.

The term Emotional Intelligence (EI) was new topic of concept outside the field of Psychology until 1995, when Daniel Goleman introduced the idea of EI (Van Dijk & Freedman, 2007). Since that time, the term "emotional Intelligence" has captured the public's attention and become a topic of interest from in the classrooms to organization (Bradberry 2007;Brown & Schuttle 2006; Harrison & Clough 2006; Mayer, 2007). Although Goleman is well known for his in-depth study, was not the first. The origination of EI started back in 1920 by an article by E.L

Thorndike titled "Intelligence and its Uses" Thorndike, 1920). Throndike (1920) broadly define

social intelligences as the ability perceive the internal states of the self and others, and to act in

ways the uses this information effectively. This aspect of EI is an important part of the

composition of a project manager value mindset.

Throndike continued his research for several decades in validating social intelligence.

From Throndike's work lead Goleman and Salovery and Mayer to define and develop what

authors refers to as Emotion Intelligences as the way a person deals with his or her emotions

(Salovey and Mayer 1989). However, the most completed and well accepted definition was

created by Davies et al (Davies et al. 1998). Their definition is based on a four dimensional

model that consist of the following: appraisal and expression of emotion in oneself; appraisal and

recognition of emotion in others; regulation of emotion in oneself; and the use of emotion to

facilitate performance (Davies et al. 1998, p. 990-991) Though several researchers have taken

this mode and build upon it, they all have similar foundation construct (Law et al. 2004). Some

of these modes of intelligence ranging from physical intelligence (Covey, 2004), multiple

intelligence involving interpersonal and intrapersonal intelligence (Gardner,1983), and emotional

intelligence (Goleman, 1995; Mayer et al., 2004; Perez, Petrides, & Furnham, 2005; Callahan,

2008). The difference exists in the aspects of measuring, modeling and/or predicting EI.

Ability to recognize and understand others' emotions is also a valuable in human,

personal life as it makes an individual more concerned about others. He tries to take care of his

or her relationship and try to solve their problems. This ability makes the person very popular not

only in his or her own family, but also among the friends. Individual often finds the state of

stress and pressure, when they have to manage work and personal life, but a leader with

emotional intelligence will always give value to family relations and emotional values

(Antonakis, J, 2004).

Emotional intelligence does play a role in our reactions and response to different

incidents or scenarios. Our traits and nature compel us to react in certain ways. My friends gave

me unconventional suggestions to solve the situation I was in, but I did what I thought was the

right way to deal with it. It did not want to create a scene or to leave the situation be and do

nothing about it. My emotional intelligence probed me to confront my classmate in a calm matter

and give him a chance to amend his mistake. When I didn't get the desired result, I didn't just let

go or became hopeless. I was not afraid to share with my classmate about how I felt about the

entire situation.

The validity to only depend on one measure to predict performance using Intelligence

Quotient (IQ) was first challenged by Riggio et al., (2002). He positions that successful

performance does not comprise intelligence in its entirety by not considering other factors such

as social factors and self-awareness. Relevance of this issue prevails, as acknowledged in the

Meta analysis review of admission and retention levels of nursing schools by Schmidt (2011).

The review concludes there is still a necessity for educators to look at nonacademic factors in

addition to standard academic criteria to formulate a better educational model in nursing schools.

The demand for nurses as people are living longer and economic constraints due to the

downward economy create the necessity for nursing schools to look beyond the traditional

process of determinates of performance.

Critical of other EI theorists, Walker and Avant (2010) defined EI as an image or a

phenomenon or an idea. The study contends EI concept is not simple or a concrete measurable

form of intelligence but abstract and open to varied interpretation questioning validity of

measurements of EI. Conclusion that EI cannot be broadly applicable based on the intangibility and variability adds to the skepticism and debate surrounding EI as another form of intelligence that can be quantified. This definition of EI ignores the innate qualities of EI as conceptualized by the Four Branch Model (Mayer et al., 1999).

The meta-analysis by O'Boyle et al., (2010) classifies EI using three streams of models: ability based, self-reported measurements, and mixed models. The analysis concludes ability based model is best utilized when establishing a fundamental ability that meets traditional criteria for intelligence measures and the MSCEIT was found t effective in correlation to performance. Self-reported and mixed models analyzed did not present as effective for empirical study due to bias of self-reporting and inconsistency when including factors as character traits or experience. The term "Emotional Intelligence" refers to the ability to recognize our own feelings and those of others. Emotional intelligence is specified in a wide range of skills and personality traits including empathy, expression and understanding of feelings, independence, and adaptability, ability to solve problems, social skills and persistence (Cote, S. and Miners, C.T.H, 2006).

A study of patient and staff safety by Smith et al., (2009) reasons the nurse to patient relationship is fundamental to nursing and emphasizes how decision-making actions impacts patient care. Clinical educators teach safety tirelessly to students but yet there is little evidence that educators recognize the importance of student nurse perception of the patient and their behavior. Nursing is a profession that requires ability to make timely life or death decisions, and all data including data obtained from emotions is critical (Beauvais et al., 2010). Additional research findings by Rhodes et al., (2011) conclude that competence and caring are interrelated. These traits need to be developed in students and sustained in nurses to recruit nurses into the

profession and move nursing forward as a profession that truly makes a difference in patient outcomes. Little research is found, regarding EI and performance in nursing students which depends on abilities to successfully interact with patients to provide quality care that is safe and compassionate.

EI theory has also proposed to improve with training, (Chang, 2007) and ability to coach the brain through self-knowledge and awareness (Rock, 2009), which can benefit nursing education through added research understanding EI and performance of students. Recently, a team at Yale University (Bennet, et al., 2013) has developed a national program applying extensive research and expertise in EI theory to practice in preschool through high school levels, aimed to improve educational learning environment. On the other hand, cognitive intelligence of an individual relates to the IQ level of an individual and his ability to understand various concepts and theories of academics and life. People with cognitive intelligence are people who are the best performers in school. People with such ability may not be automatically having emotional intelligence and have good social skills.

The demand for nurses, projected by the Bureau of Labor Statistics (BLS) for LPNs and RNs,is expected to grow upwards of 15 percent in the next few years (BLS, 2010).LPNs nursing practice includes the administration of medication and the direct patient care for ill, injured, or convalescing patients or persons with disabilities in hospitals, nursing homes, clinics, private homes, group homes, and similar institutions (BLS, 2010). RNs can perform the same duties as LPNs (BLS, 2010), but are often removed from the daily patient interaction at many institutions. RNs frequently perform in leadership and management roles influencing policy, act as clinical educators including military and correctional facilities and perform in technologically complex nursing environments in intensive care units or the operating room (OR). LPNs perform almost

entirely in direct patient interaction. The clinical fundamentals of nursing care are applicable in all rudimentary clinical nursing education and have general application to the clinical education of all students in a clinical setting.

Aim of the Research

The aim of this study is to explore the relationship between Emotional Intelligence (EI) and performance of nursing students. Research and literature strongly supports the positive recognition of EI in relation to leadership style and performance. Yet little research is found regarding EI in nursing education which involves the performance of clinical skills and patient relationships to effectively provide quality care.

Purpose

The purpose of the study is to gain insight on the relationship between EI, an intellectual factor, and performance of nursing students. The benefits of understanding student performance of nursing students are:

- EI measures critical elements found necessary ineffective nurse to patient relationships.

- Insights on student performance may assist in understanding student behavior that can influences patient care.

- Awareness of EI as a component of intelligence may inspire changes in nursing education by understanding nursing behavior beyond current academic achievement measures

Significance to Nursing

The Affordable Care Act scheduled to become law in 2014, extends affordable healthcare to the 49.9 million previously uninsured Americans currently no engaging in the healthcare system today (HHS.gov, 2010). A current shortage experienced now as the population grows older places an enormous demand on nursing educators to increase qualified graduates to meet these demands. A high growth rate of employment opportunities is projected for LPNs and Registered Nurses, (RNs) across the country (BLS, 2010). American Society of Registered Nurses (ANRS, 2010) endorses that nurses involved in patient care need to develop the ability to assess patient's responses to illness requiring active self-introspection of the events, assessment of the events, and above all a genuine concern for the patient. Education of LPN students includes the fundamental basics of patient care, communication, and patient safety in a fast paced nursing program that is very challenging. The clinical component of critical thinking and quality patient care are essential developmental goals of all nursing education. Nursing programs are the first filters of character for the profession (Wolf, 2012). The modeling of nurses to provide good nursing care begins in schools of nursing as students learn to develop relationships with patients and make life and death decisions that affect the care of the patient. The link between the ability to monitor one's own and others feelings and emotions, to distinguish among them and to use this information to guide one's thinking and actions defines EI (Mayer et al., 1999).

The relationship between EI and performance of nursing students has limited research. The aim of this study is to examine the relationship between Emotional Intelligence (EI) and performance of nursing student for the purpose to gain insight on the significance of EI as an additional intellectual component and correlation with performance of nursing students. This can perhaps inspire nursing education and practice. Understanding nursing behavior beyond current

academic achievement measures may assist in understanding student behavior that ultimately influences patient care.

Theoretical Framework

Emotional Intelligence (EI) as defined by Mayer et al., (1999) is the ability to monitor one's own and others feelings and emotions, to distinguish among them and to use this information to guide one's thinking and actions. The Mayer et al. conceptual framework of Four Branch Model (1999) of perception: assimilation, understanding, and management are characteristic of the fundamental abilities for effective nurse to patient relationships. The MSCEIT (Mayer et al., 2003) is an ability based tool which measures the four the mesin relation to visual and situational responses to circumstances presented in the survey. MSCEIT captures EI data findings without measuring social or personality traits which allows for the simple correlation to the other measures of performance as well as supporting the ability to examine emotional intelligence without risk of bias and aligns with empirical research. This tool was foundational to the Beauvais et al. study (2010). The Bar-on tool, EQ-I, is a co-dependence of ability with personality traits and therefore was not considered for the study. Golman's conceptualization of EI as learned abilities through experiences is difficult to operationalize for empirical studies as noted by Beauvais et al. (2010) from which this study follows.

The theoretical diagram in Figure 1represents the relationships outlined in the Four Branch Model theory by using profiles and arrows indicating the relationship between EI and personal levels measured. The model utilizes the concepts of EI and adapted for the study.

Theoretical model application: Emotional Intelligence

Perception -
Measured
Indicators

Empirical

Assimilation -
Measured

Emotional Intellige

Outcome
Consequences
in

Understanding –
Measured

Empirical

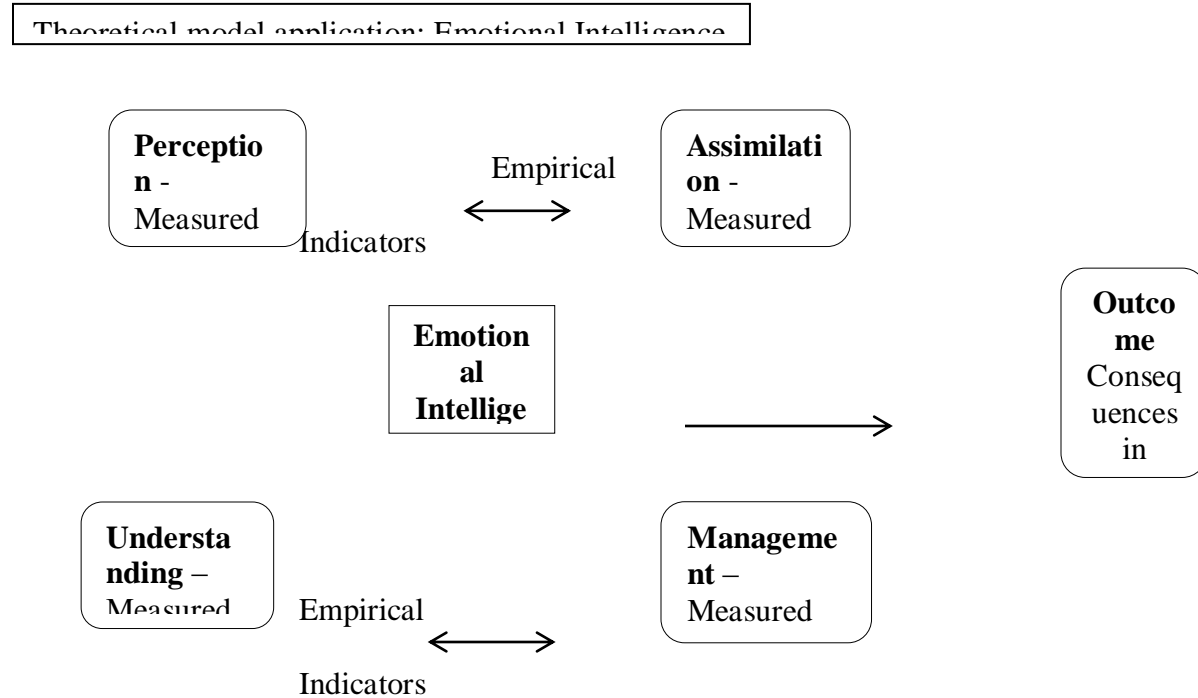Indicators

Management –
Measured

Figure1. Theoretical Diagram

EI theoretical model diagrams the four themes of perception, assimilation, understanding,

and management levels will be measured using the MCEIT tool to determine EQ scores.

Performance will be measured by the Six Dimension Scale of Nursing Performance (6D Scale), a

standardized tool (Schwirian, 1978). The purpose of the instrument is to allow measurement of

nursing performance through self-evaluation. Grade point averages (GPA) for academic

achievement will be based on standard grading based on a 4.0 scale.

Theoretical Assumptions

- Emotions are necessary for people to make decisions, take action and perform well.

- Emotions are innate but can develop with age and experience

- Students will respond honestly to all surveys.

- Ability based measurement tool best supports empirical research.

Research Question

Based on the theoretical model and defined performance tools, the following research questions will be addressed:

1. Is there a relationship between EI and student performance (6D Scale Professional)?

2. Is there relationship between EI and Student performance (GPA Academic)?

3. Is there a relationship between EI and Student Performance (Null Hypothesis)?

Theoretical and Operational Definitions

Theoretical definition of EI is based on the ability of a person to monitor self-feelings and emotions as well as others, to differentiate among them and apply this information to guide one's own actions (Mayer et al. 1999). Based on the Mayer and Salovey concept of EI

Operational Definition

Operationally, variables of EI and nursing performance will be will be measured by standardized tools. These include:

- MSCEITI score to measure EI

- The Six Dimension Scale of Nursing Performance (6-D Scale) to measure nursing performance

- GPA to measure academic performance

The MSCEIT tool provides the EI score of the students based on the Four Branch Model (Salovey and Mayer, 1999). This MSCEIT (Meyer et al. 2002) has been recognized as a determinate of EI measurement that is based on the participants' responses and reliable for empirical research as supported by the literature.

Performance levels will be measured by the Six Dimension Scale of Nursing Performance (Schwirian, 1978). Literature identifies three types of nursing performance: competencies, quality indicators and performance measures (De Lucia, 2010). The Six Dimension Scale of Nursing Performance (6-D scale) is a standardized test consisting of 52 four point test rated on a 4 point Likert-type Scale. Items 1-42 are scored twice; one representing the frequency of a given behavior by the nurse and another representing the quality of that particular behavior. Items 43-52 are measured solely in terms of quality. The purpose of the instrument is to allow measurement of nursing performance through self-evaluation.

Academic measurement will be the grade averages conforming to the educational institutions guidelines based on a 4.0 scale.

Conclusion

As an unprecedented number of uninsured will seek healthcare along with an aging population, an enormous demand is placed on nursing educators to increase qualified graduates to meet challenges to provide quality patient care. Interest in EI and performance is of great interest today as research findings support that EI is fundamental to success and performance. Literature also supports the nurse to patient relationship is important to nursing practice and understanding of the patient is an important characteristic of compassionate, safe, quality care. Yet little exploration is found regarding EI and performance in nursing students. Nursing

education involves preparing students to interact with patients effectively by providing safe quality care. Motivated by these findings, a descriptive correlation study will be conducted involving a convenience sampling of LPN students that will be invited to participate. The aim of this study is to explore the relationship between Emotional Intelligence (EI) and the performance of nursing students. The measurements to be used include: MSCEIT tool, (Salovey et al., 2002), 6D Scale (Schwirian, 1978) and standard GPA scores. Insight gained can benefit nursing education and practice through better understanding of student performance. The purpose of the study is to gain insight on the significance of EI as an additional intellectual consideration to be considered in correlation with performance of nursing students. Understanding nursing behavior beyond current academic measures may ultimately influence nursing education.

CHAPTER 2: LITERATURE REVIEW

Concept of Emotional Intelligence (EI)

The term "emotional intelligence" is defined as the ability or skills that are required in order to assess, control and identify the emotions of entire groups or other people and also of oneself. The concept of emotional intelligence has developed widely into popularity in management content as well as relevant literature for its capability of enhancing and capitalizing on the organization's human potential. Multiple skills can be achieved with the help of this quality. These skills include the capability of navigating social networks, managing relationships, inspiring and influencing other people. There is the need of emotional intelligence of high level for becoming an effective leader. Leaders must practice their emotional intelligence for becoming the effective and efficient leader which will be helpful in attaining effective leadership skills. For the purpose of achieving or attaining success, emotional intelligence is the essential factor and plays an essential and effective role. Emotional intelligence contributes to success, influencing efficiency, team collaboration and productivity. Leaders must encompass emotional intelligence which will be effective for assessing self awareness, effective communication, emotional management, conflict resolution and social awareness (McLaughlin et.al, 2008).

The definition of emotional intelligence can be synthesized as an ability to use information from the emotional type of constructive and adaptive manner. This information can either be subjective emotional reactions of a person, but also generated by the emotional reactions of others. Thus, it would be possible to classify the construct as a kind of intelligence, just as verbal, spatial, social, and other inter-related, i.e. emotional intelligence refers to the ability of the individual to understand and use emotional information. Authors propose that a

characteristic of people with more developed emotional intelligence would be the ability to

perceive and assess their emotional states more accurately, in order to express their feelings in

appropriate times and regular your mood effectively. Thus, they would be able to use strategies

to cope with stress more appropriately. The difficulty in processing and regulating emotional

experience itself would be one of the factors that cause maladaptive coping. So much demanding

or challenging environments, the influence of emotional intelligence should be through the

selection and control strategies and skills that would aim to cope with the immediate situation,

taking into account the domain of emotions (Schwirian, 1978).

The nursing scholars are beginning to investigate the nature of emotional intelligence in

nursing. Accordingly, they seek to understand the connection between emotions and

effectiveness in clinical practice. There is speculation that nurses with emotional intelligence are

more dedicated to their work, they influence organizational environments and amortize the stress

within these. Therefore, the potential use of emotional intelligence in the art and science of

nursing is wide. This understanding benefits patients, the nurses and organizations.

Health has become an ever-changing environment and increasing economic constraints.

Stress can become a burden for nurse leaders and their supporters. This adjustment, with the

nursing shortage has created a working environment with nurses emotionally. With a nursing

shortage looming, hospitals may be in a crisis situation. Today, hospitals are in a position where

leadership can have the greatest impact on job satisfaction of employees. The relationship

between managers and nursing staff are more important in predicting turnover of nurses,

autonomy and commitment. Leadership is a key factor in shaping the culture of job satisfaction

and nursing leadership must focus on job satisfaction of nurses with regard to quality, customer

satisfaction and productivity. Health care continues to evolve and change, nurses must have the

skills necessary to understand the emotional needs of their employees and have the self-awareness of their own emotional reactions and strategies offered to support. There is a vital need that student nurses must s adapts to rapid changes in health care with high emotional intelligence (Polit et.al, 2012).

Background, Context, and Theoretical Framework

Every profession should be in position to provide its members with a base theoretical knowledge on which practice is based. A professional body is credible when its members are recognized by other professionals as experts in a domain particular knowledge and practical, since it is the research that is in a field of well defined knowledge in a particular discipline in which theories are developed and verified. Research in the field of Emotional Intelligence is extremely helpful in contribution of knowledge that leads to the improvement of care in a holistic perspective. The nurse can not only be rational, must also be emotional at the same time, have to adopt a posture of detachment for their own protection, not may involve too much for the sake of their mental health. Emotional Intelligence is a ability that helps people into harmony and to be valued in a near future in the context of the social psychology of work organizations. It is related to other phenomena psychological such as: leadership, team performance and individual relationships interpersonal and social handling changes in attitudes and assessments professional and institutional performance (McQueen, 2004).

The concept of Emotional Intelligence (EI) was first described in 1990 by Salovey and Mayer; however its global knowledge arises from the work of Daniel Goleman (1996). Subsequently, the proliferation of work on this topic has been constant, and numerous models have emerged and proposals to explain human behavior in different social or work settings, take

into account this concept. EI is defined as the result of an adaptive interaction between emotion and cognition itself, which includes the ability to perceive, assimilate, understand and manage one's own emotions and those of others. This concept is especially relevant in the so-called helping professions such as doctors, nurses, policemen, firemen, etc., where the customer service, client or patient is one of the main tasks of holding the job. This individualized attention, the candidate has to have the ability to control their own emotions and to detect, interpret and correctly handle the emotions of others, as they are an indicator of the patient's needs.

Scientific knowledge on emotional intelligence in the domain of nursing students is very low; it is a profession where students have to develop skills for coping with relationships, stress with negative situations, decision making, values, skills, emotions and conflicts. It is extremely necessary to learn these skills in their daily academic-professional. In nursing, managing emotional intelligence means emphasizing the emotional or rational relationships.

The skill of self awareness in emotional intelligence enables the leaders to be aware of their emotions or feelings. Afterwards, effective leaders are required to handle and manage their feelings and emotions that they identified in themselves. Effective leaders encompass a good practice in controlling and regulating their emotions and feelings at work. These effective leaders are improbable to rush headfirst into rushed and hurried decisions or allow their anger conquest their actions. Individuals who are in managerial positions within their organization are required to keep check on their emotions and mange their emotions whenever it is required. It is the capability of using emotions so as to accomplish other cognitive actions. Individuals with high quality emotional intelligence are able to employ their emotions so as to assist them think through situations which will be contributing in the solving the problems (Mayer et.al, 2003).

Each of us has a unique profile, with strengths and weaknesses. It is therefore important to work with emotions, to strengthen weak points. Emotions uncontrolled achieve intelligent people seem "clumsy". The skills required for success begins with intellectual force, but also necessary skills emotional to extract the full potential of their talent. Emotions give meaning to our lives. Nurse students with well-developed emotional practice is more likely to be satisfied and to be efficient in their lives, mastering the mental habits that foster productivity, which fail to exercise any control over your life emotional lock inner battles that sabotage the ability to concentrate at work and lucidity of thought

A study done by Mayer et.al, (1999) focuses on emotions in a clinical setting and the link to patient safety with implication for nurse managers. The research combines a case study design with a focus groups, interviews and observation. The paper concentrates on the discussion of emotions at work in context of creating a safe culture by drawing on the investigation of two case studies. The first study is centered on patient safety in educational programs of health care professionals while the second study is on regulations and incentives in managing chronic long term conditions. The role of emotions at an individual and organizational level is examined and the importance of leadership to support that patient and worker safety is linked through emotions at work. The first study found that nurse educators viewed promotion of safe practice as primarily a nursing responsibility and education about safety should be imbedded in nursing curriculum. Interviews of one instructor said everything taught to students is based on safety; drugs, moving and handling, clinical skill are all related to safety. Other suggested that it was attitudes and behaviors of students and staff that needed to be brought to the attention of educators to improve safety, explaining that because without the understanding student behavior is when errors are made.

Nurse educators began to discuss student learning outcomes in the cognitive domain with the publication of Bloom's Taxonomy (1956) and in the affective domain in accordance with the work of Goleman et.al, (2002). When considering education in the affective domain, it was acknowledged that nursing, unlike math or computer science, needed to educate students in social skills and values as much as anatomy and physiology. Nursing conceptual frameworks began to characterize nursing's role not by what nurses did but by qualitative dimensions 40 of nursing such as caring. Nurses began to talk about the concept of therapeutic relationships in which the nurse established a rapport with the patient in order to promote healing rather than only giving medications and providing custodial care. In 1983, Gardner published Frames of Mind and in the 1990s, researchers began expanding on Gardner's work and started thinking about interpersonal intelligence as emotional intelligence ability or EQ, as compared to the cognitive intelligence quotient of IQ. He popularized this idea by positing that all types of positive social abilities as well as self-reported qualities such as common sense, optimism, and wellbeing were related to emotional intelligence and that emotional intelligence was the key to success in both one's personal and professional life, however, provided little scientific evidence to validate his ideas. Polit et.al, (2012) criticized this view as being too broad and chose to focus on the more limited.

Ultimately, student nurse dissatisfaction can also cost hospitals in terms of parts and high- dollar policy, which increases the cost of patient care and, ultimately affecting the financial viability of the institution. Schwirian (1978) found a significant positive correlation between perceptions of nursing and overall patient satisfaction with health care services in the hospital . In addition, there was a significant positive correlation between overall patient satisfaction and intent to return and recommend the hospital to other patients. He concluded that the overall

patient satisfaction is related to the quality of nursing care, which in turn depends on the quality of the exercised in the hospital leadership. In addition, employees whose leaders used a transformational leadership style had greater job satisfaction.

Impact of Emotional Intelligence on Nursing Practices

The concept of emotional intelligence has been used in an attempt to understand how the employee works at workplace. Nurse leaders must also be aware of the many variables that can affect job satisfaction such as wages, opportunities for promotion or advancement, positive peer relationships, autonomy, shared leadership, and their relationship with the leader. Emotionally intelligent student nurses can use their skills to create a positive work environment with the ability to recognize, understand and intervene when negative influences enter the nursing field. The concept of emotional intelligence has been used in an attempt to understand how the employee in the workplace acts on different situations. The conclusions of the authors showed that high levels of EI are positively associated with job satisfaction and emotional stability (Dillman et.al, 2009).

The emotional intelligence among nursing student is widespread. Much has been talked about the importance of emotional aspects among the nursing students. It is reported in various researches that our experience makes it possible to verify that the process of nursing education did not incorporate issues which strengthen the emotional scaffolding despite the countless situations of anxiety to which it is subjected during the course. The health professions must undergo profound changes within the next decades as more and become more evident signs of exhaustion requiring construction of new models of education and training of human resources in health. There are factors that influence the practice of nursing, occupational, personal and

institutional, with respect to the latter can cite poor management staff, very rigid functional structure, lack of materials, services overcrowded units degraded, lack of places to personalized attention. Nursing students are accustomed to live with them and somehow modify search, creating and generating innovation (Carr, 2009).

The work of nurses in the hospital environment is a kind of work developed in highly stressful circumstances, which can lead to problems such as de-motivation, dissatisfaction, absenteeism, turnover and tendency to leave the profession. Nursing training institutions schools must inform the student of all these realities of the profession. Achieving excellence in nursing is a constant concern in the improvement, knowledge of technologies and professional performance orientation, and maximizing all available resources. Training and development of personal skills in nursing student involves the interaction of many facets. The student develops knowledge, the know-how and also the ability to live and be human. It highlights the importance of self-image, self-esteem and motivation. The skills and competences necessarily pass through training, continuing education. According to DeLucia et.al, (2009) Emotional Intelligence has a direct relationship with student nurse performance. It is the ability to understand and effectively learn the power and acumen of emotions as a source of free information that influences human.

The study of the relationship between stress and emotional states is not unique to research on emotional intelligence. Some research related strategies for coping with stress emotional regulation. The medical field is considered one of the areas whose professional experience higher stress levels, and several researches are made in this context with nurses, which is also part of the sample of this research. Polit et.al, (2012) with nurses found a positive correlation between stress and mood disorders and negative correlation between stress and job satisfaction. The use of good humor as a coping strategy has not shown significant results in mitigating the effects of stress.

Taking into account the theoretical framework presented and seeking to extend the previous studies, this research possessed to investigate as they relate to emotional intelligence and stress in the organizational environment. As little research in this area so far showed conflicting results, it was decided to conduct an exploratory study of the relationship between these constructs.

For most people, death generates attitudes of fear and anxiety. The fear of death is a concept that is embedded in the dying process, and includes the fear of death itself and what happens after it. It is defined as an emotional reaction to perceived threat or danger signals, which can be triggered to environmental, situational stimuli and by internal stimuli. Meanwhile undergraduate students and nursing students necessarily pass through transcendental and unknown situations when one of the patients in their care will inevitably go through the process of dying and death. The nursing students who have had little practical and less preparation have levels of fear of death significantly higher than students in courses they have had more practice and more preparation. This is consistent with studies that inquired the effect of training in both nursing students and nurses on issues of preparation for death, respectively, concluding that they can act significantly in reducing death anxiety. The time devoted to the preparation would be a factor that influences the results (McQueen, 2004).

The fear of death is a present emotion in nursing students, confirming their relationship with emotional intelligence, where the highest levels of emotional intelligence are associated with less fear of death. The implications of these findings are far-reaching, because this aspect could eventually prevent quality therapeutic interaction with patients and families facing the end of life process. Importantly, hospitals need to develop emotional intelligence.

Nursing students with high emotionally intelligent in hospital organization can generate infinite possibilities of success and it is an effective means to resolve a delicate situation with a

patient or coworker instrument. Mayer (2009) reported that student nurses are sensitive to the

emotions of patients when assessing their needs. He conducted a study on perceived stress and

emotional intelligence in student nurses and found that subjects with high scores on two of the

dimensions of the IEP (Clarity emotional and Repair of Emotions) showed low levels of stress.

In a more recent study, Daus et.al, (2005) examined the relationship between EI and physical and

psychological health. The results indicated that there is a negative correlation between EI and

poor health.

Bulmer Smith et.al, (2009) defines emotional intelligence as the ability to recognize own

feelings and those of others, to motivate ourselves and manage emotions in relationships. So

today, in an era characterized by technology and competitiveness, but with low employment,

investment in Emotional Intelligence emerges as a promising alternative to increase the potential

of employability. In a literature review conducted by Chew et.al, (2013) they found that

successful learning and higher performance is the result of rational and strong emotional skills of

nurse students. The combination of the Intellectual Quotient (IQ) and EI accounts for more

variation in performance than just IQ. There are some studies that support the validity of

emotional intelligence in predicting academic success of nurse students. It is therefore important

not to underestimate the development of intelligence emotional development of nurse students

and Mayer (2009) reinforces the importance that intelligence emotional acquires in the context

of initial training in nursing, because the student initial training has a weak capacity in the

management of emotions. It is in the daily confrontation with the situations that the student feels

the need to mobilize a range of strategies to be able to manage the whirlwind of emotions that

assail him, which is not always easy task, given the immaturity in this field. Although, the factors

involved in the problem of academic success of students are many and varied and require a

thorough analysis. This study sought to examine emotional intelligence in its relation to success school. In this context, the main issue raised for the research was to know how emotional intelligence influences the academic success of students of the degree in nursing.

During clinical training, the student is confronted with multiple and varied situations that test their performance and their ability to manage and overcome feelings often contradictory. In the context of practice, requirements of the services and orientation, fear of failure towards life, the need for bibliographic study that supports clinical practice after each round, the requirement of dealing with death and disease are some of the aspects that are needed to nursing student. Thus, a student can make an empathetic relationship with the patient and remain calm in situations of heightened stress, understanding their own emotions and those of others, can manage so Effective their emotions and thus obtain better results in these contexts (McQueen, 2004).

The literature clearly indicates that researchers are interested in understanding the factors that influence job satisfaction of nurse students. Nurse leaders in residential acute care are responsible for daily operations, and its influence is directly related to retention, quality patient outcomes, satisfaction, and financial performance. A study by Chang (2007) showed that the quality of the relationship between nurses and unit managers is a critical factor in creating a positive work environment that directly promotes commitment of nurses by increasing their sense of psychological empowerment, giving greater job satisfaction. This shows a positive relationship between emotional intelligence and performance at work. EI can improve the work environment and job satisfaction can influence social relations at hospitals. To be competitive in the environment of increasingly complex and rapidly changing today, healthcare organizations must keep their nursing staff motivated. Administrators have the ability to affect the job

satisfaction of its employees, to show support behaviors that allow an employee to feel

appreciated and understood. The consideration that the manager has feelings for his subordinates,

welfare and contributions is an important predictor of job satisfaction among the nurse students.

In addition, a high degree of organizational support is associated with greater job satisfaction.

The effect of perceived support may continue in the personal lives of student nurses, which

allows them to feel a sense of balance between work and home (Freshwater et.al, 2004).

The number one indicator of job satisfaction among the nurses today is the relationship

the employee has with his boss while the number one reason people leave companies is the same.

By encouraging job satisfaction, the leader has the ability to increase engagement and employee

engagement in the organization. Chang (2007) suggested that the future success of any

organization depends on the skills and abilities of leaders who go beyond traditional or

technological skills. The authors concluded that teaching emotional intelligence as part of a

performance team positively increases the leader's ability to understand the complexities of the

healthcare organization. In addition, an emotionally intelligent leader improves its ability to drive

disciples of organizational change. Ultimately, EI leaders show greater job satisfaction and

greater efforts for performance.

Emotional Intelligence and Job Satisfaction of Nurse Students in Hospital Settings

An ability to manage one's emotions while interpreting those of others is especially useful

in the performance of nursing duties which is the ability to evaluate and distinguish emotional

responses of patients in establishing a effective and meaningful relationship between the nurse

and patient. A systematic review conducted by Stys & Brown (2004) of EI models and tools

examines early stages of EI application centered on theories examines and evaluates principles of

EI as separate and distinct form of intelligence quotients (IQ) and in depth reviews stability and

validity of each theorist and tool. The report challenges validity of pure models verses mixed

models that incorporate social and personal components. The study was inconclusive in

determining which tool had additional validity regarding outcomes when using ability versus

self-reported tools and concluded a need for future research.

The meta-analysis by O'Boyle et.al, (2011) classifies EI using three streams of models:

ability based, self-reported measurements, and mixed models. Reliability of supervisor ratings

are a divisive issue in meta-analysis and 16 of the 43 studies used supervisor ratings to assess job

performance. Of these 16 studies, eight reported reliability (mean $\alpha = .80$). Results demonstrated

from the multiple EI streams evaluated, that higher level of EI ranked above and beyond

personality measures and cognitive ability in predicting job performance. The conclusion of the

analysis was the overall relation between EI and job performance is positive and significant

($r = 0.28$). Self-reported and mixed models analyzed did not present as effective for empirical

study due to bias of self-reporting and inconsistency when including factors as character or social

traits. The second study revealed that safety and risk were key themes express by staff. The

impact of job satisfaction, stress and change were also discussed in relation to emotions at work.

The conclusions supported evidence to suggest patient and worker safety are linked through

emotions at work. Educational support was necessary to assist student nurses by recognizing and

managing behaviors and emotions. Although this study may have bias interpretation relating to

situations and interviews presented, points relating to emotions and behavior influencing patient

care are consistent with other literature reviews. This study conveys that another level of

awareness of student's behavior and emotions are important beyond standard educational

curriculum of teaching.

Chew et.al, (2013) published a cross-sectional study using the objectively-scored measure of EI, MSCEIT and the academic performance of medical school students. Performance was measured using continuous assessment (CA) and final examination (FE) results. A total of 163 (84 year one and 79 year five) medical students participated (response rate of 66.0%). The gender and ethnic distribution was representative of the student population. The total EI score was a predictor of good overall CA (OR 1.01), a negative predictor of poor result in overall CA (OR 0.97), a predictor of the good overall FE result (OR 1.07) and was significantly related to the final-year FE marks (adjusted $R2 = 0.43$). The study established that Medical students who were more emotionally intelligent performed better in both the continuous assessments and the final professional examination concluding that it is possible that emotional skill development may enhance medical students' academic performance. This study was one of the few that engaged an ability-based measure of emotional intelligence instead of self-report surveys (Chew et al., 2013).

Emotional intelligence is the ability to recognize, understand and regulate their own emotions and other people, to distinguish them and use the information to guide the thinking and actions. The benefits of EI have been demonstrated in different areas of everyday life and professional level. People emotionally intelligent have better physical health and mental, higher levels of well-being and satisfaction vital less risk behaviors such as consumption drugs, and better interpersonal and social relations, both professional and personal context. Studies show that the average level of emotional intelligence in professional nursing is higher than in the general population. The professionals of nursing perform large amount of emotional reactions in their daily practice, and face problems such as aggression, distrust, depression or suicidal behavior. The nursing professionals in emergency units are immersed in a highly stressful

environment, due to schedules, work overload and the contact with death. It is necessary to investigate the meaning of emotional intelligence in situations marked by large amount of emotional labor, such as in patient care or attempts to commit suicide (Davies et.al, 1998).

Studies have implicated self-efficacy as being a strong determinant of nursing school success. Research studies have implicated self-efficacy as a strong determinant of student-rated clinical performance. It is difficult to know whether success in the clinical rotation is increasing the students' self-efficacy beliefs or if students' pre-existing self-efficacy beliefs are positively influencing their clinical performance. Because high self-efficacy beliefs are correlated with student success in nursing school, nursing schools should make an effort to recruit nursing students with strong self-efficacy beliefs. Nursing programs should make every effort to increase self-efficacy beliefs in their students without giving them an unrealistic sense of 136 their own abilities. Students need to be given the opportunity to take appropriate risks in the clinical environment in providing care for unstable individuals as successful clinical performance has been shown to improve self-efficacy. They should, however, never be placed in a situation where the patient's health or well-being could be adversely affected, as this would be detrimental to the patient and would be discouraging and perhaps devastating to the student nurse. Studies have shown that determinants of self-efficacy beliefs may be gender specific. Beauvais et.al (2010) study found that males self-efficacy beliefs were influenced by mastery experiences, that is their self-efficacy in a given domain improved when they had successfully accomplished a task, such as a catheterization, whereas female self-efficacy beliefs were more highly influenced by verbal persuasions and vicarious experiences, such as encouragement from parents and teachers (Bulmer Smith et.al, 2009).

Both researchers found that women were particularly affected by the encouragement from other's whom they were confident in and with whom they had a relational bond. This study indicates that one factor that contributes to high self-efficacy is emotional intelligence. Because emotional intelligence was not directly correlated with student rated clinical performance, it would be unwarranted to use an emotional intelligence test as part of the admissions criteria. Many nursing programs currently use entrance exams that test cognitive ability, or strength in English, math, and science. These tests generally are shown to have predictive ability for academic success; however, in this study emotional intelligence was not shown to have predictive ability for clinical performance. This study did show however, that high emotional intelligence was correlated with high self-efficacy, and therefore every attempt should be made to increase student's emotional intelligence while they are in nursing school (Landa et.al, 2010).

Students should receive plenty of opportunity to learn and practice communication skills with actual patients, not just simulation manikins. Students should be encouraged to conduct reflective journaling that helps them to understand and manage their own emotions, and also helps them to be more aware of other's emotions. Students should receive feedback from their clinical instructors in a non-threatening way that helps them to stop and focus on what they are feeling and why they are feeling that way. Students should have access to conflict resolution and emotional intelligence seminars at both the healthcare agencies in which they do their clinical rotations and at outside organizations that specialize in teaching these skills to professionals. Lastly, emotional intelligence, communication, and professionalism should be discussed more openly in nursing school, and not just in the psychiatric rotation (Arora et.al, 2010).

Polit et.al, (2012) stated that by adopting variety of routes the critical care nurses become leaders. Most of these nurses were trained or educated for managerial skills. For achieving better

outcomes, the critical care nurse leaders imply effectual strategies for the management of departmental affairs. One of the most common strategies implied by the critical care nurse leaders is the designing and implementation of "formalized critical care leadership…" Along with this, these nurses carry out training programs of managerial skills. These training programs are entirely result oriented and evidence based. Evidence based research is very significant in developing healthcare leaders. However, the evidence based research is only found in literature studies and its presence is theoretical, rather than practical. The reports of the twenty two studies revealed that the job satisfaction was related with a number of leadership styles. These leadership styles may include resonant leadership style, transformational leadership style, Socio-emotional and inspirational style of leadership.

Beauvais et.al, (201) also added that the Resonant leadership a type of leadership in which the emotional intelligence is needed to attain better outcomes. Judge et al., (2004) proposed that the negative outcomes are also attributed to the leadership. Some authors examined that the resonant leadership is found to lessen the negative effects on the nursing outcomes in the healthcare systems. It is also evident that around 50% of the nurses are working in the environments where there is a mixing of leadership styles. In such hospital environments the leadership style of the nurse leader is neither fully resonant that is democratic type of leadership, nor fully dissonant that is commanding and pacesetting. That is the reason why the outcomes of the nursing practices are positively affected by the resonant leadership and negatively affected by the dissonant leadership. However, more research is required on the influences of the mixed leadership styles on the nursing practices in the healthcare systems. Despite the fact that a lot of research is being done on the overabundance of leadership theories but there is still much

information required on the particular type of the leadership style that will be most beneficial for the best outcomes of the nursing workforce (Romanelli et.al, 2006).

Relationship of Emotional Intelligence to Clinical Competence

The understanding of emotions is essential in the clinical and hospital practice. In clinical practice, this is central to the promotion of health care. Clinical decisions based on ethical principles and codes-professionals; constantly occur in emergency rooms and emergency rooms. These emotions influence professional relationships, and impact on patient care decisions, and affect the health professionals in intrapersonal level. What is the major active ingredient emotional intelligence in practice, education, and leadership in nursing research. Regarding practice, the nature of nursing requires that nurses are emotionally intelligent. This follows because nurses provide care through human relationships, being responsible in contributing towards these relationships and the emotions that surround them. Therefore, to understand and deal with emotion is nuclear ability in nursing, occupational requirement of competent nursing practice. In relation to nursing education, the inclusion of concepts of emotional intelligence in your curriculum can help prepare students for the emotional competence to deal with efficient clinical practice. This is because students need to understand the emotional nature of nursing practice, as well as to possess themselves emotional skills to promote competent clinical care and unable to deal with emergency environments (Carr, 2009).

The most important predictive factor for nursing student rated clinical performance is student self-efficacy beliefs and the most important predictive factor for student self-efficacy beliefs is student's emotional intelligence. It is critical that nurse educators keep both factors in mind when tailoring clinical placement opportunities that will strengthen both student's self-

efficacy and their emotional intelligence. It is the job of nurse educators to cultivate in students both the skill and the will to succeed. Daus et.al, (2005) have suggested that teachers should pay as much attention to student's perceptions of competence as to actual competence because it is the student's perceptions that may more accurately predict those who have the persistence to overcome obstacles to becoming an effective nurse, both while in nursing school and in the early stages of their careers. Nurse educators invest their heart and soul into helping students become the best nurses they can be. Nursing programs take great pride in hearing that a former student has gone on to become a stellar nurse. Nurse educators recognize that it is not just their ability to teach students on a cognitive level that is important for the growth of the student, but in their ability to motivate them, instill values, and teach them to care. Nursing education research provides nurse educators with the tools and the knowledge they need to create the caring, effective nurses of the future.

In affiliation to nursing leadership, affecting intelligence is conceived as controlling administration accomplishment that allowances both accommodating cares, as with nurses and hospital organizations. Emotionally able leaders access accommodating care, auspicious nurses to yield applied decisions are top notch. In addition, authorize absolute relationships with nurses, which reflect an compassionate of the ambience of care, as able-bodied as the acceptance of affecting and able needs of added colleagues in-hospital analytic context. Therefore, establishing positive relationships enriches nursing practice to promote quality care with the patient (Davies et.al, 1998).

In nursing students, emotional intelligence like all behavior is transmitted from parents. Various studies have proven that children are able to capture the moods of adults. The affective knowledge is closely related to the overall maturity, autonomy and social competence.

According to American Society of Registered Nurses (2007) emotional intelligence is more important than the coefficient intellectual and technical skills to function effectively in any kind of work, and there are studies that correlate strongly with the academic success, and that emotional intelligence allows the development of awareness and knowledge about yourself, the ability to manage emotions personal, develops the understanding to understand the feelings of others and social skill that allows properly interact with others. The family and academic factors favor the development of emotional intelligence and this affects the academic performance of nursing students from undergraduate level. Various researches have collected evidence that emotionally intelligent students have higher levels of psychological adjustment and emotional well-being, they have a better academic performance and can cope better with stressful situations. In short, these results are encouraging and support the importance of developing emotional skills in the family and how the family unit affects the emotional development of nursing students. The important variables which influence the development of emotional intelligence include family coexistence, and parents that promote emotional development at home and above all respect for the family (Zeidner et.al, 2004).

A family atmosphere full of interpersonal conflict causes deficit emotional development and generates different levels of anxiety and anxiety disorders, especially if the parents suffer from anxiety and / or depression and if conflicts and disagreements occur steadily. The negative family experiences can influence the nurse student's self-perception, as capacity of emotional and behavioral control, and these cognitions may contribute to development and maintenance of anxiety. Knowing one's emotions, managing emotions, self-motivation, the recognizing emotions in others and handling relationships is very important for a healthy lifestyle and proper performance thereof. In this regard, Bar-On () proposed a theory of multiple intelligences

according to which there are at least seven kinds of intelligences: linguistic, musical, spatial, logical-mathematical, bodily-kinesthetic, interpersonal and intrapersonal. Thus, EI is linked to activities such as motivation, which from a technical point of view is the use of energy in one direction and for a specific purpose and in the context of IE, means using the emotional system to catalyze the process and keep it going. The learning process not only depends on knowledge and intellectual capacity, but also how the nurse student controls his/her emotions for personal gain. Education of IE to nursing students has become a necessary task in the field (Landa et.al, 2010).

Montes- Berges et.al, (2007) measured the level of emotional intelligence of 126 undergraduate and subjected them to pressure situations in order to assess performance. The evidence included arithmetic tasks to be performed as quickly as possible and the simulation of an administrator who had to fend off accusations in front of a video camera. It was found that the understanding of emotions was predictive of better performance on tasks. According to the authors, this result suggests that the understanding of emotions can facilitate the identification of sources of stress, allowing the individual to direct your attention to coping strategies that allow their adaptation. Also studying a sample of college students, Augusto et.al, (2008) examined the relationship between emotional intelligence and capabilities such as academic performance, life satisfaction, problem solving and use coping strategies. The results revealed that individuals with greater emotional intelligence had higher life satisfaction, perceived to be more able to solve problems and use coping strategies, and show a lower level of anxiety.

American Nurse Association (2001) studied the relationship between emotional intelligence and stress municipal guards in the interior of São Paulo. No significant correlation was found between the constructs, possibly due to the small number of subjects (N = 24).

However, analyzing the scores in the areas of emotional intelligence, it was found that subjects with less stress had better performance on tasks of emotional understanding and managing emotions in oneself. Various studies accept advised the role of perceived affecting intelligence for strategies to cope with stress, the abundance and superior of amusing abutment and brainy bloom of nursing students. Such studies accept appear that affecting intelligence can abbreviate the abrogating furnishings of stress. The avant-garde demands of the aged depend on the abilities of affecting intelligence to accomplish accommodating -centered care. There is no agnosticism that affecting intelligence in nursing leads to added absolute attitudes, greater adaptability, bigger relationships and added acclimatization appear absolute values. A bright accord amid affecting intelligence and success of adjustment was begin a part of nurses who affliction for humans with brainy retardation. An agnate abstraction with nurses in brainy bloom appear that affecting intelligence stimulates the seek for a added compassionate of the able character of brainy bloom nursing. The abstraction showed the accord of the assistant with the accommodating, administration, action and accountability are important factors. Thus it can be accepted that there is cogent accord amid affecting adequacy and assistant acquaintance which has absolute proportional relationship (Freshwater et.al, 2004).

Salovey & Mayer (1990) first began to test the validity of the four branch conceptual model using the Multi branch Emotional Intelligence Scale (MEIS). Limitations due to length of the test which consisted of 402 questions and failure to provide evidence for integration of the theory, led to the collaborative development of ability based MSCIT (Mayer et. al, 2003) to measure EI. Tool was formed on a sample of 5,000 men and women from 50 sites worldwide. Designed for individuals 17 years of age or older it aims to measure the four abilities using specific tasks. The test is comprised of 141 items which the scale yields six scores.

Perception is measured by rating the extent and type of emotion expressed by pictures.

Facilitation of thought is measured by drawing parallels between emotions and physical feelings.

Understanding is measured by asking to explain how emotions blend from one to another.

Management is measured by having choices of effective self-management techniques (Brackett

and Mayer, 2003). Stability estimates were reported as r (59) = .86. Consistency as ranging from

r =.80 to.91 for the four branches and r =.91 for the entire test (Mayer et al., 2003). In addition

to validity and reliability the ability model meets criteria as a form of intelligence, the only

identified in the literature to make this statement.

The study of Bar-On (2002) on EI uses the Emotion Quotient Inventory scale

(EQ-I), which is a self-reported tool that can be applied and adapted to various populations and

settings. The five components tested are: interpersonal, intrapersonal, adaptability, stress

management and mood. These are measured on a 5 point scale and converted into standard

scores to match other cognitive tests. The EQ-I was formed on 4000 respondents from the United

States (79%) and Canada. Stability reported as .85 (N=44) and .75(n=27). Consistency ranged

.69 to .86 for the 15 subscales and overall consistency of .76 (Bar-On, 2010) and proved valid

tool that measures EI as a co-dependence of ability with personality traits that has application to

personal well-being and performance. The US Air Force collaborated with Bar-On in a study that

aimed to increase the ability to predict successful recruitment of candidates to improve retention

rates and improve cost effectiveness. Results of the regression analysis study presented a positive

correlation between EI (regression coefficient .53) and predicted performance model set at 80

percent indicator, the ability to use this method to predict the right type of recruits. The EQ-I

positively indicates that EI influences performance in occupational settings. Construct validity as

compared with MSCEIT was minimal, but correlated well with the emotional Intelligence

Appraisal (EIA) tool as a predictor for job performance (Goleman, 2002). EQ-I can easily be adapted to determine job satisfaction as a counterpart with personal satisfaction. Unlike MSCEIT however, it is a self-reported tool that integrates personality traits which hinders empirical research.

A systematic review of EI and medical students by Aurora et.al, (2010) was designed to help define core characteristics of professional competence of students in medical school. EI was examined in relation to skills necessary to complete core competencies of patient care, professionalism, and systems based practice, communication, medical knowledge and practiced based learning and improvement are the hallmark of graduate medical education set by the Accreditation Council for Graduate Medical Education (ACGME) in the United States. An assessment criterion for quantitative study in review was based upon existing established guidelines. Study identified 485 records from search strategy and based on quality assessment scale 16 reports were identified. EI was measured using multiple self-reported measurement tools including Bar-On EQ-I and Wong and Law Emotional Intelligence Scale (WLEIS). In relation to ACGME competencies, supported that EI positively associated to numerous competencies in a medical school curriculum. This review appears to be the first systematic review on EI in relation to modern doctor educational training (Aurora et.al, 2010). Limitations to find evidence based on citations relating to education, support further need for empirical research on EI. A gap research finding was identified that self-reported tools were exclusively used in the study and reemerges discussions of validity when compared to aptitude driven test results.

Beauvais et.al, (2010) conducted a descriptive correlation study with non-probability of EI and performance of nursing students using Salovey & Mayer (1990) theoretical framework

and MSCEIT measurement tool. This study established a moderate relationship between EI and nursing performance. Population of students responding to the survey final data set was 87 students (r=87). Inclusion criteria consisted undergraduate nursing students, RNs in the under graduate RN to degree program and graduate students on the patient care track and nurse practitioners. Performance was measured using Six Dimension Scale of Nursing Performance (6-D Scale) a well-established tool to measure nurse performance. Relationship between EI and nursing performance demonstrated that branch 3 (understanding emotions) score had a weak but statistically significant correlation to nursing performance r (87) =.25. Four of six nursing performance subscales were significantly correlated to the EI scores. Branch one score with professional development and education r (87)=.23, branch two score with teaching and collaboration r(87)=.23 with planning and evaluation r (87)=.22 and interpersonal relationships/ communication (87)= .22. Branch three score with planning/evaluation r (87) = .22 interpersonal relationships/communication (.87)=.24. Branch four score with teaching/collaboration (87) =.25 and professional development r987) =.30. This study supports a relation between EI and student nursing performance in a small population of licensed and non-licensed RN nurses targeted for the study. From these findings, further support of EI as an intelligence component of current selection and retention models was pivotal to duplicate this study with a focus on only non-licensed nursing students in a practical nursing program formulating nursing practice values.

The research suggests that nursing leaders are essential in the creation of a workplace culture that nourishes gives, and energizes staff. McLaughlin et.al, (2008) identified the importance of skills related to the relationship - El nursing leadership . Leaders in nursing leadership styles of high resonance (high El) were observed to develop positive relationships with nursing staff and are better able to manage emotions in the workplace. Nurses who felt his

manager demonstrated leadership exhaustion reported less emotional resonance, increased cooperation in working groups, and greater job satisfaction. For these reasons, it is essential that nurse leaders to recognize the importance of the way and ultimately help create healthy work environments that energize, empower and engage their nurses. Review of the literature and current research suggests that the student nurse leader is a strong predictor of the ability of each to create a healthy working environment, feelings of personal empowerment of nursing and job satisfaction. These are all essential elements to create work environments where nurses choose to stay. At this nursing shortage, it is imperative that leaders nurses to understand the concept and how they can affect your ability to create a healthy work environment and ultimately the retention of nurses (Grewal et.al, 2008).

Due to the importance of EI and leadership success, there is a need to educate health professionals, human resource managers, and administrators of nursing school this corpus knowledge. Leaders responsible for health and nursing care should begin to identify people who demonstrate behaviors and high EI for future leadership positions mentor. Nursing schools and leadership development programs should educate and focus on the importance of EI and begin to incorporate these principles and activities in their curriculum and continuing education opportunities (Quoidbach et.al, 2009).

Search by Bar-On (2002) maintained the idea that student nurses leave their manager that does not work. Leadership is a key factor in shaping the culture of job satisfaction and nursing leadership must focus on job satisfaction of employees with regard to quality, customer satisfaction and productivity. Health care continues to evolve and change, nurses must have the skills necessary to understand the emotional needs of their employees and those aware of their own emotional reactions and health has become a constant and growing environmental

constraints change economic. This adjustment, with the nursing shortage has created a working environment with nurses emotionally charged need more specialization. With a nursing shortage looming, hospitals may be in a crisis situation. Today, hospitals are in a position where leadership can have the greatest impact on job satisfaction of employees. The relationship between managers and nursing staff are more important in predicting turnover of nurses makes stress, enjoyment of work, autonomy and commitment (Nelis et.al, 2009).

Relationship between Emotional Intelligence and Student Nurse Performance

Globally constant changes can be observed in services health, such as implementation of new health systems, programs attention to the most vulnerable population, operational deficiencies in service levels. These changes require a nurse with a level of energy and commitment of own leader. The development and understanding of these emotional skills implications highly positive, in many situations, they allow us to solve efficiently delicate situations also be useful to us as individuals. As nurses, we cannot change the organization or hospital management, or workload, but we can and must work to change what is to us, knowing our emotions to keep us betray, and thus be the stars of our profession. It would be interesting to add in programs that exist in teaching hospitals, one of emotional education to work and strengthen the different skills emotional, and so give us a set of tools to help us in situations stress and encouraging the adoption of healthy behaviors (Landa et.al, 2010).

Bar-On (2000) stated that nurse educators have acknowledged the necessity of educating students in the affective domain, teaching them nursing values and professionalism, but have given them little assistance in learning to 45 cope with the intense emotional labor of nursing. He further stated that emotional labor is the induction or suppression of feeling to sustain the outer

appearance that results in others feeling cared for in a safe place. She suggested that nurses, even when they are engaged in a highly stressful event such as resuscitation, need to remain calm, polite, respectful, and considerate. This amount of emotional control takes a great deal of effort. Nursing education is only just beginning to examine the role emotional intelligence plays in the education of the student nurse as it relates to communication, professional behaviors, and emotional labor. Kooker et.al, (2007) conducted a study of 100 female nursing students in a baccalaureate nursing program and found that emotional intelligence scores, measured using the BarOn Emotional Quotient Inventory Short (EQ-I;s), increased with every year in the 4-year program. The difference between students in Year 1 and Year 4 were statistically significant.

Effective nurse students with high emotional intelligence can become loyal employees, intelligent and move towards important goals environment. One aspect of the EI is social competence, including the ability to understand the behaviors and motivations of others and have the ability to manage these relationships because of personal and social skills. Empirical research on the skills of emotional intelligence and leadership declare a strong positive correlation between high levels of EI and high levels of transformational leadership styles. The results highlighted the importance of this type of measurement, and can be used to predict future performance and, ultimately, improve the ability of the organization to create and maintain a positive work environment. This study supports the recommendations of Mayer et.al, (2003) that consideration of emotional intelligence should be included in the recruitment, selection and training of leaders. This recommendation could be very beneficial for most public service organizations that are in a constant state of change and, therefore, need a leadership emotionally able to help manage the organizational change process. Hospital nursing has a significant relationship with the safety and quality of care for patients. Kooker et.al, (2007) characterizes

emotional intelligence as a range of non-cognitive capabilities, competencies and skills that influence one's ability to succeed in coping with environmental demands and pressures. Leaders with high EI can facilitate optimal levels of performance in their employees by managing emotions of employees and thereby encourage greater creativity, flexibility and confidence that allow employees to act autonomously.

Jordan et.al, (2002) believed that Six-D Scale was a valuable self assessment tool but acknowledged that not having instructor-reported clinical performance reports was a weakness of this study. He explored thay emotional intelligence of 66 nursing diploma program students, 43 baccalaureate nursing students, and 21 two-year accelerated diploma program students in the UK using the Schutte Emotional Intelligence Scale, a self-report scale discussed below. The study compared emotional intelligence 46 with students' perceived stress, using Cohen's Perceived Stress Scale, their life satisfaction using Diener's Satisfaction with Life Scale, and their nursing competence using Watson's Short Nursing Competence Questionnaire. Chang (2007) acknowledged that there is no stated inclusion of emotional intelligence competencies in any UK program curriculum; however, they state that the standard curriculum does include instruction on self-awareness, interpersonal skills, stress, and coping. They stated that baccalaureate degree students reported significantly higher levels of perceived stress than either the accelerated or diploma students or that perceived stress was negatively correlated with EI. He reported that there was significant positive correlation between EI scores and perceived nursing competency scores. They found a negative correlation between EI and GPA.

An emotional competence is based on emotional intelligence and is considered to be learned capacity which helps in creating exceptional and successful performance at the workplace. Emotional competency is of great importance for successful performance in the

workplace. Although there are theoretical considerations about the relationship between the constructs emotional intelligence and stress, few studies have been published so far. Jordan et.al, (2002) investigated whether, as the literature predicts, emotional intelligence was negatively correlated with stress. No significant direct correlation between the two constructs was found, however, a regression analysis showed that personality influence this relationship. People with little confidence in their emotional knowledge tended to underestimate their emotional intelligence and therefore did not use it. Others, with little emotional intensity, but higher knowledge already possessed a sense of self reflected in low levels of stress and therefore no emotional intelligence was needed as a coping strategy. When the intensity and emotional knowledge were balanced, it was found that emotional intelligence would be able to predict the lowest level of stress. These results suggest that this kind of intelligence can be helpful in reducing the level of stress for some people, but indifferent to others (Pau et.al, 2003).

Academic success in care program may be closely related to cognitive abilities, but often unpredictable clinical and professional success. Most of the students selected programs based on the history of the academic achievements of nursing, however, each has a unique emotional makeup that reflects the experience of personal life skills and values and beliefs. To be able to practice nursing, the student should be able to understand the views and needs of different people who are sensitive and responsive to the concerns of patients, be able to keep my emotional reactions in the future, cope with stress and promote social responsibility-all the concepts encompassed within the emotional intelligence. The pool of potential candidates for the elderly grows in its heterogeneity. An increasing number of applicants is considered non-traditional students, increased age, additional work and family needs, and perhaps to a degree. Less traditional variables, non-academic can be a better way to predict success in this population of

students. The lack of national nurses also prompted the nursing programs that admit as many students as possible in order to meet the growing demand. Unfortunately, students may be taken on the basis of academic criteria as minimum and are at high risk of not completing the programme. Older programs selection processes today are based solely on academic ability; however, it is clear that they are also important for success in nursing schools and nursing profession-academic skills, such as empathy, self-efficacy, and emotional stability (McLaughlin et.al, 2008).

Emotional intelligence is likewise basic in a clinical setting, as nurses must can improve and support proficient associations with associates and the multidisciplinary group. Emotionally wise nurses are familiar with their own particular feelings, and have the ability to correspond and intention debates with partners. Nurses who have high EI are additionally equipped to motivate impact and improve clinical abilities around the new learner nurses, graduates and experts. Literary works uncovers that there is an in number association between high EI around nurses working in a clinical setting and a more stupendous cognizance of the self and interpersonal relationships. While the expositive expression concerning nurses qualified in the clinical setting is wide, there is a little research in EI in the nursing scholars. An association study with testing of non-probabilistic strategies in 87 person nurses to the United States has a measurably huge constructive relationship between EI and the execution of nursing. Emotional intelligence additionally assumes an imperative part in the utilization of the scholars taking in methods (Landa et.al, 2010).

Self controlled taking in is a procedure by which an individual takes in and holds new data and includes the utilization of cognitive, emotional and physiological conducts to communicate and react to the taking the earth. Information from studies on taking in said that

parts of taking in, for example, inborn inspiration, basic intuition and the administration of half-time and study are connected with scholarly accomplishment. Moreover, the kind of cause that sways scholars to take in as an indicator of scholastic victory has additionally been recognized. Specifically, the characteristic inspiration called cause that begins from within the unique has been connected with higher scholarly execution. High scholastic execution around learners who are naturally inspired could be because of the way that they take in the internal feeling of fulfillment. Then again, extraneous cause which is to achieve a craved level or an outer prize was accounted for to influence scholastic execution. Nonetheless, there are not many studies on the relationship between occupation protection, taking in and scholastic execution (Güleryüz et.al, 2008).

The connection in EI and school victory has a noteworthy effect on attendant instruction about the reconciliation of abilities identified with EI in contemporary nursing courses to enhance their aptitudes. The relationship between EI and taking in methods is unpredictable. While EI is altogether and emphatically associated with associate taking in, help examination and discriminating believing that is not connected with outward inspiration. Social conducts look for help and taking in of the sets, however there are likewise cognitive conducts, for example, discriminating deduction may be since people were mid life and laying on a second year. Elevated amounts of outward objective introduction watched in different studies are not astounding; given that the lion's share of understudies are worldwide learners for whom the extraneous objectives, for example, work, profession, social desires or monetary chances are a portion of the explanations why they decide to study abroad (Bar-On, 2010).

Moreover, the results of other study on the negative association between the extrinsic goal and orientation of achievement supports the results of other researchers that the orientation

of the high extrinsic goal has a negative impact on academic performance. This increases the motivation for learning which still a priority for higher education. Nursing teachers need to be aware of Self-regulated learning strategies that can be learned and modified with appropriate supervision and education and creating a learning environment conducive for students.

There are many tools for assessment of emotional intelligence at the place of work that are related to Daniel Goleman. However, the most efficient measure is ESCI i.e. Emotional and Social Competence Inventory which has been helpful in developing effective emotional intelligence. For the purpose of distinguishing the outstanding leaders, ESCI is employed to assess the social as well as emotional competencies. The basis of emotional intelligence-based leadership is around the emotional contagion's concept which represents the contagiousness of emotions where emotions and moods of an individual are relocated to close individuals. Through comparatively unconscious and automatic synchronization and mimicking of vocalizations, facial expressions, movements and postures with those of another, emotional synchronization takes place. Positively expressed emotions of leaders led to the effective and higher ratings of the leader. Thus, nurse leader's perceptions of the members are related to the congruency level between the nonverbally expressed emotions and verbal messages of the leader. Subordinates find their leaders as their role models and try to attune and synchronize their behavior as they look at their leaders for motivation. The negativity and positivity of the emotions and moods of the leaders produces some effects on their subordinate's moods and as a result of which these behaviors produces impact on the performance of the subordinates.

There are three models of emotional intelligence that will be helpful for nurse leaders in implementing emotional intelligence for improving and enhancing their leadership skills. Researchers of emotional intelligence are still unable to identify the exact terminology that must

be used. It is found difficult to identify exactly that how much emotional intelligence can affect the behavior of leaders. However, there are various models for implementing emotional intelligence but three major models include the Trait EI Model, the Mixed EI Model and the Ability EI Model (Vitello-Cicciu et.al, 2002).

According to American Society of Registered Nurses (2007), the nursing profession requires that the student nurse in the care process must interact with patients, workers in the medical community and health permanently. Therefore, the nurse-patient alternation is the beating of nursing practice. This alternation is not alone conversation. This is a circuitous action that involves the acumen of the nurse, to accept affections and perceptions of the accommodating to advice administer situations of patients appear the ambition of able care. Therefore, absorption cannot be bound to concrete food, but as well the cerebral and airy needs. Therefore, the role of emotional intelligence in nursing must be considered in two dimensions:

1) The perception of the nurse and the patient understands of emotions

2) The use of nurse perceptions to achieve the goal of managing quality patient care situations.

Nurses need to develop skills to assess patients' responses to the disease. This requires active introspection events, the assessment of the facts, the psychological understanding of patients and, most importantly, a genuine concern for the sick. Perception can not be universal in the sense that each patient has different and different attitudes on various issues of life and have varied levels of understanding and support capabilities. The concept of emotional intelligence has gained popularity among nurses in the past two decades, generate interest, both socially and professionally. Today, patient care includes not only quality care, but also a concept of care that includes respecting the goals, preferences and choices of patients, forcing their emotional, social

and spiritual needs with the strengths interdisciplinary (Quoidbach et.al, 2009). Social cognitive hypothesis places that scholars improve a positive feeling of self-adequacy from viewing others be great and from having positive encounters when attempting new things. An in number feeling of self-adequacy helps understudies to drive forward and figures out which conducts learners decide to perform, the level of steadiness, and the nature of the execution. Also, conclusion desires, the conviction that a specific conduct will bring about a specified result, for example, the fruitful culmination of nursing school, and adequacy desires, the confidence in one's capacity to be great in one's clinical execution, are both imperative in swaying a single person to continue in an undertaking until he or she succeeds. Conversely, an individual with low self-viability has a tendency to abandon an errand rashly. The instructive settings ought to be intended to grow self adequacy, since scholars with high self-viability are less averse to continue in their course of study (Horton-Deutsch et.al, 2008).

American Nurse Association (2001) found that nursing students with lower self efficacy were more likely to withdraw from nursing school than students with higher self efficacy. Students in with high self-efficacy had higher student-rated clinical performance scores. Factors that correlated with clinical self-efficacy were general self-efficacy, emotional intelligence, semester in the program, and gender. The clinical self-efficacy scale out of their belief that self efficacy can predict actual performance. Self-efficacy beliefs are behavior and situation specific, thus reliable self-efficacy clinical performance scale would not only predict successful clinical performance, but would also correlate with general self-efficacy. There is a moderate positive correlation that is statistically significant between total emotional intelligence and self-efficacy in clinical performance. There is a moderate positive correlation that is statistically significant

between the perceiving branch of emotional intelligence and self-efficacy in clinical

performance.

Relationship between Emotional Intelligence (EI) and Clinical Performance of Nursing

Students

Effective communication is of great importance after self awareness and emotional

management because without effective communication nurse student's will not be able to

express their thoughts. Effective nurse leaders must have the skill of effective communication in

order to achieve and acquire emotional intelligence. Effective leaders are capable of conveying

directions and they are acquainted with the way which will motivate and inspire others. Effective

communication plays an essential role for attaining effective leadership and thus it is the vital

constituent of emotional intelligence. Effective nurse students encompass emotional intelligence

are capable of recognizing the emotions and feelings of other people and their surroundings.

Effective leaders with emotional intelligence provide helpful feedback for the purpose of

sympathizing with others. This skill is also the most significant skill which helps in motivating

and inspiring the team. Leaders are required to sympathize with their workers in order to obtain

loyalty and respect (Horton-Deutsch et.al, 2008).

Students' emotional intelligence can sometimes be judged based on the way the student

communicates with his or her nursing instructor and fellow students. Successful communication

necessitates an understanding of the others' emotional responses that are often communicated

through body language and other forms of non-verbal communication. Although previous

education has provided the student with experience dealing with teachers and peers, the nursing

student who lacks emotional intelligence may not be able to successfully communicate with

patients who may be experiencing high emotional states due to their illness. Horton-Deutsch

et.al, (2008) states that nursing student clinical rotations provide an opportunity to assess the emotional intelligence of the student. He stated that establishing a therapeutic relationship with clients and communicating with team members both involve the social and emotional competencies traditionally termed professionalism. They state that emotional intelligence addresses four key areas, self-awareness, self-management, social awareness, and relationship, and that skill in these areas are best evaluated while observing clinical performance. Mayer (2009) created the Syntax for Assessing Professional Behaviors as a tool for specifically evaluating the emotional intelligence competencies of nursing students. The next section discusses the relationship of emotional intelligence to nursing student performance.

In 1990, Salovey & Mayerconcept conducted his own research and produced an EI theory which includes a set of EI competencies within each of his four constructs: self-awareness, self-management, social awareness, and ability to inspire, influence and develop others while man ageing conflict. The EIA is a self-reported tool that uses 28 items to measure the main components. Items target the existence of skill reflective of components and are rated using a six point frequency scale. He defines EI not as innate talents but learned capabilities that must be worked on and developed to achieve good performance. The EIA tool has three normative samples one for each version of the test. Me edition (n=13,000), MR edition (n=1.300) and Team edition (n=350). Consistency of the test results were: Me edition .86 to .99, MR edition.73 to .94, and .77 to .99 for the Team edition. The adaptation of the tool has been included in business performance reviews most notably the Emotional Competency Inventory provides scores of self and others ratings. Construct validity as compared with MSCEIT was not significantly correlated but conveyed that EIA tool was a better predictor for job performance based on EI develop. As outstanding performance is achieved through a learning process that can be developed, this

concept of experience and education is not operational for empirical research. Benefits in other environments can be found since EQ-I tool can easily adapt to determine leadership styles and job performance.

Some researchers conduct problems and school performance of children show their parents' conflicts. The modernization has impacted the structure and function of families, affecting socialization of children and their education. Bar-On (2010) indicates that changes in the family, single parent or dysfunctional families, constitute an imminent risk that adds to other damaging factors that can affect the nurses education. The effect of this is seen in lower school performance in school leaving in maladaptive behavioral manifestations and negative emotional expressions of student nurses. Children with family abandonment face great difficulties to handle adulthood traumas. There are conflicts, aggressive and violent behavior in children attending basic educational institutions, affecting relationships and therefore the school environment. This phenomenon is associated with various factors, the child and his family, their school and social environment. The family health teams and within the nurse has the opportunity to develop strategies for action towards children and families at risk of violence. It is the responsibility of all people interacting in the school community to participate in activities that promote school life (Romanelli et.al, 2006).

McLaughlin et.al, (2008) performed a longitudinal hierarchical multi-step regression analysis to research the role of personality and self-efficacy in selection and retention of successful nursing students. Data was collected from 1999 to 2002. Occupational Self Efficacy Scale and Eysenck Personality Scale were used to measure personality, occupational and academic self-efficacy that was administered to 384 students. At the end of the program final marks and attrition rates were obtained from university records for a total of 350students (r

=350). The aim was to examine the role of personality and self-efficacy in predicting academic performance and attrition. Findings indicated that psychological profiling may contribute to predict student performance along with other measures. In a one way multivariate analysis of personality between those that completed the program and those that dropped out, significant differences were noted. Those with higher psychoticism left the program logically due to greater impulsive actions and apathy to putting efforts into the program. This study indicated that there is a need for further research to build a broader knowledge base of behavior to support application to recruitment and retention still relevant today.

Schwirian (1978) established Six Dimension Scale of Nursing Performance (Six -D scale) which consists of a series of 52 nurse behaviors grouped into six performance subscales: leadership (5 items), critical care (7 items), teaching/collaboration (11 items), planning/evaluation (7 items), interpersonal relations/communications (12 items), and professional development (10 items). The scale issued to obtain self-appraisals of performance, employer appraisals of performance, or perceived adequacy of nursing school preparation. In Beauvais et.al, (2010) relationship between total EI and Total nursing performance was weak but statistically significant r (87) =.25 which is supportive for further research.

Literature is dominated by Salovey et.al, (1999), Bar-On (2000) and Goleman (2002) as each have contributed fundamental research validity of EI as an essential component of intelligence. Each has differences in the conceptual application and characteristics measured that provides unique insight into human behavior and awareness of self and others. A gap in research however exists in relation of EI and performance of nursing students. Although, EI is recognized as a form of intelligence, research findings are limited in understanding EI and nursing performance with no findings of EI conceptual application in nursing educational community.

Literature supports EI is used to predict success in performance, socialization and leadership. These benefits can be valuable to nursing education and proposes a need be further examined.

Recent research by American Nurse Association (2001) provides results according to which emotional intelligence (EI) is one of the individual variables that predict job performance, and while still studies with scientific rigor made in the workplace are scarce, it is one of the criteria considered in the recruitment process. So, this concept is gaining more prominence in the landscape of current psychological research. The most recent studies on occupational health and occupational risk prevention indicate that to prevent stress and promote motivation and job satisfaction, it is necessary from an interactions model that takes into account the characteristics of the work environment, the characteristics and the interaction between them. Among the individual characteristics, one of the most studied is the self (cognitive and emotional), and the results of these studies indicate that this variable influences attitudes towards work and performance, and is related to job success. Emotional Intelligence (EI) according to this approach is a new concept that is gaining more prominence in the landscape of current psychological research arises (Vitello-Cicciu et.al, 2002).

Rhodes et.al, (2011) examined college students and found that overall emotional intelligence score was significantly associated with a reduced stress level (r = -0.30) and worry (r = -0.31). However, the results were not significant when correlated with stress areas of emotional intelligence separately. A study by Riggio et.al, (2008) sought to identify whether people who had greater ability to deal with their emotions would be able to protect themselves from the harmful effects of stress. The results were exactly opposite, ie people with higher emotional intelligence were more susceptible to stress and reported higher levels of depression, hopelessness and suicidal ideation. One explanation for this result was rumored that the research

participants had, in general, low level of emotional perception. In this sense, people with little ability to perceive emotions would be less susceptible to the effects of stress, since repress or ignore what they feel.

Many authors define job satisfaction as a multidimensional construct. Riggio et.al, (2008) note that the most frequently mentioned dimensions are satisfaction with supervision, company, coworkers, working conditions, progress in career, promotion prospects, pay, the subordinates, the job security, type of work, amount of work, personal development, general extrinsic intrinsic satisfaction and overall satisfaction. The results show that there is a positive relationship between intrinsic job satisfaction and emotional repair, i.e. student nurses having higher emotional levels. Moreover, the study also revealed that there is a positive relationship between emotional factor, job satisfaction and overall. The EI is particularly relevant in the student nurse-patient interaction, since in this relationship the emotions of both parties influence the outcome of the health service. Whereas the emotional aspects may be related to the way that professionals face the death of their patients, the main objective of this study was to know the fear of death and its relationship to emotional intelligence and other variables in nursing students from the previous years of study (Bulmer Smith et.al, 2009).

Investigations within the EI have demonstrated that the fact that the EI increases with age and is associated with maturity. There was no direct relationship between emotional intelligence and either student perceived clinical performance or instructor-rated clinical performance. Participants rated themselves on their clinical performance using the Short Nursing Competencies Questionnaire. A close reading of that tool shows that only two statements reflect student's emotional intelligence, whereas 15 statements reflect student's cognitive intelligence. It is thus not surprising that emotional intelligence did not influence how students rated themselves

on clinical performance using the Short Nursing Competencies Questionnaire. What is surprising is that as students' GPA rose, students' rating of themselves in clinical performance fell as there was a weak negative correlation that was statistically significant (r (54) = -.284, p < 0.05) found between GPA and student-rated clinical performance. This was also found in Salovey et.al, (1990) study. It may be that students who have high GPAs have higher standards for their clinical performance, and thus grade themselves more harshly. There was no statistically significant correlation between GPA and instructor-rated clinical performance. There was no statistically significant correlation between emotional intelligence and instructor-rated clinical performance. Instructors seemed to prefer the anecdotal sections of the clinical evaluation to advice students of their strengths and weaknesses, and this is probably at the direction of the programs (Zeidner et.al, 2004).

Schmidt et.al, (2011) argues that clinical competence tools are almost never used to discontinue students because assessors find it hard to fail students on clinical grounds, preferring to fail them, if necessary, in the classroom portion of the program. He argues that instructor clinical evaluation forms currently in use are neither sensitive nor specific enough to fail students on clinical grounds. The only weak correlation that was found to be statistically significant (r (54) = .278, p < 0.05) was between students' perception of clinical performance and instructor-rated clinical performance. This is consistent with Bar-On (2010) findings indicating that students are generally accurate in their ability to evaluate their own clinical performance and that self-evaluation is a useful tool in the evaluation of clinical performance.

Stys et.al, (2004) believed that academically superior students expected more of themselves in the clinical environment and that their clinical self-evaluation score represented the fact that they were not meeting their own expectations. Conversely, passage of the NCLEX

on the first try is no guarantee of clinical performance ability. In a survey assessing new graduate nurse performance, only 10% of hospital and healthcare system nurse administrators believed their new graduate nurses who had all passed the NCLEX were fully prepared to provide safe and effective care. Two studies have implicated emotional intelligence as a predictor for nursing student clinical performance success. Another study has implicated self-efficacy as a predictor for nursing student clinical performance success. Nursing programs may be able to improve their admission process and curriculum to help more students succeed clinically and go on to become safe and effective nurses if they understand what factors help students succeed, therefore this study explored emotional intelligence and self-efficacy as predictors of clinical performance success.

Summary

Emotional intelligence may be one skill that can assist nurse managers to be more effective in providing the needed support for the bedside student nurse to be more effective in managing the stress of the ever-changing workplace. This stress may come from downsizing, changes in theory and nursing practice, medical changes, technological changes, organizational change, ethical dilemmas, higher-acuity patients, and inadequate staffing. Emotional intelligence concept has been considered as a vital forecaster for the success within the organization at work. The emotional intelligence's themes still resonates or vibrates for theorists and practitioners in the world of business.

Emotional intelligence is the major foundation for providing profitable and successful performance in the job. The performance in the job can be fueled and improved through leadership effectiveness which can be approached by emotional intelligence. Three factors of

emotional responses play an essential role in inferring the emotional intelligence's level at work. Emotional Intelligence has a direct relationship with student nurse performance. It is the ability to understand and effectively learn the power and acumen of emotions as a source of free information that influences human. The nursing students who have had little practical and less preparation have levels of fear of death significantly higher than students in courses they have had more practice and more preparation. The nursing professionals in emergency units are immersed in a highly stressful environment, due to schedules, work overload and the contact with death. It is necessary to investigate the meaning of emotional intelligence in situations marked by large amount of emotional labor, such as in patient care or attempts to commit suicide.

Current research suggests that the student nurse leader is a strong predictor of the ability of each to create a healthy working environment, feelings of personal empowerment of nursing and job satisfaction. These are all essential elements to create work environments where nurses choose to stay. At this nursing shortage, it is imperative that leaders nurses to understand the concept and how they can affect your ability to create a healthy work environment and ultimately the retention of nurses. Effective nurse students with high emotional intelligence can become loyal employees, intelligent and move towards important goals environment. One aspect of the EI is social competence, including the ability to understand the behaviors and motivations of others and have the ability to manage these relationships because of personal and social skills. Positively expressed emotions of leaders led to the effective and higher ratings of the leader. Thus, nurse leader's perceptions of the members are related to the congruency level between the nonverbally expressed emotions and verbal messages of the leader. Subordinates find their leaders as their role models and try to attune and synchronize their behavior as they look at their

leaders for motivation. The negativity and positivity of the emotions and moods of the leaders

produces some effects on their subordinate's moods and as a result of which these behaviors

produces impact on the performance of the subordinates.

The EI is particularly relevant in the student nurse-patient interaction, since in this

relationship the emotions of both parties influence the outcome of the health service. Whereas

the emotional aspects may be related to the way that professionals face the death of their

patients, the main objective of this study was to know the fear of death and its relationship to

emotional intelligence and other variables in nursing students from the previous years of study.

Theory of Mac Gregor on Emotional Intelligence

An organization that got to guide to be a qualified business meets following four phases:

teamwork; autonomy delegated to these teams and their accountability for performance

objectives (quality, cost, productivity, etc. The reduction of hierarchical levels and the

development of leadership activities for "animation" the human resource management, and

rapprochement of relations between the functions of the business (between maintenance and

manufacturing, from production and trade, etc (Matthews et al., 2004).

These four characteristics are presented as breakpoints with Taylorism and references

have become mandatory for those organizations propose modern and focused on training. These

companies remain still focused on intelligence and mastery of unforeseen situations that can be

exploited as learning moments of the set of employees; open to explicit corporate strategy at the

level of individual employees. For example, the definition of the approach consists in that

condition in a plant or production sector. It is favored development co-responsibility for common

goals that create linkages interaction and communication between areas and competencies. They

are willing to give content Dynamic professional competence, allowing workers to invest in permanent development projects so that they think their "know-how" as a competency-action while engaged in a personal and collective project (Ciarroachi et al., 2000).

Emotional Intelligence and Smart Management

Generally, organizations only care about the quality processes, structure and results of the services, however, very little mention on quality of life and level of study of human resources in them involved. The observations and analysis of this trend, thus characterized, leading to deep and constant reflections on the importance of better living and communication in organizations.

The world is undergoing a historic transformation and global only companies able to communicate truth through a process of strategic bargaining behavior, renewing itself by the pursuit of quality person, firstly, will survive. In fact, in the coming years more organizations will die for lack of it rather than money (Lam and Kirby, 2002). One has to think too much about it. It lives up a century's end filled rapid technological changes and fantastic. No one can successfully getting the distance and misinformed, without a proper investigation. If this happens the failure predominate. This will happen even faster if all turn to the development only on the technical side, concerned exclusively and disregarding the human machine. Everyone wants success, and this is actually within reach of those who seek, preparing and communicating properly, always attentive to the actions the best on the market

Emotional Intelligence and Empathy

Empathy is powered by self-knowledge, extra conscious person is about their own emotions, and you can more easily understand the feelings of others. The ability to know how

others think, comes into play in different aspects of life, whether in practices, in administration, and dating maternity or paternity, in being pious and political action. That is to say, the more sensitive the person has, more will recognize the emotions of others and automatically seek less hurt them, because they do not want for others what that no one wants. Therefore, it is said that the lack of empathy shows how people really are. Note on criminals, psychopaths, rapists and malefactors of children (Druskat and Wolff, 2001). (Psychopaths are people with behaviors abnormal and endangering the whole society. These people socially inadequate treatment must pass as they are not conditions of living together and may be more sensitive and understand the feelings of others if they deal with their psychological and pathological dysfunctions As people's emotions are hardly put into words, but are often shown in other forms, the secret in order to understand the feelings of others is the ability to understand nonverbal channels: the tone of voice, gestures, facial expression and other signs. In tests with more than seven thousand people in the United States and eighteen other countries, the advantages of power recognize emotions from nonverbal cues included a better fit emotional greatest popularity, more openness, and perhaps what is most surprisingly greater sensitivity (Cherniss, 2000). In general, women are better than men on empathy because say they are more sensitive and have maternal instincts. The word empathy is of Greek origin, which means joining the sense, a term first used by theorists of aesthetics to designate the ability to understand the subjective experience of another person.

Smart Management

Unfortunately, missing a few days to expiration of the twentieth century, the advance Technology has managed to kill millions of people, but the problem of the value of being humans has not been resolved. No one knows human nature and is already witnessing a

revolution in artificial intelligence and genetic engineering. These issues should all be in primary care for any director or manager of any business. They cannot be solved by simple framework of people in organizational structure. There is no doubt that some changes are needed in our thoughts and procedures (Mayer et al., 1999).

It joins the Principles of QE as commented by all, lately. For, it is they who can get people to live the way better and, automatically, to work in an integrated manner between different sectors or departments within organizations. Include continued efforts to education and training for actual growth to occur in people services (Lam and Kirby, 2002).

There are several stages of this growth, and they are occurring during awareness of the value of this ratio in the life of every person. The first stage is to develop knowledge of the problems in people, showing how locate, analyze and solve a problem, giving more power to the people. In the second stage, people have begun to understand that their problems personal pass to understand your role, your department and so on until they acquire the ability to plan. And as a third stage, the people would learn how to manage these problems, driving its shares to the organization's needs.

For Human Resources, services in general, reach a safe QE, should enhance the collaboration, since the organization team unites all people and parts of the market towards the general good, a continuous process improvement and achievements, making people and automatically, the organization grow in harmony and reach their goals more favorable and accurate (Matthews et al., 2004).

A Difference between IQ and EQ

IQ (Intelligence Quotient) and EQ (Emotional Intelligence) although distinct capabilities, not opposed. Generally, people confuse intellectual acumen and moving; men high IQ and low EQ, or vice versa low IQ and high EQ are, despite the stereotypes, relatively uncommon. In reality, there is a slight correlation between IQ and some features of QE, however, small to make it clear that these are two quite independent entities (Cherniss, 2000).

Unlike the famous IQ tests, there is still no test to measure the QE, and maybe never will be. However, it is quite large range research on each of its components, some of them are well tested by actually sampling the fitness of a person in a particular task. For example, sending her to understand the emotions of a person in a video where facial expressions got to display. As Goleman, the type of high IQ pure one in which no considered the QE is basically a caricature of intellectual, capable of the field of mind but inept staff worldwide. The profiles differ slightly in men and women.

"Man of high IQ is not surprisingly - a wide variety of interests and abilities. It is ambitious and productive predictable and stubborn and devoid of own's interest. It also inclined to be critical and condescending, fastidious and inhibited somewhat comfortable in terms of sexual and sensual, deadpan and off, and emotionally cold."In contrast, men with a high level of QE are balanced, communicative and full of spirit, not usually feel fear. Engage easily with people or causes have a lot of responsibility and ethical vision, they are supportive and caring in their relationships. Have a life rich emotional and honest; usually are at peace with themselves and with others that surround them. As women high IQs pure, according Goleman, they have

intellectual confidence and fluency in expressing their views. Tend to introspectiveness, stress, complex of guilt, and can contain his anger.

Emotionally intelligent women, on the other hand, tend to be assertive and communicate their views in a straightforward way, and feel good themselves, for them, life is meaningless. How men are communicative gregarious and communicate their feelings (not, for example, which then attacks regret); adapt well to tension. The social balance them allows them to go to others, they feel comfortable enough with themselves to be playful, spontaneous and open to sensual experience. Unlike women high IQs pure rarely feel anxiety or guilt, and nor plunge into ruminations (Cherniss, 2000).

CHAPTER 3: METHODOLOGY

Introduction

The Chapter of methodology puts forward the research approaches used in conducting this research. This chapter also aims to explain the validation and explanation of the chosen research method. A presentation of a detailed discussion has been put forward in this chapter that is focused on the primary and secondary data. The aim of this chapter is also to focus on the subsequent collection methods and this is followed by the discussion and analysis by the employment of quantitative approach. This chapter also focuses on the representation of the techniques involved in sampling with the description of the instrument used in the study. The chapter further identifies, evaluates and analyses the collection procedure and the results or findings. Special consideration has been given to the ethical considerations of quantitative approach in the completion of the research. A comprehensive methodology has been presented that describes the difference between different research approaches and levels of research

designs. A descriptive, co-relational design will be used to investigate the relationship between EI and nursing student's performance for this study. Theoretical framework guiding this study is the Four Branch Model conceptualized by Salovey and Mayer (1999). This chapter will discuss planned research design, setting, sampling, recruitment methods, instrumentation, measures and procedure for data collection. Statistical analysis, limitations, and protection of human subjects will also be addressed.

Methods

Design

This study employs the quantitative approach for collection and analysis of data from the participants and respondents of the study. Primary and secondary analysis will be used. By primary data collection method it meant that the process of gathering data will be from only sources that are first hand. The main instruments of these sources are questionnaires. The process of data collection and gathering is hectic, time consuming and tiring but the best part is that the quantitative method gives most relevant and accurate results.

For the investigation of a phenomenon or to address and cater to a problem related to the phenomenon, scientific method of quantitative research is utilized (O'Cathain, Murphy & Nicholl, 2007, p. 29). The implementation of this scientific research method is done with the objective that the end result will be void any biasness and an improvement of validity and reliability will be observed. The reliability of the information that is collected from the

respondents or the participants is anticipated throughout the quantitative analysis method of scientific research (O'Cathain, Murphy & Nicholl, 2007, p. 30).

A descriptive, co-relational survey design will be utilized for the proposed research. The purpose of this type of design is to examine relationships that exist between 2 or more variables (Polit and Beck, 2012). The proposed study examines EI scores with professional and academic grades will be analyzed through non-probability sampling. This design was chosen in order to describe the relationship between the variables rather than support inferences of causality (Polit and Beck, 2012). The researcher will be able to describe relationships and test results supported by established measurement tools in a naturally occurring educational setting.

Strengths

MSCEIT will provide EI score of the students (Meyer et al. 2002). The tool is recognized as a determinate of EI measurement that is based on participants' responses and a reliable tool for empirical research as supported by literature. EI concept is grounded on the understanding that emotions influence how, what, and why people think the way they do and in turn facilitate their behaviors and actions (Salovey and Mayer, 1999). MSCEIT tool (Mayer et al., 2003) can be administered online and scored based on self-awareness of perception, assimilation, understanding and management in relation to visual and situational circumstances presented. In addition to validity and reliability the ability model meets criteria as a form of intelligence, the only tool identified in the literature to make this statement. Co-relational designs are beneficial in clinical research studies when further knowledge is needed about the relationship between variables. Co-relational research is critical in this research because variables are not amenable to manipulation or experimentation (Polit and Beck, 2012). The appropriateness of design and the

feasibility of completing the research within a short time frame add to the strength of the research design. The findings based on relationship findings between EI and student success will promote the capability for further research and causality.

Assumptions and Limitations

The first assumption of the study was that the participants of the study gave truthful responses when the researcher asked the questions. It was assumed that the participants were willing to participate in the study. The second assumption was that participants were fully informed about the research aim and objectives and considered themselves as a key part of the research study.

Conversely, there were some limitations which need to be highlighted. The researcher faced the time constraints while conducting the research. For exploring the research question, large amount of data was required and this was time-consuming. Hence, time constraint was the first limitation faced by the researcher. Designs of this analysis will not enlighten the researcher on the understanding of causal relationships. Therefore the relationship of EI and student performance may have causal inferences but further research and analysis would be needed to support the hypothetical cause and effect between variables. Because randomization is not employed in this convenience sampling procedure it may be difficult to generalize findings.

Setting

Research will be conducted at Lincoln Technical Institute in Connecticut. This Technical school of practical nursing has an average rolling census of 125 students. The students will have access to a computer in order to complete the surveys if they choose to participate. This setting

avoids a major limitation to completing surveys: computer access and skills (Dillman, 2007) to

promote higher percentage of participation by students.

Sampling

In the study by Kumar (2007) it was emphasized that selection of sample is significant

along with the strict criteria which makes sure that the right participants are selected for the

research (Kumar, 2007, pp. 33). Adequate sampling technique enables the accuracy of the

collected data and information along with aiding in time saving and cost effectiveness. This will

enable not just finding the right participants for this research, but will also improve the

unbiasness in selecting those participants.

A convenience sample of nursing students attending a technical educational institution in

central Connecticut will be studied. This non probability sampling strategy will be employed to

obtain subjects that will be readily accessible to this researcher in collecting data over 2 week

period of time. Targeted population will be nursing students currently enrolled in a practical

nursing program. Inclusion criteria are: Students must be enrolled in the LPN program in either

the full or part time programs and able to read in English language to participate. Exclusion

criteria are: under 17 years of age. Generalizability is limited to practical nursing students.

Sample Size

The accessible population will be 125 students currently enrolled in the nursing program

at the institution. This study will use a descriptive co-relational design to examine the

relationship between EI and nursing student performance. Statistically, Polit and Beck (2012)

recommend a modest small .20 to medium .40 effects is appropriate to use in sample size

calculation with studies that have little research available. Therefore, using correlation as the highest order statistical test and an effect size ranging from .20 to .40, power of .80 and significance criterion α=.05, a sample size of 47 to 194 nursing students will be needed to safeguard against possible Type 2 error. A participation rate of≥ .80 is expected.

Measures

Variables for this co-relational study are emotional intelligence, independent variable and student performance, dependent variable. The Four Branch Model Concept of EI (Mayer et al., 1999) is basis of theoretical framework for this study.

Emotional Intelligence

Theoretical definition of EI based on Mayer et al., (1999) is an ability to perceive emotion, integrate emotion to facilitate thought, understand emotions and to regulate emotions to promote personal growth. In this study, EI independent variable will be measured using Mayer, Salovey and Caruso Emotional Intelligence Test (MSCEIT) an online tool that will be obtained through Multiple Health Services (MHS) a Psychological Assessments and Services organization. Each score is determined in terms of a standard intelligence mean score of 100 and a standard deviation of 15.

Student Performance

Student performance, dependent variable, will be measured using Six Dimension Scale of Nursing Performance (6D Scale) used to obtain the adequacy of nursing school preparation for performance (Schwirian, 1978).) This tool consists of a series of 52 nurse behaviors grouped

into six performance subscales: leadership (5 items), critical care (7 items),

teaching/collaboration (11 items), planning/evaluation (7 items), interpersonal

relations/communications (12 items), and professional development (10 items). This scale was

chosen since it can be used to obtain perceived adequacy of nursing school preparation for

performance. Student performance will also be measured using student grade point average

(GPA. This data is the standard 4.0 measurement. All surveys will be an online and completed at

the same time to help promote completion.

Procedures

Recruitment

Recruitment will take place at a New England Educational Institute and invitation to

participate in the study will be offered to all enrolled LPN nursing students, full and part time

status. Survey will take place over a two week period of time to provide ample opportunity for

any students to participate. Each instructor at school will be notified by e-mail by this researcher

of the survey. Instructors will communicate via e-mail time convenient to class schedule and

open lab time will also be allotted for students to participate. This will be communicated by the

instructor to the students and also posted on a lab bulletin board. Participants will complete

demographics and surveys online in the computer lab through an established link posted in the

lab. This researcher will be available at the beginning of the sign on for any access issues to

promote increased anticipated participation rates. Access will be by student id and will use the id

for all surveys and not names to remain anonymous. To further attract involvement, each

participant who has indicated yes on demographic questionnaire will be entered into a raffle; two

$25.00 gas cards will be awarded for a completed survey for each full time and part time section.

It is anticipated a time frame of one month after the survey has been scored, the raffle will be

held by this researcher and the student will be notified by e-mail. Cards will be available for

distribution at the school by this researcher.

Confidentiality

There were no codes or identifiers in the study. In order to maintain anonymity, the

results from the questionnaire were later on converted to coded documents. Additionally, the

instruction sheet directed participants to complete the surveys separately and privately to

facilitate confidentiality while minimizing the risk of participants being influenced by others.

Response Rates

Response rates are crucial and important for questionnaires surveys. Any questionnaire

survey that is responsible for the collection of very minute data might not include ample amount

of information and data. For the collection of a higher response rate, researchers took into

consideration the target population, the questionnaire quantity and quality were considered in the

online surveys which was circulated. A strategy is also needed to make the questionnaire

potential for it to be reported as spam.

Demographic Variables

Demographic information will be collected by a 10 item survey just prior to the

administration of measurement tools (See Appendix B). Demographic variables include

ethnicity, gender, age in years, and educational level ranging from a low of High School GED to a high of completed college and if English as a Second Language (ESL) is appropriate. Marital status will measured as well. Employment status items range from employed fulltime to not working. Other information includes certification as a nurse's aide (CNA) or any prior health related position.

Data Collection

The data will be collected by this researcher via the internet. The information will link surveys using student ids for identification in Microsoft Office Excel 2010 version. Survey Monkey will be used for demographic data collection. Oversight of the MSCEIT tool's administration requires a certified provider, who will sponsor this researcher to administer the test. MSCEIT will be provided and scored by MHS a world renowned publisher of health measurement tools. A link to the stand alone site for the MCSEIT will be provided to the students following the demographic and the 6D Scale surveys. All information is confidential and has no impact on grades or standings at the school. The entire process should take about 45 minutes to complete for each student, with the entire population collection of data received over a period of two weeks. The analysis of GPAs will be performed by direct access to student records by this researcher using student ids to obtain grades. Mid-term grades will be used due to timing of the study. All information is encrypted to prevent any association of the study with any identification of the participants.

Data Management

The data collected during the study in the form of questionnaire survey was stored securely in the researcher's computer systems. Triple copies were made to ensure that the data is not lost in case of an error. The files were secured with password and the access was given only to the researcher. Secure encryption of the password was done in the U. S. B. device to ensure properly protection. All these measures contributed to the participant's confidentiality and anonymity. All electronic data obtained will be stored on a secured intranet that is password protected. MSCEIT survey will be confidentially sent directly to MHS. A flash drive of study if used will be kept in a locked file cabinet by the researcher for the recommended time frame of three years. Student id numbers will be associated with all information preventing any student recognition.

Data Analysis

Data analysis will be analyzed to evaluate and answer the research questions of this study. Research questions for this study are:

1. What are the EI Scores?

2. What is the relationship between EI and 6D Scale?

3. What is the relationship between EI and GPA?

4. What is the relationship between 6D Scale and GPA?

The analysis plan for this study includes using both descriptive and inferential statistics. Data analysis will be conducted using MHS assessments electronically administered and then scored in excel format using Microsoft Office for Windows 2010. Descriptive statistical analysis will be performed to characterize the sample and major study variables including the

demographic variables, the independent variable, EI, and the dependent variables, student performance. The method of quantitative analysis using the questionnaire is used as a common strategy in engineering as the individuals who are directly or indirectly involved and contributing to the research findings are identified and analyzed. The primary data was collected and analyzed quantitatively by using the S. P. S. S. tool. In S. P. S. S., expressive or descriptive statistics technique was employed for the calculation of the response rates and then a comparison was done to get the analyzed output. For the interpretation of results and findings Standard deviation and variances were also calculated. This aided in the provision of support the mean output.

Protection of Human Rights

Informed consent and protection of human rights will be obtained from all students participating in the study (See Appendix B). Statement of research provides participants with the nature and risks of this research. The purpose of this study is stated to ensure understanding of the participant and the aim of the study is to examine aspects other than academics that may influence their success in nursing practice. The participant is informed of the length of the study, about three months, the time to complete the surveys, about 45 minutes and how they will access the survey via an electronic link. The benefits, alternatives and confidentiality of the study are also outlined to ensure participants understanding that participation in this study is voluntary, participants are free to withdraw at any time and the study will not affect them academically. Also, each participant is informed that no information linking them to the information obtained

and will be private to only the principal investigator the person. Contact information of the

principal investigator will also be provided for any follow-up questions.

Research Ethics

The researchers in this research have strictly followed the rules outlined by the

University. All the sources and information utilized and referred in the research are supported by

adequately strong sources and evidences from the books, websites or libraries where it has been

received through proper referencing. Questionnaire survey was used as a quantitative

methodological approach tool in order to collect most of the information in the research so that

the research can ensure authenticity of the data. It was also made sure that the questions, used in

the study were first approved by the supervisor of the research before being released for

concerned person. The researcher also filled the legal form formulated and made mandatory by

the university. Data received from different respondents was kept secret till the end, in order to

comply with all instructions set under data protection act. No risks of minimal risks were

involved in the research for the participants for participating in the survey. Study was carried out

in such a way that the reliability of the research project was preserved. This was also done to

minimize any negative impacts which may be the cause of reduction of the prospective for

success of this study (Kumar, 2007, p. 43).

The credibility of the research findings was kept intact. Hence, the presentation of the

findings of the study, the results were not fallacious, misapprehended or untrue. The results were

presented as obtained through the questionnaires. The other most important aspect of the

research was that the participant was not forced to attempt the questionnaire at any point of the

research. Another important aspect of the research ethic is not to circulate or distribute any form

of personal information of the participant. The participants were recruited only after the consent

forms were sought [Appendix B].

For addressing the above mentioned ethical considerations of the research, much

anticipated practical steps were ensured so that the participants did not attempt the questionnaire

without proper education of the endeavor. Additionally it was made sure that the participants

recruited in the study voluntarily. It was also made sure that the participants have the right to

participate. The participants were ensured that their information was kept anonymous.

Confidentiality of the information was kept intact throughout the research. Hence, the research

attempted and met all the requirements of the ethical considerations of the research in order to

execute the study.

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