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EMOTIONAL INTELLIGENCE OF FIRST YEAR PUPIL ENROLLED NURSES AT A PRIVATE NURSING CAMPUS IN GAUTENG

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A research report submitted to the Faculty of Science, University of the Witwatersrand, in fulfilment of the requirements for the degree of Masters of Science.

Johannesburg, June 2016

DECLARATION

I declare that this research report is my own, unaided work. It is being submitted for the Degree of MSc Nursing Education at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at any University.

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(Signature of candidate)

_____day

of_____20_____in_____

Abstract

Introduction and background: Emotional intelligence refers to the ability to recognise and manage one's own feelings and those of others, the ability to motivate one self and to manage one's relationships. Emotional Intelligence (EI) has received wide spread international attention and has been linked to various disciplines. Trait EI concerns emotion related self-perceptions, and can be measured through self-report. The purpose of the Pupil Enrolled Nursing Programme is to prepare them to deliver competent, holistic nursing care, which requires an awareness of one's self. Preparation of Professional Nurses involves not only cognitive intelligence but also control of and awareness of their emotions. It seems relevant then for student nurses to acquire or develop emotional intelligence because a large part of nursing practice involves the understanding one's self and being aware of the patients' emotions.

Problem statement:

Although nurses believe that they show compassion, no existing information is available to use at the private nursing education campus as a baseline when emotional intelligence is discussed and when skills courses are planned. Emotional intelligence has not been measured at this private nursing education campus.

Research Question: What is the emotional intelligence of first year Pupil Enrolled Nurses at the beginning and six months after commencement of the Programme leading to Enrolment as a nurse?

Purpose of the study: The purpose of the study is to explore and describe the emotional intelligence of the first year Pupil Enrolled Nurses, before and six months after commencement of the Programme leading to Enrolment as a Nurse R2175 at a private nursing campus in Gauteng South Africa.

Research design: Quantitative, exploratory, and descriptive study.

Data collection: instrument The same questionnaire, consisting of two parts (1 & 2) was used at the beginning of the course and again after six months to collect information on emotional intelligence of first year Pupil Enrolled Nurses (Appendix A part 1 & 2). In part 1 of the questionnaire, demographic information on age, gender, marital status, dependants or children and experience in nursing were explored. These variables were collected in order for the researcher to describe the sample of Pupil Enrolled Nurses at the beginning of the course. Part

2 of the questionnaire, is a shortened validated, Trait Emotional Intelligence Questionnaire (TEIQue-SF), consisting of 30-items which were assessed on a 7 point Likert scale (1 = completely disagree and 7 = completely agree) and was used to examine the trait Emotional Intelligence (trait EI) and is based on the long form of the TEIQue (Petrides & Furnham 2006). From the 30 items assessed on the questionnaire, four factors of emotional functioning namely emotionality, sociability, self-control and well-being, were identified (Petrides 2015). Each of the four factors consists of a number of questions, describing emotional functionality.

Population and sample: All the first year Pupil Enrolled Nurses were invited to participate.

Data collection: First year Pupil Enrolled Nurses were invited to complete the questionnaire at the beginning of their course and again six months later.

Data analysis: A statistician from University of Witwatersrand was consulted and the software programme STATA (Version 13) was used to analyse data obtained from the questionnaires (Appendix A). The demographical information from part 1 was analysed with descriptive statistics and described with frequencies and percentages. A broad view of the global emotional Intelligence scores obtained from the Trait Emotional Intelligence Questionnaire, short form (TEIQue-SF) (test 1 and test 2) were analysed and described with descriptive statistics (Grove and Burns 2013). A Skewness test for normality was applied with amplitude of -3 to +3 (CI 95%) accepted as the normal distribution. The four factors of emotional functioning, emotionality, sociability, self-control and wellbeing were extracted and were described with descriptive statistics in percentage as baseline data in accordance with the Thomas International report (Petrides 2002-2015), see Appendix E. Associations between demographic characteristics of the sample and emotional functioning were assessed using the chi-square test of significance (level of confidence $p=<0.05$). The chi-square is an inferential non-parametric measure of association and determines if the observed frequencies in each factor were significantly different from what would be expected by chance (Grove, Burns & Gray, 2013).

Results

Despite exposure to theoretical and clinical nursing no significant statistical changes in global emotional intelligence were observed after six months. Nevertheless the information gained is valuable for practise. The respondents emotional functioning: emotionality, sociability and self-control were average with the exception of well-being scoring above average. Baseline information will be used to make recommendations and for future research and for curriculum development at the campus.

Acknowledgement and Dedication

This study is dedicated to the Private Nursing Education Campus.

I would like to thank the following people,

- My Supervisor, Annalie Van Den Heever: Thank you for your dedicated support.
- First year Pupil Enrolled Nurses: Without you this study would not have been possible. Thank you for your willingness to participate.
- My Colleagues, your understanding and support, you helped me to make this possible.
- To my friends and family: Thank you for your encouragement, and not giving up on me.
- My husband and son: for your loving support, patience and belief in me
- The Almighty God, thank you for the ability to believe in myself and never to give up.

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List of symbols

n=frequency
%=percentage
$\bar{X}$=mean
SD=Standard deviation
p=value of significance (<0.05)
<=younger than 30 years
>older than 30 years

CHAPTER ONE INTRODUCTION AND OVERVIEW

1.1 Introduction

Chapter one will consist of the background of emotional intelligence, the Pupil Enrolled Nursing Programme (PENP), clarification of key concepts, problem statement, research question, purpose of the study, objectives of the study, research design, data collection instruments, population and sample, data collection, data analysis, validity and reliability and ethical considerations.

1.2 Background

In order to work with sick people and individual needs to be skilled but also caring. In order for nurses to provide holistic care they need not only have practical skills and knowledge, but they also need the ability to identify the physical, emotional, spiritual and emotional needs of the patients. They need to be mindful of their own feelings and those of their patients, while also being able to differentiate between them and then use this Information with confidence in their nursing actions and thoughts (Fernandez 2012).

To manage a person's own emotions and recognise your patient's feelings, a person needs to be emotionally intelligent (Wilson et al. 2008) and to be emotionally intelligent a person will have characteristics such as the ability to recognise their own feelings and those of others. In this way, people are then able to motivate themselves and have successful relationships with others. Within the nursing literature the term emotional intelligence is also referred to as emotional competencies. Emotional competencies within nursing include managing and understanding an individual's own emotions while remaining focused on their goals and objectives. Sensitivity to patients' feelings and the ability to interact accordingly may therefore motivate patients and nurses to overcome obstacles and to resolve differences (Wilson et al. 2008, Goleman, 1995).

However, remarks one would read in the newspapers and hear in the public on a daily basis are that it would seem that nurses have lost their caring behaviour towards patients (Geyer et al 2013).

Nurses tend to do procedures step by step as it is portrayed in their nursing books and the way it is demonstrated to them by their educators, but the danger of following procedures step by step, is that it will become doing the necessary for patients, without taking their feelings into consideration. In general, nurses manage quite well with the activity of nursing care, but seem to struggle at the bedside when holistic nursing care involves management of their own and the patients' feelings (Breier et al 2009; Geyer et al 2013).

In England the Chief Nursing Officer introduced three years compassion in practice strategy due to negative criticism from patients, the press, politicians and the nursing profession itself. This strategy was introduced in the hope of ensuring that nurses will improve on qualities that are pertinent to emotional intelligence, such as caring, compassion, accommodating, motivation and dedication (Lyon 2012).

1.3 Pupil Enrolled Nursing Programme

The Pupil Enrolled Nursing (PEN) programme is a two year programme and after completion these students become enrolled as a nurse. They are exposed to the theoretical and clinical components of nursing within their first six months of training. Theoretical component consist of modules on Nursing Ethos and Professional Practice, The Science of Basic Nursing Care, First Aid, Introduction to Comprehensive Healthcare, Communicable diseases and an introduction to Anatomy and Physiology.

During their clinical teaching and learning they will have facilitated practical activities, structured clinical days at their base hospital, clinical accompaniment and workplace experiential learning.

They will also be exposed to formative clinical evaluations on procedures such as social hand disinfectant techniques, urine analysis, vital data, adult CPR(Cardio Pulmonary Resuscitation), the therapeutic environment, identification of a patient, administration of oxygen therapy, standard precautions, waste management, blood glucose monitoring, emergency equipment and environmental preparation, bed bath and assisted bed bath, mouth hygiene, pressure part care and bed rest complications and the preventions thereof, emptying of a urine bag, management of a catheter and perineal care, intake and output, neurovascular observations and conducting a baby bath. These procedures have to be signed off within their first academic year (Netcare Education 2014).

Noteworthy is that the programme consists of the above tasks and procedures, but most importantly that these are performed on or with patients who are physically and emotionally traumatised in some or other, bringing the newly Enrolled Pupil Nurses into contact with life, death, sickness and recovery early in their training.

During their first year Pupil Enrolled Nurses are also required to perform comprehensive patient assessments, which mean that the nurses must spend time with the patients while asking questions regarding physical, social, spiritual and psychological wellbeing. While simultaneously performing clinical procedures for example monitoring blood pressure and observation for signs and symptoms of abnormalities, nurses need to be aware of the patient's verbal and non-verbal communication to identify their feelings towards hospitalisation. Based on all this information gathered, problems will be identified and nursing actions will be based on these identified problems.

First year Pupil Enrolled Nurses with little experience say that they find one to one sessions with patients challenging and they often express their fears in the classroom. It would be interesting to know what the emotional intelligence of new students is and whether their emotional intelligence changes as a result of being exposed to nursing.

Various methods to measure emotional intelligence have been researched (Fernandez et al. 2012, Petrides & Furnham, 2006), but for the purpose of this study the characteristic of emotional intelligence will be measured with a questionnaire on emotional self-awareness by means of identifying four factors, emotionality, sociability, self-control and well-being (Fernandez et al. 2012, Petrides & Furnham, 2006). By focusing on these factors, the researcher attempts to extract those characteristics and describe how they play a role in nursing care (Petrides 2015).

Although individuals who are attracted to nursing are perceived to be naturally caring people (Freshman & Rubino, 2002), emotional intelligence and self-awareness should not be taken for granted. The need therefore to include emotional intelligence into the nursing programme has been discussed worldwide. It would seem to be important for student nurses to develop emotional intelligence, as a large part of their nursing care involves the understanding of the patient's feelings and also the awareness of their own feelings (McQueen, 2003, Faguy & Els in 2012).

1.4 Clarification of key concepts

- **Emotional intelligence** is the ability to accurately recognise feelings as it happens understand and managing your own feelings, evaluate, control and communicate your own feelings and those of others. These characteristics are necessary to improve your own emotional intelligence (McQueen 2003)

- **Pupil Enrolled Nurses** are students registered in the course leading to enrolment as a nurse (R2175) at a private nursing education institution. The purpose of this programme is to provide the student with the knowledge and clinical skills required to function as a safe practitioner, and as a member of the nursing team in a health care unit. The student will need to be competent in order to deliver holistic nursing care to patients/clients, while carrying out the nursing treatment as planned by a registered nurse, in accordance with the legislation,

ethics and codes of practice pertaining to the nursing profession in South Africa (Netcare Education 2014).

1.5 Problem statement

Patients expect quality nursing care, however, there is anecdotal evidence in the media and feedback from patients at hospital level that nurses are so busy writing that they do not have time to spend quality time at the bedside. Student nurses seem to be procedure driven, which may become a staged performance with the risk of not taking patients' feelings into consideration. Some of the reasons mentioned are role conflict, shortage of staff, task shifting and changing of the disease profile of patients, which often are realities and could affect the students' work or stress levels (Geyer et al 2013). Despite the nurses' claims that they show compassion, and the assumption that they can deal with stressful situations, no existing information is available to use as a baseline when emotional intelligence is discussed and when skills courses are planned. Emotional intelligence has not been measured at the private nursing education campus (Freshman & Rubino 2002). Although studies have been done to examine the emotional intelligence of qualified nurses, very little information is available on the student nurses' emotional intelligence.

First year Pupil Enrolled nurses often verbalise the fact that they experience a comprehensive assessment with patients as extremely difficult and stressful, and this assessment is a vital requirement during the first year of their training.

For these assessments to be done with confidence, effective communication skills, and the ability to convey hope and positive regard for others or recognising and understanding emotions are qualities of Emotional Intelligence as well as being part of the essential skills required to develop meaningful nurse-patient relationships (Petrides & Furnham 2000).

By exploring and understanding emotional functioning and the competence of nursing students, educators should also be encouraged to reflect on their own as well as students experiences within their learning programme.

Presently, the nursing programme does not make provision for self-awareness training and for psychological support which is needed for emotional growth and Emotional intelligence; instead, the programme focuses mostly on theoretical and clinical competence. McQueen found that nurses often do not feel well prepared for the social, interpersonal and emotional demands of their roles (McQueen 2003).

In order for student nurses to gain confidence, effective communication skills, and the ability to convey hope and positive regard for others within their relationships, recognising and understanding emotions are essential in developing meaningful nurse-patient relationships. The researcher therefore identified the need to explore what the emotional intelligence of the students is and how the information can be used towards understanding and supporting students in developing their caring skills.

1.6 Research question

What is the Emotional Intelligence of first year Pupil Enrolled Nurses before and six months after commencement of the Programme leading to Enrolment as a Nurse R2175, at a private nursing campus in Gauteng, South Africa?

1.7 Purpose of the study

The purpose of the study is to explore and describe the emotional intelligence of the first year Pupil Enrolled Nurses, before and six months after commencement of the Programme leading to Enrolment as a Nurse R2175 at a private nursing campus in Gauteng South Africa.

1.8 Objectives of the study

The overall purpose of this study was to explore and describe the emotional intelligence of the first year Pupil Enrolled Nurses at a private nursing campus. The following objectives were pursued:

- To determine the global emotional intelligence of first year Pupil Enrolled Nurses at the beginning and six months after exposure to the Programme leading to Enrolment as a Nurse R2175 at a private campus in Gauteng.

- To describe the statistical association between four factors of emotional functioning and the demographic profile of Pupil Enrolled Nurses.

- To make recommendations regarding emotional intelligence training of the Pupil Enrolled Nurses at the Private Nursing Education Campus

1.9 Research design

This exploratory, quantitative descriptive study was designed to increase the knowledge of the field of study. An exploratory study was not intended for generalisation to a large population (Grove, Burns & Gray, 2013) while the description offered the researcher a way to: discover new meaning, describe what exists, determine the frequency with which something occurs, and categorise information. The researcher measured the Emotional Intelligence of the first year Pupil Enrolled Nurses, before and after six months of the commencement of the Programme leading to enrolment as a Nurse, R2175, at a private nursing campus in Gauteng, South Africa.

1.10 Data collection instruments

A questionnaire was used to explore the information needed. The same questionnaire, consisting of two parts (1 & 2) was used at the beginning of the course and again after six months of the course, to collect information on

emotional intelligence of first year Pupil Enrolled Nurses (Appendix A part 1 & 2)

In part 1 of the questionnaire, demographic information on age, gender, marital status, dependants or children and experience in nursing were explored.
These variables were collected in order for the researcher to describe the sample of enrolled nurses at the beginning of the course (Grove, Burns & Gray 2013).

Part 2 of questionnaire, is a shortened Validated and adapted, Trait Emotional Intelligence Questionnaire (TEIQue-SF), consisting of 30-items which were assessed on a 7 point Likert scale (1 = completely disagree and 7 = completely agree) and was used to examine the trait emotional intelligence (trait EI) and is based on the long form of the TEIQue (Petrides & Furnham 2006).

From the 30 items assessed in the questionnaire, four factors of emotional functioning namely emotionality, sociability, self-control and well-being, were identified by specific numbers in the questionnaire, it's relevance to emotional intelligence and self-awareness (Petrides 2015). Each of the four factors consists of a number of questions, describing emotional functionality as follows:

Emotionality traits are empathy, emotion, perception, expression and relationships. Scores on these will show the researcher how highly respondents value emotional literacy. Self-ware people who use emotionality in a balanced way will show compassion towards others at the right time, recognise their own feelings and think logically about it.

Sociability factors describe how comfortable people are within social gatherings and formal business meetings. This score will suggest how confident you are in dealing with different people, how far you believe that you can influence people and how comfortable you are in arguing your view point (Petrides 2015).

Self-control factor describes how far people think they can control their impulses. This includes the trait of impulse control, stress management and emotional regulation (Petrides 2015).

Well-being factors consist of happiness, optimism and self-esteem and this measures how people judge their life satisfaction.
All of these factors play a vital role to work effectively with other people (Petrides 2015).

1.11 Population and sample

The total population was first year pupil enrolled nurses who are studying towards the programme leading to enrolment as a nurse, R2175, at private nursing campus in Gauteng. A convenience, non-probability sampling technique was used and the total sample of (N=87) student nurses were invited to participate in the study (Brink, Van der Walt & Van Rensburg 2012).

1.12 Data collection

Data collection commenced after ethical clearance was received from the Health and Research Ethics Committee (HREC) of the University of the Witwatersrand (Appendix B) and permission from the management of the education campus and company directors (Appendix C) was granted. The Pupil Enrolled Nurses received an information sheet, informing them of the research study (Appendix D) and the questionnaire (Appendix A part 1 & 2). The questionnaire took between 15 to 20 minutes to complete and was seen as informed consent of participation. (Appendix A part 2) The same questionnaire was handed to willing respondents of the same group at the beginning and again after six months during their theoretical and clinical block at the private nursing campus.

For ethical and confidential reasons and to protect anonymity the respondents were instructed by the researcher, (Clinical Facilitator at the Campus) and not their group coordinator, on how to complete the questionnaire. The researcher then left the respondents to complete the questionnaire by themselves in the presence of their class coordinator.

Completed and questionnaires were posted by the respondents in a sealed box marked "COMPLETED QUESTIONAIRES" in a designated place at the Nursing Education Campus and collected by the researcher at the beginning and again after six months of the Pupil Enrolled Nurse Programme.

1.13 Data analysis

A statistician from University of The Witwatersrand was consulted and the software programme STATA (Version 13) was used to analyse the data obtained from the questionnaires (Appendix A). Data analysis entails categorising, ordering, manipulating and summarising the data, while describing it in meaningful terms.

The demographical information from part 1 was analysed with descriptive statistics and described with frequencies and percentages.

A broad view of the global emotional Intelligence scores obtained from the Trait Emotional Intelligence Questionnaire, short form (TEIQue-SF) (test 1 and test 2) were analysed and described with descriptive statistics to enable the researcher to gain insight into frequency distribution, measurement of central tendency and dispersion (Grove, Burns & Gray, 2013). A Skewness test for normality was applied with amplitude of -3 to +3 (CI 95%) accepted as the normal distribution. Depending on the distribution of data, statistical tests were performed to describe the possible difference in global EI at the beginning and after six months of exposure to nurse training.
While the global EI score is broad, four categories, called factors of emotional functioning, emotionality, sociability, self-control and wellbeing were extracted from the 30 questions of the TEIQue-SF and described for the purposes of this study as a level of measurement and reported on, based on the responses to the short version of the emotional intelligence questionnaire.

The information obtained at the beginning (test 1) regarding the four factors was analysed with descriptive statistics as baseline data in relation to the demographic characteristics of the sample. For the purposes of this study the

global Emotional Intelligence scores and the four factor scores obtained will be described with frequencies and percentages in accordance with the Thomas International report (Petrides 2002-2015) see Appendix E.

The information obtained at the beginning (test 1) regarding the four factors was analysed with descriptive statistics as baseline data in relation to the demographic characteristics of the sample. For the purposes of this study the global Emotional Intelligence scores and the four factor scores obtained will be described with frequencies and percentages in accordance with the Thomas International report (Petrides 2002-2015) see Appendix E.

Associations between demographic characteristics of the sample and emotional functioning were assessed using the chi-square test of significance (level of confidence p=<0.05). The chi-square is an inferential non-parametric measure of association and determines if the observed frequencies in each factor were significantly different from what would be expected by chance (Grove, Burns & Gray, 2013).

1.14 Validity and reliability

The content of the TEIQue-SF questionnaire was validated and described by Petrides & Furnham (2006) and used by other researches. Reliability: internal consistency was determined by Cronbach's alpha at an average of 87 (N=1119). Permission to use the TEIQue-SF questionnaire was obtained from Dr. K Petrides (Appendix F)

1.15 Ethical considerations

The study proposal was presented to the Department of Nursing Education for peer review as well as the post graduate assessors committee in the Faculty of Health Science at the University of Witwatersrand. Ethical clearance was obtained from the Health and Research Committee of Witwatersrand University

with Clearance certificate (No. M150320) to continue with the study of Emotional Intelligence of First Year Pupil Enrolled Nurses at a Private Campus (Appendix B).

The researcher showed respect for institutional culture and reputation at all times. Written consent was obtained from the Campus Manager at the private nursing campus (Appendix C). All documents were locked in a safe and only the researcher, supervisor and campus manager had access to the safe. Data will be kept for six years or until findings are published in an accredited journal.

The researcher showed respect to the respondents in the following way:

- Respondents had the right to self-determinate. They could decide whether or not they wanted to participate in the study. They had the right to withdraw from the study at any time, or to refuse the provision of information and to ask for clarification about the purpose of the study. Information regarding the study is provided in writing. (Appendix D) Completing the questionnaire was seen as consent and willingness to participate in the study. No harm or discomfort was induced through the conduction of the study.
- Anonymity and confidentiality was strictly adhered to. The questionnaires were distributed and the respondents were requested to return the questionnaires anonymously to a central point, in order to prevent the completed questionnaire from being linked to the respondents.

1.16 Conclusion

In chapter one, an introduction to the study and a brief overview of the research was described. In the chapter two, the literature regarding emotional intelligence and enrolled nursing education will be discussed, followed by
Chapter 3: Methodology
Chapter 4: Data analysis and presentation of findings
Chapter 5: Discussion, limitations, recommendations and conclusion.

CHAPTER TWO

Literature review

2.1 Introduction

In chapter one, a brief overview of the study and background to the research was introduced. In chapter two the importance of emotional intelligence in relation to nursing care and training programmes, will be discussed.

2.2 Background

Since the beginning of the nursing profession, nurses played a crucial part of delivering health services in terms of caring for the patient, preventing illness and promoting the health status of patients. Today, patients are suffering not only from their sickness but also as a result of inadequacies in a fragmented healthcare process (Carter et al 2014). Moment spent with patients and families at the bedside is often rushed and unsociable (Karanikola et al 2011 & Geyer et al 2013).Nursing errors and lack of caring behaviours by nurses create uncertainties, stress, discomfort, efficiency decline and unhappiness with service (Geyer 2013). Public reports and in conversations within the public during social gatherings, hospital waiting areas, workplaces and on television or newspapers are all evidence of the negative image of the Nursing Profession (Anthony et al 2008 & Geyer et al 2013. When patients seek healthcare they do not want to be hurt and they want nurses to take care of them with compassion and knowledge (Breier et al 2009; Geyer et al 2013).

Patients expect quality healthcare from their healthcare providers (Anthony et al. 2004, Ford et al. 2006). Literature has proven that a nurses' caring behaviour contributes to an increased level of satisfaction in patients and will also enhance the well-being of patients (Tzeng et al. 2002).One of the factors affecting caring behaviour from nurses is emotional intelligence and this factor has not been researched adequately (Leiter et al. 1998, Rego et al. 2010).

Contradictory to nurses' belief, that they care, the opposite is often true. Caring is about people, for people, to people, and as people.
The core aspect of care is that nurses should listen, acknowledge and respond to their patients (Kotze 2013). In a study that was done in London on emotional intelligence and its role in the recruitment of nursing students, criticism of the standard of nursing care, from patients, media and the nursing profession itself, suggest that the nursing profession values intellect above compassion (Lyon 2012).

When nurses are recruited, there is more emphasis on qualifications rather than on caring, compassion, competency, good communication skills, and a commitment to the nursing profession. The findings led to the introduction of a three-year strategy on compassion in practice. They further suggested in this article that the nursing recruitment process needed to improve the promotion of selecting people who are likely to be caring and compassionate (Lyon 2012).

2.3 Nursing today

There are a range of challenges in this practical professional environment in which students are expected to complete the hours as set by the South African Nursing Council. A shortage of nurses is one of these challenges. Nurses are sometimes expected to look after more than four patients who can have an effect on the patient's mortality rates, increases in needle-prick injury with risk of contracting HIV/Aids, falls and injuries, medication errors, hospital-acquired infections and family complaints. Not only are nurses terrified of contracting HIV/AIDS, but they have to take care of acute patients with HIV, and even their colleagues and families.

Present-day nursing involves multifaceted procedures involving not only scientific skills, but also holistic care of the patient that is comprised of the emotional, social and spiritual needs of the patients (Summers et al.2009). To provide holistic nursing care to the patients, nurses need to be aware of their own emotions, while being able to truthfully measure their reactions and show self-assurance when nursing the patient. For example, a Nurse dealing with a twenty year old terminally ill patient would need to also support their family, which could

be emotionally draining. Research has shown that emotional intelligence in Nurses are important to adapt to stressful situations, while handling conflict and ethical behaviour (Deshpande & Joseph 2009).

2.4 Pupil Enrolled Nursing programme

First year Pupil Enrolled Nurses at the private nursing school studying to become professional nurses are required to perform a comprehensive patient assessment, which consists of the following aspects: spending time with the patients to ask questions regarding physical, social, spiritual and psychological problems; clinical procedures for example monitoring blood pressure and observing for signs and symptoms of abnormalities. During this interview the nurses need to be aware of the patient's verbal and non-verbal communication and identify their feelings towards hospitalisation. Based on the information gathered, problems will be identified and nursing care plans with appropriate nursing interventions are developed.

Nurses begin their training with a worldview of themselves and others but during the first six months they are introduced to the clinical milieu that brings them into contact with life and death, sickness and recovery, which could be traumatic to their own emotional wellbeing. The purpose of the Pupil Enrolled Nursing programme aims to prepare them to deliver competent, holistic nursing care; however, the transition from theory to practice is a slow process, involving socialisation and requires an awareness of one's self (Netcare Education 2014).

First year Pupil Enrolled Nurses are expected to work one thousand hours over a period of twelve months in allocated practical fields, for example medical, surgical, theatre and paediatric units. There are a range of challenges in this practical professional environment in which students are expected to complete the hours as set by the South African Nursing Council. A shortage of nurses is one of these challenges. Nurses are sometimes expected to look after more than four patients who can have an effect on the patient's mortality rates, increases in needle-prick injury with risk of contracting HIV/Aids, falls and injuries,

Medication errors, hospital-acquired infections and family complaints. Not only are nurses terrified of contracting HIV/AIDS, but they have to take care of acute patients with HIV, and even their colleagues and families. In 2002, a study by the department of health in South Africa indicated that 16, 4 percent of health care workers were living with HIV/AIDS (Geyer et al 2013).

Nursing education institutions need to prepare students for these challenges but without sufficient educators, students cannot be facilitated in the clinical areas (Geyer et al 2013).

Emotional Intelligence is considered as a helpful aspect against these challenges in the clinical environment, as it can help students to manage their emotions and recognise what impact their reactions may have.

2.5 Emotional intelligence

The importance of Emotional intelligence and the role it plays within nursing has increased over the last few years. Emotional intelligence allows nurses to be more reflective when caring for patients (Freshwater and Stickley 2004, Montes-Berges and Augusto 2007). Emotional intelligence is defined by Salovey and Mayer, 1990 as "the subset of social intelligence that involves the ability to monitor one's own and others' feelings and emotions, to discriminate them and to use this information to guide ones' thinking and actions" (Faguy 2012). Nurses who can monitor their own and patients feelings are more likely to manage these emotions and show better understanding towards patients and provide an improved level of care (Kerfoot 1996, McQueen 2004). A book by clinical psychologist, Goleman (1995) created awareness within the public, with his book, Emotional intelligence: Why It Can Matter More Than IQ (Goleman 1995).

Having emotional intelligence will enhance their awareness and ability to reflect and control nurses feelings; not allowing their own feelings to get the better of them and at the same time they will be able to show empathy with patients and their family (Vitello-Cicciu 2003).

In their introductory 1990 article Salovey and Mayer visualised emotional intelligence as three related mental processes: "appraising and expression emotion, regulating emotion, and using emotion" Appraising or to rate one's own emotions and others emotions, requires the ability to clarify the verbal and non-verbal body language. Nurses must be able to clarify unspoken messages in the patient's facial expression, tone of voice, body language and then choose the correct actions and words during their nursing care.

There is inadequate research however, on the Emotional intelligence of student nurses in Gauteng.

In the United States a study was done with 87 student nurses. This correlational study, with non-probability sampling showed that a statistically significant positive relationship existed between emotional intelligence and nursing performance (Beauvais et al. 2011).

The expectation is that student nurses' care is holistic, but in the beginning of their training with immediate exposure to patient care, the need exists to measure emotional intelligence with the objective of preparing students while including support and supervision to develop their skills. Nurses tend to do procedures step by step as it's is portrayed in their nursing books and the way it is demonstrated to them by their educators, the danger of following procedures step by step, is that it will become doing something for patients, without taking their feelings into consideration. In general, nurses manage quite well with the activity of nursing care, but seem to struggle at the bedside when holistic nursing care involves management of their own feelings and the patients' feelings (Breier et al 2009; Geyer et al 2013). Young nurses with little experience say that they find one to one sessions with patients challenging and they often express their fears in the classroom. It would be interesting to know what the emotional intelligence of new students are and whether their emotional intelligence changes as a result of being exposed to nursing.

The Pupil Enrolled Nurses are working in a challenging environment and must deal with patients' complaints, diseases, aggrieved families, unpredictable

activities, continuous evaluation of their performance by colleagues and Educators, these challenges put pressure on the students and can affect their psychological well-being and the quality of nursing care (Mayer and Salovey, 1990)

2.6 Measurement of emotional intelligence

Emotional intelligence can be measured in different ways. For the purpose of this study the characteristics of emotional intelligence were measured by means of a questionnaire, Trait Emotional Intelligence Questionnaires' Short Form (TEIQue-SF) (Appendix A part 2). (Fernandez et al. 2012, Petrides & Furnham, 2006). This TEIQue-SF is a 30 item questionnaire based on the full TEIQue form and provides a reflection on how you see yourself and forms a basis for emotional intelligence development (Petrides 2015). Trait emotional intelligence is an assessment of trait emotional self-efficacy through a self-report questionnaire (Petrides & Furnham 2001).

Trait emotional intelligence comprises of four broad categories called factors. These factors are emotionality, sociability self-control and well-being. TEIQue-SF questionnaire gives you a broad global emotional intelligence score and the four factor score highlights strengths in the four specific focused areas of emotionality, sociability self-control and well-being (Petrides 2015).

Emotionality traits are empathy, emotion perception and expression and relationships. Scores on these will show the researcher how highly respondents value emotional literacy. People who are aware of themselves use emotionality in a balanced way will show compassion towards others at the right time, recognise their own feelings and think logically about it.

Sociability factors describe how comfortable people are within social gatherings and formal business meetings. This score will suggest how confident you are in dealing with different people, how far you believe that you can influence people and how comfortable you are in arguing your view point (Petrides 2015).

Self-control factor describes how far people think they can control their impulses. This includes the trait of impulse control, stress management and emotional regulation (Petrides 2015).

Well-being factors comprise of happiness, optimism and self-esteem and thus measure how people judge their life satisfaction. All of these factors play a vital role to work effectively with other people (Petrides 2015).

The TEIQue-SF is recommended for trait emotional assessment and is the most widely accepted in scientific literature and has shown good psychometric properties (Petrides and Furnham 2000).

It is possible that Emotional intelligence can be developed, because individuals have a choice on how they will react in certain situations (Miller and Nickerson, 2008).

With special training, emotional intelligence can be increased through developing self-awareness, self-regulation, social skills and constructive coping mechanisms. Incorporating strategies to improve emotional intelligence into the nursing curriculum for the Pupil Enrolled Nurses could have benefits for their personal wellbeing, professional development and ultimately quality nursing care.

Research studies have shown that emotional intelligence is not fixed and therefore enables a person to grow and change through special training (Slaki and Cartwright, 2003: Ulutas and Omeroglu, 2007; Bar- On, 2006).

In a research study that was done on the effect of training emotional intelligence on the occupational performance of nurses at a public hospital in Rasht city, 2012-2013, has proven that educating nurses on emotional intelligence does lead to better individual performance; less negative behaviour, improvement of internal and external behaviour; effective managing of emotions; improved social skills; better self-esteem and motivation (Rangrazian et al. 2014).

2.7 Conclusion

In chapter two the literature on emotional intelligence, nursing today, Pupil Enrolled Nursing programme and measurement of emotional intelligence were discussed.

It is evident from the literature review that nursing care involves scientific, but also emotional, social and spiritual nursing care.

Nurses are working under a lot of psychological pressure and the importance of training or improving nurses emotional intelligence does not form part of their prescribed courses which could help them in dealing with their own emotions and their patient's emotions.

In chapter three research design and methods used in the research will be discussed in greater detail.

CHAPTER THREE

Research design and method

3.1 Introduction

In chapter two we looked at the background, importance and the measurement of emotional intelligence. The aim of this chapter is to describe the research design and methodology that was used for this study, to explore of the Emotional Intelligence of the first year Pupil Enrolled Nurses.

3.2 Problem statement

Patients expect quality nursing care, however, there is anecdotal evidence in the media and feedback from patients at hospital level that nurses are so busy writing that they do not have time to spend quality time at the bedsides. Student nurses seem to be procedure driven, which may become a staged performance with a risk of not taking the patients' feelings into consideration.

Some of the reasons mentioned are role conflict, shortage of staff, task shifting, changing of the disease profile of patients which often are realities and could affect a students' work or stress levels (Geyer et al 2013). Despite a Nurses' belief that they show compassion, and their assumption that they can deal with stressful situations, no existing information is available to use as a baseline when emotional intelligence is discussed and skills courses are planned. Emotional intelligence has not been measured at the private nursing education campus (Freshman & Rubino 2002). Although studies have been done to examine the emotional intelligence of qualified nurses, very little information is available on a student nurses' emotional intelligence.

First year Pupil Enrolled Nurses often verbalise that they experience the comprehensive assessment with patients as extremely difficult and stressful, and this assessment is a vital requirement during the first year training.

For these assessments to be done with confidence, effective communication skills, and the ability to convey hope and a positive regard for others together with the recognition understanding of emotions are qualities of Emotional Intelligence which are essential skills required to develop a meaningful nurse-patient relationship.

By exploring and understanding emotional functioning and competence of nursing students, educators should also be encouraged to reflect on their own experiences as well as students experiences within their learning programme.

3.3 Research question

What is the Emotional Intelligence of Pupil Enrolled Nurses at the beginning and six months after exposure to the Programme leading to Enrolment as a Nurse R2175, at a private nursing campus in Gauteng, South Africa?

3.4 Purpose and objective of this study

The overall purpose of this study was to explore and describe the emotional intelligence of the first year Pupil enrolled Nurses at a private nursing campus.

The following objectives were pursued:

- To determine the global emotional intelligence of first year Pupil Enrolled Nurses at the beginning and six months after exposure to the Programme leading to Enrolment as a Nurse R2175 at a private nursing campus in Gauteng.

- To describe the statistical association between four factors of emotional functioning and the demographic profile of Pupil Enrolled Nurses.

- To make recommendations regarding emotional intelligence training of the Pupil Enrolled Nurses at the Private Nursing Education Campus

3.5 Research design

This exploratory, quantitative, descriptive study is designed to increase the knowledge of the field of study. The exploratory study is not intended for generalisation to a large population (Grove, Burns & Gray 2013). The descriptive study offers the researcher a way to: discover new meaning, describe what exists, determine the frequency with which something occurs, and categorise information.

The global Emotional Intelligence of the first year Pupil Enrol Nurses was explored with a questionnaire at the beginning and after six months of the exposure to the Programme leading to Enrolment as a Nurse, and the emotional functioning was described in relation to four factors extracted from the questionnaire.

3.6 Data Collection instrument

A questionnaire was used to explore the information needed. The same questionnaire, consisting of two parts (1 & 2) was used at the beginning of the course and again after six months to collect information on emotional intelligence of first year Pupil Enrolled Nurses (Appendix A part 1 & 2)

In part 1 of the questionnaire, demographic information on age, gender, marital status, dependants or children and experience in nursing were explored. These variables were collected in order for the researcher to describe the sample (Grove and Burns 2013) of enrolled nurses at the beginning of the course.

Part 2 of questionnaire, is a shortened validated and adapted Trait Emotional Intelligence Questionnaire (TEIQue-SF), consisting of 30-items which were assessed on a 7 point Likert scale (1 = completely disagree and 7 = completely agree) and was used to examine the trait emotional intelligence (trait EI) and is based on the long form of the TEIQue (Petrides & Furnham 2006).

From the 30 items assessed in the questionnaire, four factors of emotional functioning namely: emotionality, sociability, self-control and well-being, were identified by their unique numbers in the questionnaire, as relevant to emotional intelligence and self-awareness (Petrides 2015). Each of the four factors consists of a number of questions, describing emotional functionality as follows:

Emotionality:

Question 1: Expressing my emotion with words is not a problem for me

Question 16: I often find it difficult to show my affection to those close to me

Question 2: I often find it difficult to see things from another person's view

Question 17: I'm normally able to "get into someone's shoes and experience their emotions

Question 8: Many times, I can't figure out what emotion I'm feeling

Question 23: I often pause and think about my feelings

Question 13: Those close to me often complain that I don't treat them right

Question 28: I find it difficult to keep myself motivated

Sociability:

Question 6: I can deal effectively with people

Question 21: I would describe myself as a good negotiator

Question 10: I often find it difficult to stand up for my rights

Question 25: I tend to "back down" even if I I'm right

Question 11: I'm usually able to influence the way other people feel

Question 26: I don't seem to have any power at all over people's feelings

Self-control:

Question 4: I usually find it difficult to regulate my emotions

Question 19: I'm usually able to find ways to control my emotions when I want to

Question 7: I tend to change my mind frequently

Question 22: I tend to get involved in things I later wish I could get out of

Question 15: On the whole, I'm able to deal with stress

Question 30: Other admire me for being relaxed

Well-being:

Question 5: I generally don't find life enjoyable

Question 20: On the whole, I'm pleased with my life

Question 9: I feel that I have a number of good qualities

Question 24: I believe I am full of personal strengths

Question 12: On the whole, I have a gloomy perspective on most things

Question 27: I generally believe that things will work out fine in my life

The global TEIQue-SF score is a broad overview of the respondents' Emotional Intelligence, calculated as follows: 30 Questions x 7 maximum score that can be obtained per question (1 – 7) = total score of 210. The four factors; emotionality, sociability, self-control, and well-being provide detailed and focused descriptions of the participant's emotional functionality. According to Petrides (2015) these factor scores can be reported by means of three banding categories namely:

Above average: includes scores ranging from 70-99%

Average: scores ranging from 30-69%

Below average: 1 – 29 % (Appendix E)

These percentages indicate how the groups responded in comparison with people from other studies that completed the TEIQue-SF questionnaires during its development stages (Petrides 2015). (Appendix E). Percentages were then calculated as sum total scores marked on the Likert scale (1 – 7), for example:

Emotionality: 8 Questions x 7 maximum score = total of 56

Wellbeing: 6 Questions x 7 maximum score = total of 42

Sociability: 6 Questions x 7 maximum score = total of 42

Self-control: 6 Questions x 7 maximum score = total of 42

3.7 Population and sample

The total population of first year pupil enrolled nurses, studying the programme leading to enrolment as a nurse, R2175, at private nursing campus in Gauteng South Africa. A convenience, non-probability sampling technique was used and the total sample of (N=87) First year Pupil Enrolled Nurses were invited to participate in the study (Brink, Van der Walt & Van Rensburg 2012).

3.8 Data collection

Data collection commenced after ethical clearance by the Health and Research Ethics Committee (HRCE) of the University of the Witwatersrand (Appendix B) and permission from the management of the education campus and company directors (Appendix C) was granted. Pupil Enrolled Nurses received an information sheet, informing them of the research study (Appendix D) and the questionnaire (Appendix A part 1 & 2). The questionnaire took between 15 to 20 minutes to complete and was seen as informed consent of participation. (Appendix A part 2) The same questionnaire was handed to the willing respondents of the same group at the beginning and again after six months during their theoretical and clinical block at the private nursing campus

For ethical and confidential reasons and to protect anonymity the respondents were instructed by the researcher, (Clinical Facilitator at the Campus) and not their group coordinator, on how to complete the questionnaire. The researcher then left the respondents to complete the questionnaire by themselves in the presence of their class coordinator. Completed and coded questionnaires were posted by the respondents in a sealed box marked "COMPLETED QUESTIONAIRES" in a designated place at the Nursing Education Campus and collected by the researcher.

3.9 Data analysis

A statistician from University of The Witwatersrand was consulted and the software programme STATA (Version 13) was used to analyse data obtained from the questionnaires (Appendix A). Data analysis entails categorising, ordering, manipulating and summarising the data to describe it in meaningful terms.

The demographical information from part 1 was analysed with descriptive statistics and described with frequencies and percentages.

A broad view of the global emotional Intelligence scores obtained from the Trait Emotional Intelligence Questionnaire, short form (TEIQue-SF) (test 1 and test 2) was analysed and described with descriptive statistics to enable the researcher to gain insight into frequency distribution, measurement of central tendency and dispersion (Grove, Burns & Gray 2013). A Skewness test for normality was applied with amplitude of -3 to +3 (CI 95%) accepted as the normal distribution. Depending on the distribution of data, statistical tests were performed to describe the possible difference in global EI at the beginning and after six months of exposure to nurse training.

While the global Emotional intelligence (EI) score is broad, four categories, called factors of emotional functioning, emotionality, sociability, self-control and wellbeing were extracted from the 30 questions of the TEIQue-SF and described for the purposes of this study as a level of measurement and reported on based on the responses to the short version of the emotional intelligence questionnaire.

The information obtained at the beginning (test 1) from the four factors was analysed with descriptive statistics as the baseline data in relation to the demographic characteristics of the sample. For the purposes of this study the global Emotional Intelligence scores and the four factor scores obtained will be described with frequencies and percentages in accordance with the Thomas International report (Petrides 2002-2015) see Appendix E.

Associations between demographic characteristics of the sample and emotional functioning were assessed using the chi-square test of significance (level of confidence $p=<0.05$). The chi-square is an inferential non-parametric measure of association and determines if the observed frequencies in each factor were significantly different from what would be expected by chance (Grove, Burns & Gray 2005).

3.10 Validity and reliability

The content of the TEIQue-SF questionnaire was validated and described by Petrides, & Furnham, (2006) and used by other researches.

Reliability: internal consistency was determined by Cronbach's alpha at an average of 87 (N=1119). Permission to use the TEIQue-SF questionnaire was obtained from Dr. K Petrides (Appendix F).

3.11 Ethical considerations

The study proposal was presented to the Department of Nursing Education for peer review as well as the post graduate assessors committee in the Faculty of Health Science at the University of Witwatersrand. Ethical clearance was obtained from the Health and Research Committee of Witwatersrand University with Clearance certificate (No. M150320) to continue with study of Emotional Intelligence of First Year Pupil enrolled Nurses at a Private Campus. (Appendix B).The researcher showed respect for institutional culture and reputation at all times. Written consent was obtained from Campus Manager at the private nursing Campus (Appendix C). All documents were locked in a safe and only the researcher, supervisor and campus manager had access to the safe. Data will be kept for six years or until findings are published in an accredited journal.

The researcher showed respect to the respondents in the following way:
Respondents had the right to self-determinate. They can decide whether or not they want to participate in the study.

They had the right to withdraw from the study at any time, to refuse providing information and to ask for clarification about the purpose of the study. Information regarding the study will be provided in writing. (Appendix D) Completing the questionnaire was seen as consent and willingness to participate in the study. No harm or discomfort was induced through the conduction of the study.

Anonymity and confidentiality were strictly adhered to. The questionnaires were distributed and the respondents were requested to return the questionnaires anonymously to a central point to prevent the completed questionnaire from being linked to the respondents.

3.12 Conclusion

In chapter three the research design and methodology that were used for this study was described. Chapter four will follow with the discussion of the research results and data analysis.

CHAPTER FOUR

Results and discussion of findings

4.1 Introduction

In chapter three the research design and methodology used in the conducting of the study was described in detail. Chapter four will focus on the analysis of the data which will be described in tables, figures and a circular diagram. The researcher's objectives were to determine whether a difference exists in the global emotional intelligence of Pupil Enrolled Nurses in the beginning of their course and six months later, and to obtain baseline data regarding their emotional functioning and to make recommendations for future training.

4.2 Demographic data

Of the total number of students (N=87) who enrolled for the programme leading to enrolment as a pupil nurse in the first block of their first year, 84 students agreed to participate in the study by completing the questionnaires. During the 2nd data collection after 6 months, 71 questionnaires were returned because some students were absent and others voluntarily chose not to participate or to withdraw at any time. The response rate therefore was 97% for the first collection and 82% for the second data collection

Part 1 of the questionnaire explored the demographic information of the respondents, which are presented in Table 4.1

Table 4.1 Demographic information of respondents (n=84).

Biographical data	*n*	%
Gender: Male	5	5.95
Female	79	94.04
Age:		
20-30	52	61.90
31-40	18	21.43
41-50	13	15.48
51-60	1	1.19
Single	67	79.76
Married	17	20.24
Children		
0	51	60.71
1	11	13.10
2	12	14.29
3	10	11.90
4	0	0
Dependants		
0	68	80.95
1	4	4.76
2	8	9.52
3	2	2.38
4	1	1.19
8	1	1.19
Experience in nursing:		
1-3 months	56	66.67
3-6 months	1	1.19
6-12 months	2	2.38
1 year and more	25	29.76

n=frequency; %=percentage

An overview of the distribution of the respondents' demographic information indicates that the majority of respondents were female.

This type of gender split has also been recorded by the South African Nursing Council statistics (2009a) and it approximates the population parameter for the profession (Towell 2011). From the highlighted information gathered, it also shows that most of the pupil enrolled nurses (n=52; 61.90%) who started their training, are of a younger age (20-30 years). See Figure 1. Most of participants are single with little experience and 60.71% of the respondents have no dependents or children.

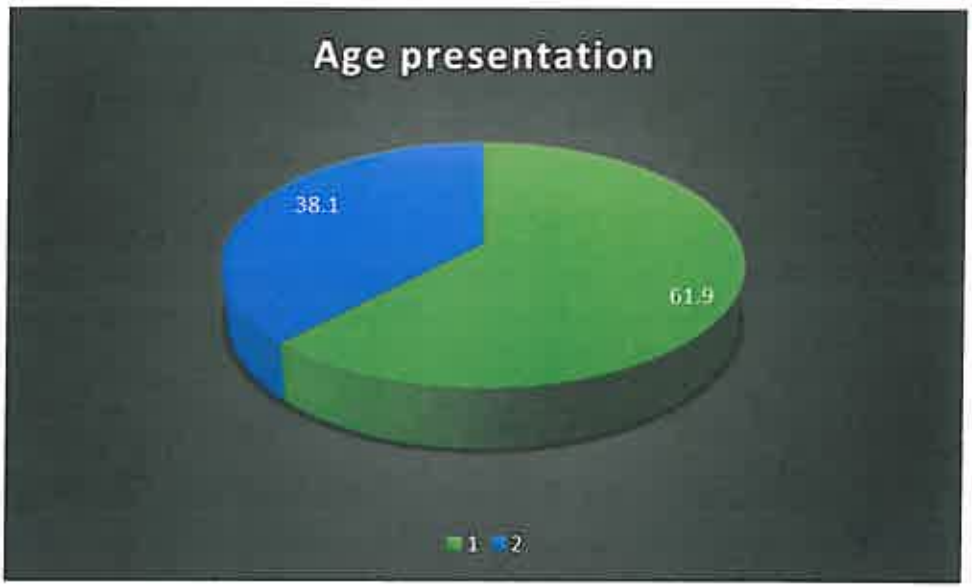


Figure 1 Age presentation in percentage (n=84)

1= <30 years; 2 = >30 years and older

It can be assumed, that a younger group of Pupil Enrolled Nurses who entered nurse training had limited exposure to traumatised people or intense interpersonal interactions with life and suffering, which is an important characteristic to explore in association with Emotional Intelligence. For the purpose of analysis the age group was divided into <30 years (n=52) and >30 years of age (n=32)

4.3 Results of global Trait Emotional Intelligence Short Form (TEIQue-SF) score

In part two of the questionnaire (Appendix A part 2) the researcher determined the global Emotional Intelligence of the group at the beginning and again after 6 months of being exposed to nursing theory and practice. Respondents were requested to mark 30 Questions of the shortened Trait Emotional Intelligence Questionnaire (TEIQue-SF) on a Likert scale of 1(completely disagree – 7 completely agree. The maximum score that could be obtained from the Likert scale is: 30 Questions x 7 = 210.

A Skewness/Kurtosis test for normality showed that data obtained from test 1 and test 2 were normally distributed around the mean: Test 1: (n=84; 0.15 – 0.49; Chi2=0.2624) and Test 2: (n=71; 0.19 – 0.36; Chi2=0.2601)

The global Emotional Intelligence scores obtained from Test 1 and Test 2 were examined with the two-sample t-test and presented in table 4.2

Table 4.2 Global Emotional Intelligence scores at the beginning of the course (Test 1) and six months later (Test 2)

Test	n	$\bar{X}$=mean	SD	[95 Conf. Interval]	p-value
1	84	146.24	18.03	142.33	0.11
2	71	141.17	21.41	136.10	

n=frequency; $\bar{X}$=mean; SD=Standard deviation; p=value of significance (<0.05)

From Table 4.2, no statistical difference (two sided p=>0.05) was noted between the mean scores of the first test ($\bar{X}$=146.24; SD=18.03) and the mean scores of the second test ($\bar{X}$=141.34; SD=21.41) as the p value was 0.11 which is greater than 0.05. It can be deduced that 6 months' exposure to theoretical and clinical nursing had little effect on the global emotional intelligence scores of the respondents. Although mean scores were not used in previous reviews the mean of 155.98 is however an indication of a higher range of emotional intelligence (Heffernan et al 2010 and Towel 2011).

In Figure 2 the global TEIQue-SF is illustrated according to the grading (Below Average, Average and Above Average in percentages).

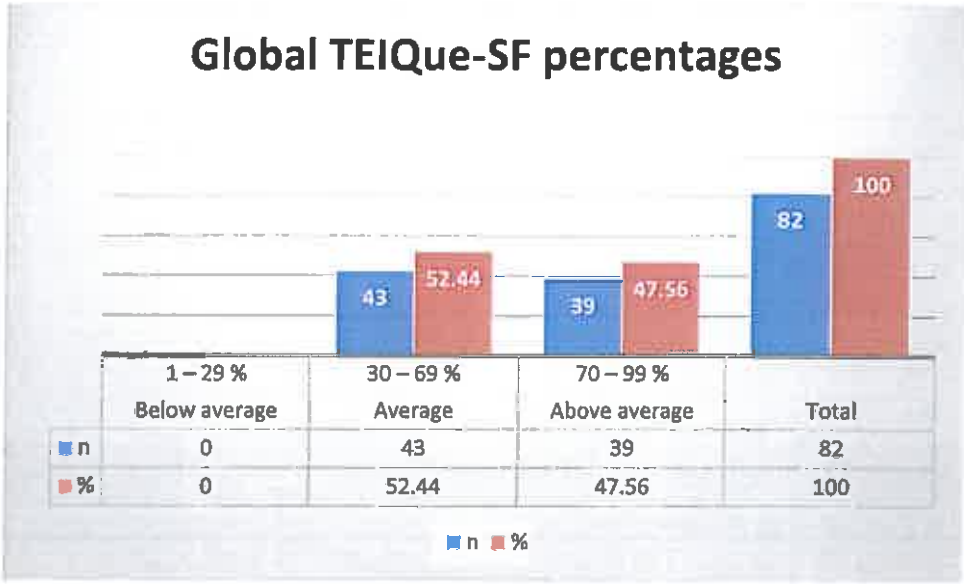


Figure 2 Global TEIQue-SF percentages of n=84

4.4 Four factor analysis of emotional functioning

While the global TEIQue-SF score provides a broad overview of the emotional intelligence, the four factors, well-being, self-control, emotionality and sociability are detailed and focused descriptions of the respondents' emotional functioning.

To highlight the strengths of the four factors of emotional functioning, the data obtained from the TEIQue-SF was computed and described as average percentages and reported (Appendix E) by Petrides (2002-2015). Scores are graded as follows:
Above average: includes scores ranging from 70-90%
Average: scores ranging from 30-69% and
Below average: Scores ranging from 1-29% (Appendix E)

The results from the four factor scores of emotional functioning are presented in frequencies and percentages as per above grading (Tables 4.4 – 4.7).

Table 4.3 Emotional functioning: Emotionality (8 Questions x 7 = 56 Total)

	Grading	n	%
Below average	1 – 29 %	0	0.00
Average	30 – 69 %	42	53.16
Above average	70 – 99 %	37	46.84
Total		79	100.00

n=frequency; % = Percentage

Table 4.4 Emotional functioning: Sociability (6 Questions x 7 = 42 Total)

	Grading	n	%
Below average	1 – 29 %	1	1.25
Average	30 – 69 %	52	65.00
Above average	70 – 99 %	27	33.75
Total		80	100.00

n=frequency; % = Percentage

Table 4.5 Emotional functioning: Self-control (6 Questions x 7 = 42 Total)

	Grading	n	%
Below average	1 – 29 %	0	0.00
Average	30 – 69 %	47	57.32
Above average	70 – 99 %	35	42.68
Total		82	100.00

n=frequency; % = Percentage

Table 4.6 Emotional functioning: Well-being (6 Questions x 7 = 42 Total)

	Grading	n	%
Below average	1 – 29 %	1	1.30
Average	30 – 69 %	15	19.48
Above average	70 – 99 %	61	79.22
Total		77	100.00

n=frequency; % = Percentage

From the highlighted results in the above Tables 4.4 – 4.7 it is clear that respondents' emotional functioning scores for emotionality, sociability and self-control were average however most respondents (n=61; 79.22%) scored above average for well-being (Table 4.7). This could be an indication that the pupil enrolled nurses are cheerful and optimistic about their future (Petrides, 2015).

4.5 Analysis of global Emotional Intelligence and emotional functioning in relation to age

In the next section, associations between age groups (30 years and >30 years) of the respondents (n=84) and emotional functioning were assessed using the Pearson chi-square test of significance (p=<0.05) and the Fisher's exact test to determine whether the observed frequencies in each factor and the global emotional intelligence were significantly different from what would be expected by chance.

Table 4.7 Age groups and global Emotional Intelligence

Age in years	Frequency	% Below Average	% Average	% Above Average	Chi2 p-value
<30	51		52.94	47.06	0.907
>30	31		51.61	48.39	

<=younger than 30 years; >older than 30 years; %=percentage; p=value of significance (<0.05)

Table 4.8 Age groups and emotionality

Age in years	Frequency	% Below Average	% Average	% Above Average	Chi2 p-value
<30	52		48.08	51.92	0.209
>30	27		62.96	37.04	

<=younger than 30 years; >older than 30 years; %=percentage; p=value of significance (<0.05)

Table 4.9 Age groups and Sociability

Age in years	Frequency	(n) Below Average	(n) Average	(n) Above Average	Fisher's exact
<30	48	1	34	13	0.226
>30	32	0	18	14	

<=younger than 30 years; >older than 30 years; n=frequency

Table 4.10 Age groups and Self-Control

Age in years	Frequency	% Below Average	%Average	%Above Average	Chi2 p-value
<30	50		58.00	42.00	0.876
>30	32		56.25	43.75	

<=younger than 30 years; >older than 30 years; %=percentage; p=value of significance (<0.05)

Table 4.11 Age groups and Well-being

Age in years	Frequency	(n) Below Average	(n) Average	(n) Above Average	Fisher's exact
<30	49	1	9	39	0.856
>30	32	0	6	22	

<=younger than 30 years; >older than 30 years; n=frequency

From Tables 4.8 – 4.12 it can be deduced that there is no association between age and the global Emotional Intelligence as well as the four factors of emotional functioning of 84 Pupil Enrolled Nurses at the beginning of their course at the training campus.

4.5 Summary

In Summary, the TEIQue-SF was developed by Petrides and the scores are generally reported with average percentage on 3 levels:

Below Average, Average and Above Average. For the purpose of understanding the results in practice, the global Emotional Intelligence and the four factors of emotional functioning are described in Table 4.13 and illustrated in Figure 3 in reference to the report from Thomson International (Petrides 2002-2005)

Table 4.12 Summary of global TEIQue-SF scores and emotional functionality

	Grading	Global Emotional intelligence		Emotionality		Sociability		Self-control		Well-being	
		n	%	n	%	n	%	n	%	n	%
Below Average	1-29%	0	0.00	0	0.00	1	1.25	0	0.00	1	1.30
Average	30-69%	43	52.44	42	53.16	52	65.00	47	57.32	15	19.48
Above Average	70-99%	39	47.56	37	46.84	27	33.75	35	42.68	61	79.22
Total	100%	82	100.00	79	100.00	80	100.00	82	100.00	77	100.00

n=frequency; % = Percentage

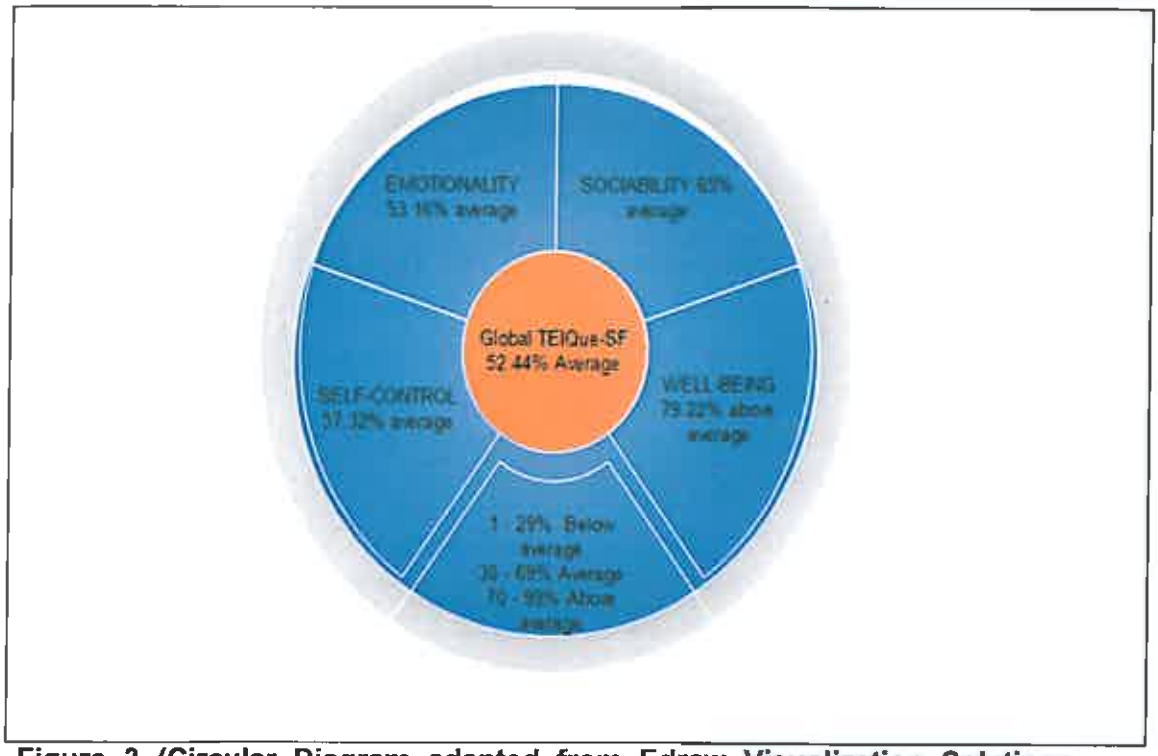


Figure 3 (Circular Diagram adapted from Edraw Visualization Solutions 2004-2016)

4.6 Conclusion

In chapter four the data collected in the beginning of the Pupil Enrolled Nurses course and six months later were analysed to see whether there was a difference in global emotional intelligence of the Pupil Enrolled Nurses in the beginning of their course and six months later. Associations were explored between the four factors of emotional functioning and the age groups. No differences in global Emotional Intelligence were observed between the mean and average percentage scores of test 1 and test 2 and no association was found between the age groups (<30 years and >30 years of age) and emotional functionality factors. Chapter five will follow with discussions limitations, recommendations and conclusions.

CHAPTER FIVE

Discussion of findings, Conclusions, recommendation and limitations

5.1 Introduction

Chapter four included the data analysis of the pupil enrolled nurses at the beginning of their training of the course leading to enrolment as a nurse R2175. In Chapter five the results and the relevance of Emotional intelligence (TEIQue-score) in nursing as well as the importance of emotional functioning (emotionality, sociability, self-control and wellbeing) will be discussed. Recommendations and limitations will also be discussed.

5.2 Discussion

This study was undertaken to explore and describe the emotional intelligence of the first year Pupil Enrolled Nurses at a private nursing campus in Gauteng South Africa in order to determine whether there are differences in the emotional intelligence from the beginning of the programme, and six months later after being exposed to the theoretical and clinical nursing program leading to enrolment as a Nurse.

5.2.1 Description of the participant's demographical information

The biographical information is of importance in this study because the literature shows that age, gender, experience in nursing as well as the responsibilities play a role in the development of Emotional Intelligence. In South Africa, nurses tend to enter the profession at a later stage due to various reasons which extend outside the scope of this study. The findings in this study show that the majority of Pupil Enrolled nurses were females of a younger age with no additional responsibilities, dependants or children.

Although research has also shown that emotional intelligence increases with age and is higher amongst females than males (Snowden et. al 2014), no association could be found between age and Emotional Intelligence in the context of this study.

5.2.2 Global TEIQue-SF score

Research indicates emotional intelligence varies among health care professionals and that a higher EI has benefits for the students and the patients they care for (Faguy, 2012). It would seem that there is no difference between the average TEIQue-SF score of Pupil Enrolled Nurses at the beginning of their training or six months later. The researcher assumed that the TEIQue-SF score would increase after 6 months of nursing training as students are exposed to vulnerable patients and the demands of the course, but research done by Snowden also shows that emotional intelligence does not necessarily increase with more experienced in nursing (Snowden et al 2014). Most of the scores were found to be at an average percentage level but one would expect Pupil Enrolled nurse who are in contact with patients' who are traumatised physically or emotionally, should be able to manage their own emotions and recognise the patient's feelings on a higher level of emotional intelligence (Wilson et al. 2008).

5.2.3 Emotional functioning: emotionality, sociability, self-control and well-being.

Although the results of the study do not show statistical changes in the Emotional Intelligence of the students after six months, the baseline data gathered is valuable for future emotional intelligence measuring and recommendations for training and curriculum development. In order for nursing students to gain confidence, effective communication skills, and the ability to convey hope and positive regard for others within their relationships, they should recognise and understand emotions. Accepting such emotions and validating this experience is essential when establishing a relationship (Petrides 2015).

As indicated, the students' scores were also average for, emotionality, sociability and self-control, with the exception of an above average score for well-being.

The average score of the components of emotionality which consist of; empathy, emotion perception, emotion expression and relationship are in correlation with research studies that has shown that nurses often do not feel well prepared for the social, interpersonal and emotional demands of their roles (McQueen 2003). The average emotionality score indicates how likely Pupil Enrolled Nurses are aware of their own feelings and the feelings of others, how much do they trust others to whom they must comfortably express their own emotions. The question can then be asked: Will they be able to recognise emotional signals from patients?

The average score on sociability describes how comfortable the Pupil Enrolled Nurses are within formal and informal social gatherings. This average score also suggests how confident they are in dealing with different patients and the influence they can have on their patients. The researcher mentioned that Pupil Enrolled Nurses experience the comprehensive assessment of the patients extremely difficult and stressful. An important question the Pupil Enrolled nurses had to answer, as stipulated in Chapter 3, was: "Can I deal effectively with people?" During the comprehensive assessments Pupil Enrolled Nurses need to portray high levels of confidence to develop meaningful nurse-patient relationships. An average score on sociability also suggests that they might not be comfortable in interactions with patients they do not know (Petrides 2002-2015).

Self-control describes how well the Pupil Enrolled Nurses can control and regulate their emotions in stressful situations. Pupil Enrolled Nurses are exposed to a highly stressful nursing environment and they need to be physically and emotionally equipped to deal with those situations. They need to be calm when planning appropriate nursing care and the demands of their patients (Hyland 2009).

Pupil Enrolled Nurses in this study scored above average on their well-being, which consists of feelings of happiness, optimism and good self-esteem.

This above average well-being score suggests the Pupil Enrolled Nurses are likely to enjoy life and expect positive things to happen in their lives, but higher levels of well-being can help the students to remain confident in the face of adversity. These findings are within the description of the group of being, young with no additional responsibilities, dependants or children and also as observed by the researcher.

5.3. Recommendation for education

The findings of this study highlighted the importance of the four factors of emotional functioning as identified by Petrides 2015, namely emotionality, sociability, self-control and wellbeing are important for effective relationships with other people. Improving emotional intelligence amongst student nurses and educators will prepare them to manage emotional demands within the clinical setting (Fernandez 2012). Nursing curricula should include these four factors as they are critical to quality nursing care (Kaur 2013 & Freshman and Stickley 2004).

Nursing education institutions can introduce emotional intelligence into their recruitment process, which will improve the chances of selecting people who are most likely to be more caring and compassionate (Department of Health 2012).

Emotional intelligence can be developed and nursing education institutions needs to recognise the importance of including emotional intelligence in the nursing practice. Due to the positive influence of emotional intelligence on interpersonal relationships and work satisfaction; the researcher concludes that emotional intelligence is important within nursing education (Gorgens-Ekermans 2012 and Rangrazian 2014).

The following suggestions will be presented to the nursing education campus management:

Emotional intelligence does form the core of human relations and nursing practice. The need for inclusion of emotional intelligence in nursing education for the Pupil Enrolled nurses has been identified, but also the need for educators to be aware of emotional intelligence within nursing education. Research suggests that emotional intelligence can be included via different sessions, which include the emotional intelligence elements such as self-esteem, sympathy, interpersonal relationships, adapting to stressful situations, decision making, optimism and happiness, within the Pupil Enrolled Nurses Programme and has proven to be an effective method to improve the emotional intelligence of nurses (Rangrazian et al. 2014).

Introduction to emotional intelligence can be implemented by nursing education institutions to all the students during their first week at campus as part of orientation.

5.4 Recommendations for practice

Workshops have been shown to be effective in emotional intelligence training (Stys and Brown 2011). Workshops could be implemented by means of the following; two day workshop: first day, to help students and educators to develop emotional awareness within themselves and others, followed with a 2nd day workshop that allows students and educators to practice emotional intelligence behaviour and another two day workshop following later in the year that will focus on the short comings of the students and educators through individual counselling. These workshops could form part of the Continuous Professional Development (CPD) programme of the nursing education institutions.

5.5 Recommendations for future research

Literature suggests that there is limited research on the emotional intelligence of nurses (Fernandez 2012). The global TEIQue-SF score obtained could be used

as a future baseline. Permission could be asked to use the formal TEIQue-SF questionnaire in order to get baseline data of all students and educators prior to commencement of recommended sessions and workshops and post-programmes.

The findings of this study highlight the importance of emotional intelligence and the importance of further research needed on emotional intelligence. It would be recommended that this same study should be done over a longer period than six months. The researcher suggests an initial baseline test for new Pupil Enrolled Nurses and further annual tests for the duration of their studies.

5.6 Limitations

The following limitations were identified for this study:

- Information cannot be generalised as data was obtained from one student group at a selected nursing education institution.
- The study was done within a short period of time being six months and this can have an effect on the results.
- Respondents had the freedom not to participate during the first and second tests in their sixth months of training. In the second test the response rate was lower than in the first test.
- Data collected with TEIQue-SF questionnaire is reliant on self-reporting and can lead to response bias (McGrath et al. 2010).

5.7 Conclusion

As concluded in this study of the Pupil Enrolled Nurses, it was evident that the emotional intelligence of the students was average at the beginning of their training and six months later and although no difference was noted of the global TEIQue-SF and emotional functioning: emotionality, sociability and self-control.

It was enlightening however, that this group of Pupil Enrolled Nurses could sustain their emotional functionality of well-being despite the exposure to a challenging environment of dealing with patients complaints, diseases, grieving

families, unpredictable activities, continuous evaluation of their performance by colleagues and educators (Mayer & Salovey, 1990). It is also reassuring to know that most of the students start their training with an average Emotional Intelligence, which may be an advantage to them despite their fears of being in a one to one session with patients when assessments are done,

Patients do not always perceive life as a happy, positive place and nurses need to be sensitive to these feelings experienced by the patients, and conscious efforts should be made to notice negative feelings expressed by the patients (Petrides 2002-2015).

Much of our nursing success is based on practical skills, knowledge and experience, but another crucial part is Emotional Intelligence; therefore the importance of future development of above average emotional functioning amongst nurses and training could improve understanding of themselves and the patients.

Appendix A Part one

DEMOGRAPHIC DATA

Please indicate by X in block provided

AGE	20 - 30		31- 40		41 - 50		51 - 60	
GENDER	MALE							
	FEMALE							
MARITAL STATUS	MARRIED		SINGLE					
DEPENDANTS/ CHILDREN(indicate in number)	CHILDREN		DEPENDANTS					
Experience in nursing	1-3 moths		3-6 months		6-12 months		1 year and more	

Appendix A Part two

Adapted TEIQue-SF

Instructions: Please answer each statement below by putting a circle around the number that best Reflects your degree of agreement or disagreement with that statement. Do not think too long about the exact meaning of the statements. Work quickly and try to answer as accurately as possible. There are No right or wrong answers. There are seven possible responses to each statement ranging from 'Completely Disagree' (number 1) to 'Completely Agree' (number 7).

1 . . . . . 2 . . . . . 3 . . . . . 4 . . . . . 5 . . . . . 6 7

Completely Disagree — **Completely Agree**

1. Expressing my emotions with words is not a problem for me	1	2	3	4	5	6	7
2. I often find it difficult to see things from another person's view	1	2	3	4	5	6	7
3. On the whole, I'm a highly motivated person	1	2	3	4	5	6	7
4. I usually find it difficult to regulate my emotions	1	2	3	4	5	6	7
5. I generally don't find life enjoyable	1	2	3	4	5	6	7
6. I can deal effectively with people	1	2	3	4	5	6	7
7. I tend to change my mind frequently	1	2	3	4	5	6	7
8. Many times, I can't figure out what emotion I'm feeling	1	2	3	4	5	6	7
9. I feel that I have a number of good qualities	1	2	3	4	5	6	7
10. I often find it difficult to stand up for my rights	1	2	3	4	5	6	7
11. I'm usually able to influence the way other people feel	1	2	3	4	5	6	7
12. On the whole, I have a gloomy perspective on most things	1	2	3	4	5	6	7
13. Those close to me often complain that I don't treat them right	1	2	3	4	5	6	7
14. I often find it difficult to adjust my life according to the circumstances	1	2	3	4	5	6	7
15. On the whole, I'm able to deal with stress	1	2	3	4	5	6	7
16. I often find it difficult to show my affection to those close to me	1	2	3	4	5	6	7
17. I'm normally able to "get into someone's shoes" and experience their Emotions	1	2	3	4	5	6	7
18. I Normally find it difficult to keep myself motivated	1	2	3	4	5	6	7
19. I'm usually able to find ways to control my emotions when I want to.	1	2	3	4	5	6	7
20. On the whole, I'm pleased with my life.	1	2	3	4	5	6	7
21. I would describe myself as good negotiator.	1	2	3	4	5	6	7
22. I tend to get involved in things I later wish I could get out of.	1	2	3	4	5	6	7
23. I often pause and think about my feelings.	1	2	3	4	5	6	7
24. I believe I am full of personal strengths.	1	2	3	4	5	6	7
25. I tend to "back down" even if I know I'm right.	1	2	3	4	5	6	7
26. I don't seem to have any power at all over people's feelings.	1	2	3	4	5	6	7
27. I generally believe that things will work out fine in my life.	1	2	3	4	5	6	7
28. I find it difficult to bond well even with those close to me.	1	2	3	4	5	6	7
29. Generally, I'm able to adapt to new environments.	1	2	3	4	5	6	7
30. Others admire me for being relaxed.	1	2	3	4	5	6	7

Appendix B

R14/49 Ms Lilian De Lange

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)

CLEARANCE CERTIFICATE NO. M150320

NAME: (Principal Investigator)	Ms Lilian De Lange
DEPARTMENT:	Nursing Education Netcare Education Gauteng North-East Campus
PROJECT TITLE:	Emotional Intelligence of First Year Pupil Enrolled Nurses at a Private Campus in Gauteng
DATE CONSIDERED:	27/03/2015
DECISION:	Approved unconditionally
CONDITIONS:	
SUPERVISOR:	Annalie van den Heever
APPROVED BY:	Professor P Cleaton-Jones, Chairperson, HREC (Medical)
DATE OF APPROVAL:	15/05/2015

This clearance certificate is valid for 5 years from date of approval. Extension may be applied for.

DECLARATION OF INVESTIGATORS

To be completed in duplicate and **ONE COPY** returned to the Secretary in Room 10004, 10th floor, Senate House, University.

I/we fully understand the conditions under which I am/we are authorized to carry out the above-mentioned research and I/we undertake to ensure compliance with these conditions. Should any departure be contemplated, from the research protocol as approved, I/we undertake to resubmit the application to the Committee. I agree to submit a yearly progress report.

Principal Investigator Signature _____ Date _____

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES

Appendix C

NETCARE

For Carers of the Future

Trading as Netcare Training Academy known as
Netcare Education Gauteng North East Campus, S1588
Tel + 27 (012) 644-4900 | Fax + 27 086 767 3762
Block B Crystal Park Office, 249 Basden Ave Lyttelton South Africa
PO Box 22041 Lyttelton 0140, South Africa

4/3/2015

Dear Me L De Lange

RESEARCH : **EMOTIONAL INTELLIGENCE OF FIRST YEAR PUPIL ENROLLED NURSES AT A PRIVATE NURSING CAMPUS IN GAUTENG**

You are welcome to conduct your research titled: Emotional Intelligence Of First Year Pupil Enrolled Nurses At A Private Nursing Campus In Gauteng, at the Gauteng North East campus provided that you obtain ethical clearance from your educational institution.

Thank you

Yours in Education

Rene Schaefer

(Campus Manager)

Appendix D

TITLE: THE EMOTIONAL INTELLIGENCE OF FIRST YEAR PUPIL ENROLLED NURSES AT A PRIVATE NURSING CAMPUS IN GAUTENG

THE RESEARCHER : L. De Lange

Dear Student

My name is Lily, and I am currently busy with my Masters in Nursing Education. Part of the requirements for the degree is to complete a research study. My topic of interest is Emotional Intelligence.

Emotional intelligence indicates that you can recognise your own feelings and feelings of other people, to differentiate between them and then using this information to guide you in your own thinking and reactions to these feelings. It is all about understanding you're own and other people's feelings. I am interested to see whether exposure to nursing has an impact on emotional intelligence.

May I invite you to consider volunteering as a participant in the study? You can complete the questionnaire anonymously. The questionnaire will be provided before you start your course and six months after. Completed questionnaires will be posted by the participants in a sealed box marked "COMPLETED QUESTIONAIRS" at the Nursing Education Campus and collected by the researcher.

Please take note that information will not influence any of your current theoretical or practical marks.

I will keep record of the questionnaires in a secure place, because there are no names on the questionnaires your identity will not be revealed when I present my research to Wits University.

This study and procedures I followed will be approved by the Health and Research Committees of Witwatersrand of University.

Thank you for taking the time and interest to read this and if you do participate many thanks in advance. Completing the questionnaire serves as consent to participate.

Thank you for your willingness to participate

Lilian de Lange - 0828733356

Appendix E

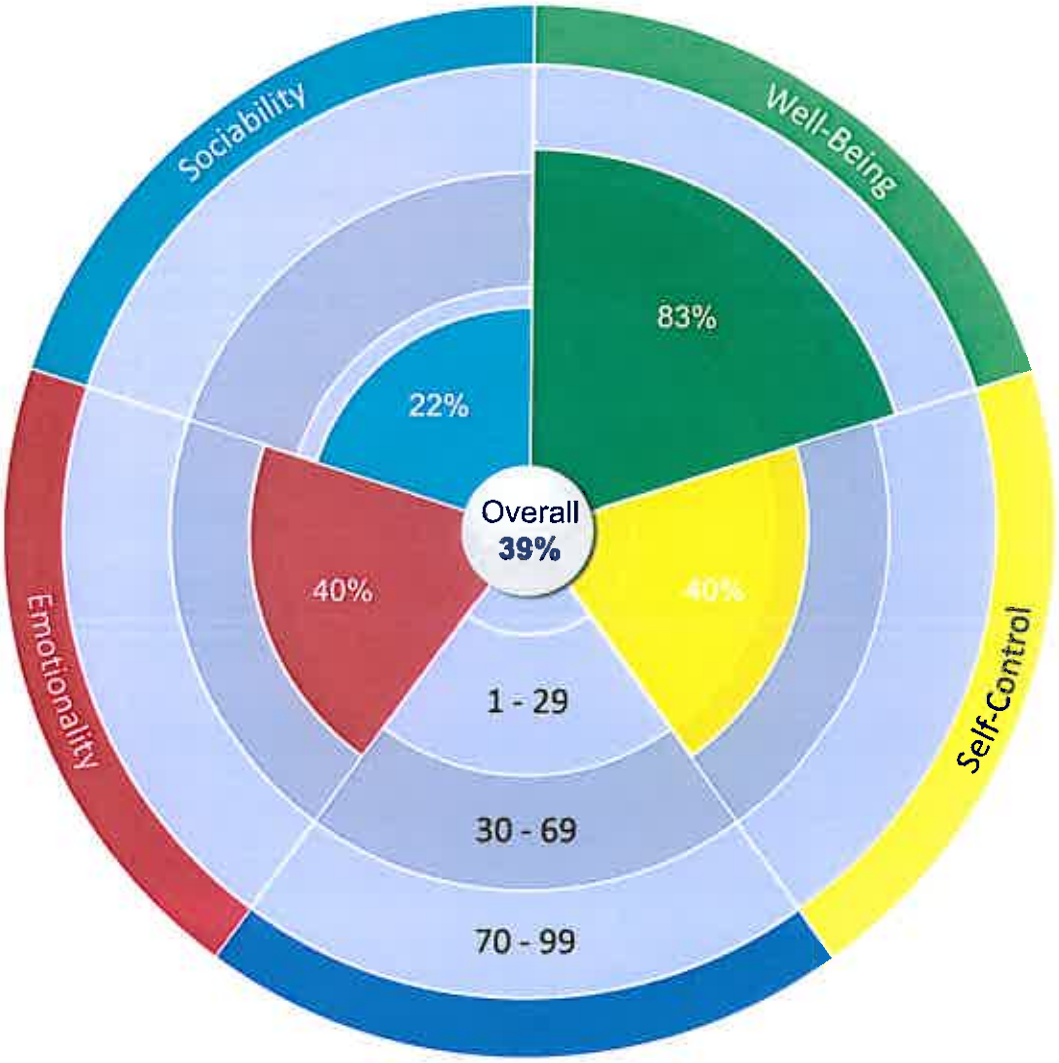
thomas

TEIQue-SF

United Kingdom Norms: 2012

Trait Emotional Intelligence - Short Form:
Thomas Sample

12/03/2015
Private and Confidential



INTRODUCTION TO THE SHORT VERSION OF THE TRAIT EMOTIONAL INTELLIGENCE QUESTIONNAIRE (TEIQue Short Form)

This report provides you with information and guidance which can help you become more aware of your emotional intelligence. It provides a basis for development and training activities. Before going any further please read this introduction. It provides the background you need to understand and use your report.

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What is emotional intelligence and why is it important

How well do we understand ourselves and other people? How do we approach crucial relationships? These are the issues in every aspect of our home, social and work life.

Much of our work success is based on our skills, knowledge and experience, but another crucial part depends on how we get on with colleagues, managers, direct reports, suppliers and customers. We need to understand ourselves and the way we come across, as well as understand what makes other people tick.

Emotional intelligence is important in a variety of work areas such as leadership and management, team and project work, and all types of customer relationship. It also affects our family and social life.

Background

This report is based on your responses to the short version of the emotional intelligence questionnaire. It is therefore a reflection of how you see yourself. Your scores have been compared to the responses of a representative UK population sample, then reported under the headings of four broad main factors.

Please note that the inferences made in this report are generalised and can be explored further by completing the full TEIQue form, which measures each component of the four factors in more depth.

Scores

Your scores are reported in three different banding categories: Above Average: includes scores that range from 70%-99%, Average: 30%-69%, Below Average: 1%-29%.

The use of the word "average" does not imply that you can achieve good or bad scores on this questionnaire. The percentages indicate how you responded as compared with the other people who filled in the questionnaire during its development.

There is no right or wrong way of using emotional intelligence. There are positive and negative implications for all the different scores on this questionnaire.

How to think about your report

Put the scores and these comments in the context of your life and work when you are thinking about them. Ask questions like: What am I trying to achieve? Where do I have problems in relationships with other people? What aspects of my emotional intelligence are particularly important in my work or personal life?

If you would like to explore this in more depth, we would recommend completing the full TEIQue questionnaire.

Uses

The Trait Emotional Intelligence Questionnaire is used for a number of purposes. Examples of these are: work and life coaching, talent development, appraisals, leadership training, measuring organisational commitment, organisational change and behaviour, recruitment and selection, and team building.

It is important that you understand why you have been asked to fill in the TEIQue Short Form and how the score will be used to benefit you.

This report has been produced by Thomas International. Further information can be obtained at http://www.thomasinternational.net

The TEIQue Short Form was developed by K. V. Petrides, PhD at the London Psychometric Laboratory in University College London (UCL).

Factor scores

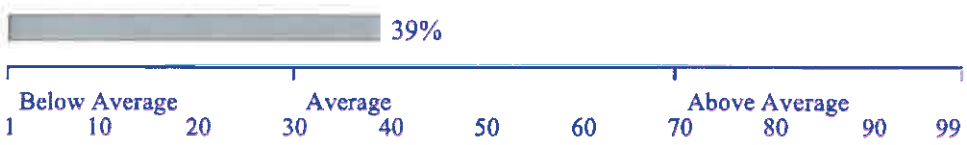
Below are your scores on the four factors of the TEIQue Short Form. Trait emotional intelligence comprises of four broad categories called "factors". These are: Well-being, Self-control, Emotionality and Sociability. Factors represent a level of measurement that is broader than that of facets. Facet scores are not included in this report as they are measured by the full TEIQue questionnaire.

The trade-off between the various levels of measurement (facet-factor-global) concerns breadth versus depth. At the facet level, descriptions are detailed and focused, whereas at the global level, descriptions give a broad overview. The factor level presented in this report provides a useful level of intermediate measurement and description.

Your scores on the TEIQue Short Form

The next part of the report gives descriptions of the global EI score and the four factors as well as an explanation of your results.

GLOBAL SCORE

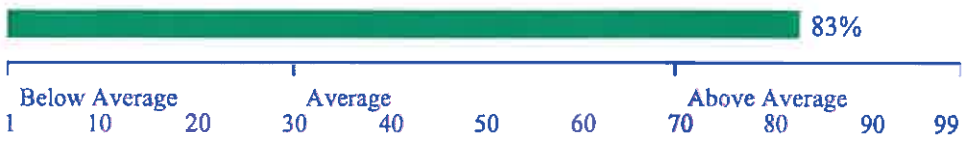


The global score gives you a snapshot of your general emotional functioning. It alludes to your own perceived capacity to understand, process and use information about your emotions and the emotions of other people in your everyday life. It is important to note that the global score is very broad, but it is made up of more focused factor scores. These factor scores are included later in this report with commentaries highlighting strengths and areas of development as well as strategies you can adopt. Please refer to the factor scale for more detail about certain aspects of your general emotional functioning.

Average scores

Your global score suggests are in the average band: some people see themselves as more emotionally developed than you, while others view themselves as less emotionally developed. Your score is based on your own view of yourself and suggests that certain events and environments may challenge your capacity to understand, process, and utilise emotional information. At other times you will cope easily and well. It is important to note that the global score is very broad in comparison to the factor scores and the associated commentaries included in this report. Please refer to the factor scale for more detail about certain aspects of your general emotional functioning.

WELL-BEING



The Well-being factor comprises three different traits: Happiness, Optimism and Self-esteem. They measure how people judge their general level of life satisfaction. Well-being reflects people's perceptions of how cheerful and content they usually feel, whether they are optimistic about the future and how much they value themselves.

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Your Well-being score suggests that you are likely to be more upbeat and fulfilled than most people. You are likely to enjoy life and expect positive things to happen to them. Higher levels of Well-being can help you remain confident in the face of adversity.

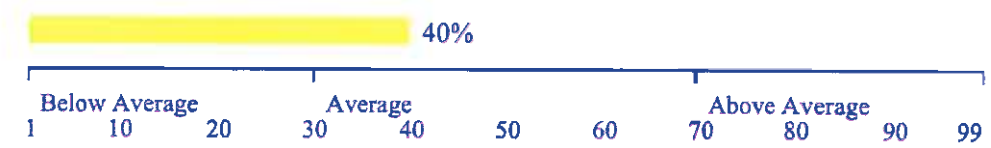
Answering the questions below will give you a better understanding of your Well-being score:

- How realistic are you when estimating of your abilities?
- Are you accurate about how quickly and easily you can achieve goals and positive outcomes?
- Do you have a tendency to be over-optimistic, self-satisfied or complacent?

Often others do not see the world as such a positive place and you may sometimes need to adapt to their view.

If at times you feel that things are not turning out as you expect, it might be useful to make a conscious effort to notice negative incidents that could provide you with a more realistic understanding of situations.

SELF-CONTROL



The Self-control factor describes how far people think they can control their impulses or are controlled by them. It comprises three different traits: Impulse Control, Stress Management and Emotional Regulation.

It addresses a number of important questions:

- Do you resist urges and consider their consequences before acting?
- How well do you cope with stress in your personal and professional life?

Average

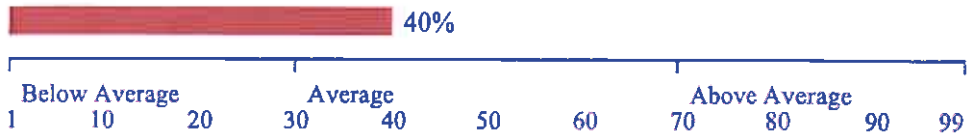
Your Self-control score suggests that you feel as comfortable controlling your emotions, impulses and stress as most people. Although you may give in to strong impulses, you generally know when it is appropriate to be spontaneous, and when careful planning is required.

Answering the following questions may give you a better understanding of your level of Self-control:

- Do you tend to remain relatively calm under pressure?
- When making decisions, are you inclined to combine more formal analysis with gut feeling?

There may be times when it is appropriate to either speed up the decision-making process or spend more time carefully considering the facts.

EMOTIONALITY



The Emotionality factor comprises four different traits: Empathy, Emotion Perception, Emotion Expression and Relationships. Together they indicate how aware you may be of your own emotions and feelings, as well as those of other people. Scores on these traits tend to reflect how highly you value this 'emotional literacy' and when and how you make use of it. Self-aware people, who use emotionality in a balanced way, respond compassionately towards the emotions and feelings of others at the right time. They also express their own feelings clearly and understandably and don't let emotions and perceptions prevent them from thinking logically. These qualities are important in order to work effectively with other people.

Average

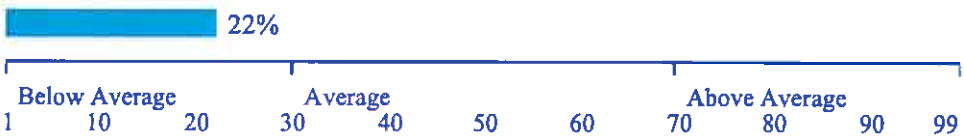
Your Emotionality score suggests that you are as likely to be aware of your own feelings and the feelings of others as most people.

Your score implies that you are comfortable expressing your internal emotional states to people in contexts which merit trust. Staying aware of the reactions of others when you are sharing feelings could be helpful since many people will have different levels of comfort with emotional openness.

Answering the questions below will give you a better understanding of your Emotionality score:

- Can you recognise the emotional signals other people give off or the emotional signals you are transmitting?
- Do you make objective decisions based on facts or on emotions? Can you think of examples?
- Can you think of situations where you have missed, ignored or misinterpreted emotional hints or signals? What were the results of this?
- In situations when your feelings overwhelm you, do you find that acknowledging and reflecting on them helps you to get them under control?

SOCIABILITY



The Sociability factor describes how comfortable people feel in different social contexts, from parties and social gatherings to formal business meetings. In completing the questionnaire, you have suggested how confident you feel in dealing with diverse sorts of people, how far you believe you influence others, and how comfortable you are in arguing your corner. Sociability is an important factor in leadership positions. It helps leaders motivate a variety of people in order to achieve goals and resolve difficult situations and underperformance. The Sociability factor is a combination of Emotion Management, Assertiveness and Social Awareness traits.

Below Average

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Your Sociability score suggests that you feel less comfortable in social contexts than most people. This may mean you particularly enjoy jobs which require concentration on process details and little social contact. However in many situations, dealing with other people is unavoidable.

You may find it beneficial to observe the way others are behaving in order to gauge the situation.

You seem to be more agreeable and accommodating than other people. This can be beneficial when a compromise has to be achieved in personal or work relationships. If you find it difficult to argue for your case in front of others, try to think of other ways to get your views across.

These questions will allow you to reflect on your behaviour related to Sociability:

- Do you like interacting with people from different backgrounds, with different skills and views?
- Are there types of people you don't like interacting with?
- How confident do you feel around people you do not know well?
- Do you enjoy quieter activities or socialising with small groups of people?
- Do you always stand up for your opinions or do you tend to give in to others who argue more? Can you think of examples?

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Appendix F

Lilian De Lange

Clinical Facilitator

Netcare Education: Gauteng North East Campus S 1588

Netcare Hospital Management (Pty) Ltd

Trading as Netcare Training Academy known as Netcare Education

Building D, Crystal Park,

249 Basden Avenue

Good day

My name is Lily and is currently a Master student in Nursing Education at Witwatersrand University in Johannesburg. My research topic is Emotional intelligence. I would like to do a comparison study amongst student nurses on their Emotional intelligence and their practical performance. I have been in contact with two Master students in South Africa that had permission to use the TEIQue-SF questionnaire. I would like to ask you for permission to use the very same questionnaire. If you would agree, will you please send me some guidelines on this questionnaire as well?

Thank you in advance

From: Petrides, Dino [mailto:k.petrides@ucl.ac.uk]
Sent: 29 August 2014 01:15 PM
To: Lilian Delange
Subject: RE: emotional intelligence

Dear Lilian,

Thank you for getting in touch. You do not need special permission to use any TEIQue form, provided it is strictly for academic research purposes. You can download the instruments directly from www.psychometriclab.com Please make sure you read the FAQ

section at http://www.psychometriclab.com/Default.aspx?Content=Page&id=18. You will find additional relevant information in the links below

I hope this helps,

Dino

London Psychometric Laboratory (UCL **From:** Lilian Delange
[mailto:Lilian.Delange@netcare.co.za]
Sent: 04 October 2014 09:05
To: Petrides, Dino
Subject: RE: emotional intelligence
Importance: High

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