The modification of two tools to measure emotional intelligence in undergraduate student nurses: A mixed method pilot study

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The modification of two tools to measure emotional intelligence in undergraduate student nurses: A mixed method pilot study

Laurel Collin
20091503
July 2017

This thesis is the report of a research study submitted in fulfillment of the requirements for the degree of Doctor of Philosophy
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Laurel Collin
Abstract

The modification of two tools to measure emotional intelligence in undergraduate student nurses: A mixed method pilot study

Nurses need a range of strategies to manage their clinical practice while helping patients to cope with their health problems. Stress and inefficient coping skills of student nurses have been shown to lead to attrition within the university and later, on graduation, in the workplace. Student nurses can learn some of these strategies as they are expected to cope with issues associated with the practical nature of nursing, university demands and home life. One strategy offered is the use of emotional intelligence (EI). An ability to monitor and regulate emotions may contribute to an increase in the repertoire of coping skills. A preliminary investigation uncovered several instruments that purported to measure this concept, but none that could be used with nursing students. Thus, the aim of this study was to identify instruments that could be modified for use with a student nurse population.

The Situational Test of Emotional Understanding (STEU) and the Situational Test of Emotional Management (STEM) were previously used with psychology students and were deemed possible contenders. It was intended that the study would be a pilot for further studies. A mixed method embedded study was implemented to address the aim of the study. It was divided into three phases that were sequential with one phase informing the next. The initial phases were involved with questionnaire development, including issues of validity and reliability. The final phase was the testing of the questionnaires pre/post an educational intervention aimed at enhancing the EI of a small group of student nurses. Questionnaire development involved student nurses’ focus groups and subject matter experts. The educational intervention, utilizing problem based learning, was facilitated with a separate group of students from those who were involved in testing the questionnaires. Findings from the study indicated that the modified STEU and STEM reflected undergraduate nursing experience and heightened their EI. It is proposed that EI can offer a valuable resource for student nurses when faced with the stresses associated with undertaking university studies. Thus, a recommendation emanating from of this study is to embed EI into nursing courses.
Declaration

I declare that this thesis is an account of my research, and contains as its main content work that has not been previously submitted for an award of degree, or diploma in any university or other institution. To the best of my knowledge, this thesis contains no material previously published or written by another person, except where due reference is made in the text of the thesis.

Signed

Laurel Collin
Chapter One
Introduction and Background

Introduction

This chapter explores the background and context of the study and provides a brief outline of the research problem. The aim and research questions are followed by the objectives and significance of the study. The conclusion will outline the contents of the remaining chapters.

Background

The literature indicates a global trend of unsatisfactory attrition rates of student nurses (J. Cameron, Roxburgh, Taylor, & Lauder, 2011; Hayes et al., 2012; Pence, 2011). The attrition rate of student nurses enrolled in universities across Australia from 2000-2006 was 21%. This rate increased to 34% between 2009-2012 (Department of Health Australian, 2014). Factors that have contributed to this increase include stress and inefficient coping skills.

Nursing is a stressful profession. This stress is related to a variety of factors, including the exponential rise of medical technology, both in process and hardware, and the demands this places on a nurse’s ability to provide quality individual care. Student nurses are expected to cope with issues associated with the practical nature of nursing, university demands and home life. Academic ability varies amongst students, and it is often the low educational standard of entrants that can lead to failure (J. Cameron et al., 2011). Other issues related to attrition include the disillusionment of nursing and the course of study, changes in family circumstances, and ill health (Preston, 2009; Urwin et al., 2010).

Despite increased recruitment, the numbers of nurses nationally remains less than required for a viable workforce (Buchan, O'May, & Dussault, 2013; Gaynor et al., 2007; Hayes et al., 2012; Lenthall et al., 2011; Preston, 2009; M. G. Williams,
2010). The attrition rate is such that there will be insufficient experienced nurses for future health care needs of the community. In 2012, the average age of a registered nurse (RN) was 44.3 years, while the number of nurses over 50 years also increased from 19.9% in 2009 to 22.5% in 2012 (Department of Health Australian, 2014). It is estimated that the medium to long-term demand for registered nurses will exceed supply, a figure projected to be 85,000 by 2025 and 123,000 by 2030 (Department of Health Australian, 2014). A co-ordinated approach between government, employees, the profession and tertiary education sectors was recommended as a strategy to close the gap between supply and demand.

Nursing practice requires the formation and maintenance of relationships in a variety of environments (Arieli, 2013; Bulmer-Smith, Profetto-McGrath, & Cummings, 2009; Crombie, Brindley, Harris, Marks-Maran, & Thompson, 2013; Hamshire, Willgoss, & Wibberley, 2012; Mohamed, Newton, & McKenna, 2014). Nursing practice is based on therapeutic relationships with patients and relatives, and collegial relationships with other staff. It is the nature of these relationships that affect patient outcomes and nursing satisfaction with patient centered care. Student nurses need a strategy to become more resilient to cope with emotional issues in order for them to provide safe, competent quality care.

Appropriate coping skills can lead to positive learning experiences. Furthermore, it is suggested that student nurses who experience success in their clinical practicum, may be more inclined to complete their course and continue into the workforce (Alzayyat & Al-Gamal, 2014; Blomberg et al., 2014; Chernomas & Shapiro, 2013; Crombie et al., 2013; Gibbons, 2010; Hamshire, Willgoss, & Wibberley, 2013).

One strategy, offered as a coping skill for problems associated with nursing work and study, is the use of emotional intelligence. Emotional intelligence (EI) may be defined as the ability to monitor and regulate one’s own and other people’s emotions, and to guide behaviour (Mayer & Salovey, 1997). Given the workforce statistics and the nature of nursing work, it is pertinent to investigate EI as an appropriate strategy that may decrease the attrition rate in the university and the workplace. Additionally, increasing EI skills in student nurses may help them to cope in the work environment upon graduating. As yet, however, there is no strategy in
place to facilitate enhancement of emotional intelligence in student nurses. More importantly, there are no valid and reliable tools which can be used to measure this concept in student nurses.

Aim

The aim of this study was to modify questionnaires that could measure emotional intelligence (EI) of student nurses at the University Notre Dame Australia. Secondly, the questionnaires were used pre-and post an educational intervention aimed at enhancing EI.

Research questions:

1. Can the modified Situational Test of Emotional Understanding (STEU) and the Situational Test of Emotional Management (STEM) reflect student nurses’ experience of university, home-life and clinical practice?
2. Can a change in EI in student nurses be measured, using modified STEU and STEM following an educational intervention based on an EI ability model?
3. What strategies can be recommended to enhance EI in student nurses, based on the findings of the educational intervention?

Research objectives

1. Describe key issues underlying the measurement of EI;
2. Investigate questionnaires for measuring EI;
3. Identify the key emotional challenges of students in the university, home life and clinical practice.
4. Modify tools to measure the EI of student nurses;
5. Utilise the modified questionnaires pre/post educational intervention aimed at enhancing EI;
6. Compare the pre-test results with the post-test results following the educational intervention.
Significance

The researcher has witnessed student nurses experiencing stressful situations on a frequent basis. These situations have been associated with university, home life and the clinical environment. Enhancing skills in EI may assist with these situations. To date, there is a variety of instruments for measuring the concept of EI but none that are specific to student nurses. This study is significant in that it will help student nurses to develop techniques which will assist them in completing their course and remain in the workforce on graduation. The availability of reliable and valid tools to measure EI will be useful for other researchers aiming to enhance EI in undergraduate student nurses.

Context underpinning the study

To answer the research questions, it was decided that a mixture of research methods and methodologies was required. For the most part, objectivism underscores the development and testing of the instruments. Since, however, an element of the study could be categorised as subjective, it is appropriate that the researcher acknowledges personal experiences and beliefs that could have shaped the analysis and interpretation of data. This reflexivity is important from a qualitative perspective. It has been identified as a resource rather than a source of bias (Liamputtong, 2009). Thus, the following expose details the researcher’s experience.

As a registered nurse (RN), I had noticed that, over the years, nursing had become more stressful. In the past, nurses’ duties were at the bedside and practised in a paternalistic culture, where expectations were defined. Nurses trained and worked in the same hospital where the workplace culture was known and rarely changed. Within this environment, a student nurse, throughout the three years’ training, established a reputation as a worthy team member who provided a sense of collegiality. In today’s nurse education, however, students undertake their clinical practicum in a variety of health care agencies, with a variety of clinical facilitators and mentors. The general reports from patients and relatives concerning their dissatisfaction with the bedside manner of nurses attracted me to nursing education. I
worked as a sessional tutor, lecturer and clinical facilitator of students at Notre Dame (ND) University School of Nursing.

The three-year undergraduate nursing program at ND, consists of six semesters, each with an eight-week academic study program followed by a clinical practicum of four to six weeks. In the eight-week study program, student nurses at ND must successfully complete six units of study. Pre-requisite academic units, which include skills units must be passed before students can undertake clinical practicum. Thus, there is a considerable amount of academic work student nurses are required to undertake. In terms of the practicums, students are required to complete 1120 hours to graduate and be eligible for registration as an RN (Registered Nurse).

In my role as a clinical facilitator, I listened to the students discuss their work experiences and how they coped with stressful situations. The predominant topics were their relationships with other staff and the culture within the clinical environment, rather than their level of nursing knowledge and clinical skills. Some students indicated they needed assurance and acceptance as part of the health care team and were apprehensive about their practicum. These students appeared to lack motivation, often stating that they “just needed to do the time and get through”. By contrast, those students who felt valued in the workplace explored how they could achieve their individual best.

All students in their coursework are taught many strategies for verbal communication. Those students who explored and applied these strategies were able to re-frame problems, such as looking at the situation from the patient’s point of view and acknowledging their own feelings. This often led to a sense of personal satisfaction. For some students, this intrinsic reward was strong and carried through to the remainder of their practicum and effected how they approached further practicums. This phenomenon indicated that emotion played a major role in nurses’ clinical placement. The ability to re-frame using this emotional information has been termed emotional intelligence.

Whilst dealing with students at risk of withdrawing from or failing the program, I followed a three-step process of counseling. Firstly, I posed the question to the student “How did you feel in the situation both physically and emotionally”?
and second, “How did other people (patients, relatives, staff and other students) react verbally and nonverbally to the situation”? Finally, the student was asked “What would you do next time and why”? Utilizing this information, I developed a teaching and learning plan based on problem-based learning. It was the development of this plan that led to the present study, as I wanted to investigate whether EI in student nurses could be enhanced following an educational intervention. The difficulty, however, was the limited number of measurement tools that would fit a student nurse’s perspective.

Conclusion

This chapter discussed the researcher’s experience in the field with student nurses, and the associated problems observed in regard to coping with stress in the workplace. It also highlighted the limited number of instruments that could be used to gauge EI in student nurses, following an educational intervention.

Chapter Two provides a brief overview of the concepts intimately related to this study. It commences with a synopsis of stress followed by a brief discussion on the current literature specifically related to student nurses within the university, the clinical environment and life stressors. These issues are followed by a short expose of emotion as a concept, including emotional labour and emotional regulation. A more in-depth synopsis of emotional intelligence is discussed prior to a presentation of the theoretical framework that underpins the study.

Chapter Three discusses the methodology used to answer the research questions. It begins by reiterating the issues underlying the need to study emotional intelligence from a student nurse perspective. It further elucidates the research questions and provides an explanation of the mixed method embedded design. This is followed by a short synopsis of pragmatism, since the philosophy underpins the rationale for using mixed methods. The chapter concludes with an explanation of the three phases of the study.
Chapter Four focuses on the modification of the STEU and the STEM, as they formed a substantial part of the study. The chapter describes the first two phases, the steps taken and the subsequent findings. Since Phase 3 tested the modified questionnaires, pre-and post-implementation of an educational intervention, they will be detailed in the following chapter.

Chapter Five portrays the educational intervention designed to enhance EI in student nurses, the third and final stage of the study design. Included in this chapter is a brief review of the relationship between problem-based learning and its use in the educational intervention. Quantitative and qualitative findings are discussed in light of the effectiveness of the educational intervention.

Chapter Six forms the conclusion to this pilot study. It discusses the findings from the study juxtaposed with pertinent literature and offers explanations and interpretations. The chapter concludes with limitations and recommendations for further studies and nursing education.
Chapter Two

Literature Review

Introduction

A brief overview of the concepts intimately related to this study are presented. A synopsis of stress is followed by a brief discussion of the current literature, specifically related to student nurses within the university, the clinical environment and life stressors. These issues are followed by a short expose of emotion as a concept, including emotional labour and emotional regulation. A more in-depth synopsis of emotional intelligence is discussed, prior to a presentation of the theoretical framework that underpins the study.

What is Stress?

Stress is a survival response (Persson & Zakrisson, 2016). Historically, stress can be looked at from a physiological (Selye, 1976) or psychological perspective (Hochschild, 2003; Lazarus & Folkman, 1987). These perspectives underscore the different definitions of stress. In 1676 Hook used the term in physics to describe the forces that particles exert on each other in different materials (Humphrey, 2005). Stress was the force not the reaction. In 1865, Claude Bernard used the concept of stress in life science, suggesting that blood flow was regulated by sympathetic nerves (Goldstein & Kopin, 2007). In 1929, Cannon identified physiological stability describing the term homeostasis. He identified external stressors as factors that affected homeostasis and initiated the fight or flight response: the emergency response (Goldstein & Kopin, 2007; Humphrey, 2005; Persson & Zakrisson, 2016; Szabo, Tache, & Somogyi, 2012).

The physiological response was further investigated and expanded by Selye, who suggested that; "stress is the nonspecific response of the body to any demand" (Selye, 1976, p.15). He described The General Adaptation Syndrome (GAS) as phases of the stress response (Goldstein & Kopin, 2007; Humphrey, 2005; Persson &
Zakrisson, 2016; Selye, 1976; Szabo et al., 2012; Tachê & Selye, 1985). It was suggested that Phase One is the Alarm Phase. In this phase, the sympathetic nervous system is activated and the hypothalamus produces a messenger chemical, causing the pituitary gland to secrete adreno-cortico trophic hormone and the adrenal glands to secrete adrenalin and other corticoids. It was argued that, when an individual is alarmed, one possible action was for the person to take a breath to control the alarm response, prior to considering behavioural options. Taking a breath was also considered as counter or defensive behaviour. Other behavioural responses were seen as expressive, or overt behaviours such as facial expressions (Humphrey, 2005). It was proposed that, when individuals do not take control of the alarm response, the thymus causes the heart rate and blood pressure to rise, resulting in somatic symptoms such as stomach cramps, dry throat and memory blocks. According to the GAS, Phase 2 was seen as the Coping/Resistance Phase. With the depletion of resources, the Third Phase was described as Exhaustion (Humphrey, 2005; Persson & Zakrisson, 2016; Selye, 1976). Stress also affected health and cognitive functioning (Chernomas & Shapiro, 2013; Jan & Popescu, 2014).

The literature clearly demonstrates a link between physical stress and psychological stress (Humphrey, 2005). Psychological stress refers to how individuals appraise a situation and how they cope. It is described as “the response an individual makes when confronted with a situation for which they are unprepared, or which they interpret as a possible source of gain, or loss” (Humphrey, 2005,p. 4). Stressors can occur in a variety of different situations and can be related to the work environment (Klainin-Yobas et al., 2014; Lazarus, 2000; Martin & Daniels, 2014; Schuster, Hammitt, & Moore, 2006; Siegrist & Li, 2016). In the life of a student nurse, the academic environment and the fear of failure, can cause the stress response (Humphrey, 2005; Selye, 1976).

Stress cannot be avoided, but it need not necessarily be distress. Rather, it can be eustress, which is associated with motivation (Selye, 1976). Distress occurs when the appraisal of the situation is perceived as beyond the individual's coping ability (Lazarus & Folkman, 1987). There is a relationship between the individual and their environment, with appraisal of stress being the significance of the stress in terms of wellbeing. This notion of appraisal is relevant to this study, as student nurses are
individuals with specific experiences that impact on how they perceive the world, when enrolled in university studies.

**Stress and Student Nurses**

Nursing has been identified as a stressful occupation (Alzayyat & Al-Gamal, 2014; Andersson, Edberg, Högskolan & Sektionen, 2010; Arieli, 2013; Ashcraft & Gatto, 2015; Blomberg et al., 2014; J. Cameron et al., 2011; Chernomas & Shapiro, 2013; Goodare, 2015). There is stress in all organisations, however, work that involves public service, such as nursing, requires more psychological flexibility to avoid greater stress. Students who struggle to manage their own stress may have difficulty conveying an authentic true caring nurse. (Biron & Veldhoven, 2012; A. Williams, 2013; Zeidner, Matthews, & Roberts, 2009).

The presence of stress in student nurses has been well documented by numerous systematic literature reviews. Multicultural populations including Australian, American and English cohorts of students, were used as samples of participants in these studies. Additionally, a variety of methodologies, instruments, educational settings, and demographics studies were demonstrated. From these studies, there were three major areas related to student nurses varying in importance: life stressors (personal or social factors), clinical practice and university expectations: life stressors concerned personal, or social factors. The literature highlighted that stress experienced by student nurses was associated with major personal problems such as finances (Alzayyat & Al-Gamal, 2014; J. Cameron et al., 2011; Pulido-Martos, Augusto-Landa, & Lopez-Zafras, 2012; Urwin et al., 2010); a lack of leisure times (Alzayyat & Al-Gamal, 2014) university/family balance (J. Cameron et al., 2011; Pulido-Martos et al., 2012); and unrealistic expectations involving clinical placement (J. Cameron et al., 2011; Hamshire et al., 2012; Urwin et al., 2010). A change in circumstances that could not be anticipated was also cited as causing stressful situations (J. Cameron et al., 2011).

The perception of failure itself, or in the future, was identified as a major academic stressor in all studies (Alzayyat & Al-Gamal, 2014; Pulido-Martos et al.,
2012; Urwin et al., 2010). Failure, at a tertiary level of education, has been associated with students who have entered an undergraduate degree in nursing with a low entry standard, or where they have not been prepared for university academic demands (J. Cameron et al., 2011; Urwin et al., 2010). Exams and university workload were also identified stressors in the literature (Alzayyat & Al-Gamal, 2014; Blomberg et al., 2014; J. Cameron et al., 2011; Pulido-Martos et al., 2012; Urwin et al., 2010). Based on these studies, it can be concluded that there is an apparent gap addressing strategies to aid coping with stress and creating resilience in the student nurse.

**Stress and University Attrition**

Many publications examined the stress undergraduate students experience in relation to attrition in the university sector. These included: student expectations; support; assessment; feedback; and student involvement (Arnekrans, 2015; Lee, Donlan, & Brown, 2010; Morrison & Brenneman, 2016; Stewart, Doo, & Kim, 2015; Tinto, 2012; Woosley & Shepler, 2011).

The perception of failure, at present or in the future, was identified as a major academic stressor in all studies (Alzayyat & Al-Gamal, 2014; Pulido-Martos et al., 2012; Urwin et al., 2010). Failure at the university level has been associated with students who have entered an undergraduate degree in nursing with a low entry standard, where students have often completed a bridging course or where they have not been prepared for university academic demands (J. Cameron et al., 2011; Urwin et al., 2010). Exams and university workload were also identified stressors in all the reviews (Alzayyat & Al-Gamal, 2014; Blomberg et al., 2014; J. Cameron et al., 2011; Pulido-Martos et al., 2012; Urwin et al., 2010).

It was suggested that success in the classroom, within the first year of study, reflected course completion rates (J. Cameron et al., 2011; Tinto, 2012; Urwin et al., 2010). This issue, however, was not considered by all researchers to be a reliable indicator of students' withdrawal (Tinto, 2012; M. G. Williams, 2010). (Chernomas & Shapiro, 2013) argue that the major reason for leaving a course of study was the
inability to manage the situation, rather than the situation itself. It was also argued that a student’s emotional competence would enable them to persist with their studies, but that this issue needs further investigation (Tinto, 2012; M. G. Williams, 2010).

Prior to university-based education, schools of nursing were closely associated with a hospital. Student nurses were expected to live in the nurses’ quarters and use the staff amenities, where a social bond with colleagues was developed (Piercey, 2006). This bond could have become tenuous when the academic and practical components of nurse education were separated. A sense of belonging was expected to be greater in hospital-based students (Tinto, 1987; Tinto, 2012). But this expectation was not supported in an English study using an ethnographic approach (Crombie et al., 2013). The sample group of nurses in hospital-based training had the same stressors on clinical placement as those enrolled in a university degree, despite spending 50% of their time on wards (Crombie et al., 2013). Reasons for student nurses leaving their course varied but strongly associated with the clinical placement experience (J. Cameron et al., 2011; Crombie et al., 2013; Kenny, Reeve, & Hall, 2016; Kingston, 2008; Urwin et al., 2010).

Studies suggest that social acceptance and a sense of belonging to a team, increases a student’s confidence and competence in patient care. These psychosocial concepts also impact on a student’s decision to continue in their course of study (Blomberg et al., 2014; Gibbons, 2010; Gibbons, Dempster, & Moutray, 2011; Pulido-Martos et al., 2012). Being accepted and respected by colleagues was positively identified as being able to focus on patient relationships (Andersson et al., 2010; Mohamed et al., 2014; Walker et al., 2014). Within clinical placement major stressors were the relationships with their designated mentor and the mentor’s preparedness to support the student (Alzayyat & Al-Gamal, 2014; Blomberg et al., 2014; J. Cameron et al., 2011; Gibbons, 2010; Gibbons et al., 2011; Hamshire et al., 2013; Pulido-Martos et al., 2012).

It was suggested that some nurses felt they needed to act as ‘ideal’ students in order to be accepted by RNs. This continual behaviour added stress to the practice environment (Crombie et al., 2013; Diefendorff, Erickson, Grandey, & Dahling, 2011). Fear of making mistakes was related to reduced confidence, which in turn was
associated with decreased competence (Pulido-Martos et al., 2012). Student nurses on practicum have demonstrated a need for emotional support from their mentors when confronted with difficult issues and problems (Diefendorff et al., 2011; Gray, 2009; P. Smith & Gray, 2001; Yoon & Kim, 2013). However, studies have found that support from mentors was compromised by an increase in the number of students they were required to mentor. Such an increase impacts mentors’ preparedness and their ability to cope with student numbers (Blomberg et al., 2014; Morrison & Brennmanan, 2016; Urwin et al., 2010).

From the researcher’s observation, when working in the field as a RN and as a clinical facilitator, she noted that the workplace is sometimes chaotic, especially in times of staff reduction when many interventions and treatments were carried out. The literature, however, did not concur with this observation. Rather, student nurses perceived the relationship with their mentors as the most pivotal variable in causing stress (Crombie et al., 2013; Gibbons, 2010; Gibbons et al., 2011; Hamshire et al., 2012).

Life stressors were described as personal or social factors often associated with income and finances (Alzayyat & Al-Gamal, 2014; J. Cameron et al., 2011; Pulido-Martos et al., 2012; Urwin et al., 2010); a lack of leisure times (Alzayyat & Al-Gamal, 2014); a balance between university and family life (J. Cameron et al., 2011; Pulido-Martos et al., 2012) and a lack of family or financial support (Hamshire et al., 2012). A change in circumstances that could not be anticipated, or when the person found they were unsuitable for nursing, was also cited as causing stressful situations (J. Cameron et al., 2011). The balance between life and clinical practice, where one impacts the other, may also be associated with students’ thoughts of leaving their nursing course. For example, studies have found that mature age students with family and financial responsibilities, who have not been able to cope, have often been influenced to withdraw from their studies (Hamshire et al., 2013). It is the stress associated with balancing life events that affects their wellbeing, and determines their ability to be fit for clinical practice.

The literature suggested multifactorial reasons for student attrition. It could be argued, however, that there are trends showing patterns of stressors. These include: poor practicum experience; inability to cope with academic demands; and
overwhelming personal problems. Furthermore, a culmination of these factors creates a tipping point for student departure, since they can cause a variety of physiological, psychological and emotional responses.

Theories of Emotion

Emotion has been studied as a construct related to external or internal stimuli, and perceived as either negative or positive (Weisfeld & Goetz, 2013). From a theoretical perspective, determining a definition of emotion has been difficult, even though Descartes described it as early as 1649. Since then, emotion has been variously described as both a concept and a set of phenomena (Frijda, 2016; Mulligan & Scherer, 2012). This issue has led to debates and misunderstandings, which have hindered research (Mulligan & Scherer, 2012).

The initial concept of emotion was developed along two pathways: facial expressions (Frijda, 2009) or subjective feeling states (Ekman, 1993). A third approach considered emotion as a process (Brosch & Sander, 2013; Kirby & Smith, 2009; Roseman, 1991; C. A. Smith & Ellsworth, 1985). All theorists agree that there was an infinite number of situations that elicited a finite number of fundamentally different emotions (Hofmann, 2014; Plutchik, 2001; Roseman, Spindel, & Jose, 1990a; C. A. Smith & Ellsworth, 1985).

Evolutionary theories of emotion proposed that people adapt to their environment. Emotion was viewed as a complex chain of loosely connected events rather than a feeling state. They were described as responses to significant situations in an individual’s life, motivating an action. A feedback loop of emotion, cognition, and action encompassed these aspects (Plutchik, 2001).
A three-dimensional circumplex model (see Figure 1) displays eight basic bipolar emotions: joy/sorrow, anger/fear, acceptance/disgust, surprise/expectancy. The circumplex model was first developed by Harold Schlosberg, who added the dimension of emotional intensity through his Activation Theory of Emotion (Plutchik, 2001; Schlosberg, 1954). This model presents degrees of similarity among emotions with the more intense emotions in the centre. From these eight basic emotions emanate mixed emotion: for example, anger and disgust join to form contempt. Alternately, a change in intensity of a basic emotion, for example, annoyance is a milder form of anger.

Cognitive theorists view emotion from a different perspective, arguing, that it is the individual’s evaluation and interpretation of events, rather than the event, which determines the resulting emotion (McCarthy, Mejia, Lui, & Durham, 1998; C. A. Smith & Ellsworth, 1985). Additionally, cognitive appraisal theorists approach the
study of emotions from a psychological perspective. They suggest that there is a set number of appraisal dimensions a person uses to determine the emotion felt. These dimensions include: how much control one has over the event, the perception of the event as either negative or positive; and the possible outcomes in terms of appropriateness of that response (Roseman et al., 1990; Roseman, 2013; C. A. Smith & Ellsworth, 1985; Tesser, 1990; Tesser, 1990).

Accordingly, various studies have developed patterns of appraisal that have elicited particular emotions (McCarthy et al., 1998; C. A. Smith & Ellsworth, 1985). One study involved questioning different people in the same situation, and questioning the same person at different times, to demonstrate the different emotional responses. Findings suggested that there were seventeen discrete emotions generated by the specific combinations of seven appraisal dimensions (Roseman, 2001). A grid depicting the structure of emotion can be seen in Figure 2.

**Figure 2. Roseman’s Structure of Emotions (Adapted from Roseman, 2013 p. 143)**

<table>
<thead>
<tr>
<th>Circumstances</th>
<th>Situational State</th>
<th>Motivational State</th>
<th>Control Potential</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> Situational State</td>
<td>positive</td>
<td>negative</td>
<td></td>
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<tr>
<td>2. Motivational State</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Causal Agency</td>
<td>Unexpected</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Expectedness</td>
<td>5. Certainty</td>
<td>Appetitive</td>
<td>Aversive</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Appetitive</td>
<td>Aversive</td>
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<tr>
<td></td>
<td></td>
<td>unexpected</td>
<td>surprise</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Circumstances</td>
<td>hope</td>
</tr>
<tr>
<td></td>
<td>Certain</td>
<td>joy</td>
<td>relief</td>
</tr>
<tr>
<td></td>
<td>Certain</td>
<td>hope</td>
<td>frustration</td>
</tr>
<tr>
<td></td>
<td>Certain</td>
<td>joy</td>
<td>relief</td>
</tr>
<tr>
<td></td>
<td>Uncertain</td>
<td>liking</td>
<td>anger</td>
</tr>
<tr>
<td></td>
<td>Certain</td>
<td></td>
<td>contempt</td>
</tr>
<tr>
<td></td>
<td>Uncertain</td>
<td>pride</td>
<td>regret</td>
</tr>
<tr>
<td></td>
<td>Certain</td>
<td>guilt</td>
<td>shame</td>
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</tr>
<tr>
<td></td>
<td>7. Problem Type</td>
<td>Low</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8. Instrumental</td>
<td>9. Intrinsic</td>
<td>High</td>
</tr>
</tbody>
</table>
Further studies demonstrate that there is a control component to an individual's appraisal of an event, demonstrating a connection between thoughts and emotions (McCarthy et al., 1998; Roseman, Spindel, & Jose, 1990; Roseman, 2004). The ability to appraise a situation, and to determine the appropriate emotion, has been used to guide an individual's perception and management of emotion, and to enhance emotional intelligence. Likewise, it may be possible to adapt this appraisal pattern to assist student nurses' emotional understanding.

**Emotional Labour**

Emotional labour involves the induction or suppression of a feeling (Hochschild, 2003). Stress and emotional labour together can create a work environment, which may become overwhelming for the student nurse (A. Williams, 2013). Nurses are socialised to display caring, compassion and empathy, whilst at the same time being encouraged to develop a level of professional detachment. It is through strategies like empathy, that the nurse can communicate a genuine, authentic and congruent patient relationship (Watson, 1985). In order to promote such a relationship with patients, nurses often have to suppress their feelings (Watson, 1985).

The controlling of facial expressions can be ruled by social and cultural conventions to display what others expect to see (Ekman & Friesen, 1975). Display rules have been divided into surface and deep acting. Surface acting occurs when surface emotions do not reflect the felt internal emotions, creating false emotions, or suppressing emotions (Yoon & Kim, 2013). This type of acting is acceptable, but in nursing it creates stress and burnout (Diefendorff et al., 2011; Gabriel, Daniels, Diefendorff, & Greguras, 2015; A. Williams, 2013; Yoon & Kim, 2013). The reality of nursing means that a stressful situation requires the nurse to modify internal emotions to match displayed emotions. Deep acting is a sincere form of emotional management and encourages positive relationships that meet the complex emotional needs of patients (Diefendorff et al., 2011; A. Williams, 2013). Experienced nurses have mastered this dichotomy but, it can be stressful for students (Diefendorff et al., 2011).
The original research into display rules studied surface emotions in service workers, such as air hostesses, but it did not take into account the authentic patient relationship that nurses are expected to portray (Biron & Veldhoven, 2012; De Castro, Curbow, Agnew, Haythornthwaite, & Fitzgerald, 2006; Gabriel et al., 2015). The display rules described the facial expression of an employee in order to attain the organizational objectives (Diefendorff et al., 2011). In terms of nursing, however, patient confidence and a sense of safety can be affected by the nurse’s facial expression. For example, if a nurse looked sears or confused, it could undermine the patient’s confidence.

Studies in the UK, on emotional labour in RNs, found that those who tuned into emotions, both their own and their patients were more likely to cope with stressful situations (Diefendorff et al., 2011; Gray, 2009; P. Smith & Gray, 2001; Yoon & Kim, 2013). Another study suggested that, when student nurses felt they were not coping and could not manage emotional labour, their stress increased and resulted in depression (Yoon & Kim, 2013). Teaching student nurses how to manage their emotions early in their studies may facilitate their ability to develop a genuine, authentic and congruent relationship with patients.

**Emotional Memory**

It has been proposed that human beings attach emotions to experiences that are remembered and then carried over to new experiences (Reeves, 2005). Strong emotions can provoke fear, anxiety and stress (Idris & Dollard, 2011). A stressful practicum experience has been associated with a lack of support, confidence, study skills, low motivation, disillusionment, and the perceived theory-practice gap. An example of a stressful situation that can cause an emotion to be remembered occurs when students are unprepared to perform tasks, and are given negative feedback. Stressful experiences remain with students for extended periods of time and can affect mental and physical health (Hoobler, Rospenda, Lemmon, & Rosa, 2010; Reeves, 2005).
Emotional memory has a great impact on student nurses in the clinical setting, for example the first experience of death is never forgotten. (Edo-Gual, Tomás-Sábbado, Bardallo-Porras, & Monforte-Royo, 2014). Studies have concluded that, when attending to multiple tasks, the task containing high levels of emotional intensity are remembered (Buratto, Pottage, Brown, Morrison, & Schaefer, 2014). There are emotional challenges in nursing which need to be managed to reduce the impact on emotional memory (Christiansen & Jensen, 2008; Hochschild, 2003). When the student can find a positive meaning in a negative experience, for example, viewing the experience as a learning opportunity, then the event is less likely to be related to a fear response in the future (Edo-Gual et al., 2014; Flores & Berenbaum, 2016; Mujica-Parodi et al., 2009). Reappraisal of an event demonstrated emotional modification and emotional regulation (Buruck, Dörfel, Kugler, & Brom, 2016). It is suggested that emotional regulation can be viewed as a strategy to determine the manifestation of emotion.

Coping and Emotional Regulation

Coping and emotional regulation are distinct concepts that overlap (Compas et al., 2014; Folkman & Lazarus, 1988a). Coping can occur when there is a stressful situation (Compas et al., 2014; Gross, 2013). It is a response and deals with the emotions that arise when confronted with a stressor (Bonanno & Burton, 2013; Folkman & Lazarus, 1988a; Folkman & Lazarus, 1988b; Jan & Popescu, 2014). This process involves appraising the situation and the perceived outcome, or improving the situation (Folkman, Lazarus, Gruen, & DeLongis, 1986; Jung, Wranke, Hamburger, & Knauff, 2014). Any one stressful situation has more than one implication for well-being, and there is more than one option for coping (Bonanno & Burton, 2013; Folkman & Lazarus, 1988a; Folkman & Lazarus, 1988b; Jan & Popescu, 2014).

It is suggested that coping with stress creates resilience, which is the ability to adjust to adversity, whilst maintaining a sense of control and equilibrium (Jackson, Firtko, & Edenborough, 2007). To build resilience in student nurses, coping skills are needed to enable them to survive and flourish in the workplace (Donoso, Demerouti,
Hernández, Moreno-Jiménez, & Cobo, 2015; Montes-Berges & Augusto, 2007; Montes-Berges & Augusto-Landa, 2014). These skills include institutional support and a positive personal attitude, resourcefulness and balance between life and work (Klainin-Yobas et al., 2014; Zander, Hutton, & King, 2010; Zander, Hutton, & King, 2013).

Response to stress may also be modified by the predictability or perceived controllability of the stressor (Klainin-Yobas et al., 2014). Much of the literature suggests two types of coping (Lazarus & Folkman, 1987). Firstly, modification of the situation. If the situation could not be changed, the second strategy was to regulate the emotional response (Bonanno & Burton, 2013; Jan & Popescu, 2014; Klainin-Yobas et al., 2014). However, for nursing and from a student nurse’s perspective, during the initial clinical practice experience, it is difficult to change a situation. It could be argued that the regulation of the emotional response and reappraisal of a situation to a more positive one, may be a better strategy to cope with stress (Balk, Adriaanse, de Ridder, & Evers, 2013; Klainin-Yobas et al., 2014). There is, however, a need to be flexible and to have a range of strategies, as nursing is dynamic and no two patients have the same needs, and each situation is different (Bonanno & Burton, 2013). Whichever strategy is used, it has been established that coping mediates the stress response (Balk et al., 2013; Folkman & Lazarus, 1988a; Folkman & Lazarus, 1988b; Klainin-Yobas et al., 2014).

When students feel they are coping and successful, they feel positive about themselves. Alternatively, if they perceive they are not coping they may feel threatened (Gibbons, 2010; Gibbons et al., 2011; Zeidner et al., 2009). Students, who have not experienced or learnt how to deal with stress, need strategies to cope with stressors inherent in nursing, as well as those associated with studying (Balk et al., 2013; Bonanno & Burton, 2013; Donoso et al., 2015; Jan & Popescu, 2014; Klainin-Yobas et al., 2014). Emotional intelligence may be one method to prepare student nurses for the reality of the clinical environment and the stress associated with academia (Aradilla-Herrero, Tomás-Sábado, & Gómez-Benito, 2014; Augusto Landa, López-Zafra, Aguilar-Luzón, & de Ugarte, 2009; Barkhordari & Rostambeygi, 2013; Beauvais, Brady, O'Shea, & Griffin, 2011; Bulmer Smith, Profetto-McGrath, & Cummings, 2009; Cerit & Beser, 2014; Jones-Schenk &
Emotional regulation, as opposed to coping with stress, can be conceptualised as the strategies used to determine which emotion is felt, and how that emotion is experienced and expressed (Donoso et al., 2015; Gross, 1998; Tamir, 2016). Emotional episodes are characterized by two stages. During the first stage, the emotion blossoms and strengthens over time, adding to the overall intensity of the emotion. During the second stage the emotion fades. It is the speed of the recovery process that is strongly related to the duration of the emotion (Brans & Verduyn, 2014). When the appraisal of an event discloses a mismatch between the current state and the desired state, there is a negative emotion. The bigger the difference, the greater the intensity of the emotion felt. The amount of the emotion’s intensity determines how much regulation is needed (Brans & Verduyn, 2014; Verduyn, Delaveau, Rotgé, Fossati, & Van Mechelen, 2015).

Emotional disturbances are often characterized by inappropriately strong/weak and long/short emotions, which display variability in intensity and duration. For example, “I was very angry: I felt sad all day long”. Episodes of sadness are the most intense and last the longest. Anger, by contrast, is more intense than episodes of guilt and fear. Episodes of shame and disgust are usually the shortest and least intense. It was thought that the greater the difficulty in coping with the emotion, the longer the duration of the emotion, unless the situation is removed. The researcher observed that the less important the emotion, the more efficient people are in its regulation. For example, disgust is easier to regulate than sorrow, as sorrow requires a wider range of coping strategies (Frijda, 2009; Verduyn et al., 2015; Verduyn & Lavrijsen, 2015; Vogt & De Houwer, 2014).

A response to a stressful situation can involve many emotions. It is an individual’s perspective of these emotions and their strength that determines whether regulation is needed (Frijda, 2013; Frijda, 2009). Studies have concluded that emotions cannot force the individual to respond in a certain way. For example, if angry, an individual does not have to hit out, indicating that emotions can be regulated (Gross, 2002). Thus, emotional regulation strategies can involve reappraisal of the situation. Alternatively, suppression of an emotion can inhibit the
outward signs of inner feelings (Gross, 1998; Haines et al., 2016; Quoidbach, Mikolajczak, & Gross, 2015; Vogt & De Houwer, 2014). The literature indicates that appraisal strategies lead to a decrease in the negative emotions and an increase in positive emotions. Suppression of emotions, however, decreases both the positive and negative emotions at the same time, which activates the sympathetic nervous system (Gross, 1998; Gross, 2002; Schutte, Manes, & Malouff, 2009; Vogt & De Houwer, 2014). This could manifest as an anxiety attack.

**Intelligence**

Debates in relation to the concept of intelligence have traditionally centred on how well the cognitive spheres of the brain operate, including how well a person learns, judges and thinks (Mayer & Salovey, 1997). Historically, intelligence theories examined logical, propositional thinking where abstract logical reasoning is used to form a conclusion in the absence of concrete information (Stojanov, 2007).

It has been argued that intelligence is not a singular trait, but an aspect of behaviour with many facets (Wechsler, 1975). Several authors support this notion of multiple intelligences (Gardner & Moran, 2006; Hampshire, Highfield, Parkin, & Owen, 2011; Kornhaber, Krechevsky, & Gardner, 1990). Eight areas of intelligences, or competencies, have been proposed, including: linguistic; musical; logical-mathematical; spatial; bodily kinesthetic; naturalistic; interpersonal; and intrapersonal competencies. The theory of multiple intelligence suggest that each competency developed at an independent rate, and to a different extent (Gardner, 1999; Gardner & Moran, 2006; Kornhaber et al., 1990).

Traditional standards set to define intelligence fall into three distinct groups: conceptual (it must reflect mental performance rather than preferred ways of being); correlational (empirical standards which show intelligence as a set of abilities closely related to but distinct from mental abilities); and developmental (it develops with age and experience) (Mayer, Caruso, & Salovey, 2000). Emotional intelligence is conceptualised in a similar way to that of traditional cognitive intelligence (Muyia, 2009).
Research is moving towards establishing links between cognitive ability and emotion, through working memory and fluid intelligence. Working memory is the temporary storage of information whilst doing higher order cognitive functions such as reasoning and comprehension. By contrast, fluid intelligence is the intelligence representing abstraction and problem solving free from prior experience and education. Together, working memory and fluid intelligence use emotionally laden information, called hot information, to allow novel problem solving and adaptive changes (Barbey, Colom, Paul, & Grafman, 2014; Gutiérrez-Cobo, Cabello, & Fernández-Berrocal, 2016; Juffis & Harrington, 2011; Liu, Xiao, Li, & Shi, 2015; Mayer, Caruso, Panter, & Salovey, 2012; W. J. Schneider, Mayer, & Newman, 2016). The link between cognitive ability and emotion impacts on student nurses, through their ability to manage stressful situations and regulate emotions. If emotions are not regulated, the students’ health may be affected (Augusto Landa et al., 2009).

Theoretical Framework

Emotional intelligence (EI) was originally defined as “the ability to monitor one’s own and others’ feelings and emotions, to discriminate amongst them, and to use this information to guide one’s thinking and action” (Mayer & Salovey, 1997, p 10). This definition was later revised to include thinking about feelings:

- the ability to perceive accurately, appraise, and express emotion; the ability to access and/or generate feelings when they facilitate thought; the ability to understand emotion and emotional knowledge; and the ability to regulate emotions to promote emotional and intellectual growth (Mayer & Salovey, 1997, p. 10).

Although many authors have used the revised definition of EI as a foundation for studying the concept, personality traits, motivation and persistence have been added (Austin, 2010; Caruso, Mayer, & Salovey, 2002; Grubb & McDaniel, 2007; Libbrecht, Beuckelaer, Lievens, & Rockstuhl, 2014; Petrides & Furnham, 2001; Petrides, Pérez-González, & Furnham, 2007; Schutte, 2014; Siegling, Furnham, & Petrides, 2015). The range and scope of new definitions concerning EI has made the conceptualization of EI both broad and vague (Anguiano-Carrasco, MacCann, Geiger, Seybert, Roberts, 2015; Austin, 2010; Copestake, Gray, & Snowden,
Moreover, the additional attributes have led to mixed models of EI being developed.

The ability model of EI emphasised cognitive components, indicating that it could be learnt and increased with experience (Bastable, 2008; Fischer et al., 2016; Hadders-Algra, 2016; La Fleur & Salthouse, 2014). Significantly, the model is more adaptable to objective measurement of EI (Anguiano-Carrasco et al., 2015; Copestake et al., 2013; Grubb & McDaniel, 2007; Hartman & Grubb, 2011; Libbrecht, Lievens, & Schollaert, 2010; Libbrecht & Lievens, 2012a; Rosete & Ciarrochi, 2005). Clarification and explanation of the model is necessary, since it is used in this study (see Figure 3).

Figure 3. A Four Branch Hierarchical Ability Model of EI (Adapted from Mayer and Salovey, 1997)
The Ability Model of EI consists of four branches, ranging from basic psychological processes to higher more integrated processes. Within each branch there are four representative abilities, or sub-elements that develop along a continuum. They move from discrete to complex psychological functions involving personal self-management (see Figure 3). These sub-elements have been identified as observable abilities that promote the collection of objective data.

The first branch of the Ability Model identifies the perception, appraisal and expression of emotion. The second branch is about facilitating emotional thinking to assist in intellectual processing. The third branch concerns the ability to understand emotions and use emotional knowledge, whilst the fourth branch concerns the conscious regulation of emotion (Mayer, Salovey, & Caruso, 2008).

**Emotional Intelligence Measurement Tools**

There is a proliferation of EI measurement tools, however, they lack standardisation (Akerjordet & Severinsson, 2007; Austin, 2010). This deficit is associated with disagreement concerning the nature and definition of EI, an anomaly highlighted in fourteen studies comparing nine different EI tools (Arora et al., 2010).

The number of tools has been related in part to the demand of the corporate world, where they are used to aid in the recruitment of managers (Boyatzis & Soler, 2012; Momeni, 2009; Yuvaraj & Srivastava, 2007). Human resource departments have generally used EI mixed model tools, such as: the Emotional Competence Inventory (ECI) (Boyatzis, Goleman, & Rhee, 2000); the Emotional Quotient Inventory (EQ-i) (Bar-On, 2006); the Intelligence Questionnaire (TEIQ) (Petrides et al., 2007); the EIQu (Wakeman, 2006); and the SEIS (Schutte, 2002). These mixed model instruments incorporate personality traits, which have had a tendency to make objective measurements difficult. In addition, these tests used self-reporting measures allowing them to easily recognise which response biased their score (Grubb & McDaniel, 2007) or alternately reflect limited personal insight (Foster, 2011). This anomaly reduced construct validity (Paunonen & O’Neill, 2010; Strauss & Smith, 2009). To remove this bias, it was suggested that the construct of EI was
best operationalised by test takers answering problems, which would demonstrate knowledge and use of their emotions (Caruso et al., 2002). It may be possible to create nursing scenarios whereby students could demonstrate their EI.

Tools that have been used to measure EI in nursing students include the mixed models: Bar-Ons’ (2006) EQ-I, Schuttes’ (2002) SEIS and Mayer & Saloveys’ (1997) MSEIT (Allen, Ploeg, & Kaasalainen, 2012; Birks, McKendree, & Watt, 2009; Pence, 2011). Despite the issue with mixed models and their tendency to measure EI subjectively, nursing studies have used them to reflect nurses’ personality traits (Allen et al., 2012). In the measurement EI pre/post educational intervention, however, there needs to be an objective measurement to establish a valid baseline (Benson, Ploeg, & Brown, 2010). Such a baseline was deemed appropriate for this study using the Mayer and Salovey four tier Ability Model of EI.

By contrast, the State Meta-Mood Scale (SMMS) measures the ongoing process in which an individual continually reflected, monitored, evaluated and regulated their mood in relation to their feelings (Salovey, Mayer, Goldman, Turvey, & Palfai, 1995; Salovey, Stroud, Woolery, & Epel, 2002). It did not, however, address stable attitudes and learnt strategies used to deal with mood swings. This deficit prompted a further scale, the Trait Meta Mood Scale (TMMS), to include understanding individual differences in people’s reactions to changes in their feelings (Salovey et al., 1995). These tests, however, used self-reporting measures, which as has been pointed out have a tendency to be less objective (Grubb & McDaniel, 2007).

The Multifactor Emotional Intelligence Scale (MEIS) test includes: judging emotions; generating and reasoning with an emotion; defining complex emotional terms; and selecting optimum emotional decision-making strategies. It was found that, with no intervention after a two-week interval, re-testing the MEIS resulted in scores remaining the same (Caruso et al., 2002). This time-lapse indicated that answers were not learnt. Rather, it was suggested that the test-taker utilised their EI to answer the items. This process demonstrated an absence of the practice effect and strengthened the test/re-test reliability (Z. Schneider, Whitehead, Elliott, Lobiondo-Wood, & Haber, 2007). Scores from the MEIS measure the construct of EI separate from standard personality traits using Cattells’ Personality Factor questionnaire (Austin, 2010; Caruso et al., 2002).
The MEIS was the precursor to the Mayer Salovey Caruso Emotional Intelligence Test (MSCEIT). This test operationalised the four branches of EI separately, allowing individual differences to be measured, and increased content validity (Austin, 2010). The results were scored using a consensus method that relied on pooled observations of individuals. The number of participants selecting a given response defined the correct answer. The greater the number who chose that response, the more correct was the response (Caruso et al., 2002). It was argued that some subtests of both the MEIS and MSCEIT might not have measured EI, as they did not have satisfactory levels of internal consistency (Matthews, Roberts, & Zeidner, 2004). This concern posed a problem for researcher since scores for sub-elements of the four branches of the Ability Model would be unreliable for building an educational intervention to enhance EI. Additionally, the MSCEIT was used by psychologists and required special training to administer and interpret. Moreover, it was not readily available to the researcher (Beauvais et al., 2011). Nonetheless, the MSCEIT was developed to measure ability EI and included situations to rate the efficiency of a persons’ behaviour in real life situations. Likewise rating real nursing scenarios could measure nursing performance (Codier & Odell, 2014).

By contrast, the Situational Test of Emotional Understanding (STEU) and the Situational Test of Emotional Management (STEM) were two Australian tools that reflected the Mayer and Salovey Ability Model of EI and were available to the researcher (MacCann & Roberts, 2008). The STEU and the STEM were empirically tested on undergraduate psychology students (MacCann & Roberts, 2008). These instruments provide a theoretical basis for emotional understanding and management. Additionally, they were deemed the most appropriate tools to undergo modification and testing on student nurses prior to and following an EI skills enhancement program (see Appendix One: Original STEU and STEM Instruments Developed by Dr. C. MacCann). Therefore, to create tools that reflected nursing practice and that could be used by nurse educators, as opposed to clinical psychologists, the STEU and the STEM were deemed to be the best fit.

The STEU has 42 items consisting of situations aimed at eliciting internal emotional responses. Participants had five choices to reflect upon, based on Roseman’s appraisal theory. The STEU had a veridical scoring system which infers; there is only one valid answer to the scenario.
The STEM was developed using the Situational Judgement Tests (SJT) to predict task and contextual performance. Situational Judgement Tests have multiple-choice items with the response format being either knowledge based (“What is the best answer?”) or behavioural tendency (“What are you most likely to do?”). Scenarios of low fidelity simulations, that is, those simulations that present a verbal or written description of a hypothetical situation based on contextual knowledge, objectively assess non-academic attributes such as EI (Christian, Edwards, & Bradley, 2010; McDaniel, Hartman, Whetzel, & Grubb, 2007a; O’Connell, Hartman, McDaniel, Grubb, & Lawrence, 2007; Whetzel, McDaniel, & Nguyen, 2008). There were three steps in formulating SJTs. Initially, the scenarios were developed based on focus groups or semi-structured interviews. Secondly, responses to scenarios were generated by asking a sample group “What should they do” and “What would they do” in response to each scenario. The final step was to submit the developing tool to subject matter experts (SMEs) for scoring (Jackson, LoPilato, Hughes, Guenole, & Shalfrooshan, 2017; Krumm et al., 2015; Lievens, Sackett, & Buyse, 2009; McDaniel et al., 2007a; Whetzel et al., 2008). Although the STEU and the STEM were available to the researcher, they had not been used with student nurses. As has been argued previously, nursing is a dynamic profession where no two situations are the same, and students are required to learn to take responsibility for individualised quality patient care. Thus, the STEM and the STEU needed to be modified to test student nurses’ pre- and post an educational intervention.

Conclusion

Student nurses undertaking a university degree, to qualify as RNs, experience a variety of stressful situations. Whilst university studies and personal stressors are common to most university students, by contrast, student nurses are required to undertake clinical practice supervised by a mentor. It is the stressful situations encountered in the clinical environment that has been associated with attrition. Whilst it is impossible to change a situation, an individual can appraise the situation as a learning experience, thereby transforming the experience to a positive rather than a negative. This means the student nurse would recognise and monitor emotions to facilitate thinking and problem solving. It is proposed that enhancing EI in student
nurses can assist them to better cope with stressful situations. The Ability Model of EI would appear to be an appropriate framework for such an intervention using Roseman’s grid and Plutchik’s description of emotions.
Chapter Three
Methodology

Introduction

The issues underlying the need to study emotional intelligence from a student nurse perspective are first re-examined. The research questions are then elucidated, prior to a discussing the methodology and explaining the study’s design. The chapter concludes with an explanation of each phase of the study. The following chapter details the development of the questionnaire.

Issues Underlying This Study

Nurses need a range of strategies to manage their clinical practice which includes: helping patients to cope with their health problems, patient education and health promotion. Student nurses need to learn some of these strategies, as they are expected to cope with issues associated with the practical nature of nursing, university demands and home life. One strategy offered is the use of emotional intelligence. An ability to monitor and regulate one’s emotions may contribute to the repertoire of coping skills. However, as yet, there is no strategy in place to facilitate the enhancement of EI in student nurses. More importantly, there are no valid and reliable tools that can be used to measure this concept in student nurses.

Methodology

It could be argued that there is inconsistency with terminology and language used in regard to the research process. In laying out a clear pathway to research, it was suggested that a scaffolding model could be used as a frame of reference (Crotty, 2013). Whilst it was argued that scaffolding was not the only way to understand the
research process it does, however, provide stability and direction (Crotty, 2013). Research methods differ from methodology, as they focus on procedures, data collection and analysis (Green, Caracelli, & Graham, 1989). Often, it is the ability to perform techniques and procedures that direct the researcher to the choice of methodology. The methodology is the design or plan of action linked to the methods and the purpose of the study. It involves the epistemology embedded in the theoretical perspective from the initial stages of the research process to the last procedure of inquiry (Tashakkori & Teddlie, 2010). In this study, a variety of methods were proposed to enable the fulfillment of the study aims.

Aim of The Study

The initial step in scaffolding was to identify the aim of the study and to identify the research questions prior to selecting a suitable process for fulfilling these aims and answering the questions. The aim was to modify and further develop two instruments: the situational test of emotional understanding (STEU) and the situational test of emotional management (STEM). Permission was granted by Carolyn MacCann to modify the two instruments (see Appendix 2: Consent to Use the STEM and STEU from Dr. C. MacCann). The validity and reliability of the instruments were previously established using a sample of psychology students (MacCann & Roberts, 2008). Hence, there was a need to modify and test the instruments on a pilot sample of student nurses, specifically following an educational intervention aimed at increasing EI.

Design of The Study

Given the nature and complexity of the research questions, it was determined that a mixed methods sequential embedded design would provide answers to the research questions. An embedded design means that both qualitative and quantitative data were embedded in all phases of the design (see Figure 3). The aim was to enhance the findings of the underlying phenomena so that interpretation of the data could be integrated (Cresswell & Plano-Clark, 2011; Hashemi & Babaii, 2013). It was
envisaged that the qualitative data set would provide a supportive secondary role and enhance the application of the quantitative phases of the study (Cresswell, Fetters, Plano-Clark, & Morales, 2009).

An extensive discussion has taken place over the last few years as to the definition of mixed methods research (Cresswell, 2010). Much of the discussion has centred around: what was being mixed; the stage of the research process; when the mixing occurred; the breadth of the mixing; and the drive for the research (Cresswell, 2010). Following a review of several definitions of mixed methods the following was utilized.

Mixed methods research is the type of research in which a researcher or team of researchers combines elements of qualitative and quantitative research approaches (e.g. viewpoints, data collection, analysis, inferences techniques) for the purposes of breadth and depth of understanding and corroboration (B. Johnson, Onwuegbuzie, & Turner, 2007, p.123).

Based on the above definition both quantitative (QUAN) and qualitative (QUAL) approaches play a significant role in mixed methods designs. There is no hard and fast rule as to which precedes the other, or the amount that is needed to form a mixed methods study (Cresswell, 2010). The approach used was driven by the research questions. In this study, the QUAN method was required to develop and test the validity and reliability of the tools, while the QUAL element provided the personal experiences of student nurses.

**Philosophical Assumptions of Mixed Methods**

Mixed methodology has been described as the third methodological paradigm (Biesta, 2010). Thomas Kuhn coined the term paradigm to denote an “agreed upon theory, worldview or methodology embodied in the beliefs, practices and products of a group of scientists” (R. B. Johnson & Gray, 2010 pg. 85). It has been suggested that the paradigms of post-positivism and constructivism easily fit this definition of paradigms, as they are distinctive in their ontological and epistemological characteristics (Morgan, 2014). The tendency to label these paradigms as QUAN and QUAL, however, is unhelpful and should be labeled more appropriately as data
collection methods (Bieta, 2010). It has been argued that, from a mixed methods perspective, these two approaches should be viewed as distinct rather than dichotomous (Putnam, 2004). This argument is based on the classical pragmatists such as Peirce, James and Dewey’s notion of “synechism”. This notion regards phenomena as continuous, or of one character, rather than dualistic as in the QUAN vs QUAL schism (p. 70). Likewise, one view of mixed methods is that it acknowledges and adds value to multiple types of realities and attempts to connect the subjective, inter-subjective and objective realities (Bieta, 2010).

A second view of mixed methods research suggests that researchers, using this approach, acknowledge and value differences to create a new synthesis which compromise benefits to create workable solutions in addressing research questions. Dialectical pragmatism has been described as the careful listening and consideration of multiple viewpoints. It used the core tenets of pragmatism as a philosophy and extends the notion by using a dialectical approach, which is advocated for every part of the research process. There is a continual dialogue, between the collection and analysis of data in the making of meaning of the natural tensions, when developing a workable solution to the research question (Bieta, 2010). It is this position that goes to the heart of ‘dialectical pragmatism’.

Most protagonists of mixed methods champion philosophical pragmatism as an epistemological framework for conducting such research (Bieta, 2010; Cresswell & Plano-Clark, 2011b; Greene, 2008; B. Johnson & Onwuegbuzie, 2004; Morgan, 2007; Morgan, 2014; Tashakkori & Teddlie, 2010). The tenets espoused by the classical pragmatists were combined in a complimentary whole, aimed at providing a partner philosophy (B. Johnson & Onwuegbuzie, 2004). Apart from the rejecting dualism, other principles include the view that reality is complex and multiple, and that there are multiple routes to knowledge. Dewey’s theory on knowledge was especially significant, since it argued that knowledge comes from the interaction between the person and the environment (Bieta, 2010). This perspective challenges subject object dualism (Bieta & Burbules, 2003). Whilst QUAN studies partner post-positivism, and QUAL’s philosophical paradigm is constructivism, dialectical pragmatism has been espoused as the middle philosophy that can free researchers to creatively construct new research projects (R. B. Johnson & Gray, 2010).
It has been suggested that Dewey’s theories about knowledge construction offer a more useful and developed form when debating mixed methods methodology (Biesta, 2010). Unlike the Cartesian view of reality, Dewey posits that ‘knowing’ is an intervention between mind and matter. It is concerned with grasping the relationship between actions and consequences, with reflection on these behaviours and outcomes playing a significant role. In summary, knowledge is the outcome of active intervention and is a construction of objects. Thus, this form of constructivism is transactional and, it is argued, thereby debunks the hierarchy between knowledges: objectivism and subjectivism. Whilst the proponents of objective reality hold that it is true knowledge, Dewey posits that “knowledge can only ever be subjective because one can never be certain that minds can really access the ‘world out there’” (Biesta, 2010). That is to say, “different knowledges are simply the result of different ways one engages with the world” (Biesta, 2010).

From a mixed methods perspective, Dewey’s ideas speak to the notion that different approaches generate different outcomes and different connections between actions and consequences. Thus, an assessment of knowledge claims needs to be judged pragmatically, with respect to the processes and procedures used in the inquiry (Biesta, 2010). Given that these techniques are part of the design phase of research, this is where philosophical problems can occur. As suggested, however, if intervention or non-intervention methods feed into each other, combing the two is a non-event, when conceived through the knowledge theory proposed by Dewey (Biesta, 2010). Thus, it was envisaged that using an embedded design would fulfill the criteria of mixed methods research and suit the aims of the study.

**Synopsis of Study Design**

It was intended that this study would be a pilot for further studies. As previously mentioned, a mixed method embedded design was used, constituting three sequential phases, with one phase informing the next phase.
Each phase of the study comprised several steps. Phase One was subdivided into two parts. Phase 1A was subdivided into five steps. Step One was to create a bank of scenarios that could be applied to nursing. This was achieved by identifying the scenarios from the original STEM and STEU. Step Two was to conduct focus groups of student nurses to collect critical incidents to formulate nursing scenarios. Step Three involved identifying university, home life and clinical practice from the critical incidents, as discussed by students in the focus groups. In Step Four scenarios of the incidents were added to the bank. Step Five concerned the validation of the bank scenarios. As can be seen in Figure 4, Phase 1A used qualitative methods to create the bank of scenarios.

Phase 1B had four steps. Step One was to develop possible responses to the banked scenarios. Step Two was to use subject matter experts (SMEs) to rate and develop a marking scale for the STEM. Step Three was the modification of the STEU and STEM. The aim of Step Four was to test both the STEU and STEM for clarity, using SMEs. Phase 1B used quantitative methods to develop a scoring key.
Phase 2 of the study involved test/re-test reliability of the developing modified STEU and STEM instruments using quantitative methods. Phase 3 of the study was the administration of the modified instruments to student nurses pre-and post an educational intervention developed by the researcher. The intervention was aimed at enhancing EI. This final phase was concerned with testing the modified STEU and STEM, using both qualitative and quantitative methods for analysis.

**Ethical Considerations**

Research places a moral and ethical obligation on the researcher. Ethical clearance, (Number 013115F) was obtained from Notre Dame University to access the students of the School of Nursing and Midwifery. The researcher approached the Dean of the school to identify which semester students would be recruited to ensure those students would not be part of the researcher’s teaching load.

It is the responsibility of the researcher to ensure that the research benefits student nurses, as well as ensuring that there is no negative impact or disadvantage to the students. To facilitate this, the student nurses were given full information about the research in the form of a letter outlining the research and their potential involvement (see Appendix 3: Research Information and Participants Information Sheets). Information included why participants were a representative group and how they were chosen. The researcher was not in a dependent teacher/student relationship even though the groups were conducted during semester.

The students and SMEs completed a consent form prior to participating in the study (see Appendix 4: Consent Form). The rights of the participants were respected and an assurance was given that withdrawal from the study at any stage would not affect university performance or employment. All personal data was de-identified by number and stored in a locked cupboard. According to UNDA protocol, the information will be destroyed after a period of five years. Electronic data is password protected. Results were presented at a research seminar and will be published in the future.
Conclusion

This chapter provides an outline of the study design. It postulated the rationale for using a mixed methods study design and discussed its philosophical underpinnings. The phases and steps were detailed. Since modification of the STEU and the STEM formed a substantial part of the study the first two phases and the steps taken in each phase are provided in Chapter Four.
Chapter Four

Questionnaire Development: Phases 1A, 1B & 2

Introduction

The study design constituted three sequential phases, each phase informing the next and having a number of steps. Since modification of the STEU and the STEM formed a substantial part of the study, this chapter details the first two phases, the steps taken in each phase, and the subsequent findings. The rationale for Phase 3 was to test the modified questionnaire's pre-and post-implementation of an educational intervention, as described in the following chapter.

Phase 1A

This phase of the study was divided into 1A and 1B. Each part had a number of sequential steps. Figure 5 depicts the five steps of Phase 1A.

Figure 5. Phase 1A Study Design Steps

- Step 1: Examine existing STEU and STEM items for university, home life and clinical practice
- Step 2: Conduct student focus groups
- Step 3: Content analysis of student focus groups using critical incident analysis
- Step 4: Add critical incidents to the bank of scenarios
- Step 5: Establish content validity of scenarios
Step 1: Examination of the original STEU and STEM

The researcher has been a clinical facilitator for five years. During this time, frequent discussions were held with other facilitators and in-service sessions attended on the policies and procedures of facilitating students within the clinical area. This enabled the researcher to make meaning of the situations students experienced.

Initially, the original STEU and STEM were examined for items related to student nurses’ experiences at university, in home life and during clinical practice. From these, items were created and a bank of scenarios modified to suit the student nurse cohort. From the analysis of 42 original STEU questions: 14 questions reflected the working environment; five related to the student nurse experience in the practicum; 28 questions reflected home life and university. The results of the analysis provided 29 possible scenarios for the bank of questions.

An example of an original STEU question that reflected a student’s experience during clinical practice was: “Edna’s workmate organizes a goodbye party for Edna, who is going on holidays. Edna is most likely to feel?” A STEU example that did not apply to nursing was: “If the current situation continues, Denise’s employer will probably be able to move her job to a location much closer to her home, which she really wants. Denise is most likely to feel?”

Of the 29 possible STEU scenarios that were banked, twenty-six were retained and three rejected, because they were not relevant to student nurses’ undergraduate experience. Questions that were either complex or had long multiple-choice answers were rejected to retain a uniform format. Additionally, those questions may have reflected comprehension, rather than a response to the situation. The remaining scenarios and their responses were retained and banked.

Similar to the STEU questionnaire, the original STEM questionnaire was also categorised into university, home life and clinical practice: seven questions reflected university; 14 reflected home-life; and 11 related to clinical practice. The resulting 32 questions provided a bank of possible scenarios/questions (see Appendix 5 Banked Questions from Original STEU and STEM).
Step 2: Focus groups on student nurses

Subsequent to sorting and categorising the STEM and the STEU, a focus group was conducted with student nurses. This enabled the discussion of critical incidents that the students had experienced, in order to add to the bank of scenarios. It was anticipated that the focus group discussion would enable greater clarity of expressions of thoughts and verify the pragmatics of situations that could not otherwise be uncovered (Barbour, 2005).

Focus groups are best conducted when participants have a reduced workload (Kruger & Casey, 2009). For the student nurses at the University of Notre Dame Fremantle campus, the week following exams prior to clinical practice, or the week prior to semester commencement, were the most appropriate times for conducting the study. Student nurses undertake an eight-week semester of study. The recruitment of students for the focus groups took place during Week Five and, during this time, the researcher did not undertake any teaching and did not have contact with students in the classroom. The decision to use students in their final semester was based on the potential participants having experienced maximum exposure to placement in the clinical area during their undergraduate program. It was expected that participants would be able to share rich information about the emotional effects of university life, home life and clinical practice on their studies.

In order to enable the recruitment of potential Fremantle Campus participants, the researcher provided a brief overview of the purpose of the study and to distribute information sheets during Week Five, to all Semester Six students (see Appendix 6 Student Recruitment Statement for Focus Groups). Additionally, a campus secretary forwarded a reminder email to all Semester Six student nurses. The following week the researcher approached the students to obtain a signed consent form for participation in the study. Potential participants also registered their email and phone numbers on a separate form, which was destroyed after the focus groups had been conducted.

An Excel spread-sheet of potential scheduled times for the focus groups was developed. This was emailed to participants with a request to signify their availability. A time-table was then formalised and subsequently emailed to the
participants. A reminder email was sent one week in advance, and again two days prior to the scheduled focus groups. This enabled the researcher to swap participants between groups at the participant’s request.

The recruitment of potential participants on the Broome campus differed due to the nature of the student nurses’ study program. Students were not necessarily residents on campus, but scattered throughout northern Western Australia, so the undergraduate program utilised a mixed mode of study. In Week Eight, however, regardless of location, all students undertook a concentrated week block of study whilst resident on campus. The Associate Dean of Nursing distributed information concerning the study, as well as a follow-up email to students advertising the study and inviting them to participate in the focus groups.

At the commencement of the focus groups, participants were given a consent form to sign and an opportunity to ask any questions. Confidentiality was assured in terms of the audio-recordings, by explaining how the transcripts would be collated. Morning and afternoon teas were provided, resulting in participants becoming more relaxed. An introduction, including ground rules for the focus groups, was presented prior to the audio-tape recording.

The researcher acted as the moderator, being an active listener. The participants’ voices needed to be heard and recorded in order to provide insights into their experiences. For clarification, responses were rephrased in the participants’ language. Emotional information was sought by both thinking (insight), and feeling (emotion) questions being included (Kruger & Casey, 2009). Semi-structured questions were asked about critical incidents involving the university, home life and clinical practice as per the plan (see Appendix7 Questioning Pathway for Focus Groups).

The Broome campus focus groups were conducted prior to those on the Fremantle campus. It has been recommended that there should be three to four focus groups consisting of four to six people as this number is less threatening for participants (Kruger & Casey, 2009). However, these numbers could not be achieved for the Broome participants, due to the short amount of time between lectures, laboratory sessions and preparation for exams. A total number of six female
participants attended four focus groups with only one or two participants per group. Thus, the format resembled an interview rather than a normal focus group discussion. All sessions were audio taped. Following the first two interviews, the researcher altered the introduction and questioning pathway, as less ‘warming up’ time was required than anticipated. The participants openly shared information without hesitation and little prompting, with the researcher clarifying specifics and requesting examples for each critical incident. Prior to the discussion taking place, a chart of emotional faces was provided. The charts of emotions prompted participants, as they displayed limited emotional vocabulary.

The Fremantle campus focus groups followed the same pathway as those conducted in Broome. There were five focus groups, each consisting of between three and five participants, with a total of fifteen females and three males. Themes evolved that resonated within each group discussion. Some participants showed signs of slight distress, with tears in their eyes when describing a critical incident, but all participants continued with the discussion. Significantly, participants considered the discussion as a final debrief on their three-year journey through their nursing. Anonymity provided an assurance that individual participants would not be held accountable for the critical incidents.

The participants were forthcoming with their experiences to both the researcher and each other. This may be related to the familiarity between the researcher and participants and also associated with the open and supportive environment created for the discussions. Kruger and Casey (2009) recommend that a thirty-minute warm up should be part of the introduction to a focus group discussion. However, as participants were familiar with each other, this preliminary was unnecessary. At times conversations were unrelated to the topic, necessitating the researcher to guide the participants to focus on the aim of the focus group. Straying from the topic may indicate that the participants felt safe to explore other issues. Although re-direction was provided, sometimes this was difficult when the topic created passionate responses. The tape recorder was not used in the debriefing session at the culmination of the discussions, to enable free space to converse about unrelated topics. This time enabled the researcher to explore issues which caused participants stress during their course, and which could have had a negative impact on attrition and emotional memory. At times, heightened emotions needed diffusing
to ensure participants did not become distressed. To achieve this action the participants were placed in a circle to facilitate eye contact. At times, the conversation turned to criticisms and frustrations at academic processes, and was also directed at the researcher as a member of the teaching staff. However, Broome participants had a more relaxed, friendly association with their lecturers and raised fewer critical incidents related to university. Some participants indicated that the journey through the UNDA system, although stressful, had made participants better nurses ready to go into the workforce as critical thinkers, with increased problem-solving skills and resilience. All participants indicated they would go through the experience again and recommend it to others.

**Step 3: Analysis of critical incidents**

Critical events that shaped later decision-making or actions were identified, using a critical incident analytical framework consisting of: asking participants to identify events; actions or situations that were influential in relation to their university life, home life and clinical practice; listening for the logical arguments used in identifying critical events; observing the manner in which participants described the events, and listening to the nuances or special situations that might have altered the critical incident (Kruger & Casey, 2009). Critical incidents are judged: when the participants felt uncomfortable with the situation; when moral judgment was called into question; when participants wanted to leave the clinical area and when participants elicited a strong emotion such anger or crying. Examples of critical incidents shared by participants are:

“I suggested to my husband I would do midwifery next year and he said over my dead body.”

“My children ring and ask me to babysit and I have to say no I have exams or prac and they don’t understand.”

“My best friend has never been to uni and she rings and says can’t you come out to dinner and I say I can’t I have no money, I have an assignment due and I have to study and she doesn’t understand that you always have it on your mind, you just can’t go out and spend the whole night out.”
Transcribing the audio tape and writing field notes was undertaken as soon as possible, each transcript and participant being identified with a different number and letter to maintain confidentiality. All critical incidents were transcribed verbatim onto an Excel spread-sheet and categorised into university, home life and clinical practice. All participants were emailed, inviting them to check the transcript to clarify statements and prevent incorrect interpretation of their focus group recording. This procedure aided in the credibility of the data collected. From the nine focus groups four participants, from different groups, responded affirmatively after having checked the scripts.

The findings from the analysis of critical incidents suggested that there were common themes between the focus groups. These themes reflect the three identified elements causing stress in student nurses: university; practicum; and home life. However, the participants did not remember many positive experiences. These findings correlate to studies concerning memory and emotion, in which negative experiences are remembered to protect one-self in the future.

**Step 4: Development of the bank of scenarios**

Critical incidents from the focus groups were used to create scenarios to reflect the experiences of student nurses. In Step 4 each critical incident was identified as relating to either emotional understanding (STEU) and/or emotional management (STEM). Significant statements, or quotes from the critical events, were used to list the scenarios using the participants’ language, to add to a bank of scenarios. A clinical facilitator reviewed and discussed the coding procedure (Thomas & Magilvy, 2011).

Three categories of scenarios were omitted. Category One included: contexts not common to all student nurses; those related to an eight-week lecture cycle; references to being married; parenting references; isolated incidents, such as living in a remote community; and accessing lectures/tutorials electronically. Category Two omitted repetition of concepts for example, “it is a demanding degree”. Category Three consisted of scenarios that could be identifiable to an individual. The final scenarios were separated into university, home-life and clinical practice for emotional understanding (STEU) and emotional management (STEM).
questionnaires. The result was 6 separate lists of scenarios (see Appendix 8: Lists of Emotional Understanding and Emotional Management Scenarios from the Focus Group).

**Step 5: Content validity of scenarios**

The final step in Phase 1A aimed at establishing content validity (CVI) of the scenarios, by evaluating the extent to which each item in the scenario related to the construct being researched (Gilbert & Prion, 2016; Halek, Holle, & Bartholomeyczik, 2017; Lingley-Pottie & McGrath, 2011; Polit & Beck, 2006; Rutherford-Hemming, 2015). In this study, the construct was emotional intelligence.

Establishing content validity is a two-stage process consisting of development and evaluation (D. Cameron & Johnston, 2015; Halek et al., 2017; Lynn, 1986). The developmental stage previously undertaken included: identification of dimensions of emotional intelligence from the literature; identification of critical incidents that uncovered expressions of how the participants felt and managed these situations; and extrapolating the three concepts of university, home life and clinical practice.

The second stage in establishing a CVI is the evaluation of the relevance of the content through a panel of subject matter experts (SME) (Lynn, 1986). This was achieved by preparing each scenario, followed by a Likert scale of potential responses. The SMEs from the School of Nursing and Midwifery at Notre Dame consisted of: seven lecturers who were familiar with the concept of academic stress which students could experience during clinical practice; and eight Clinical Facilitators who had been supervising students in their clinical practice for a minimum of two years and had experience in debriefing students during their clinical placement. The recruitment of Clinical Facilitators was conducted during a debriefing session at the university (see Appendix 9: SME Recruitment for Content Validity of Scenarios). The facilitators were provided with a package to take home, including a self-addressed envelope to be posted back to the researcher on completion (see Appendix 10: Content Validity Tool for Subject Matter Experts). The researcher’s supervisor emailed the academic staff, followed by a personal
invitation from the researcher. University staff were instructed to leave responses with the supervisor.

There were two instructions for the SME. Initially, the SME were instructed to rate each scenario for clarity, consistency and content validity using a response sheet (Imle & Atwood, 1988; Vrbanjak, Pahor, Nelson, & Pajnkihar, 2017). The response sheet consisted of a Likert rating scale: 1-4: 1=irrelevant, 2= a little relevant, 3= quite relevant, and 4= very relevant. Secondly, the SME were instructed to rate the scenarios as a whole: relevant/not relevant to a student nurse. Space was also provided for comment or suggestions on each scenario.

Findings of The Content Validity Index (CVI)

The CVI relates to the proportion of SME that give a rating of 3 or 4 to individual items for each scenario (Lynn, 1986; Polit & Beck, 2006). A limitation of this process is that the CVI does not consider chance agreement, as statistical formulae accounts for error theory. It has been argued, however, that five or fewer panellists need 100% agreement to incorporate the standard error (Lynn, 1986). It is further contended that CVI needs 0.83 agreements of six or more panellists, but that the CVI should not be lower than 0.78 (Polit & Beck, 2006). The responses from the SMEs were entered into an Excel spread-sheet. Dividing the number of SMEs who rated a scenario 3 or 4, and then dividing that by the total number of SMEs determined the CVI. A possible limitation to this procedure is the collapsing of items rated 3 or 4 together and rating them as relevant (Polit & Beck, 2006). In this study, as most panellists rated items as 3 or 4 in equal proportion, collapsing items into the one category did not affect the outcome. Table 1 demonstrates the data on the items reflecting emotional understanding.
Table 1

Responses to University Scenarios/STEU

<table>
<thead>
<tr>
<th>Scenario</th>
<th>SME1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>CVI</th>
</tr>
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Note: The horizontal axis represents the scenarios. The vertical axis represents the SME rating.

Emotional Understanding Scenarios for the modified STEU

Responses to university scenarios/STEU

There were seven SMEs who rated all scenarios to be relevant to university life (see Table 1). The rating scores ranged from 2-4. There were 19 scenarios, 10 of which scored a CVI of 1.00. Eight scenarios scored a CVI of 0.86 and one scenario, (Number 6) was removed as it scored 0.71. All the scenarios with a CVI of 1.0 were kept. For example, Scenario 7: “You have worked hard and achieved a commendation from the University. How do you feel?” This was refined in the modified tool to: “You have just completed your first semester of University. Out of the blue you receive a letter of commendation. You are most likely to feel?” Scenarios 5 and 10 scored 0.86 and were retained from the bank of scenarios. These scenarios reflected concepts that the researcher had heard students discuss, whilst they were on clinical practice and in the focus groups. Scenario 5 stated: “You ask your tutor for assistance and she says she doesn’t know what to do either. How do...
you feel?". Scenario 10: “You are placed in a group of 6 people for an assignment with people of different ages. How do you feel?” All other scenarios with a CVI less than 1.0 were discarded.

Responses to Clinical Practice Scenarios/STEU

Table 2 demonstrates the responses from the SMEs to each scenario and the corresponding CVIs. Six SMEs considered 22 scenarios on clinical practice as relevant. The rating scores ranged from 2-4, with 15 scoring 1.00 and seven scoring 0.83. All questions that had a CVI of 1.0 were kept. Some modifications to the scenarios were made in line with the SME responses. For example: Scenario Four: “Your mentor has told you that you are doing a good job. How do you feel? This was modified to; on practicum, the other nurses say you are doing a good job. You are most likely to feel?” All scenarios with a CVI less than 1.0 were discarded.
### Table 2
Responses to Clinical Practice Scenarios/STEU

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*Note: The horizontal axis represents the scenarios. The vertical axis represents the SMEs rating.

Responses to Home Life Scenarios/STEU

Table 3 demonstrates the responses from the SMEs to each scenario and the corresponding CVIs. The scenario was not rated if the responses scored zero. Five SMEs were invited to score scenarios on home life issues. All SMEs rated the majority of scenarios to reflect home life, with scores ranging from 0-4. Those scenarios that had a CVI of 1.0 were kept, for example, Scenario Six: "You have to work late at night to finish an assignment as you have spent time during the day with your family. How do you feel?" All scenarios with a CVI less than 1.0 were discarded.
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Responses to Home-Life Scenarios /STEU

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Note: The horizontal axis represents the scenarios. The vertical axis represents the SMEs rating.

Emotional Management Scenarios for the STEM

Responses to University Scenarios/STEM
Table 4 demonstrates the responses from the SMEs to each scenario and the corresponding CVIs. The same seven SMEs who were invited to score the STEU, also scored the STEM scenarios. All SMEs rated the scenarios to reflect university life. As in other responses the rating scores ranged from 1-4. There were 18 scenarios, seven of which scored 1.00. Ten scored 0.86 and one item scored 0.71. All scenarios that had a CVI of 1.0 were kept or modified to include in the bank, for example, Scenario One: *You hear that another class in the same subject has different information delivered in their tutorial. What do you do?* Following feedback from SMEs this scenario was modified to: *Emily hears that another class in the same subject has different material delivered in their tutorial. What action would be the most effective for Emily?* The modification of the scenario did not alter the emotional response. All scenarios with a CVI less than 1.0 were discarded.
Table 4

Responses to University Scenarios/STEM

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*Note:* The horizontal axis represents the scenarios. The vertical axis represents the SMEs rating.

Responses to Clinical Practice Scenarios/STEM

Table 5 demonstrates the responses from the SMEs to each scenario and the corresponding CVIs: Six SMEs all rated each of the twenty-two scenarios as reflecting clinical practice. The scores ranged from 1-4 with sixteen scoring 1.00. Four scored 0.83 and two scored 0.67. All scenarios that had a CVI of 1.0 were included in the bank, for example, Scenario Three: "Your mentor’s actions put a patient at risk. What do you do?" Following SMEs’ feedback this scenario was refined to: “Cathy’s mentor’s actions put a patient at risk. What would be the most effective thing to do?” All scenarios with a CVI less than 1.0 were discarded.
Table 5
Responses to Clinical Practicum Scenarios/STEM

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</tbody>
</table>

Note: The horizontal axis represents the scenarios the SME addressed. The vertical axis represents the 6 SMEs.

Responses to Home Life Scenarios/STEM

Table 6 demonstrates the responses from the SMEs to each scenario and the corresponding CVIs. Five SMEs completed scoring of the home life scenarios. All SMEs rated the scenarios as reflecting home life, the scoring ranged from 3-4. All seven CVI scenarios scored 1.00. Thus, all scenarios for home life were kept to include in the bank. For example, Scenario One: “You are working and studying, then a family member gets sick and needs you to take care of them. What do you do?”. This scenario was modified to reflect SMEs comments on ‘need to know how sick the relative is’: “Sarah is working and studying, when a family member becomes seriously ill and needs her to care for them. What would be the most effective thing for Sarah to do?”
Table 6

Responses to Home-Life Scenarios / STEM

<table>
<thead>
<tr>
<th>SME 1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>CVI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scenario</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>1</td>
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<tr>
<td>7</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>

Note: The horizontal axis represents the scenarios the SMEs addressed. The vertical axis represents the 5 SMEs.

Most SMEs rated the scenarios with 100% agreement on the relevance of the scenarios. Thus, a large bank of scenarios could be added to the original STEU and STEM scenarios, to be used in Phase 1B of the study. The purpose of 1B was to create responses and scoring keys for the bank of scenarios.

Phase 1B

It has been argued that simulations that mimic actual job situations vary in fidelity (Arthur et al., 2014; Motowidlo, Dunnette, & Carter, 1990). Those that use realistic materials and equipment provide people with an opportunity to respond exactly as if they were carrying out the task. Such simulations are referred to as high fidelity simulations. Low fidelity simulations are those that present a verbal or written description of a hypothetical situation. Participants are asked to describe or choose how they would, or should deal with the situation (Motowidlo et al., 1990). The scenarios banked thus far in the study were developed from the original STEU and STEM, together with the critical incidents identified from the focus group discussions. Since they were hypothetical situations developed without the use of equipment they could be considered low fidelity.

The purpose of Phase 1B was to develop questionnaires from the bank of scenarios. In this phase of the study there were 4 steps (see Figure 6).
Figure 6. Phase 1B Study Design Steps

Step 1: Participants create responses to scenarios STEU & STEM

Step 2: SME panel rank responses and create scoring keys of the developing questionnaires

Phase 1B

Step 3: Researcher modified STEU & STEM for nursing students

Step 4: SME panel determine clarity of the final questionnaires, STEU/Ng STEM/Ng

Step 1: Create responses to the bank of scenarios for the STEU/Ng and STEM/Ng

Responses to the bank of scenarios for the STEU were generated from Roseman’s Grid depicted in the literature review. The grid reflected emotional content such as sadness, pride and distress. These emotions were combined with seven appraisal dimensions, such as situational state and problem type, using a veridical scoring system: one valid answer to the scenario.

The validated new scenarios from Phase One, Step 5 were compared to the original banked STEU scenarios (see Appendix 11: Pathway for Banked STEU Scenarios to Modified STEU Scenarios). This comparison allowed for original scenarios to be kept in their original state, modified to reflect nursing or be removed from the bank. The emotion identified in the original banked STEU scenarios and their responses was not altered. An example of a scenario that was not changed follows:
Scenario 1: "A pleasant experience ceases unexpectedly and there is not much that can be done about it. The person involved is most likely to feel?"

(a) Ashamed (b) Distressed (c) Angry (d) Sad (e) Frustrated

Some scenarios, however, could not be modified to reflect nursing as in the following example:

Xavier completes a difficult task on time and under budget. Xavier is most likely to feel?

(a) Surprise (b) Pride (c) Relief (d) Hope (e) Joy

The above scenario was not appropriate, as student nurses do not undertake budgeting as part of their scope of practice. Thus, this question was deleted from the bank.

Some questions needed slight changes. For example, the title Clinical Facilitator was substituted for Supervisor. In changing this title, the emotion did not require change according to Roseman's Grid:

Scenario 21: "A (Clinical Facilitator) supervisor who is unpleasant to work for leaves Alfonso's work. Alfonso is most likely to feel?"

(a) Joy (b) Hope (c) Regret (d) Relief (e) Sadness

To create responses for modifying the STEM/Ng questionnaire, a new purposive sample of third year students was recruited as the last group had since graduated. These students were chosen as they had experienced a variety of clinical situations, and had been immersed in university study for over two years. They were considered sufficiently knowledgeable and experienced to determine appropriate responses to the emotional management questions. Students were recruited in Week One of the new semester, following a lecture on research. They were given a brief overview of the study, including the expectations, and provided with the participant information sheet (see Appendix 12: Student Recruitment Phase 1B Step 1).

Most students in the research unit (n=150) responded to the invitation to participate in the study. Packages containing scenarios, information sheets and
consent forms were distributed in a blank envelope (Appendix 13: Scenarios for Student Responses Phase 1B Step 1). Completed responses were to be returned to a mail box situated in the nursing administration. This process was repeated the following week, as there were several students absent from the first week of lectures. A total of eleven responses were returned in the time allocated. These participants provided responses to 34 validated STEM scenarios.

Participants were asked to respond to the scenarios by answering the following questions: "What would you do?" (behaviour) and "What should you do?" (knowledge) for each of the scenarios (see Appendix 14: Student Responses to the Questions "What would you do?" and "What Should You Do?"). All responses were entered into a spread-sheet. An example of participant responses to a scenario representing university experience can be seen in Table 7. The repetitions were removed as seen in Table 8. The scenarios and highlighted responses were retained and used with the SMEs in Phase 1B Step Two.

### Table 7

**Participant Responses to "What would I do?" and "What should I do?"

<table>
<thead>
<tr>
<th>University</th>
<th>You hear that another class in the same subject has different information delivered in their tutorial</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What would you do? (behaviour)</strong></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>*Approach my tutor with the conflicting info and ask her for an explanation as to why the difference.</td>
</tr>
<tr>
<td>2.</td>
<td>*Email tutor about it clarifying your concerns, talk to other students, check if this is correct.</td>
</tr>
<tr>
<td>3.</td>
<td>*Try to work out what is the right answer.</td>
</tr>
<tr>
<td>4.</td>
<td>Find out what's most important to know by emailing lecturer/tutor</td>
</tr>
<tr>
<td>5.</td>
<td>*Go to the lecturer, use lecture notes.</td>
</tr>
<tr>
<td>6.</td>
<td>*Talk to academic rep so they can take it higher, talk to tutor.</td>
</tr>
<tr>
<td>7.</td>
<td>Get in touch with someone from the tute and swap info</td>
</tr>
<tr>
<td>8.</td>
<td>*Ask students in class what they were told, if it is different ask the tutors/lecturer/co-ordinator for clarification.</td>
</tr>
<tr>
<td>9.</td>
<td>*Question the teacher ask and discuss with other students.</td>
</tr>
</tbody>
</table>

| **What should you do? (knowledge)** | |
| 1. | Make sure it is not gossip first. Clarify the info then approach the tutor. |
| 2. | As above |
| 3. | Speak to head of subject. |
| 4. | As above |
| 5. | As above |
| 6. | Talk to academic rep. |
| 7. | Contact lecturer/tutor. |
| 8. | As above |
| 9. | As above |
| 10. | As above |
| 11. | E-mail unit coordinator and clarify. |

Note: Responses highlighted with an * indicate responses retained for Table 8.
Table 8  
Retained Responses from Table 7

<table>
<thead>
<tr>
<th>University</th>
<th>You hear that another class in the same subject has different information delivered in their tutorial.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>What would you do? (behaviour)</td>
</tr>
<tr>
<td>1</td>
<td>Approach my tutor with the conflicting information and ask her for an explanation as to why the difference.</td>
</tr>
<tr>
<td>2</td>
<td>Email tutor about it clarifying your concerns, talk to other students to check if this is correct.</td>
</tr>
<tr>
<td>3</td>
<td>Try to work out what is the right answer.</td>
</tr>
<tr>
<td>4</td>
<td>Go to the lecturer, use lecture notes.</td>
</tr>
<tr>
<td>5</td>
<td>Talk to academic rep so they can take it the unit coordinator.</td>
</tr>
<tr>
<td>6</td>
<td>Ask students in class what they were told, if it is different ask the tutors/lecturer/coord for clarification.</td>
</tr>
<tr>
<td>7</td>
<td>Ask at next tutorial and discuss with other students.</td>
</tr>
</tbody>
</table>

The list of scenarios and possible responses were then discussed with an academic from the School of Nursing and Midwifery at Notre Dame, who had lectured in Nursing Ethics and Nursing Research, to determine clarity and grammar, with suggested changes being made, as shown in the following examples, with alterations being underlined.

Scenario 17: “You hear another class in the same subject has different information delivered in their tutorial. What would you do?”

Possible responses requiring alteration:

1. Approach my tutor with conflicting info, and ask for an explanation as to why the difference.
   This was changed to: Approach my tutor with conflicting information and ask for an explanation as to why the difference.

2. Email tutor about it clarifying your concerns, talk to other students, check if this correct.
   This was changed to: Email tutor about it clarifying your concerns, talk to other students and check if this is correct.

3. Talk to academic rep so they can take it higher, talk to tutor.
   This was changed to: Talk to academic rep so they can take it to the unit coordinator.

4. Ask at next tutorial, discuss with other students.
   This was changed to: Ask at next tutorial and discuss with other students.
Table 9
The Average Number of Different Responses to Scenarios (n=11).

<table>
<thead>
<tr>
<th></th>
<th>What would I do? (Behaviour)</th>
<th>What should I do? (Knowledge)</th>
<th>Number of Participants That Responded with The Same Response to Both Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>University</td>
<td>8.0</td>
<td>2.7</td>
<td>4.2</td>
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<tr>
<td>Practicum</td>
<td>7.75</td>
<td>4.25</td>
<td>3.6</td>
</tr>
<tr>
<td>Home-life</td>
<td>5.1</td>
<td>3.6</td>
<td>2.3</td>
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</table>

In averaging the number of responses to the scenarios there were a variety of scores (see Table 9). The first column represents the average number of different participant responses to all scenarios when asked, “what would I do?” (behaviour). The average responses for practicum and university were 8.0 and 7.75 respectively, indicating a large number of different responses. This finding may indicate that participants were searching for an appropriate behaviour in a new environment. In contrast, the smaller average for home-life (5.1) may reflect the participants’ familiarity with the environment. The second column in Table 8 depicts the average number of responses that were different from Column One responses, when asked, “what should I do?” (knowledge). The greatest average number of different responses to “what should I do?” (4.25) was in the practicum scenarios. This may reflect participant uncertainty, or insufficient knowledge on how to deal with critical incidents. The smallest number of different responses from the questions: “what would I do?” to “what should I do?” was shown in the university scenarios. This may suggest that participants did not perceive a difference between what they should do and what they actually did and was reinforced as shown in Column Three, where university had the greatest number of participants giving the same response to both questions. Furthermore, this may indicate that university expectations are clear to the participants. Although university is stressful, participants understand the expectations, unlike practicum where they may not understand expectations. This reinforces the literature review of practicum being the tipping point at which participants leave the course.
Step 2: A panel of subject matter experts (SMEs) responses are used to create the scoring keys for the STEM/Ng questionnaire.

In Step 2, SMEs were involved in ranking the responses to the scenarios from a nursing perspective, in order to establish the scoring key for the new STEM/Ng tool. Experienced nursing staff from the School were invited to be SMEs. These consisted of part-time Registered Nurses employed as Clinical Facilitators, and academic staff involved with teaching and supervising students in the clinical area.

A debriefing session was conducted for Clinical Facilitators, following the students’ clinical practicum. They were provided with an overview of the purpose of the research and what would be expected of them in the development of the questionnaires. Clinical Facilitators (n=23) were requested to comment on the clinical practice scenarios. Packages containing scenarios, research information sheets, consent forms, possible responses and self-addressed envelopes for return of the responses, were distributed (see Appendix 15: Instructions to SMEs Ranking Scenarios Responses and Examples).

Academics (n=15) were individually approached by the researcher to respond to the questions regarding university and home life. All SMEs were requested to place their responses into a designated mail-box in the staff room. Two weeks later there were only four responses. The low response rate may be related to the length of time needed to complete the questionnaire (approximately forty-five minutes). A follow-up reminder was informally communicated to all potential participants on a two-weekly basis for 6 weeks. A total of nine SMEs responded.

Data Analysis:

The responses from the SMEs were entered into an Excel spread-sheet for comparison. A consensus method of pooling responses to distinguish the correct response was used (see Appendix 16: Method of Developing Scoring Scales for the STEM/Ng). This was achieved by calculating the proportion of SMEs selecting a given response: the greater the number who chose a response, the more correct the response was assumed (Motowidlo et al., 1990).
Although the number of SMEs is often based on the accessibility of people able to participate, it is suggested that a minimum of five people offers a sufficient level of control (Lynn, 1986). The SMEs were asked to rank the possible responses to a scenario, from 1 to 7, with 1 being the best thing to do and 7 being the worst thing to do. This procedure enabled the researcher to establish responses and scoring scales for the final questionnaires. The response to a scenario, with at least a third of the panel choosing that response as the best thing to do, scored 1. The response to a scenario, with at least a third of the panel choosing that response as the worst thing to do, scored -1. Two responses that were neither the best, nor the worst thing to do, scored zero (Motowidlo et al., 1990).

An example of the ranking method is depicted in Table 10 using the scenario presented to the SMEs in the format of Table 8: “You hear another class in the same subject has different information delivered in their tutorial”. The horizontal columns represent the nine SMEs and the vertical columns represent the rankings of the seven possible responses.

Table 10
Ranking from the SMEs on the Question from Table 6

<table>
<thead>
<tr>
<th>Response</th>
<th>SME 1</th>
<th>SME 2</th>
<th>SME 3</th>
<th>SME 4</th>
<th>SME 5</th>
<th>SME 6</th>
<th>SME 7</th>
<th>SME 8</th>
<th>SME 9</th>
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<td>5</td>
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<td>3</td>
<td>5</td>
<td>6</td>
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</tbody>
</table>

The data from Table 10 was converted to Table 11 to indicate the frequency of the ranking of each response given by the SMEs. The horizontal columns represent the number of times each response was chosen. The vertical columns represent all possible responses. For example, from Table 8, Response 1: “Approach my tutor with the conflicting information and ask her for an explanation as to why the difference”, was ranked 1, the best thing to do by three SMEs. Two SMEs gave this response a ranking of 2, the second-best thing to do. Three SMEs ranked it 3,
that is, the third best thing to do, and one SME ranked it 5, the fifth best thing to do (n=9). The response that has the largest combined frequencies from Columns 1 and 2 in Table 11, and the combined frequency representing more than one third of the panelists, was considered the best thing to do overall. This response was then given a score of 1 in the final questionnaire. The system was refined further by deciding that, if a question ranked overall the best thing to do, but one or more of the panelists disagreed and scored it as the worst thing to do, its frequency would be reduced by a score of 1. In Table 11, Response 6 was ranked as the best thing to do by six of the nine SMEs and scored 1 in the new questionnaire. One panelist, however, ranked it as the worst thing to do, reducing the score to 5, but the response still represented more than one third of the panelists. The same refinement applied with determining the worst thing to do in a scenario (Motowidlo et al., 1990).

Table 11

**Ranking to Determine the Best Thing to Do**

<table>
<thead>
<tr>
<th></th>
<th>Frequency of Responses</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
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<tbody>
<tr>
<td>Response 1</td>
<td></td>
<td>3</td>
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<td>3</td>
<td>1</td>
<td>5</td>
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<td>2</td>
<td>3</td>
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<td>1</td>
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<td>5*</td>
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<td></td>
</tr>
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<td>2</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

Note: Response 6 is ranked the best thing to do with a score of 5 and is indicated by *.

To determine the worst thing to do, the same data from Table 10 was used in Table 12. The horizontal columns represent the number of times each response was chosen. The vertical columns represent seven possible responses presented in the question. Response 3 was ranked as the worst thing to do in the scenario by adding Columns 6 and 7. This calculation gave a frequency of 6. Response 3 was scored -1 in the new questionnaire.
Table 12
*Ranking to Determine the Worst Thing to Do*

<table>
<thead>
<tr>
<th>Frequency of Responses</th>
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<td>2</td>
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<td>3</td>
<td></td>
</tr>
</tbody>
</table>

Note: Response 3 is ranked the worst thing to do with a score of 6 and is indicated by *.

To determine the two responses that were neither the best nor the worst thing to do, the same data from Table 10 was used in Table 13. The horizontal columns represent the number of times each of the responses was chosen. The vertical columns represent all possible responses presented in the question. The answer was determined by adding the responses that were ranked 3, 4 and 5. Response 4 totalled 6, and Response 7 totalled 5. These responses in the new questionnaire were scored 0. When there were more than two responses to choose from the response that was ranked 4 (the middle of the scale) the most times, was considered the best choice.

Table 13
*Ranking to Determine the Middle Responses to Score 0*

<table>
<thead>
<tr>
<th>Frequency of Responses</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>Frequency of Responses In Middle of Grid</th>
</tr>
</thead>
<tbody>
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<td>Response</td>
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<td>2</td>
<td>2</td>
<td>1</td>
<td>5*</td>
<td></td>
</tr>
</tbody>
</table>

Note: Responses 4 and 7 are ranked 0 and indicated by *.
The ranking of some responses was scattered with no one, clear correct/incorrect response. These questions were consequently deleted (see Table 14). This scattering of rankings may have been related to the subjectivity of the question.

Table 14  
Scattering of Rankings

<table>
<thead>
<tr>
<th>Response</th>
<th>1</th>
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<th>3</th>
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<td>1</td>
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</tr>
</tbody>
</table>

Note: The horizontal columns represent the number of times each of the responses was chosen. The vertical columns represent all possible responses.

Step 3: STEU/Ng and STEM/Ng

The first version of STEU/Ng, was compiled after all questions had been revised and modified. The STEM/Ng questions and responses ranked by the SMEs were put into questionnaire format by the researcher. This involved including the name of a fictitious person in the scenario and randomly listing the four possible response choices. The following is an example of this procedure:

17. Emily hears that another class in the same subject had different material delivered in their tutorial. *What would be the most effective thing for Emily to do?*

   a) Try to work out what is the right material. (-1)

   b) Go to the lecturer and use the lecture notes. (0)

   c) Ask students in another class what they were told; if different ask tutors and lecturer for clarification. (1)

   d) Ask at the next tutorial and discuss with other students. (0)

The first draft of the STEU/Ng and STEM/Ng questionnaires and the instructions to the student were proofread for clarity by four non-nursing individuals

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including a female lawyer, a general medical practitioner, a female accountant, and a male mathematician. They were chosen, to ensure content would not distract from the purpose of establishing clarity. Changes were made to the instructions and the questions following this procedure, leading to the creation of a second version of the questionnaires.

**Step 4: Subject matter experts to determine clarity of the new questionnaires (STEU & STEM)**

Following the proof reading of the questionnaires, the final stage of Phase 1B of the study was to administer the questionnaires to SMEs, to determine clarity from a nursing perspective. The SMEs were recruited from the same pool of academic staff who had participated in the earlier panels. Staff were invited to participate and given an information sheet, including details of the expectations and instructions. The SMEs (n=9), were requested to determine whether the questions were clear and free from ambiguity (Imle & Atwood, 1988). The completed response sheet was to be placed in a designated mail-box in the School (see Appendix 17: Clarity Tool Phase 1B Step 4; Instructions and sample of Tool).

The data were entered into an Excel spread-sheet to assess the agreement amongst the SMEs (Imle & Atwood, 1988). Any question that an expert found unclear was changed or removed. Of the 27 questions related to the STEU/Ng, 16 were clear to all SMEs and 11 unclear. All the comments on clarity were addressed and questions changed in response to SMEs’ comments.

Question 1 posed some difficulty in clarity by one of the experts who wanted to know why the pleasant experience had ceased: *A pleasant experience ceases unexpectedly and there is not much that can be done about it. The person is most likely to feel?* In this instance, the question posed a scenario where the situation was not caused by any individual and was beyond the student’s control. Due to the subjectivity of emotional memory, a finite number of emotions with an infinite number of scenarios can cause these emotions. If the question had elaborated the context, some students may have felt they had, or may have had, some control. In
this situation, the correct answer would have changed from sad to frustration. For this reason, the question was not changed.

Three SMEs marked Question 6 unclear: *Something unpleasant is happening. Neither the person involved, nor anyone else can make it stop.* They felt the lack of clarity was due to the anonymity of the person, with little context of the situation. As this was a retained question from the original STEM, it was decided not to change it. Rather, the instructions at the beginning of the questionnaire were changed to: *The following question describes a situation, and asks you as a student nurse to choose which one of the five emotions is most likely to result from the situation.*

Question 13, was marked unclear by two SMEs: *Mary believes her mentor has deliberately caused her to fail. However, she feels she can do something about it. She is most likely to feel?* The first SME felt she should be substituted for Mary. The other SME thought the above response could have caused mixed emotions. When using Roseman’s Grid and Veridical Scoring System, the appraisal dimensions indicate there can only be one answer. In this instance, the causal agent was the mentor; Mary was trying to avoid something bad occurring, and felt that she has some control over the situation. In this situation, the correct response was anger.

Two SMEs thought Question 15 was unclear: *On practicum, the other nurses tell you that are doing a good job. The person is most likely to feel?* Both SMEs indicated that the person should be changed to you. The final version read: *On practicum, the other nurses tell you that you are doing a good job. You are most likely to feel?*

Of the 25 STEM/Ng questions, 12 questions were clear to all SMEs and 13 were unclear. In the analysis of the unclear questions, nine were unclear to only one SME, and one question was unclear to two SMEs. The word ‘supervisor’ was changed to ‘facilitator’ in all these questions, as that was the term used for a Notre Dame staff member who visited students at the site of their practicum.

Two SMEs stated that Question 1 needed to be clarified: *Sarah is working and studying, when a family member gets sick and needs her to care for them.* The SMEs wanted to know how ill the relative was. The question was changed to indicate that the illness was severe.
One SME thought Question 8 was not clear as to who Helen was: *Helen hears a staff member speaking unkindly to a patient. What would be the most effective thing for Helen to do?* The question was not changed but the instructions on the questionnaire were reiterated. SMEs were advised that they should not necessarily choose what they would do but should choose the most effective response for a student nurse in that situation.

All the comments on clarity were addressed and the questions were changed in response to the SMEs comments. Through these changes, Version 3 was created and used in Phase 2 of the research (see Appendix 18: Version Three STEU/Ng & STEM/Ng). A footnote was added to each questionnaire to acknowledge the work of Dr. C. MacCann whose questionnaires had been modified to reflect nursing.

**Summary (Phase 1B)**

In qualitative research the focus on validity is greater than that on reliability. The rigour of the researcher’s process and auditability ensures data which is accurate and credible, establishing validity (Cresswell & Plano-Clark, 2011). To ensure that the construct EI is what is being measured, content validity was determined by Roseman’s theory for the STEU and CVI for the STEM. Construct validity on the original STEU and STEM used a convergent validity approach. Other instruments purporting to measure the same constructs were then compared with scores using Cronbach’s alpha. In this research, construct validity was measured with an educational intervention. It was anticipated that teaching EI would increase the scores (Cresswell & Plano-Clark, 2011).
Phase 2

The aim of Phase 2 of the study was to establish the reliability of the two questionnaires (STEU/Ng and STEM/Ng), by demonstrating consistency and stability over time. There were two steps in this phase of the study as depicted in Figure 7.

Figure 7. Phase 2 Study Design Steps

Step 1: Conduct test/re-test of the STEU/Ng and STEM/Ng

In order to undertake Phase 2 of the study it was necessary to recruit students who had experienced the clinical practicum during their course. As this was a pilot study, a power analysis to determine the number of participants necessary for statistical analysis was not considered. Currently, the intake of students both male and female to the School is approximately 220. Although the cohorts are predominantly female there are a variety of backgrounds and ages. The researcher considered a reasonable response to be 15% - 20% of students.

Students were notified via their university email address about potential recruitment. Recruitment was conducted prior to six tutorials in a two-day period, of the 150 students, 50 students accepted research packages which contained the two questionnaires, research information, consent form, and instruction for completed questionnaires. Students were requested to return the packages by the end of Week Three, to enable the re-test to be performed. At the end of Week Three, 26 envelopes had been returned. In order to increase responses, a further email was sent to encourage students to return the envelopes, as well as a date for when a second
envelope containing the re-test questionnaires would be distributed. Each
questionnaire was labelled with a watermark indicating if the questionnaire was the
test or the re-test. However, the participants were stressed due to the mid-term exams
and assignments. These activities became a priority, which could explain the delay in
the return of the envelopes. It also highlights how difficult it was to conduct re-test
under identical conditions to the initial test. A total of 20 re-test papers were collated
and analysed.

Step 2: Data analysis

The original STEU and STEM used Pearson’s ‘r’ to measure the degree of
association with other statistical tests and to demonstrate a correlation with the
concepts of EI (MacCann & Roberts, 2008). However, literature on analysing
situational judgment tests, upon which the development of the STEM was based,
recommends using test/re-test reliability (McDaniel, Hartman, Whetzel, & Grubb,
2007b; Patterson et al., 2012). Test/re-test requires two administrations of the tests to
the same informants under the same conditions (Punch, 2013). A perfect test/re-test
reliability score is rare and is associated with testing error, chance, or guessing by
informants when responding to questionnaires with categorical data (Pallant, 2013).
The literature on test/re-test reliability of categorical data suggests there is no
guarantee of the same degree of reliability with every participant and every question
in the test/re-test situation. This could be associated with the inability to control
changes in conditions at the time of the re-test (Creswell & Plano Clark, 2011; Imms
& Greaves, 2010; Polit, 2010).

Although true reliability would be difficult to substantiate in this pilot study,
test/re-test reliability was used to ensure scores were consistent and stable over the
time of the study. This procedure facilitated the administration of the STEU/Ng and
STEM/Ng pre-and post an educational intervention in Phase 3. Descriptive statistics
provided supplemental data to support and explain findings in the test/re-test.

In an attempt to undertake a deeper assessment of the individual responses,
and to identify consistencies and agreements, data was entered into an Excel
software database for analysis of the following questions:

- How long was the average time taken to do the tests?
• What was the time taken between the test/retest?
• Does being male or female make a difference in results?
• Does age make a difference in results?
• Does any participant skew the results?
• What is the agreement in answers from Test One (T1) to Test Two (T2) in the STEU/Ng and STEM/Ng?

How long on average did it take to do all tests?

Participants took an average of 26 minutes to complete the initial test, whilst the average time taken to do the re-test was 22 minutes. This indicated the time allowance needed in the Intervention Phase (Phase 3).

What was the time taken between the test/retest?

A three-week interval is suggested as sufficient time between tests to minimise any bias in responses that reflected a memory of responses given at T1 (Z. Schneider et al., 2007). In this study, the average time was 30 days. This wide gap may have been due to circumstances in the participant’s curriculum, making the completion of the tests a low priority, as some participants were contacted multiple times to prompt completion of the questionnaires. The time lapse indicated that, to ensure completion of the post-test for Phase 3, it would be best placed immediately after the last session in the educational intervention, rather than participants taking the paper home.

Table 15
Mean Results for Age, Sex and Total Scores

<table>
<thead>
<tr>
<th></th>
<th>T1 Mean</th>
<th>T2 Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>STEU/Ng (n=20)</td>
<td>13.6</td>
<td>14.4</td>
</tr>
<tr>
<td>STEU/Ng Males (n=5)</td>
<td>15.0</td>
<td>14.5</td>
</tr>
<tr>
<td>STEU/Ng Females (n=15)</td>
<td>13.1</td>
<td>14.4</td>
</tr>
<tr>
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<td>15.28</td>
</tr>
<tr>
<td>STEU/Ng &lt;20 (n=11)</td>
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<td>14.36</td>
</tr>
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<td>11.8</td>
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<td>12.3</td>
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<tr>
<td>STEM/Ng 20+ (n=7)</td>
<td>10.57</td>
<td>11.28</td>
</tr>
<tr>
<td>STEM/Ng &lt;20 (n=11)</td>
<td>13.0</td>
<td>14.36</td>
</tr>
</tbody>
</table>

Note: Not all participants gave their age.
Does being male or female make a difference in results?

Table 15 displays both the STEU/Ng and STEM/Ng results for male and female participants, as well as for over and under 20 years of age. Twenty-five per cent of the participants were males. When comparing responses from T1 to T2 in the STEU/Ng, male participants scored 15 at T1 and 14.5 at T2, while female participants scored 13.1 at T1 and 14.4 at T2 (as demonstrated in Table 15). Males made changes to their answers on average 11 times between T1 and T2, while females changed their answers 8.7 times. In the STEM/Ng (as demonstrated in Table 16), male raw scores were 11.4 at T1 and 10.8 at T2. Females scored 12.6 at T1, and 12.13 at T2. From these scores, it is evident that females had slightly higher raw scores at T1 and T2. Male participants made changes to their responses 9.2 times between T1 and T2, while females changed their minds 7.8 times. On average, male participants changed their responses more frequently than females in both STEU/Ng and STEM/Ng. This may indicate that males are less consistent in labeling emotions. A larger sample of participants needs to be examined to make a conclusive statement about these findings.

Does age make a difference in results?

Participants were divided into two age groups: 20+ years representing those who may have had some work experience and independence, which may reflect life decisions, and < 20 years. The average scores for both groups at T1 and T2 were compared.

As indicated in Table 15 (STEU/Ng) there were 7 participants at 20+ years who scored 14.42 at T1 and 15.28 at T2. Those in the <20-age group (n=11) had an average score of 13 at T1 and 14.36 at T2. These scores indicate a slight increase from T1 to T2. Although the number of participants was small, the tables demonstrate a trend that could indicate carry-over learning from T1, or an increased awareness between T1 and T2.

As indicated in Table 15 (STEM/Ng) participants 20+ years (n=7), scored 10.57 at T1 and 11.28 at T2. Those in the <20-age group (n=11) scored 13 at T1, and
14.36 at T2. Once again, the sample size was small, but there was a trend with mature females managing emotions from T1 to T2. This increase in score may also have indicated an increased awareness of managing emotions post T1.

Does any informant skew the results?

Two participants’ results potentially skewed the data. In the STEU/Ng, one scored 16 at T1 and then 9 at T2, while the other in the STEM/Ng scored 17 at T1 and 9 at T2. These anomalies may have caused a reduced agreement of scores between T1 and T2, and may have indicated a lack of strategy in decision-making and/or a lack of understanding concerning the context of the situation from these participants.

What is the agreement in answers from T1 to T2 in the STEU/Ng?

The mean score for all participants at T1 was 13.6 and 14.4 at T2, on average indicating less than one point between scores (see Table 15). The raw score obtained at T1 and T2 for the STEU/Ng is depicted in Table 16. The raw score consists of the true score and an error component, which may be due to chance, such as participants’ mood, fatigue, environmental factors, or a systematic error from the instrument being tested (Z. Schneider et al., 2007). Participants (n=20) had five possible responses for each question in the STEU/Ng, with only one answer being correct. The column labeled Different Answer refers to how many answers were changed between T1 and T2.

The average number of changes in answers between T1 and T2 was 9. There were 27 questions, on average indicating a third of the questions had an answer change. When this was compared to the increase or decrease in total scores at T2, it may be suggested that there was no-carry over learning. It also may have been uncertainty in relation to the correct answer. Alternatively, the scores could indicate how participants were feeling about the scenario on the day of the test.
Table 16
Analysis of STEU/NG Raw Score at Test (T1) and Re-Test T2

<table>
<thead>
<tr>
<th>STEU/NG</th>
<th>T1</th>
<th>T2</th>
<th>Increase in Score</th>
<th>Decrease in Score</th>
<th>T1-T2 Different Answer</th>
<th>Sex</th>
<th>Age: 1=20+</th>
<th>2=, ≤20</th>
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</thead>
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</table>

What is the agreement in answers from T1 to T2 in the STEM/NG?

The scores for the STEM/NG at T1 and T2 are depicted in Table 17, with columns for both the raw correct score and adjusted score. Within the STEM/NG there was one chance in four of getting the correct answer, which provided a score of 1. There were two chances in four of a response that scored zero, which indicates neither the best nor the worst thing to do in the scenario. There was one in four chances of getting the incorrect answer which scored -1. For example, participant 3 scored 10 questions correctly, but the adjusted score is 8, to account for two incorrect answers. Ten of the twenty participants increased their scores from T1 to T2, and nine decreased their score. It was interesting to note the number of decreased scores was greater than the increased scores. This could be accounted for in the scoring, where an incorrect score is -1. The mean score for all participants was 12.3 at T1 and 11.8 at T2, indicating that there was less than one point between scores. This finding was similar to the STEU/NG.
### Table 17

**Analysis of STEM/Ng Raw Scores at Test (T1) and Re-Test (T2)**

<table>
<thead>
<tr>
<th>ST EM /Ng</th>
<th>T1 correct</th>
<th>T1 score</th>
<th>T2 correct</th>
<th>T2 score</th>
<th>Increase</th>
<th>Decrease</th>
<th>Diff answer</th>
<th>sex</th>
<th>Age</th>
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</tbody>
</table>

### Analysis

In studies with a small sample, it is argued that there is no perfect fit for test/re-test using non-parametric statistical tests in categorical data. The best fit is the Kappa statistic, which is generally used for inter-rater reliability and for comparing like tests (Imms & Greaves, 2010; Pallant, 2013). For example, when developing a new questionnaire on the eating habits of one-year-old children, Spearman’s ‘r’ statistic was used for test/retest with continuous data and Kappa for categorical data (Myre, Bere, & Overby, 2015). Similarly, in developing a questionnaire to assess risk factors for injuries, Kappa was used for categorical data to measure agreement on a small sample size of 20. However, analysing individual questions on a limited sample of 20 informants is not sufficiently powerful for non-parametric statistical analysis. Also, statistical error variance may be exaggerated, and not able to meet the requirements of the statistical test with pilot studies. A larger sample size would be preferable but, in this study, it was not feasible to obtain a larger sample group.
Within research, pilot studies are used to test the feasibility of conducting a larger study (Cresswell & Plano-Clark, 2011; Z. Schneider et al., 2007). It is important to report these Kappa values to indicate that they had been considered, and to determine if there were any significant findings. Data was exported to SPSS Version 23 software package for Kappa statistical analysis, with tables created for both the STEU/Ng and STEM/Ng.

**Kappa Results for STEU/Ng**

The number of participants who chose the same response at T1 and T2 is shown in Table 18. These were totaled in the columns labelled a-e. For example, in Q1, five participants chose answer (d) and seven chose answer (e) at T1 and T2. The raw Kappa scores indicated the portion of participants who chose the correct answer at T1 and T2. The corrected Kappa indicated the portion of participants who chose the same response, whether correct or incorrect. A value of 0.41-0.60 for Kappa represented moderate agreement, 0.61-0.80 represented good agreement, and 0.81 represented very good agreement. These scores indicate repeatability, after agreement by chance was taken into account (Peat & Barton, 2008).
Table 18
Kappa Scores for STEU/Ng Test/Re-Test and The Number of Participants Who Chose the Same Responses at T1 and T2 for Individual Questions.

<table>
<thead>
<tr>
<th>STEU/Ng</th>
<th>a</th>
<th>b</th>
<th>c</th>
<th>d</th>
<th>e</th>
<th>% Agreement</th>
<th>Kappa raw</th>
<th>Kappa corrected</th>
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<td>65</td>
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<td>0.000a</td>
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</table>

Note: The * indicates the correct answer.

The STEU/Ng results for raw Kappa contained six questions that had moderate agreement, and two which had very good agreement. Of the total 27 questions, the results for the corrected Kappa indicated two questions had moderate agreement, three had good agreement and one had very good agreement. There was greater agreement between participants who chose the same response at T1 and T2 than depicted by the Kappa results (see Table 18). For example, in Q27, 15 of the 20 participants chose the correct answer at T1 and T2. However, the raw Kappa was 0.259 and the corrected Kappa was 0.053, indicating no agreement between T1 and T2. The same was apparent in Q2 where 15 participants again chose the correct
answer at T1 and T2, but both the raw Kappa of 0.238 and the corrected Kappa of 0.077 indicated no agreement. Thus, the use of Kappa did not distinguish a relationship between the answers from T1 and T2.

The percentage of participants, who chose the same response at T1 and T2, with no statistical error taken into account, is depicted in Table 18. For example, in Q1, 12 participants chose the same response at T1 and T2: five chose (d) and seven chose (e), giving a percentage agreement of 60%. This does not differentiate between right and wrong answers but only the agreement between the two testing times. The percentage agreement between T1 and T2 actual scores with individual questions indicates that 70% of the questions achieved 60%, or above agreement (see Table 18).

Within the embedded design of this study, the qualitative and quantitative data were collected concurrently to allow for a greater understanding of the results. The STEU/Ng (see Table 18) and STEM/Ng (see Table 19) compare the responses given by participants with the correct answer to each question. Findings indicate the response patterns between participants and highlight areas that may need to be addressed in their emotional understanding.

In Q8 the answers were divided between “angry” and “contempt”. This finding may indicate participants did not strongly distinguish between these two emotions. This reflects the findings from the focus groups. When interpreting the focus groups’ transcriptions, it was apparent that participants had a limited emotional vocabulary. This was surprising, because the participants in the focus groups were given a chart of emotional faces to refer to before the discussion started.

In Q9 the correct answer was “scared” but most participants chose “distressed”. The emotion of being scared seemed to be difficult to recognise, as for both Q18 and Q19, where the response should have been “scared”, the participants responded with “distressed” and “irritated”. Again, this finding could have resulted from limited emotional language where the default feeling in a negative situation is distress. Likewise, in Q23 where the answer was “frustration”, participants identified “confusion” and “distress”.
In Q12 many participants identified "relief" instead of "surprise" but in Q16 the answer "relief" was correctly identified. Once again this may indicate limited emotional vocabulary.

In Q14 the correct answer was "joy" but participants identified "pride". Then in Q26 "pride" was identified correctly instead of "joy", both positive emotional responses. The same pattern occurred with Q20 where the correct answer was "hope", but participants chose "joy", then in Q27 participants identified "joy" correctly.

In analysing the STEU/Ng, in relation to Roseman's appraisal theory, the participants may have interpreted the appraisal dimensions in relation to the scenario incorrectly, and attributed an incorrect emotion. In a situation where circumstances are contrived and participants feel they have no control, it could be appropriate to feel sad at a negative outcome. But if participants perceived they had some control, it could be appropriate to feel frustrated (Roseman, 1991; Roseman, 2013b). This indicates a need to educate participants in understanding emotion theory and the neuropsychology of emotion in regard to nursing and relationships.

**Kappa results for STEM/Ng**

The number of participants who chose the same response at T1 and T2 is shown in Table 19. These responses have been totaled in the columns labeled a-d. For example, in Q1, five participants chose answer (a) and (d) and two chose (b) at times T1 and T2. The raw Kappa scores indicate the portion that chose the correct answer at T1 and T2. The corrected Kappa indicates the portion that chose the same response whether correct or incorrect. A value of 0.41-0.60 for Kappa represents moderate agreement, 0.61-0.80 represents good agreement, 0.81 and above is very good agreement. These scores indicate repeatability after agreement by chance is taken into place (Peat & Barton, 2008).
Table 19
Kappa scores for STEM/Ng Test/re-test and the Number of Participants Who Chose the Same Responses at T1 and T2 for Individual Questions

<table>
<thead>
<tr>
<th>STEM/Ng</th>
<th>a</th>
<th>b</th>
<th>c</th>
<th>d</th>
<th>% Agreement</th>
<th>Kappa raw</th>
<th>Kappa Corrected</th>
</tr>
</thead>
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<td>60</td>
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<td>1*</td>
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<td>5</td>
<td>1*</td>
<td>50</td>
<td>0.400</td>
<td>0.344</td>
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<tr>
<td>11</td>
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<td>9*</td>
<td>85</td>
<td>0.718</td>
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<td>12</td>
<td>16*</td>
<td>1</td>
<td>85</td>
<td>0.341</td>
<td>0.318</td>
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<tr>
<td>13</td>
<td>19*</td>
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<td>18</td>
<td>6</td>
<td>5*</td>
<td>55</td>
<td>0.221</td>
<td>0.260</td>
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<td>19</td>
<td>2*</td>
<td>9</td>
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<td>60</td>
<td>0.307</td>
<td>0.283</td>
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<td></td>
</tr>
<tr>
<td>21</td>
<td>1</td>
<td>2</td>
<td>8*</td>
<td>65</td>
<td>0.274</td>
<td>0.244</td>
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<td>17*</td>
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<tr>
<td>23</td>
<td>11*</td>
<td></td>
<td>1</td>
<td>60</td>
<td>0.192</td>
<td>0.355</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>9*</td>
<td>5</td>
<td>70</td>
<td>0.439</td>
<td>0.439</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>1</td>
<td>7</td>
<td>4</td>
<td>1*</td>
<td>65</td>
<td>0.453</td>
<td>0.512</td>
</tr>
</tbody>
</table>

Note: The * indicates the correct answer.

The STEM/Ng results for raw Kappa were: eight questions had a moderate agreement; two questions had a good agreement; and no questions had a very good agreement. The results from the corrected Kappa showed: six questions had moderate agreement; three had good agreement; and no questions had very good agreement (see Table 19).

There was greater agreement between the number of participants who chose the same response at T1 and T2 than depicted by the Kappa results. In Q12 where 16 of the 20 participants chose the correct answer at T1 and T2, the Kappa scores were 0.341 and 0.318 respectively, indicating no agreement between T1 and T2. In Q11, nine participants chose the correct answer at T1 and T2 giving a raw Kappa score of 0.718. Significantly, 17 participants chose the same response at T1 and T2, but the corrected Kappa of 0.718 indicated no change in agreement. It was anticipated in
Q11 that the raw Kappa scores would have been much lower than the corrected Kappa. These inconsistencies highlight the difficulty in calculating Kappa, using a small sample (n=20).

The percentage of participants, who chose the same response at T1 and T2, with no statistical error taken into account, is depicted in Table 19. For example, in Q12, 16 participants gave the same response at T1 and T2, giving a percentage agreement of 85%. The percentage agreement, between T1 and T2 actual scores with individual questions, indicates that 84% of the questions achieved 60% or above agreement. This discrepancy between the percentage agreements and the Kappa scores once again highlights the difficulty of using a non-parametric test on a small sample of participants.

It was surmised that, having to deal with increased stress may have influenced their responses from T1 and T2. Thus, the questions were further analysed to identify any patterns in responses from T1 to T2.

Findings STEM/Ng

A comparison of the participants’ responses with the correct answer to each question in the STEM/Ng is depicted in Table 19. The following highlighted responses indicate areas that may need to be addressed in emotional management of situations. In 13 of the questions (except for Q8 where three participants answered with “the worst thing to do” scoring -1), the majority of participants chose the option that was considered neither right nor wrong. This option scored zero. This finding may reflect a lack of maturity and confidence, or participants may not have experienced all of the scenarios. Alternatively, they could have interpreted the answer as a safe option. On average, 8.5 participants chose the correct response at T1 and T2 (n=20). This indicated an understanding of the scenario and the choices of responses.

In Qs 18, 20 and 25 (compared to other questions), there were fewer correct responses. These questions all dealt with university and group assignments. Responses may have reflected a lack of strategies in dealing with emotions and situations, causing the answers to appear random or they may have guessed the
answers. These findings indicate a need for an educational intervention, to teach strategies in decision-making using emotional information.

Analysis using ICC and Wilcoxon Signed Rank for the STEU/Ng and STEM/Ng

After a discussion with two biostatisticians, they suggested that the researcher analyse the total scores from questionnaires for any agreement. Test scores represented continuous data, whilst the individual questions represented categorical data. The test scores formed two peaks rather than a normal distribution curve. Given this result, it was recommended that non-parametric statistics should be undertaken for continuous data. In order to investigate consistency of performances in the test/retest situation and the relationship between the scores, the Intra class Correlation Coefficient (ICC; two way random, absolute agreement) was used (Peat & Barton, 2008). It is suggested that the ICC reflects the ratio between subject variance and total variance. Given that the error variance is included in the total variance, in some cases the ICC can be written in terms of the error variance divided by between subject variance (Pallant, 2013).

It was anticipated that the ICC may be sufficiently sensitive to indicate correlations between the total test scores. The coefficient is a measure of discrimination between subjects (Bland & Altman, 1996; Caceres, Hall, Zelaya, Williams, & Mehta, 2009). An example of the ICC test was a study of ten diabetic patients with data collected over two sessions, 28 days apart, establishing test/retest reliability (Gurney, Marshall, Rosenbaum, & Kersting, 2013). In another study, the ICC was used in the analysis of the psychometric properties of the Persian version of ‘Reading the Mind in the Eyes’ and demonstrated acceptable test–retest reliability with 44 informants over a year (Khorashad et al., 2015).

The reliability is acceptable if the ICC is greater than 0.75 and the 95% confidence (CI) interval is 0.3 or less (Pallant, 2013). In this study, the ICC was 0.506 for STEU/N and 0.479 for the STEM/Ng (see Table 20).
Table 20
A Comparison of the ICC, Wilcoxon Signed Rank with Confidence Levels

<table>
<thead>
<tr>
<th>No of Students</th>
<th>ICC</th>
<th>CI (95%)</th>
<th>p</th>
<th>Z value Wilcoxon</th>
</tr>
</thead>
<tbody>
<tr>
<td>STEU/Ng</td>
<td>20</td>
<td>0.506</td>
<td>-0.249 to 0.804</td>
<td>0.067</td>
</tr>
<tr>
<td>STEM/Ng</td>
<td>20</td>
<td>0.479</td>
<td>-0.317 to 0.794</td>
<td>0.655</td>
</tr>
</tbody>
</table>

As the ICC showed a poor correlation between total scores, a third test was used, the Wilcoxon signed-rank test, a non-parametric equivalent to a paired sample t-test (Pallant, 2013). This test compared mean scores with the same participants on two different occasions, the assumption being that agreement would occur between the test/re-test results.

Repeated measures on two occasions were converted to ranks and compared at T1 and T2, identifying the change in scores. Interpreting the results required examination of the Z value (mean divided by the standard deviation) and associated significance levels (p), which were expected to be equal to or less than 0.05 (Pallant, 2013). The Wilcoxon signed rank (see Table 20) revealed no statistical correlation between T1 and T2. The STEU/Ng was Z = 0.119, p = 0.069, and for the STEM/Ng the Z = 0.447, p = 0.655. The p level was expected to be p < 0.005, once again indicating poor correlation between T1 and T2 (Pallant, 2013). The Wilcoxon signed-rank did not show an agreement in total test scores between T1 and T2. As non-parametric tests do not have the same stringent assumptions as parametric tests they are considered to be less sensitive and can fail to detect correlations between test/re-test (Pallant, 2013). Considering that the sample was small and the responses did not represent normally distributed categorical data, the above three tests were the appropriate tests to be used (Pallant, 2013).

Findings

It was anticipated that the test/re-test reliability may have been difficult to establish, as the same conditions could not be replicated between tests. It was noted that the time for the re-test was closer to the middle of semester, when assignments and mid-term tests were due.
Statistics were used to analyse the test/re-test scores for individual questions and total participants’ scores. Parametric statistics were more helpful with the small sample group than the nonparametric statistics, which found little correlation between T1 and T2.

The parametric statistics showed many participants changed their answers for both the STEU/Ng and STEM/Ng between T1 and T2. It was interesting to note that males on average made more changes.

When the content of STEU/Ng answers was compared, it was found that emotions were consistently incorrectly identified or labeled. This finding is consistent with those from the focus group, where the participants displayed limited emotional language, even when given an emotional chart aimed at increasing their emotional vocabulary. Examples from the chart included: angry/contempt, scared/distressed or irritated, frustrated/confused or, joy/pride, hope/joy.

In the STEM/Ng (where choices included correct, incorrect, or neither correct nor incorrect, most participants chose the third option (neither correct nor incorrect). This may indicate participants opted for the safe thing to do and may also be associated with feelings of not belonging, not understanding their place or role in the workplace, or not dealing with confrontation.

**Conclusion for Phase 2**

A convenience sample of participants was used to determine test/re-test reliability. Mean total raw scores with the STEU/Ng increased, but were decreased in the STEM/Ng questionnaire. When the data, analysed by Kappa, ICC and Wilcoxon Signed-Rank tests of correlation and random error were taken into consideration, there was a no statistical agreement to be found between the individual questions and the total participants’ scores. The small purposeful sample was a limitation to conducting non-parametric tests.
Chapter Five

Educational Intervention

Introduction

An educational intervention was undertaken to test the reliability of the STEU/Ng and the STEM/Ng and identify strategies for enhancing EI. The intervention was the third and final stage of the study design, and aimed at enhancing the emotional intelligence of undergraduate student nurses. It was composed of three seminars using a problem-based learning (PBL) approach. As a prelude to the description of the intervention a brief outline of problem-based learning is provided. The remainder of the chapter details the step-by-step explanation of the seminars including lesson plans and a comparison between the pre/post-tests. The chapter concludes with a commentary on feedback from the seminars.

The literature, as identified in chapter two, recognised that there is a need to embed EI into nurse education, and more importantly that EI is an ability that can be taught (Beauvais et al., 2011; Birks et al., 2009; Foster, McCloughen, Delgado, Kefalas, & Harkness, 2015). Several examples of strategies proposed to enhance EI in student nurses have included learned resourcefulness and stress inoculation training (Goff, 2011); reflection, mentorship, modelling, role playing, and improved speaking skills (Freshwater and Stickley, 2004); transformational learning model (Freshwater, 2004) reflective learning, teacher model, role play, feedback to student and reflective activities (Foster, 2014). Role-playing, however, was deemed unhelpful since student participation, and role playing were viewed as childish in the tertiary setting (Karahan and Yalcin, 2009).

An EI intervention developed over three sessions with ICU hospital staff included: EI theory; empathy and relaxation; and the identification of relationships (Nooryan, Gasparian, Sharif, and Zoladl, 2011). The study was limited in terms of nursing specificity together with a theoretical model, educational framework and an EI measurement tool. Additionally, an eight-week course to teach EI to students was undertaken by Orak et al (2016). This study was limited in that students had not been exposed to the practicum setting, thus measurable change in MSCEIT scores could
not be observed pre-and post-educational intervention. Moreover, a supporting theory and scaffolding design were not detailed.

Arguably, the strategies suggested in the literature, were similar, often identifying the same aim. Whilst this study used an educational intervention to measure EI in student nurses the strategy was developed through a combination of the researcher’s observations and student feedback during facilitating clinical practicums. Secondly, the pattern of strategies that emerged reflected the four-tier Mayor and Salovey (1997) EI Ability Model, which provided a framework to scaffold the course components (Birks et al., 2009). The researcher, however, felt that it needed to be useable by nurse educators, who had an understanding of nursing practice, particularly in the clinical environment as opposed to clinical psychologists who are unfamiliar with nursing.

**Problem-Based Learning**

Problem based learning in the health sciences was first introduced by Howard Barrows and Robyn Tamblyn to address recognised deficits in current teaching of students within health sciences, in particular medicine. The development of “the simulated patient” using as a standardised patient problem, allowed for a more realistic evaluation of student’s competence. It was argued that learning from books and patients should go hand in hand (Barrows, 1986). It is also suggested that PBL bridges the gap between theory learnt at university and professional practice in the clinical setting (Applin, Williams, Day, & Buro, 2011). This bridge then enables students to solve practical problems independently, reflecting a level of critical thinking (Choi, Lindquist, & Song, 2014; Martyn, Terwijn, Kek, & Huijser, 2014). Authentic scenarios from clinical practice serve as the bridge in motivating learning and problem solving, facilitating an acquisition of knowledge and skills (Lekalakala-Mokgele, 2010; Martyn et al., 2014)

PBL is a student-centred method of instruction, whereby students take responsibility for their own learning through authentic problems (Lekalakala-Mokgele, 2010; Spiers et al., 2014). In contrast, in teacher-centred learning, the teacher is responsible for what and how the student learns. In order for students to
develop inquiry strategies they need to feel free to take any action they wish, in any sequence. Furthermore, memorising facts and passive learning, a characteristic of the lecture format in large groups, does not reflect clinical practice (Choi et al., 2014; Piper, 2016; Pluta, Richards, & Mutnick, 2013). This recognition led to PBL being used in the health sciences, particularly in schools of medicine. The use of ‘simulated patient’ and standardised patient problems was identified as facilitating a more realistic evaluation of the student’s competence.

In PBL, the student is provided with an integrated body of knowledge related to the patient problem. As students work through the initial problem they encounter a myriad of unknown problems, and are challenged to problem solve and learn diagnostic and clinical reasoning skills. This approach is reputed to motivate students and challenge them with situations that correlate with the real-life situation in clinical practice. Thus, PBL is more suited to a deeper style of learning.

It has been postulated that, with the advent of PBL, the gap between theory and practice has narrowed, as student nurses are able to demonstrate their ability to become more industry ready (Applin et al., 2011; Vittrup & Davey, 2010; Yuan, Williams, & Fan, 2008). Using this approach students are able to contextualise knowledge and be patient orientated (Applin et al., 2011; Zhang, 2014). Studies also demonstrate that PBL increases critical thinking (Choi et al., 2014; Chou & Chin, 2009; Martyn et al., 2014; Niemer, Pfendt, & Gers, 2010; Tiwari, Lai, So, & Yuen, 2006). It also improves problem solving (Chen, 2008; Choi et al., 2014; Chou & Chin, 2009), as nurses need to be able to consider all evidence and determine the best thing to do for the patient (Martyn et al., 2014; Nkosi & Thupayagale-Tshweneagae, 2013). Additionally, there is a mandate for nurses to incorporate ethical reasoning in their problem solving (Chen, 2008).

Studies have demonstrated that student nurses, who engaged in PBL, were motivated to learn (Applin et al., 2011; Choi et al., 2014; Chou & Chin, 2009; Haith-Cooper, 2000; Martyn et al., 2014; Zhang, 2014). Additionally, students who had undertaken PBL were more able: to be team players (Applin et al., 2011); to demonstrate improved communication (Chen, 2008); and to improve their ability to cope with change (Chou & Chin, 2009). However, positive outcomes of the PBL depend on the ability of the facilitator (Haith-Cooper, 2000; Lekalakala-Mokgele,
The facilitator's role in PBL is different from the teacher in a traditional class, particularly in large lectures, as all students are encouraged to participate. This is in line with Knowles's theory on the adult learner. In the case method, the leader describes a situation and, together as a group they explore possible resolutions. The students' experience is valued along with the teacher's knowledge (Knowles, Holton, & Swanson, 2005). Whilst content experts can manage PBL, it is suggested that faculty need to be trained in the method of guiding students in the clinical reasoning process (Haith-Cooper, 2000).

There is debate concerning the educational framework of PBL. It has ties to pragmatism and structuralism through John Dewey (1885-1952) and the influence of William James (1842-1910) both emphasising the student's role in enhancing their knowledge base, and forming their view of the world. Pragmatism is reflected in the PBL when the student shows growth and progress in learning as demonstrated with the internalisation of new information (Chen, 2008). Problem Based Learning has however, been associated with the constructivist educational philosophy (Chen, 2008; Martyn et al., 2014; Rodriguez-Borrego et al., 2014).

In this study, the PBL framework was used for the educational intervention, as the benefits corresponded with the feedback from students, in a previous unit of study, that the researcher had facilitated. The students commented that PBL reinforced what they needed to learn when applied to the clinical context they were studying. This concept affirms Ausubel's learning theory which argues that students learn when they combine new knowledge to previous knowledge in the real world of the workplace, or with a scenario that reflects the authentic world in order for them to function in the clinical setting (Rodriguez-Borrego et al., 2014). Another rationale for choosing PBL, is that the scenarios used in the STEU and STEM could be viewed as problems requiring critical thinking. The focus of PBL is the use of real-life scenarios aimed at stimulating and motivating the students to be independent learners. Likewise, the STEU and STEM scenarios also reflected authentic problems.

Problem Based Learning is usually undertaken in small groups, in order for information to be more readily retrieved, thereby developing the skills of the lifelong learner (Barrows, 1986; Barrows, Myers, Williams, & Moticka, 1986). Similarly, it was found that students in a small group when given personalised counselling and
support, developed more effective coping strategies (Chernomas & Shapiro, 2013). It
was envisaged that by using the PBL approach, students could be supported in
developing strategies to resolve stressful situations encountered in their practicum,
university studies and home-life.

Phase 3

As with the other phases of the study, Phase 3 was divided into sequential steps as
illustrated in Figure 8. Step 1 discusses sampling and recruitment. Steps 2 and 3
describe the intervention and Step 4 presents the data analysis. Development of the
intervention was based upon the needs of student nurses and the format most
acceptable to enable for recruitment and implementation.

Figure 8. Phase 3 Study Design Steps

Step 1: Sampling and recruitment.

Prior to recruitment, the researcher met with the clinical placement team to discuss
the approach planned for recruiting students. The original plan for intervention was
for it to take place during the first clinical placement experience in a nursing home
setting. However, the senior lecturers in this area were worried about the effect of the
intervention, in terms of possible distress to students. It was thought that some
students could perceive themselves as not coping, in which case it would be
necessary for a person to be on site to de-brief and support students. It was also considered that the time taken for the intervention could detract from the practicum experience. Students commencing their first practicum may not have been able to relate to the scenarios in the questionnaires, as they required some experience to comprehend and judge correct responses. Thus, Semester Two students constituted the sample group for the educational intervention.

To recruit participants, the researcher received permission to address students at the end of Semester One, during a lecture, to provide a brief summary of the aims of the study. This included a presentation describing the intervention and what might be expected of the students. It was proposed that three 45-minute seminars would be delivered one week apart. The time-frame was aimed at replicating the tutorial times familiar to students. It was planned that, at the beginning of Seminar One and the end of Seminar Three, the STEU/Ng and STEM/Ng would be administered to the participants as a pre-and post-tests.

Approximately 150 students attended the lecture. Students were invited to sign up for the research, as an indication of interest, with 71 responding. Recruitment follow up took place fourteen weeks after the initial contact. By this time, the students had experienced their first practicum, and could relate to scenarios in the questionnaires. The administrative assistant of the Practicum Placement Team placed an electronic notice describing the study on the University electronic communication platform system. This included an excel sheet depicting possible seminar times for students to choose.

Whilst it was envisaged that the process of recruitment would be fairly simple, dates and times were frequently changed to accommodate participants' commitments. Confirmed times and venues were sent via email, then followed up by a text message the day before each seminar. Study rooms in the library were booked, as they provided a more conducive environment to facilitate the seminars. However, only twelve of the 71 students participated in the seminars, and were divided into three groups: six, three and three participants respectively. All participants were 20 years or older, there being no school leavers, only those who had engaged in the workforce to some degree. The group included both married and single parents.
The intention of the educational intervention was to be practical in its implementation. The three seminars followed the Mayer and Salovey (1997), model of EI (Chapter two). The first seminar included neuro-physiology and the stress response. It centred on: self-awareness; identification and naming of emotions; identification of how an individual reacts to emotional stimuli; recognition of emotions in others; and how to manage the stress response. The second seminar discussed emotions and their influence on other people. The third seminar addressed strategies to enable coping by reflectively regulating emotions. Each seminar concluded with the same scenario, which was analysed from different perspectives, to reflect the targeted EI theory. Information was delivered with the aid of a Power Point presentation. All participants were provided with a workbook containing the power point slides’ notes section.

The format of each 45-minute seminar comprised three steps:
1. Theoretical information handouts, with space for note making during the verbal delivery of the information. Copies of the handouts were distributed in a booklet in order for them to be used as a resource;
2. Application of theory to the experience of being an undergraduate student nurse (stress from university, home life and the practicum);
3. Presentation of a scenario that was further developed in each seminar, to reflect new knowledge gained from the theoretical information.

As planned at the commencement of the first seminar, the two questionnaires (STEU/Ng and STEM/Ng) were distributed and completed by each participant. These questionnaires were identified with a watermark that indicated Test One (T1). All questionnaires were collected and not viewed until the second set of questionnaires (T2) was completed.

In one seminar, a participant had difficulty filling out the two questionnaires and had only started to complete the first as all other participants had completed both questionnaires. The participant indicated that she had difficulty in deciding how she would have felt in each scenario in the STEU/Ng, and had marked more than one emotion in each scenario.
In the STEM/Ng questionnaire the participants were asked to indicate the best thing to do in the scenario. Once again, the participant who had difficulties with the STEU/Ng indicated that she could not choose only one response. When asked why she had come to the seminar series, she indicated that she was struggling with university and practicum, and had hoped to address this issue. To avoid the participant becoming stressed while the rest of the group waited for her, she asked if she could take them home to re-do. The participant completed Seminar One but did not return to complete the second two seminars, or complete the questionnaires.

Prior to commencing the first seminar the researcher verbally asked participants what had prompted them to participate. Participants’ responses were recorded. The researcher suggested four possible reasons: needing help; interested in research; a free workshop; or valuable information. The following summary of responses highlight stress and the need to help the participants to cope:

- Stress with the home/ practicum balance;
- University/home balance;
- I second guess myself and need confidence to know I am doing the right thing;
- I felt I was going to burnout on practicum as a single mother, so need to cope better with the stress;
- Everything is OK but know I can do better;
- Personal growth;
- Came home every day in tears from practicum, nervous about practicum and felt I coped, but could have coped better.
Step 2: Educational intervention.

A full description of each seminar follows: the aim and outcomes; running sheets indicating the time taken; objective; content; and teaching strategy.

Seminar One

Participant aim: To begin to recognise the appraisal and expression of emotions in self and others.

At the end of the seminar participants should be able to:
1. Identify an increased number of emotions;
2. Identify the physiological signs of stress and anxiety in self and others;
3. Identify emotional triggers in themselves;
4. Demonstrate knowledge of emotion as related to neurophysiology and emotional theory in a nursing scenario.

Seminar One Plan

<table>
<thead>
<tr>
<th>Time (min)</th>
<th>Objective</th>
<th>Content</th>
<th>Teaching Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>Introduce self and short biography.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>Purpose of seminars.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>2,3</td>
<td>Physiology of stress: the limbic system and how it is an open loop enabling feedback and management.</td>
<td>Discussion: Q1. Do you recognise your triggers? Q2. Do you have a strategy?</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>EI and definitions: diagram of EI based on the ability model to explain the definition of EI and difference between ability and mixed models.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>1</td>
<td>Mood vs emotion: definitions; describe emotional process theory including cognitive behaviour.</td>
<td>Brainstorming: Make a list of emotions in 30 seconds. Discussion: Q1. When has your mood influenced your behaviour? Q2. What nursing actions affect a patient’s emotional response?</td>
</tr>
</tbody>
</table>
| 2  | 1    | Plutchik’s model and emotional intensity: coloured diagram of the model with emotions to identify the 8 emotions; how the emotions change with intensity; introduce the concept of emotional regulation. | Discussion:  
Q1. Look at rage on the model, what do you notice?  
Q2. Look at grief on the model, what do you notice? |
| 2  | 2,3,4 | Emotional memory: physiological changes to stress; stress triggers; how stress is manifested in nursing. | Reflection:  
Q1. What triggers have you noticed in others and what may have been the root of that trigger? |
| 3  | 2, 3, 4 | First branch of EI emotional awareness of self and others: physiological and psychological. | Discussion on the three Qs on awareness in self and others using ppt slide as a prompt:  
Q1. What physiological changes happen with that emotion or prior to emotions?  
Q2. What are your triggers for certain emotions?  
Q3. Is your emotional memory impacting on your perception of the event? |
| 2  | 1,2  | Introduce “read the room”: covers topics such as body language, and para-language. |  
  |
| 5  | 1,2,3,4 | Application to clinical context. | Discussion:  
Q1. Any questions on what we have discussed?  
Q2. How do you relate these topics to the practicum setting? |
| 20 | 1,2,3,4 | **PBL scenario (Same scenario each seminar)**  
Context: You come back from morning tea. You go into room 10 to check on a patient that another staff member was to shower and administer medications prior to leaving for the day. | **Prompting questions:**  
Explore the physical and psychological by asking,  
Q1. How do you feel?  
Q2. How would you express those feelings?  
Q3. How do you know what the others are feeling?  
Q4. How does your mentor/RN/relative/patient feel? |
|   | Situation: The RN is there with the patient’s daughter and your patient is not ready to leave. You see the relative clenching her fists leaning forward.  
Self-awareness:  
Q1. How would you feel physically and what is going through your mind?  
Q2. How do the others in the room feel?  
Q3. How do you know this? What would be the important information?  
Q4. What would be acceptable and what would be unacceptable?  
|   | Q5. Which feelings would be acceptable and which not acceptable?  
Aim:  
1. Identify emotions in self and others accurately; do they reflect the situation?  
2. Detect/identify false or inaccurate emotions and emotional responses.  
3. Are you able to express your emotions accurately and express needs related to them?  
4. Reflect: Have you seen this happen in yourself or others?  

| 1 | Homework:  
(Within the context of home and family friends, colleagues and allied health workers)  
Perception and appraisal of the expressions of emotion in yourself and others, verbal and non-verbal.  
Instructions to participants as written in workbook:  
“Over the next week keep a diary to record increased emotional language, observation of self and others, applying new knowledge.”  
“Notice your physical responses i.e. HR, P & flush, thoughts when stressed or feeling uncomfortable about a situation, i.e. narrative to self.”  
“Continue to increase your emotional vocabulary. Identify the situations that affected you more, identify any patterns, preceding event/stimuli.” |
Seminar Two.

Participant aim: Discuss emotions and their influence on others.

At the end of the seminar students should to be able to:
1. Identify emotions in others;
2. Relate physiological signs of stress and anxiety to emotions in self and others;
3. Relate emotional triggers in others and to Paul Reasons’ Foresight training;
4. Demonstrate knowledge of strategies to manage emotions in the clinical setting.

*Seminar Two: plan*

<table>
<thead>
<tr>
<th>Time</th>
<th>Objective</th>
<th>Content</th>
<th>Teaching Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>1,2,3</td>
<td>Emotional transference/mood contagion.</td>
<td>Discussion: As nurses are we influenced or do we influence? Directing conversation with some of the following questions as appropriate. Q1. What about all those other people we meet? • Power gradient mentor and you, or patient and you. • The bigger the power gradient or influence may impact you. • Some people more resilient than others. • At times, we are more vulnerable. Q2. Which one can you change? Q3. Which one can you relate back to emotional memory and a learnt response? Q4. When you have a vivid experience, does the emotion carry over to next situation? Q5. Remember emotional memory and how it is formed by the sensory stimuli on the amygdala.</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>Reinforcing information from last week; Mood vs emotion; ‘we cannot fix mood need a clinical psychologist’.</td>
<td>Reflection: Q1. What did you notice through the week regarding yourself? Q2. What did you notice through the week regarding others?</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>Observation through the week relating to homework: theory from Seminar One.</td>
<td></td>
</tr>
</tbody>
</table>

94
<table>
<thead>
<tr>
<th>Time (min)</th>
<th>Objective</th>
<th>Content</th>
<th>Teaching Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>4</td>
<td>Emotional labour: definition; effect on health; relationships.</td>
<td>Discussion: When is emotional labour needed and at what point do we need to tell others we are not coping?</td>
</tr>
<tr>
<td>5</td>
<td>4</td>
<td>Regulation strategies: Paul Reasons’ Foresight Training; identify important information; patterns in responses; Three Buckets to reinforce information on foresight training; living and working in an open system; work-life boundaries.</td>
<td>Discussion: Q1. What is the important information for you in the external environment? Q2. Can you see a pattern in your physical response to stress/chaos? Q3. Can you see differences on different days? Q4. We live in an open system. Can you identify emotional triggers you carry over to work or home?</td>
</tr>
</tbody>
</table>
4.3 Relating regulation strategies to evidence-based practice, job satisfaction, empowerment and decreased stress.

Discussion:
How can this information be transferred to university and home life and our workplace? Think of friends, colleagues and children and put into the evidence-based framework.

<p>| Picture of Venn diagram of Evidence-based practice and apply foresight training. Self/literature: Keep up your knowledge and attend professional training like coming to these workshops. Context: Know your place of work, policy and procedures, aware of culture, attitude. Task/Patient: Appraisal, ability to communicate effectively so we know what they want and what they need to know for decision making. Incorporate the following points: It is only through a relationship/effective communication can we know what the patient’s goals are; Most patients are stressed. Consider all physical and psychological sources of stress such as surroundings: they have little to no control over. Appraising self and others is the first steps in EI and assist in removing barriers to communication. Informed consent needs effective communication i.e. listening on both sides. |</p>
<table>
<thead>
<tr>
<th>Time (min)</th>
<th>Objective</th>
<th>Content</th>
<th>Teaching Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>1,2,3</td>
<td>Regulating others, read the room and collect emotional information. Diagram of emotions on an axis showing positive vs negative and high vs low energy relationships.</td>
<td>Application: Apply the characteristics of an emotional episode to this diagram relating back to practicum (use happiness, rage anger and/or annoyance).</td>
</tr>
</tbody>
</table>
| 20        | 1,2,3,4   | **Problem-based learning scenario from Week One with new questions:**  
Q1. Remember emotions from last week and the important emotional information.  
Q2. Self: How would you feel physically and how do you regulate it so you can communicate effectively with the patient/relative/staff?  
Q3. From scenario, what important information may help to decide what is most important to deal with? | **Prompting questions:**  
Q1. Remember the emotions you identified last week, have you added to that list?  
Q2. From the scenario, what important information may help to decide what is most important to deal with?  
Q3. Do you feel you can judge if your feelings are appropriate?  
Q4. Can you judge if others’ feelings are appropriate?  
Q5. Does your feeling affect your point of view e.g. pessimism/optimism?  
Q6. Can you see different emotional states that give rise to different problems?  
Aim:  
1. Prioritise important information: the emotional response is an alerting system.  
2. Anticipate for judgment and planning of how you might respond, e.g. knowing going to a clinical placement.  
3. There are multiple points of view.  
4. The effect of emotion on our response; inductive deductive reasoning and problem solving. |
| 1         | 1,2,3,4   | Homework: | Instructions to students:  
“Keep a daily diary of when you began to feel stressed or anticipated feeling stressed, and followed through with the short mindfulness exercise from the seminar (found in their workbook).”  
“Continue to increase emotional language, observation of self and others, apply new knowledge to take home cases". |
Seminar Three.
Participant aim: To implement strategies to enable coping by reflectively regulating emotions.

At the end of the seminar students should:

1. Demonstrate knowledge and application of strategies to manage emotions in the clinical setting.

*Seminar Three: plan*

<table>
<thead>
<tr>
<th>Time</th>
<th>Objective</th>
<th>Content</th>
<th>Teaching Strategy</th>
</tr>
</thead>
</table>
| 5    |           | Observation through the week relating to homework. Relate to the theory from Seminar One and Seminar Two. | Reflection:  
Q1. What did you notice through the week in regard to yourself?  
Q2. Did this effect your interaction with others? |
| 4    | 1         | Appraisal of emotion. Roseman’s theory explained by a OHP with a diagram/chart of how to apply the dimensions through which felt emotions are determined. | Discussion focusing on examples using Roseman’s Grid. |
| 2    | 1         | Extrinsic emotional regulation. Present information on dependent responses and independent responses. |                                                                                   |
| 4    | 1         | Appraisal for future events. Diagram of Social Process Model. Apply to going on a date, then to university, practicum and home-life. | Discussion:  
Q1. How do you apply this diagram to your next practicum?  
Q2. How would you apply this model to a group assignment? |
| 3  | 1 | Mindful Listening. | Exercise:  
In pairs listen to each other for one minute. Relate to nursing and daily life, especially friends and relatives. Discuss the impact theorised psychological heuristics have on our listening. Give out homework diary. |
|----|---|--------------------|---------------------------------------------------|
| 7  | 1 | Strategies to redirect emotions. Present information on a nine-step pathway to managing yourself. Utilising all the emotional information, decide how to manage the situation. | Application to manage these scenarios:  
1. You are doing a bed bath with your mentor and she doesn’t seem to have patients’ well being at heart and is task orientated not patient orientated.  
2. The staff give you a lot of work to do but are not happy to spend time with you or teach you.  
3. Your mentor is impatient with you and tells others you take too long.  
4. You arrive on a ward, go into the handover room and when staff are asked who will take student today nobody steps forward.  
5. Your mentor insists you do a skill outside your scope of practice. When you say no, mentor tells others you are lazy. |
| 20 | 1 | Problem-based learning scenario from Week One with six questions to answer. Questions:  
Q1. How would you feel physically?  
Q2. What might be the emotional dimensions to indicate if this emotion is justified?  
Q3. What might you do?  
Q4. What should your attention be on?  
Others in the room:  
Q5. Are their emotions justified?  
Q6. How do you redirect attention? | Prompting questions:  
Q1. What is the important information you need for decision-making?  
Q2. How do your feelings affect your point of view?  
Q3. Are the emotions present appropriate?  
Q4. Can you see complex feelings i.e. blends of emotions?  
Q5. Can you identify the positive and negative emotions?  
Q6. Can you see the relationship between language and the emotion conveyed?  
Q7. What emotions would you need to detach from?  
Q8. How does the situation change when you remove the inappropriate emotion?  
Aims:  
1. Find relationships between emotions using Plutchik’s model.  
2. Understand complex feelings.  
3. Transition amongst emotions.  
4. Open to all feelings good or bad. How reasonable/typical useful are they?  
5. Able to engage or detach appropriately to enhance the positive and reduce the negative. |
1. Homework:
   1. Increase emotional language; observation of self and others, apply new knowledge to take home cases given in workbook.
   2. Mindfulness listening diary.

Mindfulness listening diary:
Listen to people in daily life and see the effect of really listening.
1. How do they respond?
2. Do you feel more connected?
3. What is different about the communication?
4. What does this tell you about how you usually communicate?

Step 3: Post-test STEU/NG and STEM/Ng and feedback.

At the conclusion of Seminar Three, the two questionnaires (STEU/NG and STEM/Ng) were distributed to the participants. It was considered prudent to use the end of the seminar for distribution to ensure their completion. Initially, it was intended that the questionnaires could be taken home and mailed back to the researcher. The experience of retrieving papers in the test/re-test phase led to the change in procedure. Using seminar time was not ideal, as the participants were not immersed in a clinical placement, and may not have been able to apply the knowledge from the seminars. The three-week time frame did not allow participants many opportunities to reflect or to establish new patterns of responding to stressful stimuli. Additionally, participants were requested to respond to two open-ended questions and provide feedback on the seminars.

Step 4: Data analysis.

The questionnaires were manually scored: data from the two questionnaires was entered into an Excel database for quantitative analysis. In an attempt to undertake a deeper assessment of the individual responses, patterns of answering questions between the responses in the STEU/NG and STEM/Ng were observed and recorded.

Does any one participant skew the results?
One participant potentially skewed the results. In the STEU/NG, participant No. 8 scored 14 at T1 and 8 at T2 (see Table 21). It was also noted that both participant No. 1 in the STEU/NG and participant No. 10 in the STEM/Ng, scored an increase of six
from T1 to T2 (see Tables 21 and 22). Participants' No. 1 and No. 10 scores were not removed as they indicated consistency in increased scores between tests.

What is the agreement in answers from T1 to T2 in the STEU/Ng and the STEM/Ng?

Post intervention there was an increase in the STEU/Ng for six of the twelve participants. The mean score at T1 was 14.5 and at T2 was 15, demonstrating a slight increase when the skewed score from participant No. 8 was removed (see Table 21).

Table 21

<table>
<thead>
<tr>
<th>STEU/N</th>
<th>T1</th>
<th>T2</th>
<th>Increase</th>
<th>Decrease</th>
<th>Sex</th>
<th>Age: 1=20+ 2=20</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>11</td>
<td>17</td>
<td>6</td>
<td></td>
<td>F</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>20</td>
<td>18</td>
<td>2</td>
<td></td>
<td>M</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>13</td>
<td>17</td>
<td>4</td>
<td></td>
<td>F</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>13</td>
<td>17</td>
<td>4</td>
<td></td>
<td>F</td>
<td>1</td>
</tr>
<tr>
<td>5</td>
<td>17</td>
<td>13</td>
<td>4</td>
<td></td>
<td>F</td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td>16</td>
<td>12</td>
<td>4</td>
<td></td>
<td>F</td>
<td>1</td>
</tr>
<tr>
<td>7</td>
<td>12</td>
<td>17</td>
<td>5</td>
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<td>F</td>
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</tr>
<tr>
<td>8</td>
<td>14</td>
<td>08</td>
<td>6</td>
<td></td>
<td>F</td>
<td>1</td>
</tr>
<tr>
<td>9</td>
<td>11</td>
<td>14</td>
<td>3</td>
<td></td>
<td>F</td>
<td>1</td>
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<tr>
<td>10</td>
<td>16</td>
<td>14</td>
<td>2</td>
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<td>M</td>
<td>1</td>
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<tr>
<td>11</td>
<td>17</td>
<td>13</td>
<td>4</td>
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<td>F</td>
<td>1</td>
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<tr>
<td>12</td>
<td>14</td>
<td>13</td>
<td>1</td>
<td></td>
<td>F</td>
<td>1</td>
</tr>
</tbody>
</table>
Similarly, there was an increase in the STEM/Ng of four of the twelve participants (see Table 22). The mean score of the STEM/Ng was 11.58 at T1 and 11.75 at T2. These results demonstrated a slight mean increase at post intervention. With a small sample, however, the slight increase in the mean scores could not be considered significant. It was interesting to note that it was not always the same participants who increased their scores in both tests.

<table>
<thead>
<tr>
<th>STEM</th>
<th>T1 score</th>
<th>T2 score</th>
<th>Increase</th>
<th>Decrease</th>
<th>Sex</th>
<th>Age 1=20+yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>11</td>
<td>9</td>
<td>3</td>
<td>F</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>12</td>
<td>14</td>
<td>2</td>
<td>M</td>
<td>1</td>
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</tr>
<tr>
<td>3</td>
<td>15</td>
<td>11</td>
<td>4</td>
<td>F</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>14</td>
<td>14</td>
<td></td>
<td>F</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>9</td>
<td>9</td>
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<td></td>
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<td>6</td>
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<td>9</td>
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<td>F</td>
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<tr>
<td>7</td>
<td>11</td>
<td>11</td>
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<td>F</td>
<td>1</td>
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<td>8</td>
<td>14</td>
<td>16</td>
<td>2</td>
<td>F</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>11</td>
<td>15</td>
<td>4</td>
<td>F</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>6</td>
<td>12</td>
<td>6</td>
<td>M</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>11</td>
<td>10</td>
<td>1</td>
<td>F</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>12</td>
<td>11</td>
<td>1</td>
<td>F</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

Does being male or female make a difference in results?
With only two male participants, results could not be generalised. However, females scored better on the STEU/Ng (reflecting emotional understanding), and males scored better on the STEM/Ng (reflecting emotional management).

Does age make a difference in results?
Participants were all 20+ years and therefore, no conclusions could be drawn between groups. However, it was the mature participants who made the commitment to attend all the seminars and complete the evaluations. It could be argued that the participants with a busy home life find alternate ways to cope with university studies, which include clinical practice.
Analysis of the STEU/Ng

The analyses of participant responses to the 27 individual STEU/Ng questions are presented in Table 23. In light of Roseman’s Grid of emotional appraisal and the appraisal dimensions, a pattern in the participants’ responses was observed (see Chapter Two). Two thirds of participants in the educational intervention appraised nine scenarios incorrectly. The following demonstrates some of those patterns. Also, a potential rationale is provided, making meaning of the participants’ choices.

For example: Q 12. You have not had time to study for a test and anticipate failure. The results come back and you have passed. You are most likely to feel?

Participants had difficulty identifying surprise to this scenario, where nine out of 12 participants identified “relief” at T1 and T2. According to Roseman, relief is felt when an individual has avoided a negative experience they were anticipating, in this case, failure. Surprise is related to the unexpectedness of the event happening. This response pattern indicated most participants anticipated failure. This response may have reflected past academic experience, or the academic pressure of an eight-week lecture cycle at the university.

Another example was evident in Qs 9, 18 and 19, where the correct emotion at T1 was “scared” or “fear”. According to Roseman, this emotion is associated with not having control over a situation, such as the amount of course work needed to be completed, and uncertainty if they can avoid a negative outcome. Participants consistently identified “distress”, which could be interpreted as meaning that they felt certain of a negative outcome. Following the educational intervention, the participants again did not identify “scared”, but rather a mix of “distress”, “hope”, “sad” and “irritated”.

In Qs 20 and 26 “joy” was the correct answer, but participants identified “hope” and “pride” instead. According to Roseman, joy is an emotion felt when there is certainty in the outcome, whereas hope is felt when there is uncertainty. Pride is associated with the student directly causing or influencing a set of circumstances, whereas joy and hope are associated with the situation. After the
educational intervention participants mostly identified "pride" correctly in Q 26, but were unable to identify "hope" correctly in Q 20. Mixed emotions of joy and hope were identified in Q 27 instead of the correct response joy both at T1 and T2.
Table 23
The STEU/Ng Responses Made to Questions at T1 and T2 (n=12)

<table>
<thead>
<tr>
<th>Correct emotion</th>
<th>Correct T1</th>
<th>Correct T2</th>
<th>Number changed from T1 to T2 correct</th>
<th>Comment on change from T1 to T2</th>
<th>Correct response T1 and T2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Sad</td>
<td>3</td>
<td>9</td>
<td>6</td>
<td>9 Identified frustration at T1.</td>
<td>3</td>
</tr>
<tr>
<td>2 Relief</td>
<td>11</td>
<td>11</td>
<td>2</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>3 Joy</td>
<td>9</td>
<td>9</td>
<td>2</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>4 Regret</td>
<td>3</td>
<td>6</td>
<td>4</td>
<td>9 Identified sad at T1.</td>
<td>2</td>
</tr>
<tr>
<td>5 Gratitude</td>
<td>7</td>
<td>9</td>
<td>3</td>
<td>5 Identified surprise at T1.</td>
<td>6</td>
</tr>
<tr>
<td>6 Distressed</td>
<td>6</td>
<td>6</td>
<td>3</td>
<td>Mixed responses no trend identified.</td>
<td>3</td>
</tr>
<tr>
<td>7 Frustration</td>
<td>11</td>
<td>11</td>
<td>1</td>
<td>7 Identified frustration at T2.</td>
<td>10</td>
</tr>
<tr>
<td>8 Angry</td>
<td>7</td>
<td>4</td>
<td>1</td>
<td>6 Identified distress at T1, then hopeful and distress at T2.</td>
<td>3</td>
</tr>
<tr>
<td>9 Scared</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>4 Identified anxiety at T1.</td>
<td>5</td>
</tr>
<tr>
<td>10 Dislike</td>
<td>7</td>
<td>8</td>
<td>3</td>
<td>9 Identified relief at T1 and T2.</td>
<td>8</td>
</tr>
<tr>
<td>11 Regret</td>
<td>9</td>
<td>11</td>
<td>3</td>
<td>9 Identified relief at T1 and T2.</td>
<td>2</td>
</tr>
<tr>
<td>12 Surprise</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>9 Identified relief at T1 and T2.</td>
<td>1</td>
</tr>
<tr>
<td>13 Gratitude</td>
<td>10</td>
<td>11</td>
<td>2</td>
<td>2 Identified joy at T2.</td>
<td>6</td>
</tr>
<tr>
<td>14 Joy</td>
<td>5</td>
<td>2</td>
<td>1</td>
<td>9 Identified relief at T1 and T2.</td>
<td>1</td>
</tr>
<tr>
<td>15 Pride</td>
<td>9</td>
<td>7</td>
<td>1</td>
<td>2 Identified joy at T2.</td>
<td>6</td>
</tr>
<tr>
<td>16 Relief</td>
<td>10</td>
<td>11</td>
<td>2</td>
<td>5 Identified distress at T1, 6 at T2.</td>
<td>7</td>
</tr>
<tr>
<td>17 Dislike</td>
<td>9</td>
<td>8</td>
<td>1</td>
<td>Mix of distress and irritation identified at T1, 6 at T2.</td>
<td>0</td>
</tr>
<tr>
<td>18 Scared</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>Mix of distress and irritation identified at T1, 6 at T2.</td>
<td>0</td>
</tr>
<tr>
<td>19 Hope</td>
<td>5</td>
<td>3</td>
<td>4</td>
<td>4 Identified joy at T1, 9 at T2.</td>
<td>4</td>
</tr>
<tr>
<td>20 Relief</td>
<td>11</td>
<td>9</td>
<td>1</td>
<td>3 Identified joy at T2.</td>
<td>7</td>
</tr>
<tr>
<td>21 Distress</td>
<td>8</td>
<td>5</td>
<td>1</td>
<td>4 Identified Guilty at T1 and 6 at T2.</td>
<td>4</td>
</tr>
<tr>
<td>22 Frustration</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>8 Identified confused at T1, 6 at T2.</td>
<td>2</td>
</tr>
<tr>
<td>23 Angry</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>6 Identified contempt at T1, 5 Identified frustration at T2.</td>
<td>1</td>
</tr>
<tr>
<td>24 Gratitude</td>
<td>11</td>
<td>11</td>
<td>1</td>
<td>3 Identified joy and 3 Identified at T1, 2 Identified hope at T2.</td>
<td>5</td>
</tr>
<tr>
<td>25 Pride</td>
<td>6</td>
<td>8</td>
<td>3</td>
<td>2 Identified hope at T1, 4 at T2.</td>
<td>4</td>
</tr>
<tr>
<td>26 joy</td>
<td>6</td>
<td>7</td>
<td>3</td>
<td></td>
<td>10</td>
</tr>
</tbody>
</table>

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The number of correct responses to each question at T1 and T2 is shown in Table 23. Many participants had difficulty identifying the correct emotional response in relation to the control component of the given scenario. According to Roseman, control relates to the amount of influence an individual has over a situation. The participants were confused over who was in control, or who could exert influence in the situation. According to Roseman’s Grid the importance, of understanding the correct response in a nursing scenario, relates to being able to analyse why a patient expresses an emotion that is deemed inappropriate for the situation. For example, a patient has a diagnosis of cancer and feels angry and projects this anger at staff. Furthermore, the correct emotional response for the patient would be fear due to the uncertainty of the outcome, or sadness if they are anticipating the worst thing to happen, such as death. The following examples illustrate some of the participants’ incorrect appraisals of scenarios.

Q 9: You have a large amount of research to do to complete an assignment. There is only a small chance that you will finish and get a good mark. You would most likely feel?

The correct response to this question was “scared”, which was correctly identified by two participants at T2 (see Table 23), whereas most participants felt “hopeful” or “distressed”. According to Roseman, scared is associated with no control over a situation and the person anticipating a negative outcome. Hopeful is when a person anticipates something good and distress occurs when the person is certain of a negative outcome. In the above scenario, the student has no control over the amount of course work required. This is not unexpected or surprising. It is the uncertainty of the outcome that causes fear.

Q 14: You have just completed your first semester at university; unexpectedly you receive a letter of commendation. You are most likely to feel?

The correct response was “joy”, which is associated with anticipating a positive outcome. Most participants, however, identified “relief”, which is associated with avoiding a negative outcome.
Q23: A person feels they have control over a situation, the situation turns out badly for no apparent reason. The person involved is most likely to feel?

Whereas, three participants identified the correct emotion as “frustration” at T2, most identified “confused” which is not an emotion but rather the inability to make sense of the information presented to them. This may reflect lack of clarity in the question. Frustration is felt when people are trying to avoid something negative happening in a situation where they have a measure of control or influence.

Example 4. Question 24: Mary believes her mentor has deliberately caused her to fail. However, Mary feels she can do something about it. Mary is most likely to feel?

One participant identified the correct emotion as “angry”, but most participants identified “contempt” or “frustration”. According to Roseman, anger is an emotion felt when a person perceives somebody else caused the outcome. Frustration is felt in a situation that cannot be controlled. Participants were confused about the motivation behind the emotional response to this scenario. When responding they needed to consider if the aim in the scenario was to avoid a negative outcome, or to anticipate a positive outcome. Some responses indicated that the participants viewed the scenarios as expecting, or anticipating a negative outcome.

Analysis of the STEM/Ng

The number of correct responses to each question at T1 and T2 is shown in Table 24. There were 12 questions at T2, where a third or less of the responses were correct. The questions were analysed to identify any patterns in the responses, on the bases of the information provided in the focus groups and the researcher’s personal experience. When faced with a problem, the pattern in the participants’ responses was to take the safe option often and to seek a third person (such as the clinical facilitator or nurse manager) to make the decision required in the scenario. Responses could reflect an uncertainty in regard to student rights, the authority inherent in being a student nurse, or the inability to identify what would be a nursing priority. Alternatively, participants could have been concerned with passing the
practicum and displayed caution in their responses, to ensure a pass in the assessment. The following are some examples of responses by participants.

Q 1: Sarah is working and studying when a family member becomes seriously ill and needs her to care for them. What would be the most effective thing for Sarah to do?

The correct answer according to SMEs is to “attend to family member as soon as possible”. Frequently participants chose to “try to get help to look after the family.” Participants new to study may have felt overwhelmed and did not put family members’ needs above their own study needs. Alternately, they may have been unaware of the University’s policies for compassionate leave.

Q 7: There is an in-service in bathing and “pressure care”. All the staff go off, leaving the students on the ward. What would be the most effective thing for the students to do?

The correct response was: “suggest to the nurse manager that at least one nurse be left on the ward.” Most participants answered that they would “contact the clinical facilitator immediately.” The response could have indicated that participants were developing a level of critical thinking: they were able to identify a problem, but did not identify its cause or an appropriate response and chose to go to the clinical facilitator to solve the problem. This could be considered a safe response, as part of the role of the clinical facilitator is to mediate for the student on practicum. Students are expected to appreciate, firstly, the best outcome for patients and, secondly, that there is a hierarchy of responsibility in the workplace. Students could cause offence when reporting to their clinical facilitator before approaching their mentor or the clinical nurse manager.

Q 9: Pia checks her scope of practice with her clinical facilitator who gives incorrect advice leading to her failing her practicum. What would be the most effective thing for Pia to do?

The correct response was to: “Know it is her responsibility to know her scope of practice”. Most participants’ chose: “advise the university clinical team and explain the situation”. This is a passive response of going to another person to solve
their problem. Students are clearly taught the decision-making process within the practicum setting and are accountable to their patients and the practicum facility for their actions. Alternatively, the participant could be taking the safe response to ensure not to fail the practicum.

Q 11: David is unhappy on a ward; he feels if he criticizes the ward staff to his mentor, he may not pass practicum. What would be the most effective thing for David to do?

The correct response was: “Make an effort to be professional and just get through the placement. Get support from family and friends and complain after the practicum”. Most participants chose to “speak up and tell the truth, and try not to be aggressive, but to explain to his mentor how he felt.” Students are guests in health care facilities and the University is grateful for allowing students to attend practicum. Thus, there is a need to maintain a strong working relationship. Also, students are still learning about workplace culture and the implications for a student criticizing a senior staff member.

Q 20: Carol has a group assignment and a member of the group suggests using some new software. What would be the most effective thing for Carol to do?

The correct response was: “Find out more about the software and how it can be used: suggesting a trial.” Most participants chose the response: “Take on board all suggestions and make a democratic decision.” Time is precious at university and, with the heavy course workload, being indecisive can make the assignment late. In the workplace decisions need to be made in consultation with superiors, but decisions need to be made quickly and efficiently for the best patient outcomes. Being pragmatic rather than democratic could waste time in attempting to keep all members happy. The decision should focus on the goal and how best to achieve positive outcomes. In this instance, it is the assignment, which needs to be completed and submitted in a timely manner. In the practicum setting it is the needs of the patient that takes priority.
Table 24

Comparison of STEM/Ng Responses at T1 and T2

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<th>Same response T1 and T2</th>
<th>Correct response T1 and T2</th>
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The analysis of the individual questions suggested that two thirds of participants made incorrect choices at T2. This finding could demonstrate a limited vocabulary of emotions or an inability to correctly analyse emotional situations. This finding may be related to the short amount of time the participants attended the seminars or the length of time they had been in the clinical area.

Post Intervention Questions

A post intervention questionnaire consisting of two open ended questions was given to all participants after they had completed the STEU/Ng and the STEM/Ng questionnaires. The participants’ subjective comments underwent an abbreviated form of content analysis due to insufficient detail to perform a standard content analysis. The aim of this analysis was to answer the study question: *Can strategies be taught to enhance EI?* The 12 mature participants who attended all three seminars
provided insight into what was learnt during the seminars. Although a small group, they identified significant and notable outcomes.

Question One. What do you think has changed in the way you manage your emotions?

Trends that emerged from the participants’ responses included the following categories:
• Identifying emotions in self;
• Understanding emotions in self;
• Strategies to managing emotions in self.

These categories reflected the sub elements of EI.

Nine of the participants’ comments included consciously identifying emotions in themselves. For example:
• I am more aware of the feelings I experience;
• I am better able to identify what I am feeling;
• I am more aware of emotions in myself.

Seven of the participants’ comments included understanding the emotion they identify in themselves. For example:
• I can identify what emotions I feel in certain circumstances;
• I understand why I might feel a particular emotion;
• Not just identifying the emotion but asking myself why it is appropriate for the situation.

Nine of the participants’ comments included strategies used to manage their own emotions. Five of the nine participants identified mostly with the mindfulness exercise, applying it to spot mindfulness in the moment when they needed to manage their own emotions. Three of the nine participants identified other emotional management strategies taught in the seminars, including:
• Practice “being in the moment” to step back to remove emotion to see the facts as they are;
• I am able to breathe and think about situations more clearly;
• Breathing through hard times and not just identifying the emotion but asking myself why it is appropriate for the situation or can I adjust it;
• More in-tune can realise when I am stressed about a situation that I can currently do nothing about (due to work, university other commitments) and re focus attention on what I am currently doing.

    Question two. What do you think has changed in the way you manage emotions in others?

    Responses to this question were categorised into the EI sub elements, recognising emotions in others, and managing emotions in others.

    Eight participants identified recognising emotions in others. Three mentioned observing body language, and two mentioned para language. For example:
• Notice more body language and tone of voice, learnt to distance to allow high energy to lower before approaching;
• Listening and watching people to see what their emotions are trying to tell you about how they are feeling about the situation;
• More analytical of emotions exhibited in my contacts;
• I am able to take a step back and read people more appropriately.

    Nine participants mentioned strategies they used to manage the emotions of others. In particular, four mentioned listening and two mentioned emotional transference. For example:
• My emotions can affect the emotions of others;
• Listening more attentively to what they are saying can alter their emotions by doing this or engage in deeper discussion with them;
• I can recognise when I need emotional labour to help others. I am going to try and be quicker to listen to people with extra emotions.

    Responses to questions one and two indicate that these participants have started to acquire the ability to understand and manage emotions in themselves and others, and are reflecting on the foundations of emotional intelligence. Their responses demonstrate a change in participants’ cognitive behaviour, reflecting the appropriateness of the strategies undertaken in the seminars. Furthermore, the participants’ comments indicate an increase in self-confidence.
Participant feedback comments on the content of the educational intervention:

As two participants had to leave the seminars, the remaining ten were invited to provide written feedback on the seminar series by considering the question:

“What did you like and what would you add, change or not need?” The aim of these questions was to provide insight on how the seminars might be altered to better reflect participants learning needs.

In regard to what needed to be added, one participant suggested more nursing examples: “maybe just some more tips and examples of good things to say in certain situations”. In relation to what could be changed, one participant suggested presenting all the information in one session would be a better format: “a half day or three-hour evening session could make it easier to attend and digest the information as a whole”.

In terms of what was not needed, two participants considered that there was too much theoretical content for them to fully understand. However, all participants identified areas that they liked, in particular, the strategy they identified as having made the most impact in managing emotions. Some of the responses were:

- “I enjoyed the mindfulness and mindful listening I also found it really interesting learning about the severity of different emotions and how the bigger the gap the more powerful the emotion. It was helpful to be able to see how to approach a situation you didn’t want to with the "going on a date" example.”
- “I enjoyed it very much and think it will help me to deal with situations during prac to think about the power of emotions on ourselves and on others”.
- “I wish I had done this workshop before my last prac!”

Summary of Content Analysis

Although the quantitative findings of the two questionnaires did not demonstrate a significant increase in participants’ EI scores, the content analysis of the STEU/Ng, the STEM/Ng and the open-ended questions, demonstrates a change in the participants’ emotional responses and the impact of the seminars on their EI. The majority of the participants demonstrated increased awareness of emotions in self
and others. Moreover, they commented on their increased ability to apply, or recognise, a strategy to manage the emotions in themselves and others.

**Conclusion**

A convenience sample of participants (n=12) was used to test the STEU/Ng and STEM/Ng pre/post educational intervention. The seminars aimed at teaching strategies based on EI, which would enhance coping and increase participant resilience. The STEU/Ng and the STEM/Ng scores had small increases from T1 to T2. The two major limitations of these results were the small sample n=12, and the short time frame the participants had to utilise and reflect on the learnt strategies.
Chapter Six

Discussion, Conclusion and Recommendations

Introduction

This chapter concludes the pilot study report. It presents significant findings from the study by juxtaposing them with pertinent literature and offers explanation and interpretation. The synthesis commences with a reiteration of the study’s purpose and includes a narrative on the research questions. The chapter concludes with the limitations of the study, together with recommendations for further studies and nursing education.

Purpose Statement

The intent of this study was to investigate a resource, which could assist student nurses to cope with their university studies. As a facilitator of Student Practicum at the School of Nursing and Midwifery at the University of Notre Dame Australia (ND), it has become increasingly evident that students were having significant difficulties in managing not only their practicum, but also their home and academic life. In order to assist students, as well as to decrease their attrition rates, it was proposed that understanding and practising emotional intelligence (EI) may be beneficial. This study aimed to investigate appropriate tools to measure EI and to further test their appropriateness by administering them, pre-and post-educational intervention, the aim being at enhance EI in a group of student nurses.

Identification of Tools

It was notable that, following an in-depth literature review, several tools that measured EI were available, but a lack of standardisation posed difficulty in finding EI tools appropriate to use with student nurses. Available recruitment tools being designed for the corporate world compounded this problem. By contrast, nursing is a service-oriented profession, based on the individual needs of patients in a variety of
situations, often being life threatening. Furthermore, the findings from this study were not intended for use in the recruitment of students. Consequently, many of the tools were inappropriate and unavailable to the researcher. However, two Australian tools could be modified to use on student nurses: the situational test of emotional management (STEM) and the situational test of emotional understanding (STEU). These tools reflect the Mayer and Salovey ability model of EI and were available to the researcher (MacCann & Roberts, 2008). The Mayer and Salovey ability model fitted the intention of conducting an educational intervention, since it emphasised cognitive components that could be utilised to facilitate learning and also was adaptable to objective measurement.

The STEU and the STEM have been tested on undergraduate psychology students (MacCann & Roberts, 2008). However, student nurses are uniquely different in their course of studies. They undertake clinical practicums, in addition to academic studies, every semester throughout their three years of study. Thus, the STEU and STEM needed modification and rigorous testing to be deemed appropriate for student nurses.

In order to modify these two tools, it was necessary to follow sequential steps to predict task and contextual performance. Within the embedded mixed method design of this study, the qualitative and quantitative data were collected concurrently, to allow for a greater understanding of the results. The large number of scenarios retained from the original tools indicated that university students experienced many common areas of stress. This finding concurs with other studies that suggest, whereas many factors influence students to withdraw from their studies, stress is a common factor (Arnekrans, 2015; Lee et al., 2010; Morrison & Brenneman, 2016; Stewart et al., 2015; Tinto, 2012; Woosley & Shepler, 2011). The use of Roseman’s (2004) appraisal theory to create responses (with its related veridical scoring system) enabled the scenarios to be altered, to reflect the nursing program, without changing the emotion and their responses.
Number of Participants Within the Phases

This study comprised three Phases: Within Phase One, 24 student nurses were recruited for focus groups, to create nursing scenarios, then a further 11 students were recruited to create responses to the scenarios. To validate the new questionnaires 15 subject matter experts (SMEs) were recruited. Within Phase Two, 20 students were recruited to establish reliability. In Phase Three 12 students were recruited. Thus, a total of 67 students and 15 SMEs were recruited for this research.

Critical Incidents to Create Scenarios

Scenarios used in the STEM and STEU were developed from the participants’ critical incidents identified in focus group discussions. These involved home life, clinical practicum and university studies, all elements that had emerged from the literature review as causing stress. The scenarios were authentic but could be verbalized only by the cohort of third year nursing students participating in the focus groups. Despite the large number of students who initially indicated they were interested in taking part in the educational intervention, only twelve student nurses completed the seminar series, all being over 21 years of age. Many factors impacted on the participants: assignments, mid-term examinations and the need to earn money. Difficulties encountered in attending the intervention were outweighed by perceived future rewards for the 12 participants. This finding correlates with Knowles’s (2005) principle of adult learning which suggests that adults ‘need to know’, often having to weigh up the negative and positive consequences.

Most of the female students who participated in the educational intervention were parents, in contrast with the literature, which suggested that mature aged students with family find it difficult to cope (Hamshire et al., 2013). Whereas participants managed their home-life, they found the practicum stressful. It could be argued that younger students have insufficient life experience compared to mature aged students and have different insights concerning their career aspirations. Prior to the educational intervention, however, all participants indicated the need for strategies that would make a difference to their future indicating a ‘readiness to
learn'. This principle of adult education is associated with needing to know strategies to cope with real-life situations (Knowles et al., 2005).

In terms of lifestyle stresses, it was the loss of time with friends that consistently distressed participants. They conveyed a sense of loss associated with other people’s lack of understanding about the demands of study. However, it was not uncommon for participants to find new friends and establish new relationships, as evidenced in the group discussions.

Some critical incidents presented by the participants caused distress. There appeared to be common links between participants’ distress and incidents of vulnerability. The stated negative experiences are consistent with studies detailing memory and emotion, that is, negative experiences are remembered to protect self (Edo-Gual et al., 2014). Fifty per cent of the critical incidents emanating from focus groups were concerned with clinical practicum and confirmed findings from the literature: students have more difficulty coping in practicum than any other area (J. Cameron et al., 2011; Crombie et al., 2013; Kenny et al., 2016; Kingston, 2008; Urwin et al., 2010).

Many participants’ comments indicated anger towards the university staff in relation to group assignments. This finding could be interpreted as participants’ lack of understanding about processes, or a fear of failure, either way, at the heart of this emotion was the lack of control over the situation. Cognitive theorists view emotion from the individual’s evaluation and interpretation of the event, rather than the event, as determining the resulting emotion (McCarthy et al., 1998; C. A. Smith & Ellsworth, 1985). Viewed from this perspective it was difficult to draw a conclusion without interviewing each student separately. It has been suggested that the individual academic levels students strive to attain may be compromised by group assignments. The critical incidents used reflect the fear of failure and suppression of thoughts and feelings towards others who were perceived as having power over their achievements. Variables such as academic demands are constantly changing the way students appraise situations, and the decisions they make on the strategy they need to cope with stress.
Significantly, students considered the focus group discussions as a final
debrief on their journey through their nursing degree. Straying from the topic may
indicate that the students felt safe to explore issues seemingly unconnected with the
purpose of the focus group. Conversation turned to criticisms and frustrations at
academic processes, as well as being directed at the researcher as a member of the
teaching staff. However, anonymity and confidentiality of responses provided
assurance that participants would not be held accountable for their grievances. They
acknowledged that the facilitator understood their journey through their studies and
appreciated individual difficulties, leading to a greater sharing of issues between
participants within the focus groups.

Some participants felt the journey through the ND system, although stressful,
would make them better nurses, ready to go into the workforce as critical thinkers,
with problem solving skills and more resilience. All participants stated they would
go through the experience again and recommend it to others, reinforcing the notion
that institutional actions of support affect the undergraduate experience and attrition
(Arnekrans, 2015; Lee et al., 2010; Morrison & Brennaman, 2016; Stewart et al.,
2015; Tinto, 2012; Woosley & Shepler, 2011).

Rigor to Establish Validity and Reliability of Questionnaires
The developing questionnaires needed to be subjected to quantitative methods to
establish validity and reliability. The initial focus was on validity, rigour of the
researcher’s processes, and auditability of data, to ensure the study was accurate and
credible. By creating a clear and transparent pathway, this study may facilitate future
replication within other disciplines in the university. However, reliability was
tentative due to a small sample. A possible explanation of this problem may be
associated with the perceived instability of the concept EI, as reinforced in the
literature which acknowledged a need to identify sub elements of EI for objective
measurement (Anguiano-Carrasco et al., 2015; Copestake et al., 2013; Grubb &
McDaniel, 2007; Hartman & Grubb, 2011; Libbrecht et al., 2010; Libbrecht &
Lievens, 2012b; Rosete & Ciarrochi, 2005). The ability model of EI describes such
elements: 1. The perception, appraisal and expression of emotion; 2. Emotional
facilitative thinking; 3. Understanding and analysing employing emotional
knowledge, and 4. The conscious regulation of emotion to promote emotional and intellectual growth (Mayer et al., 2008). The researcher as a strategy for facilitating the educational intervention used these elements. A further study may benefit from modification of the model for teaching purposes.

**Educational Intervention to Measure Modified Tools**

The educational intervention was concerned with testing the reliability of the modified STEU and STEM, thereby gauging the subjective outcomes of the participants in terms of their ability to practice EI. It combined Roseman's Grid of emotional appraisal with Plutchik's evolutionary model of emotions. Since the measurement of emotions underpinned the STEM and STEU, Roseman's theory of cognitive appraisal was deemed useful. It suggested a person, to determine the emotion felt, uses a set number of appraisal dimensions. These dimensions include: how much control one has over the event; the perception of the event as either negative or positive; and the possible outcomes in terms of appropriateness of that response (Roseman, 2013; C. A. Smith & Ellsworth, 1985; Tesser, 1990; Tesser, 1990). The appraisal dimensions indicate how a student could interpret a scenario. The researcher observed that Plutchik's model assisted students to integrate many ideas of emotion and to describe the relations among emotional concepts (Plutchik, 2001).

Despite the systematic process undertaken to establish validity and reliability, prior to the educational intervention, some participants did not respond with the correct emotion, as dictated by Roseman. This may be associated with a limited emotional vocabulary, or the failure to recognize the facial expression of others. A possible explanation is that students were not used to being asked about how they are feeling, thereby indicating their inability to describe and differentiate between emotions. Alternatively, the participants in second semester were either unfamiliar with the scenarios, or had little clinical experience to respond with the correct emotion.

An alternative explanation for the discrepancy in participants' responses may be that emotion is a personal experience, often a combination of several emotions.
experienced in one situation. Psychoanalysts suggest that introspection is difficult and mixed emotions are not easy to describe in an unequivocal manner (Plutchik, 2001). All theorists agree that there are an infinite number of situations, which elicit a finite number of fundamentally different emotions (Hofmann, 2014; Plutchik, 2001; Roseman et al., 1990a; C. A. Smith & Ellsworth, 1985).

Given that the quantitative analysis was inconclusive, the qualitative analysis did attribute answers to the research questions. During the educational intervention participants demonstrated an increase in their vocabulary, through the listing of emotions as well as group discussions. This reflects Plutchik’s (2001) research, in which subjective feeling states of emotion are usually more ambiguous and obscure than the associated impulses to action.

In regard to emotional management, participants chose the responses that were safe, and avoided confrontation. A possible explanation for this outcome is that participants attempt to please as many people as possible. Many in the focus groups verbalized compliance: ‘do what needs to be done to avoid failure’, their approach being from the negative perspective of avoiding failure. Fear of failure appeared to be a common thread in the discussion groups but may be considered as a motivating force for learning. Knowles suggests that adults are more ‘motivated to learn’ by internal pressures, but can be blocked by such things as a negative self-concept associated with being a student (Knowles et al., 2005). Maintaining a negative outlook may be a factor that contributes to student stress. Future study groups may help identify the source of this negative perception.

Choosing a response that was non-confrontational may also be associated with feelings of not belonging, or participants not understanding their role in the workplace. Studies argue that social acceptance, and a sense of belonging to a team, increases a student’s confidence and competence in-patient care (Blomberg et al., 2014; Gibbons, 2010; Gibbons et al., 2011; Pulido-Martos et al., 2012). Importantly, being accepted and respected by colleagues is identified as related to being able to focus on patient relationships (Andersson et al., 2010; Mohamed et al., 2014; Walker et al., 2014). Within a clinical placement, the student’s relationships with their designated mentor and the mentor’s preparedness to support the student, were identified as major stressors (Alzayyat & Al-Gamal, 2014; Blomberg et al., 2014; J.
Cameron et al., 2011; Gibbons, 2010; Gibbons et al., 2011; Hamshire et al., 2013; Pulido-Martos et al., 2012). Mentors in the workplace have a responsibility to assist students in their learning needs and to create a learning environment. Given these aforementioned issues, students need self-confidence in the way they appraise situations and select an appropriate strategy to cope.

Discrepancies between participants’ scores may indicate a lack of strategy in decision-making and/or a lack of understanding concerning the context of the situation in the scenarios. Alternatively, responses may reflect a lack of strategies in dealing with emotions and situations, causing the answers to appear to be random. It is argued that teaching students strategies on how to gather emotional information may aid in managing emotionally laden or stressful situations.

The problem-based learning (PBL) format was deemed appropriate, as it is learner-centered and may facilitate the enhancement of EI. As participants articulated their thoughts, they made sense of the topic, validating each other and increasing their self-confidence. They also demonstrated a broader view of EI, even though they had difficulty in recognizing the correct emotion in the scenarios. Although they felt angry towards group assignments, they enjoyed the PBL. A possible explanation was the achievable common goal, completed in class time. Moreover, the voluntary homework was undertaken individually, with no collective scoring. This strategy correlates to Knowles’s principle, that adult learners have a need to be seen and treated by others as capable of self-direction (Knowles et al., 2005).

Benefits of the educational intervention include participants identifying strategies to recognise and manage emotions in themselves and others, thereby increasing their confidence and ability in using EI as a strategy to cope with stress. The established a link, between cognitive ability and emotion, impacts on student nurses through their ability to manage stressful situations and regulate emotions. Whilst it may be impossible to change a situation, an individual can appraise it as a learning experience, thereby turning into a positive rather than a negative experience (Gross, 1998; Haines et al., 2016; Quoidbach et al., 2015; Vogt & De Houwer, 2014). This demonstrates a participant’s ability to recognise and monitor the emotions in both self and others and, to facilitate thinking and problem solving.
One of the research questions concerned the strategies that could be taught to students to enhance EI. Whilst one of the limitations of the study was the small number of participants undertaking the educational intervention, their feedback suggested that they felt it was helpful, useable and transferable between the areas of university, home-life and practicum. Strategies used in the educational intervention for example, reflection, relaxation and teaching EI theory, were similar to those listed in other studies (Foster et al., 2015; Goff, 2011; Nooryan et al., 2011; Orak et al., 2016). The researcher used these strategies as they were considered effective in identifying emotions in the participants and in managing such emotions. Furthermore, the inclusion of strategies to anticipate future stress through the redirect of attention, such as Gross’s Social Processing Model (2013), added another dimension to managing stressful situations. Thus, raising self-confidence by empowering students to feel control.

Participants’ emotional vocabulary increased also the ability to identify what emotions they felt under certain circumstances and why they felt that emotion. In terms of the effectiveness of the educational intervention for enhancing students EI, participants commented that they spent time reflecting on the neurophysiology and neuropsychology of their stress response. They also indicated they were beginning to see their own and others stress triggers, by mindful listening and noticing the effects of emotional transference between themselves and others. These findings suggest a beginning ability to understand and manage emotions and emotional behaviour in self and others.

Teaching student nurses how to manage their emotions early in their studies is more likely to facilitate their ability to develop a genuine, authentic and congruent relationship with patients. The major reason for leaving a course of study is the inability to manage the situation, rather than the situation itself (Chernomas & Shapiro, 2013). It is argued that students’ emotional competence enables them to persist with their studies, but further investigation is needed (Tinto, 2012; M. G. Williams, 2010). The link between cognitive ability and emotion impacts on student nurses through their ability to manage stressful situations and regulate emotions. Students, who have not experienced or learnt how to deal with stress, need strategies to cope with stressors inherent in nursing as well as those associated with studying
(Balk et al., 2013; Bonanno & Burton, 2013; Donoso et al., 2015; Jan & Popescu, 2014; Klainin-Yobas et al., 2014).

It is suggested that enhancement of EI and confidence will create a more resilient student nurse, who can cope in stressful situations at university, home-life and practicum. This study confirms that the practicum is stressful. Significantly, there is a relationship between EI and preparing student nurses for the reality of the clinical environment (Aradilla-Herrero et al., 2014; Augusto Landa et al., 2009; Barkhordari & Rostambeysi, 2013; Beauvais et al., 2011; Bulmer Smith et al., 2009; Cerit & Beser, 2014; Jones-Schenk & Harper, 2014; Montes-Berges & Augusto-Landa, 2014; Por et al., 2011; Shanta & Gargiulo, 2014). It may be concluded that EI will enable students to survive and grow in the clinical setting (Donoso et al., 2015; Montes-Berges & Augusto, 2007; Montes-Berges & Augusto-Landa, 2014).

Conclusion to Chapter

The major findings from this study indicated that the STEU/Ng and the STEM/Ng questionnaires were beneficial in determining student nurses’ EI. The study also confirmed that they experienced increased stress during their practicum experience. Although the situations causing stress during the clinical practicum are difficult or even impossible to change, students are able to change their appraisal and attitude towards the stress. Emotional self-awareness together with awareness of how others are feeling are strategies that can enhance the way emotional information is processed, as well as lead to consistency in the appraisal of stressful situations. Thus, emotional intelligence can offer a valuable resource for student nurses when faced with the stresses of undertaking university studies, of which a significant component is the clinical practicum required.

Limitations of the Study

- The small sample in the educational intervention may compromise the findings. Conducting a pilot study, however, has the advantage of testing the feasibility of a procedure as well as highlighting misunderstandings or ambiguities.
• The educational intervention was limited by the amount of time allocated to its implementation and by the size of the cohort. Results may have been biased by conducting it during a semester instead of the twelve-week practicum period, this would have given participants time to utilize strategies, discuss their experiences, and problem solve within the group.

• Semester two participants may have had limited experience related to university and practicum.

• The participants were all from the same university.

• Students who volunteered for this study represented highly motivated students and may have provided the impetus for attending the educational intervention.

**Recommendations for Future Research and Nursing Education.**

**Research**

• As this was a pilot study it is recommended that it should be replicated using a larger sample group, preferably a longitudinal design enabling measurement of the outcomes of an educational intervention from the commencement to completion of the course.

• As participants in this study represented motivated students, it would be recommended that the intervention be embedded into the curriculum to compel students to attend and remove the bias from the sample.

**Nurse Education**

• Embedding the educational intervention into the nursing curriculum to address the current practice of waiting to identify struggling students.

• The content of the educational seminars needed to be evaluated in terms of theory and nursing exemplars.

• Educational seminars be extended to a half-day situated at the end of each semester, prior to clinical practicum, and after examinations. A take home workbook for reference to be provided.

• Academic staff be trained to competently facilitate group discussions on student stress.
• Clearer protocols or decision-making frameworks be developed to empower students to feel more in control of the outcomes of their clinical practicum.
• The STEM and STEU be modified for other disciplines, such as teaching.
• All graduating students be given the opportunity to debrief in small groups with a credible facilitator.
Appendix 1

Original STEU and STEM Tools Developed by
Dr. C. MacCann
Supplement

Appendix A: Items from the Situational Test of Emotional Understanding (STEU)

Instructions

The following questions each describe a situation, and ask you to choose which of five emotions is most likely to result from that situation.

Here is an example:
    Clara receives a gift. Clara is most likely to feel?
    (a) happy  (b) angry  (c) frightened  (d) bored  (e) hungry

If you think Clara would feel happy, you would mark option A and then move to the next question. There are 42 questions.

Items (correct alternative in bold text)
1. A pleasant experience ceases unexpectedly and there is not much that can be done about it. *The person involved is most likely to feel?*
   (a) Ashamed  (b) Distressed  (c) Angry  (d) Sad  (e) Frustrated

2. Xavier completes a difficult task on time and under budget. *Xavier is most likely to feel?*
   (a) Surprise  (b) Pride  (c) Relief  (d) Hope  (e) Joy

3. An irritating neighbor of Eve’s moves to another state. *Eve is most likely to feel?*
   (a) Regret  (b) Hope  (c) Relief  (d) Sadness  (e) Joy

4. There is great weather on the day Jill is going on an out-door picnic. *Jill is most likely to feel?*
   (a) Pride  (b) Joy  (c) Relief  (d) Guilt  (e) Hope

5. Regret is most likely to occur when?
   (a) Events are unexpected  
   (b) *You have caused something you didn’t want to happen and cannot change it*
   (c) Circumstances have caused something you didn’t want to happen
   (d) You have caused something you didn’t want to happen and are trying to change it
   (e) Events are getting beyond your control

6. Edna’s workmate organizes a goodbye party for Edna, who is going on holidays. *Edna is most likely to feel?*
   (a) Surprise  (b) Gratitude  (c) Pride  (d) Hope  (e) Relief

7. Something unpleasant is happening. Neither the person involved, nor anyone else can make it stop. *The person involved is most likely to feel?*
   (a) Guilty  (b) Distressed  (c) Sad  (d) Scared  (e) Angry

8. If the current situation continues, Denise’s employer will probably be able to move her job to a location much closer to her home, which she really wants. *Denise is most likely to feel?*
   (a) Distress  (b) Joy  (c) Surprise  (d) Hope  (e) Fear

9. Song finds out that a friend of hers has borrowed money from others to pay urgent bills, but has in fact used the money for less serious purposes. *Song is most likely to feel?*
   (a) Anger  (b) Excitement  (c) Contempt  (d) Shame  (e) Horror

10. Somebody is most likely to feel surprised after?
    (a) *Something unexpected happens.*
    (b) Something unfamiliar happens.
    (c) Something unusual happens.
    (d) Something scary happens.
    (e) Something silly happens.

11. Leya works as a trouble-shooter. She is presented with a standard looking problem but cannot work out how to solve it. *Leya is most likely to feel?*
    (a) Confused  (b) Frustrated  (c) Surprised  (d) Relieved  (e) Distressed
12. Charles is meeting a friend to see a movie. The friend is very late and they are not in time to make it to the movie. *Charles is most likely to feel?*
(a) Depressed  (b) Frustrated  (c) Angry  (d) Contemptuous  (e) Distressed

13. Rashid needs to meet a quota before his performance review. There is only a small change that he will be able to do so and there isn’t much he can do to improve the outcome. *Rashid is most likely to feel?*
(a) Irritated  (b) Scared  (c) Distressed  (d) Sad  (e) Hopeful

14. Someone believes that another person harmed them on purpose. There is not a lot that can be done to make things better. *The person involved is most likely to feel?*
(a) Dislike  (b) Rage  (c) Jealousy  (d) Surprise  (e) Anxiety

15. Phil’s workmate Bart asks Phil to lie for him about money Bart has been stealing from the company. Phil does not agree. *Phil is most likely to feel?*
(a) Excitement  (b) Anger  (c) Horror  (d) Contempt  (e) Shame

16. Jim enjoys spending Saturdays playing with his children in the park. This year they have sporting activities on Saturdays and cannot go to the park with him any more. *Jim is most likely to feel?*
(a) Angry  (b) Sad  (c) Frustrated  (d) Distressed  (e) Ashamed

17. If all goes well, then it’s fairly likely that Derek’s house will increase in value. *Derek is most likely to feel?*
(a) Distress  (b) Fear  (c) Surprise  (d) Joy  (e) Hope

18. Sheila’s workmate intentionally does not give Sheila some important information about applying for a raise. *Sheila is most likely to feel?*
(a) Depressed  (b) Contemptuous  (c) Frustrated  (d) Angry  (e) Distressed

19. Megan is looking to buy a house. Something happened and she felt regret. *What is most likely to have happened?*
(a) She didn’t make an offer on a house she wanted, and now she is trying to find out if it is too late.
(b) She found a house she liked that she didn’t think she would find.
(c) She couldn’t make an offer on a house she liked because the bank didn’t get her the money in time.
(d) She didn’t make an offer on a house she liked and now someone else has bought it.
(e) She made an offer on a house and is waiting to see if it is accepted.

20. Mary was working at her desk. Something happened that caused her to feel surprised. *What is most likely to have happened?*
(a) Her work-mate told a silly joke.
(b) She was working on a new task she hadn’t dealt with before.
(c) She found some results that were different from what she thought they would be.
(d) She realized she would not be able to complete her work.
(e) She had to do a task she didn’t normally do at work.

21. Garry’s small business is attracting less and less clients and he can’t tell why. There doesn’t seem to be anything he can do to help matters. *Garry is most likely to feel?*
(a) Scared  (b) Angry  (c) Sad  (d) Guilty  (e) Distressed

22. Someone thinks that another person has deliberately caused something good to happen to them. *They are most likely to feel?*
(a) Hope  (b) Pride  (c) Gratitude  (d) Surprise  (e) Relief

23. Kevin has been working at his current job for a few years. Out of the blue, he finds that he will receive a promotion. *Kevin is most likely to feel?*
(a) Pride  (b) Relief  (c) Joy  (d) Hope  (e) Guilt

24. By their own actions, a person reaches a goal they wanted to reach. *The person is most likely to feel?*
(a) Joy  (b) Hope  (c) Relief  (d) Pride  (e) Surprise

25. An unwanted situation becomes less likely or stops altogether. *The person involved is most likely to feel?*
(a) Regret  (b) Hope  (c) Joy  (d) Sadness  (e) Relief

26. Hasad tries to use his new mobile phone. He has always been able to work out how to use different appliances, but he cannot get the phone to function. *Hasad is most likely to feel?*
(a) Distressed  (b) Confused  (c) Surprised  (d) Relieved  (e) Frustrated

27. Dorian’s friend is ill and coughs all over him without bothering to turn away or cover his mouth. *Dorian is most likely to feel?*
(a) Anxiety  (b) Dislike  (c) Surprise  (d) Jealousy  (e) Rage
28. Although she has been careful to avoid all risk factors, Tina has contracted cancer. There is only a small chance that the cancer will be benign and nothing Tina does now can make a difference. *Tina is most likely to feel?*
(a) Scared (b) Distressed (c) Irritated (d) Sad (e) Hopeful

29. Quan and his wife are talking about what happened to them that day. Something happened that caused Quan to feel surprised. *What is most likely to have happened?*
(a) His wife talked a lot, which did not usually happen.
(b) His wife talked about things that were different to what they usually discussed.
(c) His wife told him that she might have some bad news.
(d) His wife told Quan some news that was not what he thought it would be.
(e) His wife told a funny story.

30. An upcoming event might have bad consequences. Nothing much can be done to alter this. *The person involved would be most likely to feel?*
(a) Sad (b) Irritated (c) Distressed (d) Scared (e) Hopeful

31. It is clear that somebody will get what they want. *They are most likely to feel?*
(a) Pride (b) Relief (c) Joy (d) Hope (e) Guilt

32. By chance, a situation arises where there is the possibility that a person will get what they want. *The person is most likely to feel?*
(a) Distress (b) Hope (c) Surprise (d) Joy (e) Fear

33. A supervisor who is unpleasant to work for leaves Alfonso's work. *Alfonso is most likely to feel?*
(a) Joy (b) Hope (c) Regret (d) Relief (e) Sadness

34. The nature of Sara's job changes due to unpredictable factors and she no longer gets to do the portions of her work that she most enjoyed. *Sara is most likely to feel?*
(a) Ashamed (b) Sad (c) Angry (d) Distressed (e) Frustrated

35. Leila has been unable to sleep well lately and there are no changes in her life that might indicate why. *Leila is most likely to feel?*
(a) Angry (b) Scared (c) Sad (d) Distressed (e) Guilty

36. A person feels they have control over a situation. The situation turns out badly for no particular reason. *The person involved is most likely to feel?*
(a) Confused (b) Relieved (c) Surprised (d) Frustrated (e) Distressed

37. Someone believes another person has deliberately caused something good to stop happening to them. However, they feel they can do something about it. *They are most likely to feel?*
(a) Angry (b) Contemptuous (c) Distress (d) Depressed (e) Frustrated

38. The new manager at Enid's work changes everyone's hours to a less flexible work pattern, leaving no room for discussion. *Enid is most likely to feel?*
(a) Dislike (b) Rage (c) Jealousy (d) Surprise (e) Anxiety

39. Someone believes that another person has caused harm to them, due to that person's bad character. They think they can probably handle the situation though. *The harmed person is most likely to feel?*
(a) Contempt (b) Anger (c) Horror (d) Excitement (e) Shame

40. Pete gets home late, after his favorite TV show has ended. Pete's partner has taped the show for him. *Pete is most likely to feel?*
(a) Surprise (b) Hope (c) Pride (d) Relief (e) Gratitude

41. Matthew has been at his current job for six months. Something happened that caused him to feel regret. *What is most likely to have happened?*
(a) He did not apply for a position he wanted, and has found out that someone else less qualified got the job.
(b) He did not apply for a position he wanted, and has started looking for a similar position.
(c) He found out that opportunities for promotion have dried up.
(d) He found out that he didn't get a position he thought he would get.
(e) He didn't hear about a position he could have applied for and now it is too late.

42. Penny's hockey team trained hard and won the championship. *Penny is most likely to feel?*
(a) Hope (b) Pride (c) Relief (d) Joy (e) Surprise
Appendix B: Items and Expert Weights for the Situational Test of Emotion Management

Instructions (multiple-choice form)

In this test, you will be presented with a few brief details about an emotional situation, and asked to choose from four responses the most effective course of action to manage both the emotions the person is feeling and the problems they face in that situation.

Although more than one course of action might be acceptable, you are asked to choose what you think the most effective response for that person in that situation would be.

Remember, you are not necessarily choosing what you would do, or the nicest thing to do, but choosing the most effective response for that situation.

Note: items marked with an asterisk were excluded from Study 2. Numbers in parentheses refer to expert scoring weights: (1) the mean rating of experts, and (2) the proportion of experts selecting that option.
1. Lee’s workmate fails to deliver an important piece of information on time, causing Lee to fall behind schedule also. What action would be the most effective for Lee?
   (a) Work harder to compensate. (3.2/0)
   (b) Get angry with the workmate. (2.6/0)
   (c) Explain the urgency of the situation to the workmate. (5.2/1.000)
   (d) Never rely on that workmate again. (2.4/0)

2. Rhea has left her job to be a full-time mother, which she loves, but she misses the company and companionship of her workmates. What action would be the most effective for Rhea?
   (a) Enjoy being a full-time mom. (2.8/0)
   (b) Try to see her old workmates socially, inviting them out. (4.4/.250)
   (c) Join a playgroup or social group of new mothers. (4.8/.667)
   (d) See if she can find part-time work. (2.8/.083)

3. Pete has specific skills that his workmates do not and he feels that his workload is higher because of it. What action would be the most effective for Pete?
   (a) Speak to his boss about this. (4.6/833)
   (b) Start looking for a new job. (2.4/0)
   (c) Be very proud of his unique skills. (3.2/.083)
   (d) Speak to his workmates about this. (3.8/.083)

* 4. Mario is showing Min, a new employee, how the system works. Mario’s boss walks by and announces Mario is wrong about several points, as changes have been made. Mario gets on well with his boss, although they don’t normally have much to do with each other. What action would be the most effective for Mario?
   (a) Make a joke to Min, explaining he didn’t know about the changes. (4.0/333)
   (b) Not worry about it, just ignore the interruption. (2.2/0)
   (c) Learn the new changes. (4.6/.417)
   (d) Tell the boss that such criticism was inappropriate. (3.2/.250)

5. Wai-Hin and Connie have shared an office for years but Wai-Hin gets a new job and Connie loses contact with her. What action would be the most effective for Connie?
   (a) Just accept that she is gone and the friendship is over. (2.6/0)
   (b) Ring Wai-Hin an ask her out for lunch or coffee to catch up. (4.6/0)
   (c) Contact Wai-Hin and arrange to catch up but also make friends with her replacement. (5.6/.917)
   (d) Spend time getting to know the other people in the office, and strike up new friendships. (4.4/.083)

* 6. Martina is accepted for a highly sought after contract, but has to fly to the location. Martina has a phobia of flying. What action would be the most effective for Martina?
   (a) See a doctor about this. (4.4/.750)
   (b) Don’t go to the location. (1.4/0)
   (c) Just get through it. (2.8/0)
   (d) Find alternative travel arrangements. (3.0/.250)

7. Manual is only a few years from retirement when he finds out his position will no longer exist, although he will still have a job with a less prestigious role. What action would be the most effective for Manual?
   (a) Carefully consider his options and discuss it with his family. (5.0/.750)
   (b) Talk to his boss or the management about it. (4.4/.250)
   (c) Accept the situation, but still feel bitter about it. (2.0/0)
   (d) Walk out of that job. (1.0/0)

8. Alan helps Trudy, a peer he works with occasionally, with a difficult task. Trudy complains that Alan’s work isn’t very good, and Alan responds that Trudy should be grateful he is doing her a favor. They argue. What action would be the most effective for Alan?
   (a) Stop helping Trudy and don’t help her again. (1.8/167)
   (b) Try harder to help appropriately. (2.8/.083)
   (c) Apologize to Trudy. (2.8/.083)
   (d) Diffuse the argument by asking for advice. (4.6/.667)
9. Surbhi starts a new job where he doesn't know anyone and finds that no one is particularly friendly. *What action would be the most effective for Surbhi?*
   (a) Have fun with his friends outside of work hours. (3.8/0)
   (b) Concentrate on doing his work well at the new job. (4.0/.167)
   (c) Make an effort to talk to people and be friendly himself. (5.4/.833)
   (d) Leave the job and find one with a better environment. (2.4/0)

10. Darla is nervous about presenting her work to a group of seniors who might not understand it, as they don't know much about her area. *What action would be the most effective for Darla?*
    (a) Be positive and confident, knowing it will go well. (4.0/0)
    (b) Just give the presentation. (2.8/0)
    (c) Work on her presentation, simplifying the explanations. (5.2/.667)
    (d) Practice presenting to laypeople such as friends or family. (5.2/.333)

11. Andre moves away from the city his friends and family are in. He finds his friends make less effort to keep in contact than he thought they would. *What action would be the most effective for Andre?*
    (a) Try to adjust to life in the new city by joining clubs and activities there. (4.8/0)
    (b) He should make the effort to contact them, but also try to meet people in his new city. (5.6/1.000)
    (c) Let go of his old friends, who have shown themselves to be unreliable. (2.2/0)
    (d) Tell his friends he is disappointed in them for not contacting him. (3.2/0)

12. Helga's team has been performing very well. They receive poor-quality work from another team that they must incorporate into their own project. *What action would be the most effective for Helga?*
    (a) Don't worry about it. (1.8/0)
    (b) Tell the other team they must re-do their work. (4.6/.417)
    (c) Tell the project manager about the situation. (4.6/.583)
    (d) Re-do the other team's work to get it up to scratch. (2.6/0)

13. Clayton has been overseas for a long time and returns to visit his family. So much has changed that Clayton feels left out. *What action would be the most effective for Clayton?*
    (a) Nothing – it will sort itself out soon enough. (2.6/0)
    (b) Tell his family he feels left out. (4.4/.167)
    (c) Spend time listening and getting involved again. (5.4/.750)
    (d) Reflect that relationships can change with time. (4.6/.083)

* 14. Katerina takes a long time to set the DVD timer. With the family watching, her sister says "You idiot, you're doing it all wrong, can't you work the video?" Katerina is quite close to her sister and family. *What action would be the most effective for Katerina?*
   (a) Ignore her sister and keep at the task. (4.0/.167)
   (b) Get her sister to help or to do it. (3.6/.667)
   (c) Tell her sister she is being mean. (3.6/.167)
   (d) Never work appliances in front of her sister or family again. (1.6/0)

* 15. Benjiro's parents are in their late 80s and living interstate in a house by themselves. He is worried that they need some help but they angrily deny it any time he brings up the subject. *What action would be the most effective for Benjiro?*
   (a) Visit frequently and get others to check on them. (4.4/.667)
   (b) Believe his parents' claims that they are fine. (3.0/.167)
   (c) Keep telling his parents his concerns, stressing their importance. (4.4/.167)
   (d) Force his parents to move into a home. (1.4/0)

* 16. Max prides himself on his work being of the highest quality. On a joint project, other people do a lousy job, assuming that Max will fix their mistakes. *What action would be the most effective for Max?*
   (a) Forget about it. (1.4/0)
   (b) Confront the others, and tell them they must fix their mistakes. (4.4/.750)
   (c) Tell the project manager about the situation. (4.0/.250)
   (d) Fix the mistakes. (2.4/0)
17. Daniel has been accepted for a prestigious position in a different country from his family, who he is close to. He and his wife decide it is worth relocating. What action would be the most effective for Daniel?
(a) Realize he shouldn’t have applied for the job if he didn’t want to leave. (1.4/0)
(b) Set up a system for staying in touch, like weekly phone calls or emails. (5.0/833)
(c) Think about the great opportunities this change offers. (4.8/167)
(d) Don’t take the position. (1.2/0)

18. A junior employee making routine adjustments to some of Teo’s equipment accuses Teo of causing the equipment malfunction. What action would be the most effective for Teo?
(a) Reprimand the employee for making such accusations. (2.0/0)
(b) Ignore the accusation, it is not important. (2.6/500)
(c) Explain that malfunctions were not his fault. (3.4/500)
(d) Learn more about using the equipment so that it doesn’t break. (4.8/0)

19. Mei Ling answers the phone and hears that close relatives are in hospital critically ill. What action would be the most effective for Mei Ling?
(a) Let herself cry and express emotion for as long as she feels like. (4.4/083)
(b) Speak to other family to calm herself and find out what is happening, then visit the hospital. (5.4/917)
(c) There is nothing she can do. (1.4/0)
(d) Visit the hospital and ask staff about their condition. (4.8/0)

* 20. The woman who relieves Celia at the end of her shift is twenty minutes late without excuse or apology. What action would be the most effective for Celia?
(a) Forget about it unless it happens again. (2.2/167)
(b) Tell the boss about it. (2.6/083)
(c) Ask for an explanation of her lateness. (4.6/583)
(d) Tell her that this is unacceptable. (3.6/167)

21. Upon entering full-time study, Vincent cannot afford the time or money he used to spend on water-polo training, which he was quite good at. Although he enjoys full-time study, he misses training. What action would be the most effective for Vincent?
(a) Concentrate on studying hard, to pass his course. (3.4/0)
(b) See if there is a local league or a less expensive and less time-consuming sport. (5.0/667)
(c) Think deeply about whether sport or study is more important to him. (3.0/083)
(d) Find out about sporting scholarships or bursaries. (5.0/250)

* 22. Evan’s housemate cooked food late at night and left a huge mess in the kitchen that Evan discovered at breakfast. What action would be the most effective for Evan?
(a) Tell his housemate to clean up the mess. (4.4/250)
(b) Ask his housemate that this not happen again. (4.6/583)
(c) Clean up the mess himself. (2.0/0)
(d) Assume that the housemate will clean it later. (2.2/167)

23. Greg has just gone back to university after a lapse of several years. He is surrounded by younger students who seem very confident about their ability and he is unsure whether he can compete with them. What action would be the most effective for Greg?
(a) Focus on his life outside the university. (2.0/0)
(b) Study hard and attend all lectures. (4.8/250)
(c) Talk to others in his situation. (5.4/750)
(d) Realize he is better than the younger students as he has more life experience. (2.8/0)

* 24. Gloria’s housemates never buy essential non-food items when they are running low, relying on Gloria to buy them, which she resents. They know each other reasonably well, but have not yet discussed financial issues. What action would be the most effective for Gloria?
(a) Don’t buy the items. (2.0/0)
(b) Introduce a new system for grocery shopping and sharing costs. (5.0/333)
(c) Tell her housemates she has a problem with this. (4.6/667)
(d) Hide her own personal store of items from the others. (2.6/0)
25. Shona has not spoken to her nephew for months, whereas when he was younger they were very close. She rings him but he can only talk for five minutes. **What action would be the most effective for Shona?**
(a) Realize that he is growing up and might not want to spend so much time with his family any more. (4.2/0)
(b) Make plans to drop by and visit him in person and have a good chat. (4.0/.250)
(c) Understand that relationships change, but keep calling him from time to time. (4.8/.750)
(d) Be upset about it, but realize there is nothing she can do. (1.4/0)

* 26. Moshe finds out that some members of his social sports team have been saying that he is not a very good player. **What action would be the most effective for Moshe?**
(a) Although he may be bad at sport remember he is good at other things. (4.2/.417)
(b) Forget about it. (3.4/0)
(c) Do some extra training to try and improve. (4.4/.583)
(d) Leave that sports team. (1.6/0)

27. Joel has always dealt with one particular client but on a very complex job his boss gives the task to a co-worker instead. Joel wonders whether his boss thinks he can’t handle the important jobs. **What action would be the most effective for Joel?**
(a) Believe he is performing well and will be given the next complex job. (3.4/0)
(b) Do good work so that he will be given the complex tasks in future. (4.0/.167)
(c) Ask his boss why the co-worker was given the job. (4.2/.750)
(d) Not worry about this unless it happens again. (3.2/.083)

28. Hasina is overseas when she finds out that her father has passed away from an illness he has had for years. **What action would be the most effective for Hasina?**
(a) Contact her close relatives for information and support. (5.6/1.00)
(b) Try not to think about it, going on with her daily life as best she can. (2.00/0)
(c) Feel terrible that she left the country at such a time. (1.4/0)
(d) Think deeply about the more profound meaning of this loss. (4.0/0)

29. Mina and her sister-in-law normally get along quite well, and the sister-in-law regularly baby-sits for her for a small fee. Lately she has also been cleaning away cobwebs, commenting on the mess, which Mina finds insulting. **What action would be the most effective for Mina?**
(a) Tell her sister-in-law these comments upset her. (4.6/.750)
(b) Get a new babysitter. (2.0/0)
(c) Be grateful her house is being cleaned for free. (2.6/.167)
(d) Tell her only to baby-sit, not to clean. (3.0/.083)

* 30. Billy is nervous about acting a scene when there are a lot of very experienced actors in the crowd. **What action would be the most effective for Billy?**
(a) Put things in perspective – it is not the end of the world. (3.4/.250)
(b) Use some acting techniques to clam his nerves. (4.6/.417)
(c) Believe in himself and know it will be fine. (3.6/0)
(d) Practice his scenes more so that he will act well. (5.0/.333)

31. Juno is fairly sure his company is going down and his job is under threat. It is a large company and nothing official has been said. **What action would be the most effective for Juno?**
(a) Find out what is happening and discuss his concerns with his family. (5.0/.750)
(b) Try to keep the company afloat by working harder. (2.0/0)
(c) Start applying for other jobs. (3.8/.250)
(d) Think of these events as an opportunity for a new start. (4.8/0)

32. Mallory moves from a small company to a very large one, where there is little personal contact, which she misses. **What action would be the most effective for Mallory?**
(a) Talk to her workmates, try to create social contacts and make friends. (5.2/.917)
(b) Start looking for a new job so she can leave that environment. (2.2/0)
(c) Just give it time, and things will be okay. (2.8/0)
(d) Concentrate on her outside-work friends and colleagues from previous jobs. (3.0/.083)
33. A demanding client takes up a lot of Jill’s time and then asks to speak to Jill’s boss about her performance. Although Jill’s boss assures her that her performance is fine, Jill feels upset. What action would be the most effective for Jill?
(a) Talk to her friends or roommates about it. (3.4/0)
(b) Ignore the incident and move on to her next task. (2.2/0)
(c) Calm down by taking deep breaths or going for a short walk. (3.8/0.083)
(d) Think that she has been successful in the past and this client being difficult is not her fault. (4.4/0.917)

34. Blair and Flynn usually go to a café after the working week and chat about what’s going on in the company. After Blair’s job is moved to a different section in the company, he stops coming to the café. Flynn misses these Friday talks. What action would be the most effective for Flynn?
(a) Go to the café or socialize with other workers. (3.8/1.67)
(b) Don’t worry about it, ignore the changes and let Blair be. (2.0/0)
(c) Not talk to Blair again. (1.2/0)
(d) Invite Blair again, maybe rescheduling for another time. (5.2/0.833)

* 35. Jerry has had several short-term jobs in the same industry, but is excited about starting a job in a different industry. His father casually remarks that he will probably last six months. What action would be the most effective for Jerry?
(a) Tell his father he is completely wrong. (2.4/0)
(b) Prove him wrong by working hard to succeed at the new job. (4.0/0.417)
(c) Think of the positives of the new job. (4.6/0.083)
(d) Ignore his father’s comments. (3.6/0.500)

36. Michelle’s friend Dara is moving overseas to live with her partner. They have been good friends for many years and Dara is unlikely to come back. What action would be the most effective for Michelle?
(a) Forget about Dara. (1.6/0)
(b) Spend time with other friends, keeping herself busy. (3.6/0.083)
(c) Think that Dara and her partner will return soon. (1.6/0)
(d) Make sure she keeps in contact through email, phone or letter writing. (5.2/0.917)

37. Dorian needs to have some prostate surgery and is quite scared about the process. He has heard that it is quite painful. What action would be the most effective for Dorian?
(a) Find out as much as he can about the procedure and focus on calming down. (5.4/0.333)
(b) Keep busy in the meantime so he doesn’t think about the impending surgery. (3.4/0)
(c) Talk to his family about his concerns. (4.4/0)
(d) Talk to his doctor about what will happen. (5.2/0.667)

38. Hannah’s access to essential resources has been delayed and her work is way behind schedule. Her progress report makes no mention of the lack of resources. What action would be the most effective for Hannah?
(a) Explain the lack of resources to her boss or to management. (5.0/0.167)
(b) Learn that she should plan ahead for next time. (3.4/0)
(c) Document the lack of resources in her progress report. (5.2/0.833)
(d) Don’t worry about it. (1.4/0)

* 39. Jill is given an official warning for entering a restricted area. She was never informed that the area was restricted and will lose her job if she gets two more warnings, which she thinks is unfair. What action would be the most effective for Jill?
(a) Think about the unfairness of the situation. (1.6/0)
(b) Accept the warning and be careful not to go in restricted areas from now on. (3.8/0.500)
(c) Explain that she didn’t know it was restricted. (4.8/0.500)
(d) Take a few deep breaths and calm down about it. (3.8/0)

40. Alana has been acting in a high-ranking role for several months. A decision is made that only long-term employees can now act in these roles, and Alana has not been with the company long enough to do so. What action would be the most effective for Alana?
(a) Quit that position. (2.4/0.083)
(b) Use that experience to get promoted when she is long term. (4.2/0.833)
(c) Accept this new rule, but feel hard-done-by. (1.8/0)
(d) Ask management if an exception can be made. (4.8/0.333)
* 41. Reece’s friend points out that her young children seem to be developing more quickly than Reece’s. Reece sees that this is true. What action would be the most effective for Reece?
   (a) Talk the issue over with another friend. (3.6/0)
   (b) Angrily confront her friend about making such statements. (1.8/0)
   (c) Realize that children develop at different rates. (4.4/.250)
   (d) Talk to a doctor about what the normal rates of development are. (5.0/.750)

* 42. Jumah has been working at a new job part-time while he studies. His shift times for the week are changed at the last minute, without consulting him. What action would be the most effective for Jumah?
   (a) Refuse to work the new shifts. (1.8/0)
   (b) Find out if there is some reasonable explanation for the shift changes. (4.4/.750)
   (c) Tell the manager in charge of shifts that he is not happy about it. (3.8/.250)
   (d) Grumpily accept the changes and do the shifts. (2.2/0)

43. Jacob is having a large family gathering to celebrate him moving into his new home. He wants the day to go smoothly and is a little nervous about it. What action would be the most effective for Jacob?
   (a) Talk to friends or relatives to ease his worries. (3.6/.083)
   (b) Try to calm down, perhaps go for a short walk or meditate. (3.8/.083)
   (c) Prepare ahead of time so he has everything he needs available. (5.2/.417)
   (d) Accept that things aren’t going to be perfect but the family will understand. (4.4/.417)

44. Julie hasn’t seen Ka for ages and looks forward to their weekend trip away. However, Ka has changed a lot and Julie finds that she is no longer an interesting companion. What action would be the most effective for Julie?
   (a) Cancel the trip and go home. (2.0/0)
   (b) Realize that it is time to give up the friendship and move on. (3.2/0)
   (c) Understand that people change, so move on, but remember the good times. (4.6/.917)
   (d) Concentrate on her other, more rewarding friendships. (4.4/.08)
Appendix 2

Consent to Use the STEU and STEM from
Dr. C. MacCann
Hi Laurel,

Thanks for your interest in the STEM and STEU short forms.

I am happy to help out with the SPSS syntax. I can provide syntax that scores the items, calculates reliabilities and computes total scores. However, I am about to go on vacation for 2 weeks, as of later today, so I will not be able to provide this until I get back.

Cheers.

Carolyn.

Carolyn MacCann | Lecturer
School of Psychology | Faculty of Science

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Please think of our environment and only print this e-mail if necessary.
Appendix 3

Participants Information Sheets

- Research information sheet
- Participant information Phase 1A Step 2: Invitation to Student Focus Group
- Participant Information Phase 1A Step 5: SMEs Recruitment for Content Validity of Scenarios
- Participant Information Phase 1B Step 1: Students to Create Responses to Scenarios
- Participant Information Phase 1B: Invite to Subject Matter Experts to Rank Student Responses to Scenarios
- Participant Information Phase 1B Step 4: Invitation to SMEs to Participate in Verifying the Clarity of the New Instruments, STEU/Ng and STEM/Ng
- Participant information Phase2 Step 1: Invitation to students to participate in testing the new instrument
- Participant Information Phase 3 Step 1: Invitation to students to participate in the educational intervention
Research Information Sheet

The title of this project: The enhancement of emotional intelligence in student nurses: A mixed methods pilot study.

The rational and purpose of this study:
Stress and inefficient coping skills of student nurses has been shown to lead to attrition within the university and later, on graduation the workplace. Nurses need a range of strategies to manage their clinical practice, while helping patients to cope with their health problems. An ability to monitor and regulate emotions may contribute to an increase in the repertoire of coping skills in student nurses, enabling them to cope better with a stressful learning environment, both at university and on clinical practicum. This concept is defined as emotional intelligence (EI). A preliminary investigation uncovered several instruments that purported to measure this concept but none that reflected nursing students. Thus, the rational for this study is to identify instruments that measure EI which could be modified for use in a student nurse population. Student nurse focus groups and nursing experts and will be used to modify, test and retest the tools including pre/post educational intervention aimed at enhancing the EI.

Participation
Participation in this study is voluntary. Participants are free to withdraw their consent to be involved in the study at any time. Withdrawal will include unrestricted elimination of data if desired. Participants do not need to provide reasons for their withdrawal and will not be disadvantaged in any way. Neither the researcher nor her supervisor will be teaching participants of the study.

Are there any risks associated with participating in this project?
There are no foreseeable risks involved.

Will I be able to see results?
You will be offered a summary of the project outcomes at the end of the study.

Contact details
Dr Carol Piercey of the School of Nursing and Midwifery is supervising this project. If you have any queries regarding this research please contact me directly on 0414727515 or Laurel.collin@ne.edu.au or phone Dr Piercey on (08) 94330277 or by email at carol.piercey1@nd.edu.au.
The human Research Ethics Committee of the University of Notre Dame Australia has approved this study.

Thank you for your time.
Laurel Collin

If participants have any complaint regarding the manner in which a research project is conducted, it should be directed to the Executive Officer of the Human Research Ethics Committee, Research Office, The University of Notre Dame Australia, PO Box 1225 Fremantle WA, phone (08) 9433 0943.
Participant Information: Invitation to Student Focus Group

Dear

My name is Laurel Collin. I am a research student at The University of Notre Dame enrolled in a Doctor of Philosophy. An explanation of my research project is contained on the information sheet.

**The aim of your involvement is to:**
Provide realistic critical incidents that you experienced or witnessed at university, home or during your clinical practicum.

**What will participation in this involve?**
- Participants will take part in focus groups to identify critical incidents that have occurred during University contact, home life, and clinical practicum.
- These groups will consist of 3-5 student nurses. It is anticipated the groups will meet for one hour.
- The information will be recorded for transcribing and will be used to create scenarios for use in modifying instruments aimed at measuring emotional intelligence.
- Volunteers from the group will be asked to read the transcriptions to verify their accuracy.
- The researcher will send confirmation emails and SMSs to students to confirm times and venues.

**What happens to the information collected?**
- Information collected will be strictly confidential.
- To protect the anonymity of participants a code will be ascribed to each participant to minimise the risk of identification.
- Data collected will be stored securely in the University School of Nursing and Midwifery for five years. No identifying information will be used.
- The protocol adopted by the University of Notre Dame Australia Human Research Ethics Committee for the protection of privacy will be adhered to and relevant sections of the Privacy act are available at [http://www.nhmrc.gov.au](http://www.nhmrc.gov.au/
- Only Laurel Collin and her research supervisor Dr Carol Piercey will have access to stored information.

**I want to participate! How do I sign up?**
You can contact me by email laurel.collin@nd.edu.au or telephone 0414727515 and leave a SMS message with your name so I can get back to you. I will ask you to sign a consent form at our first meeting. I thank you sincerely for your consideration and hope you will agree to participate in this research project.

Yours sincerely

Laurel Collin
SMEs Recruitment for Content Validity of Scenarios

Dear

My name is Laurel Collin. I am a research student at The University of Notre Dame enrolled in a Doctor of Philosophy. An explanation of my research project is contained on the information sheet.

The aim of your involvement is;
Determine the validity of student reports of critical incidents.

What will participation in this involve?
Reading scenarios from student focus groups which reflect their first semester practicum NSP101.
Reflect on these scenarios and rate them on a scale of 1-4 one being not relevant and 4 being highly relevant.
It is anticipated this will take 1.5 hours

What happens to the information collected?
Information collected will be strictly confidential.
To protect the anonymity of participants a code will be ascribed to each participant to minimise the risk of identification.
Data collected will be stored securely in the University School of Nursing and Midwifery for five years. No identifying information will be used.
The protocol adopted by the University of Notre Dame Australia Human Research Ethics Committee for the protection of privacy will be adhered to and relevant sections of the Privacy act are available at http://www.nhmrc.gov.au/
Only Laurel Collin and her research supervisor Dr Carol Piercey will have access to stored information.

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You can contact me by email laurel.collin@nd.edu.au or telephone 0414727515 and leave a SMS message with you name so I can get back to you. I will ask you to sign a consent form at our first meeting.
I thank you sincerely for your consideration and hope you will agree to participate in this research project.

Yours sincerely

Laurel Collin
Student Recruitment to Create Responses to Scenarios
Dear

My name is Laurel Collin. I am a research student at The University of Notre Dame and am enrolled in a Doctor of Philosophy. An explanation of my research project is on the information sheet.

The aim of your involvement is:
• To provide realistic responses to practicum scenarios provided by other students.

What will participation in this involve?
• Reading scenarios which reflect practicum.
• Write responses to each scenario addressing; “what you would do”, and “what should you do” to each scenario.
• These will then be looked at by a panel of experts to determine the most appropriate for inclusion into the instruments.
• It is anticipated this will take 1.5 hours

What happens to the information collected?
• Information collected will be strictly confidential.
• To protect the anonymity of participants a code will be ascribed to each participant to minimise the risk of identification.
• Data collected will be stored securely in the University School of Nursing and midwifery for five years before being destroyed. No identifying information will be used.
• The protocol adopted by the University of Notre Dame Australia Human Research Ethics Committee for the protection of privacy will be adhered to and relevant sections of the Privacy Act are available at [http://www.nhmrc.gov.au/](http://www.nhmrc.gov.au/)
• Only Laurel Collin and her research supervisor Dr Carol Piercey will have access to stored information.

I want to participate! How do I sign up?

You can contact me by email laurel.collin@nd.edu.au or telephone 0414727515 and leave a SMS message with you name so I can get back to you. I will ask you to sign a consent form at our first meeting.

I thank you sincerely for your consideration and hope you will agree to participate in this research project.

Yours sincerely

Laurel Collin
Invite to Subject Matter Experts to Rank Student Responses to Scenarios

Dear

My name is Laurel Collin. I am a research student at The University of Notre Dame and am enrolled in a Doctor of Philosophy. An explanation of my research project is on the reverse side of this sheet.

The aim of your involvement is:
To determine the validity of student responses to scenarios which depict university, home and/or clinical practice.

What will participation in this involve?
- Reading scenarios and possible responses created by students which reflect their experiences.
- Rank the responses to the scenarios on a scale indicating from best to worst thing to do, 1 being the best thing to do.
- It is anticipated this will take 45 minutes

What happens to the information collected?
- Information collected will be strictly confidential.
- To protect the anonymity of participants a code will be ascribed to each participant to minimise the risk of identification.
- Data collected will be stored securely in the University School of Nursing and Midwifery for five years. No identifying information will be used.
- The protocol adopted by the University of Notre Dame Australia Human Research Ethics Committee for the protection of privacy will be adhered to and relevant sections of the Privacy act are available at http://www.nhmrc.gov.au/
- Only Laurel Collin and her research supervisor Dr Carol Piercey will have access to stored information.

Will I be able to see results?
You will be offered information of the findings at the end of the project.

I want to participate! How do I sign up?
You can contact me by email laurel.collin@nd.edu.au or telephone 0414727515 and leave a SMS message with you name so I can get back to you. I will ask you to sign a consent form at our first meeting. I thank you sincerely for your consideration and hope you will agree to participate in this research project.

Yours sincerely

Laurel Collin
Invitation to SMEs to Participate in Verifying the Clarity of the New Tools, STEU/Ng and STEM/Ng

Dear
My name is Laurel Collin. I am a research student at The University of Notre Dame enrolled in a Doctor of Philosophy. An explanation of my research project is on the information sheet.

The aim of your involvement is:
To determine the Clarity of two new instruments for testing the emotional intelligence of student nurses.

What will participation in this involve?
- Reading scenarios and possible responses which reflect student experiences at university, home and clinical placement.
- Evaluate items on the instrument for apparent clarity.
- It is anticipated this will take 1.0 hours

What happens to the information collected?
- Information collected will be strictly confidential.
- To protect the anonymity of participants a code will be ascribed to each participant to minimise the risk of identification.
- Data collected will be stored securely in the University School of Nursing and Midwifery for five years. No identifying information will be used.
- The protocol adopted by the University of Notre Dame Australia Human Research Ethics Committee for the protection of privacy will be adhered to and relevant sections of the Privacy act are available at http://www.nhmrc.gov.au/
- Only laurel Collin and her research supervisor Dr Carol Piercey will have access to stored information.

Will I be able to see results?
You will be offered information of the findings at the end of the project.

I want to participate! How do I sign up?
You can contact me by email laurel.collin@nd.edu.au or telephone 0414727515 and leave a SMS message with you name so I can get back to you. I will ask you to sign a consent form at our first meeting.

I thank you sincerely for your consideration and hope you will agree to participate in this research project.

Yours sincerely

Laurel Collin
Invitation to Students to Participate in Testing the New Instruments

Dear
My name is Laurel Collin. I am a research student at The University of Notre Dame enrolled
in a Doctor of Philosophy. An explanation of my research project is on the information
sheet.

The aim of your involvement is:
To test the reliability of a new instrument aimed at testing the emotional intelligence of
student nurses.

What will participation in this involve?
• Participants will complete two instruments during semester which will be
  administered two weeks apart at a venue within the University.
• These should take 30-40 minutes each.

What happens to the information collected?
• Information collected will be strictly confidential.
• To protect the anonymity of participants a code will be ascribed to each participant to
  minimise the risk of identification.
• Data collected will be stored securely in the University School of Nursing and
  Midwifery for five years. No identifying information will be used.
• The protocol adopted by the University of Notre Dame Australia Human Research
  Ethics Committee for the protection of privacy will be adhered to and relevant sections of
  the Privacy Act are available at http://www.nhmrc.gov.au/
• Only Laurel Collin and her research supervisor Dr Carol Piercey will have access to
  stored information.

Will I be able to see results?
You will be offered information of the findings at the end of the project.

I want to participate! How do I sign up?
You can contact me by email laurel.collin@nd.edu.au or telephone 0414727515 and leave a
SMS message with you name so I can get back to you. I will ask you to sign a consent form
at our first meeting.

I thank you sincerely for your consideration and hope you will agree to participate in this
research project.

Yours sincerely

Laurel Collin
Invitation to students to participate in the educational intervention

Dear Students,

My name is Laurel Collin. I am a research student at The University of Notre Dame enrolled in a Doctor of Philosophy. An explanation of my research project is on the reverse side of this sheet.

The title of this project is:

The modification of two instruments to measure the effect of an educational intervention aimed at enhancing the emotional intelligence of student nurses: A mixed methods study.

What will participation in this involve?

- During semester, I will hold three seminars over a three-week period, designed to enhance your emotional intelligence. The seminars will take around 50 minutes. Before the first seminar you will be asked to fill in two questionnaires STEU/Ng and STEM/Ng. There will be some take home work that will only take a few minutes each day.
- After the final seminar, you will be asked to take home an evaluation sheet the two questionnaires STEU/Ng and STEM/Ng to fill out and return within two weeks.

What happens to the information collected?

- Information collected will be strictly confidential.
- To protect the anonymity of participants a code will be ascribed to each participant to minimise the risk of identification.
- Data collected will be stored securely in the University School of Nursing and Midwifery for five years. No identifying information will be used.
- The protocol adopted by the University of Notre Dame Australia Human Research Ethics Committee for the protection of privacy will be adhered to and relevant sections of the Privacy act are available at http://www.nhmrc.gov.au/
- Only Laurel Collin and her research supervisor Dr Carol Piercey will have access to stored information.

Do I have to give consent?

Before the first questionnaire I will ask you to sign a consent form.

I thank you sincerely for your consideration and hope you will agree to participate in this research project.

Yours sincerely

Laurel Collin
Appendix 4

Consent Form
Title: The enhancement of emotional intelligence in student nurses: a mixed methods pilot study

I, (participant's name) ______________________ hereby agree to being a participant in the above research project.

- I have read and understood the Information Sheet about this project and any questions have been answered to my satisfaction.

- I understand that I may withdraw from participating in the project at any time without prejudice.

- I understand that all information gathered by the researcher will be treated as strictly confidential, except in instances of legal requirements such as court subpoenas, freedom of information requests, or mandated reporting by some professionals.

- I understand that the protocol adopted by the University of Notre Dame Australia Human Research Ethics Committee for the protection of privacy will be adhered to and relevant sections of the Privacy Act are available at http://www.nhmrc.gov.au/

- I agree that any research data gathered for the study may be published provided my name or other identifying information is not disclosed.

- I understand that focus group participants will be audio-taped

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</tr>
</tbody>
</table>

If participants have any complaint regarding the manner in which a research project is conducted, it should be directed to the Executive Officer of the Human Research Ethics Committee, Research Office, The University of Notre Dame Australia, PO Box 1225 Fremantle WA 6959, phone (08) 9433 0943, email research@nd.edu.au
Appendix 5

Banked Questions from the Original STEU and STEM
1a: step 1 Banked questions for original STEU and STEM

*Banked STEU Qs (42 Qs possible)*

STEU banked questions

1. Responses have been removed  
2. Sorted under university, practicum, home life  
3. Number indicates original Q number  
4. Anticipate changing names later  
5. To what extend can I change original questions and still keep them valid?  
6. Have not used the Qs that have sentences for answers rather than emotions as difficult to give to panel of experts. Qs 5, 10, 19, 20,29, 41  
7. Red indicates changed to reflect nursing  
8. Blue indicates not appropriate to use or change

**UNIVERSITY/STUDY**

24. By their own actions, a person reaches a goal they wanted to reach

**PRACTICUM**

2. Xavier (Grace) completes a difficult task on time *(and under budget removed)*

6. Edna's workmate organizes a goodbye party for Edna, who is going on holidays.

8. If the current situation continues, Denise's employer will probably be able to *move her to her to another ward*

11. Leya works as a trouble-shooter. She is presented with a standard looking problem but cannot work out how to solve it.

13. Rashid (James) needs to meet a quota before his performance review. There is only a small change that he will be able to do so and there isn't much he can do to improve the outcome.

15. Phil's workmate Bart asks Phil to lie for him about hospital supplies Bart has been stealing. Phil does not agree

18. Sheila's workmate intentionally does not give Sheila some important information about applying for a *(promotion)*

21. Garry's small business is attracting less and less clients and he can't tell why. There doesn't seem to be anything he can do to help matters

23. Kevin has been working at his current job for a few years. Out of the blue, he finds that he will receive a promotion

25. An unwanted situation becomes less likely or stops altogether

33. A *(clinical)* supervisor who is unpleasant to work for leaves Alfonso's work.
34. The nature of Sara's job changes due to unpredictable factors and she no longer gets to do the portions of her work that she most enjoyed.

38. The new manager at Enid's work changes everyone's hours to a less flexible work pattern, leaving no room for discussion.

HOME-LIFE

1. A pleasant experience ceases unexpectedly and there is not much that can be done about it.

3. An irritating neighbour of Eve's moves to another state.

4. There is great weather on the day Jill is going on an out-door picnic.

7. Something unpleasant is happening. Neither the person involved, nor anyone else can make it stop.

9. Song (Mary) finds out that a friend of hers has borrowed money from others to pay urgent bills, but has in fact used the money for less serious purposes.

12. Charles is meeting a friend to see a movie. The friend is very late and they are not in time to make it to the movie.

14. Someone believes that another person harmed them on purpose. There is not a lot that can be done to make things better.

16. Jim enjoys spending Saturdays playing with his children in the park. This year they have sporting activities on Saturdays and cannot go to the park with him anymore.

17. If all goes well, then it's fairly likely that Derek's house will increase in value.

22. Someone thinks that another person has deliberately caused something good to happen to them.

26. Hasad (Tom) tries to use his new mobile phone. He has always been able to work out how to use different appliances, but he cannot get the phone to function.

27. Dorian's friend is ill and coughs all over him without bothering to turn away or cover his mouth.

28. Although she has been careful to avoid all risk factors, Tina has contracted cancer. There is only a small chance that the cancer will be benign and nothing Tina does now can make a difference.

30. An upcoming event might have bad consequences. Nothing much can be done to alter this.

31. It is clear that somebody will get what they want.

32. By chance, a situation arises where there is the possibility that a person will get what they want.

35. Leila has been unable to sleep well lately and there are no changes in her life that might indicate why.

36. A person feels they have control over a situation. The situation turns out badly for no particular reason.
37. Someone believes another person has deliberately caused something good to stop happening to them. However, they feel they can do something about it.

39. Someone believes that another person has caused harm to them, due to that person's bad character. They think they can probably handle the situation though.

40. Pete gets home late, after his favourite TV show has ended. Pete's partner has taped the show for him.

42. Penny's hockey team trained hard and won the championship

_Banked STEM Q5_

9. Responses have been removed
10. Sorted under university, practicum, home life
11. Number indicates original Q number
12. Anticipate changing names later
13. To what extend can I change original questions and still keep them valid?
14. Have not used the Qs that have sentences for answers rather than emotions as difficult to give to panel of experts. Qs 5, 10, 19, 20,29, 41
15. _Red_ indicates changed to reflect nursing
16. _Green_ indicates topic came up in student interviews/ focus groups
17. _Blue_ indicates not appropriate to use or change

_University/ Study_

10. Daria is nervous about presenting her work to a group of _seniors (students)_ who might not understand it, as they don't know much about her _area (topic)_.

12. Helga's team has been performing very well. They receive _poor-quality work_ from another team that they must incorporate into their own project.

16. Max prides himself on his work being of the highest quality. _On a joint project_, other people do a lousy job, assuming that Max will fix their mistakes

21. Upon entering full-time study, Vincent cannot afford the _time_ or money he used to spend on water-polo training, which he was quite good at. Although he enjoys full-time study, he misses training

23. Greg has just gone back to university after a lapse of several years. He is surrounded by younger students who seem very confident about their ability and he is _unsure_ whether he can compete with them

38. Hannah's access to essential _resources (Library/email)_ has been delayed and her work is way behind schedule. Her progress report makes no mention of the lack of resources.

42. Jumah has been working at a new job part-time while he studies. His shift times for the week are changed at the last minute, without consulting him

_Practicum_

1. Lee's workmate fails to deliver an important piece of information on time, causing Lee to fall behind schedule also.
3. Pete has specific skills that his workmates do not and he feels that his workload is higher because of it.

4. Mario is showing Min, a new employee, how the system works. Mario’s boss walks by and announces Mario is wrong about several points, as changes have been made. Mario gets on well with his boss, although they don’t normally have much to do with each other.

5. Wai-Hin (Sarah) and Connie have shared an office for years but Wai-Hin gets a new job and Connie loses contact with her.

6. Martina is accepted for a highly sought after contract, but has to fly to the location. Martina has a phobia of flying.

7. Manual is only a few years from retirement when he finds out his position will no longer exist, although he will still have a job with a less prestigious role.

8. Alan helps Trudy, a peer he works with occasionally, with a difficult task. Trudy complains that Alan’s work isn’t very good, and Alan responds that Trudy should be grateful he is doing her a favour. They argue.

9. Surbhi (Ben) starts a new job where he doesn’t know anyone and finds that no one is particularly friendly.

17. Daniel has been accepted for a prestigious position in a different country from his family, who he is close to. He and his wife decide it is worth relocating.

18. A junior employee making routine adjustments to some of Teo’s equipment accuses Teo of causing the equipment malfunction.

20. The woman who relieves Celia at the end of her shift is twenty minutes late without excuse or apology.

27. Joel has always dealt with one particular client but on a very complex job his boss gives the task to a co-worker instead. Joel wonders whether his boss thinks he can’t handle the important jobs.

31. Juno is fairly sure his company is going down and his job is under threat. It is a large company and nothing official has been said.

32. Mallory moves from a small company to a very large one, where there is little personal contact, which she misses.

33. A demanding (patient) client takes up a lot of Jill’s time and then asks to speak to Jill’s boss (mentor) about her performance. Although Jill’s boss assures her that her performance is fine, Jill feels upset.

34. Blair and Flynn usually go to a cafe after the working week and chat about what’s going on in the (ward) company. After Blair’s job is moved to a different section in the (hospital) company, he stops coming to the cafe. Flynn misses these Friday talks.

39. Jill is given an official warning for entering a restricted area. She was never informed that the area was restricted and will lose her job if she gets two more warnings, which she thinks is unfair.
40. Alana has been acting in a high-ranking role for several months. A decision is made that only long-term employees can now act in these roles, and Alana has not been with the company long enough to do so.

Home-life

2. Rhea has left her job to be a full-time mother, which she loves, but she misses the company and companionship of her workmates.

11. Andre moves away from the city his friends and family are in. He finds his friends make less effort to keep in contact than he thought they would.

13. Clayton has been overseas for a long time and returns to visit his family. So much has changed that Clayton feels left out.

14. Katerina takes a long time to set the DVD timer. With the family watching, her sister says “You idiot, you’re doing it all wrong, can’t you work the video?” Katerina is quite close to her sister and family.

15. Benjiro’s parents are in their late 80s and living interstate in a house by themselves. He is worried that they need some help but they angrily deny it any time he brings up the subject.

19. Mei Ling answers the phone and hears that close relatives are in hospital critically ill.

22. Evan’s housemate cooked food late at night and left a huge mess in the kitchen that Evan discovered at breakfast.

24. Gloria’s housemates never buy essential non-food items when they are running low, relying on Gloria to buy them, which she resents. They know each other reasonably well, but have not yet discussed financial issues.

25. Shona has not spoken to her nephew for months, whereas when he was younger they were very close. She rings him but he can only talk for five minutes.

26. Moshe finds out that some members of his social sports team have been saying that he is not a very good player.

28. Hasina is overseas when she finds out that her father has passed away from an illness he has had for years.

29. Mina and her sister-in-law normally get along quite well, and the sister-in-law regularly baby-sits for her for a small fee. Lately she has also been cleaning away cobwebs, commenting on the mess, which Mina finds insulting.

30. Billy is nervous about acting a scene when there are a lot of very experienced actors in the crowd.

35. Jerry has had several short-term jobs in the same (hospital) industry, but is excited about starting a job in a different (hospital) industry. His father casually remarks that he will probably last six months.
36. Michelle’s friend Dara is moving overseas to live with her partner. They have been good friends for many years and Dara is unlikely to come back.

37. Dorian needs to have some prostate surgery and is quite scared about the process. He has heard that it is quite painful.

41. Reece’s friend points out that her young children seem to be developing more quickly than Reece’s. Reece sees that this is true.

43. Jacob is having a large family gathering to celebrate him moving into his new home. He wants the day to go smoothly and is a little nervous about it.

44. Julie hasn’t seen Ka for ages and looks forward to their weekend trip away. However, Ka has changed a lot and Julie finds that she is no longer an inter
Appendix 6

Recruitment Statement: Student Recruitment
Wednesday 28th August 2013 student recruitment
Staff member will introduce researcher and why she has come.
Researcher will re-introduce herself and say Thank You X for giving me this opportunity to address the students

I am a research student at UNDA doing my PHD. The title of my research is the enhancement of EI in student nurses; an exploratory study. I thank you for your attention and today I want to tell you about my research with the aim of inspiring you to be a part of it. I have some forms I will distribute that tell you the purpose of the research and what your involvement would consist of.

The rational for my study is that;

Nursing is acknowledged to be a stressful occupation as due to the chaotic nature of the work, maintaining relationships with patients and colleagues that can be negative at times. Nursing also involves emotional labour which is supressing our own emotions to deal with that of others.

Some students have difficulty coping in stressful working environments. Statistics show us the drop our rate of 20% at university and into the graduate year to be high as well.

Students need a range of strategies to cope and manage their clinical environment.

An ability to monitor and regulate emotions may help students to cope better

This concept is called Emotional intelligence (EI)

Before being able to put into place a teaching intervention to aid in the development of EI a tool to measure the effectiveness of the intervention needs to be established first

Looking through the literature there wasn’t a tool that reflected nursing and the framework of EI that the teaching intervention is based upon. An Australian too was found that was close.

So, the initial part of my research will be to modify this tool to reflect the lived experience of student nurses.

Participation from you would involve being part of some small groups of 3-5 students who describe realistic critical incidents they have experienced or witnessed whilst on practicum. It is anticipated this will take around 1 hour.

The information will be recorded then transcribed so the scenarios used in the modified tool reflect student nurses. The information will remain confidential and be locked away.

My contact details are on the forms. Please do not hesitate to contact me for more information.

I will be here the same time next week to collect consent forms or you can email me if you are interested.

For Broome students, I will come up to Broome during week 8 Monday to Wednesday to conduct focus groups there. So please send me an email if you are interested so I can seek you out when I arrive.

Thank you for your time and all the best to you all. Thankyou X for giving me this opportunity to address the students
Appendix 7

Questioning Pathway for Focus Groups
<table>
<thead>
<tr>
<th>Opening</th>
<th>Introduction</th>
<th>transition</th>
<th>Key Questions</th>
<th>Ending Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>informal</td>
<td>5 min</td>
<td>10 min</td>
<td>10-20 mins per Q</td>
<td>objectives</td>
</tr>
<tr>
<td>not recorded</td>
<td>not recorded</td>
<td></td>
<td>recorded</td>
<td>objectives</td>
</tr>
<tr>
<td>objectives</td>
<td>Objectives</td>
<td>objectives</td>
<td>objectives</td>
<td>objectives</td>
</tr>
<tr>
<td>Introduce individuals</td>
<td>Check emotional language</td>
<td>become aware of how others</td>
<td>drive the study</td>
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<tr>
<td>got all talking</td>
<td>incorporate emotions into</td>
<td>view topic</td>
<td>reflection</td>
<td></td>
</tr>
<tr>
<td>Establish common purpose</td>
<td>understand issues</td>
<td>questions</td>
<td>questions</td>
<td></td>
</tr>
<tr>
<td>Activity/question</td>
<td>Activity/questions</td>
<td>Q: Think back to prac;</td>
<td>Q: Think back to prac;</td>
<td></td>
</tr>
<tr>
<td>Fill in name tag with preferred name</td>
<td>Give each a list of emotions-faces identify which they use/feel open Qs</td>
<td>What was your clearest memory/feeling</td>
<td>Q: Think back to University considered</td>
<td></td>
</tr>
<tr>
<td>Q: introduce self</td>
<td>Q: First thing that comes to mind when I say....</td>
<td>Q: What was your clearest memory/feeling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q: where have had prac.</td>
<td>Q: feelings when I say....</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Q: think about home life</td>
<td>Summary Q</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. Times you felt....</td>
<td>1. what was going on...</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. who was involved...</td>
<td>3. who was involved...</td>
<td></td>
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<td></td>
<td></td>
<td>looks at domains to promt</td>
<td>looks at domains to promt</td>
<td></td>
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<td></td>
<td></td>
<td>1. ethics scope law</td>
<td>1. ethics scope law</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Evidence based nursing best practice patient desires</td>
<td>scope resources</td>
<td></td>
</tr>
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<td></td>
<td></td>
<td>Final Q</td>
<td>insurance Q</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Give short overview of purpose</td>
<td>Q: Have we missed anything?</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 8

Lists of Emotional Understanding and Emotional Management Scenarios from the Focus Groups
## Emotional Understanding Practicum

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Question</th>
</tr>
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<tbody>
<tr>
<td>You feel you mentor doesn’t have the patients’ well-being at the centre of their actions.</td>
<td>How do you feel?</td>
</tr>
<tr>
<td>You arrive on a new ward and are unsure of what the staff want you to do.</td>
<td>How do you feel?</td>
</tr>
<tr>
<td>A mentor talks about a patient in their hearing.</td>
<td>How do you feel?</td>
</tr>
<tr>
<td>Your mentor has told you are doing a good job.</td>
<td>How do you feel?</td>
</tr>
<tr>
<td>Your mentor for the day says she doesn’t want a student and walks away from you.</td>
<td>How do you feel?</td>
</tr>
<tr>
<td>You are on the ward and because you are a student nobody is interested in your opinion.</td>
<td>How do you feel?</td>
</tr>
<tr>
<td>You have just started prac and get to spend time with a patient practising skills.</td>
<td>How do you feel?</td>
</tr>
<tr>
<td>The staff gives you lots of work to do but spend no time talking to you and teaching.</td>
<td>How do you feel?</td>
</tr>
<tr>
<td>You have been doing a procedure, then half way through prac you are told it is outside your scope.</td>
<td>How do you feel?</td>
</tr>
<tr>
<td>You have made a request from staff who interprets that as disrespectful.</td>
<td>How do you feel?</td>
</tr>
<tr>
<td>Your rent is due and you have no money and you can’t go to work as you are on clinical practicum.</td>
<td>How do you feel?</td>
</tr>
<tr>
<td>You give some confidential information to your clinical supervisor then you find she has told the staff on the ward.</td>
<td>How do you feel?</td>
</tr>
<tr>
<td>Your mentor and clinical supervisor have the power to fail you on prac.</td>
<td>How do you feel?</td>
</tr>
<tr>
<td>Your mentor insists you do a skill that is outside your scope of practise.</td>
<td>How do you feel?</td>
</tr>
<tr>
<td>You have a new mentor for the day and she has different expectations of you.</td>
<td>How do you feel?</td>
</tr>
<tr>
<td>Your mentor is impatient and says you take too long.</td>
<td>How do you feel?</td>
</tr>
<tr>
<td>Scenario</td>
<td>Question</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Your mentor is anxious about her daughter at home and spends the shift</td>
<td>How do you feel?</td>
</tr>
<tr>
<td>angry with you.</td>
<td></td>
</tr>
<tr>
<td>You have to work hard to be accepted onto your new ward.</td>
<td>How do you feel?</td>
</tr>
<tr>
<td>You feel your mentor doesn’t like you.</td>
<td>How do you feel?</td>
</tr>
<tr>
<td>A patient requests to have you.</td>
<td>How do you feel?</td>
</tr>
<tr>
<td>You mentor shows confidence in you and stands back to watch you.</td>
<td>How do you feel?</td>
</tr>
<tr>
<td>You start on a new ward and have no input into your roster.</td>
<td>How do you feel?</td>
</tr>
<tr>
<td>You have to go to prac which is a long way from where you live.</td>
<td>How do you feel?</td>
</tr>
</tbody>
</table>

**Emotional Understanding University**

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>You are having trouble with an assignment, knowing the university has</td>
<td>How do you feel about approaching the lecturer?</td>
</tr>
<tr>
<td>an open-door policy.</td>
<td></td>
</tr>
<tr>
<td>You have handed in your first assignment for the semester.</td>
<td>How do you feel?</td>
</tr>
<tr>
<td>You have passed all your units and will be starting clinical practicum</td>
<td>How do you feel?</td>
</tr>
<tr>
<td>in four weeks.</td>
<td></td>
</tr>
<tr>
<td>You start University and do not know anyone. How do you feel?</td>
<td></td>
</tr>
<tr>
<td>You ask you tutor for assistance and she says she doesn’t know what to</td>
<td>How do you feel?</td>
</tr>
<tr>
<td>do either.</td>
<td></td>
</tr>
<tr>
<td>You have passed all your exams.</td>
<td>How do you feel?</td>
</tr>
<tr>
<td>You have a large amount of research and study to complete.</td>
<td>How do you feel?</td>
</tr>
<tr>
<td>You have worked hard and achieved a commendation from the University.</td>
<td>How do you feel?</td>
</tr>
<tr>
<td>You are going on clinical practicum to a ward you consider you have not</td>
<td>How do you feel?</td>
</tr>
<tr>
<td>been prepared for.</td>
<td></td>
</tr>
<tr>
<td>You’re placed into a group of 6 people for an assignment with people of</td>
<td>How do you feel?</td>
</tr>
<tr>
<td>different ages.</td>
<td></td>
</tr>
<tr>
<td>You look at the requirements to pass the semester and see there is more</td>
<td>How do you feel?</td>
</tr>
<tr>
<td>than you anticipated.</td>
<td></td>
</tr>
<tr>
<td>You have completed a group assignment and are waiting for your result.</td>
<td>How do you feel?</td>
</tr>
<tr>
<td>You approach a lecturer and find it easy to have a conversation.</td>
<td>How do you feel?</td>
</tr>
<tr>
<td>Question</td>
<td>Response</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>You have changed your shift at work to meet with the people in your group assignment and they don’t make it to the meeting. How do you feel?</td>
<td></td>
</tr>
<tr>
<td>You ask a question and the lecturer gives an unrelated response. How do you feel?</td>
<td></td>
</tr>
<tr>
<td>The lecturer is disorganised. How do you feel?</td>
<td></td>
</tr>
<tr>
<td>You have to meet with others in your assignment group but your schedules do not seem to allow it. How do you feel?</td>
<td></td>
</tr>
<tr>
<td>The lecturer always points out negative student behaviour, never positive behaviour. How do you feel?</td>
<td></td>
</tr>
<tr>
<td>During your group assignment, some people put in little effort, but you all received the same mark. How do you feel?</td>
<td></td>
</tr>
</tbody>
</table>

**Emotional Understanding Home-Life**

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>You need to work 20hrs a week to pay for rent and food and study. How do you feel?</td>
<td></td>
</tr>
<tr>
<td>Your family understands of the demand on your time required at University. How do you feel?</td>
<td></td>
</tr>
<tr>
<td>You find you are reading the newspaper with more insight since going to University. How do you feel?</td>
<td></td>
</tr>
<tr>
<td>You have an assignment due and your family want your attention. How do you feel?</td>
<td></td>
</tr>
<tr>
<td>You find you have let important friendships lapse. How do you feel?</td>
<td></td>
</tr>
<tr>
<td>You have to work late at night to finish an assignment as you spent time during the day with your family. How do you feel?</td>
<td></td>
</tr>
<tr>
<td>You do an assignment instead of going to a family event. How do you feel?</td>
<td></td>
</tr>
<tr>
<td>You haven’t seen your best friend for 8 weeks. How do you feel?</td>
<td></td>
</tr>
<tr>
<td>You don’t have enough money to go out. How do you feel?</td>
<td></td>
</tr>
<tr>
<td>Your friends do not understand the demands of studying nursing. How do you feel?</td>
<td></td>
</tr>
</tbody>
</table>

**Emotional Management practicum**

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>While bathing a patient your mentor discloses personal information about the patient. What would you do?</td>
<td></td>
</tr>
<tr>
<td>Your mentor doesn’t understand your scope of practise and insists on you doing a procedure. What do you do?</td>
<td></td>
</tr>
<tr>
<td>Your mentor’s actions put a patient at risk. What do you do?</td>
<td></td>
</tr>
<tr>
<td>A friend from school is one of your patients. What do you do?</td>
<td></td>
</tr>
<tr>
<td>Scenario</td>
<td>Action</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Your mentor for the day says she doesn’t want a student and walks away from you. What do you do?</td>
<td></td>
</tr>
<tr>
<td>There is an in service on bathing pressure care, all the staff go and leave the students on the ward. What do you do?</td>
<td></td>
</tr>
<tr>
<td>A patient tells you she would like her treatment changed. You mentor is not interested in this information. What do you do?</td>
<td></td>
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<tr>
<td>You hear a staff member speaking unkindly to a patient. What do you do?</td>
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<tr>
<td>You check scope with clinical supervisor who gives incorrect advice leading to failing clinical practicum. What do you do?</td>
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<tr>
<td>The staffs on the ward do not get on and have little time for students due to stress. What do you do?</td>
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<tr>
<td>You are unhappy on a ward but feel if you criticise the ward to your mentor you may not be passed. What do you do?</td>
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<tr>
<td>On prac you find you are given a different mentor each day. What do you do?</td>
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<tr>
<td>You mentor has said something to the rest of the staff that a negative impression of you. What do you do?</td>
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<tr>
<td>Your mentor is impatient and says you take too long. What do you do?</td>
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<tr>
<td>Your mentor insists that you work outside your scope to pass and prove you are a good student. What do you do?</td>
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<tr>
<td>Your mentor is stressed because of problems at home. She gets angry with you and you fear she may not pass you. What do you do?</td>
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<tr>
<td>You have a mentor who is unsure of her role. What do you do?</td>
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<tr>
<td>You are not sure how the staffs on the ward view you. What do you do?</td>
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<tr>
<td>You feel a nurse on the ward is looking for mistakes in your work. What do you do?</td>
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<tr>
<td>On prac your mentor keeps changing and each one has different expectations in regards to your scope of practise. What do you do?</td>
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<tr>
<td>You start a new prac and you have no input into the roster however, you also have to go to work after prac. What do you do?</td>
<td></td>
</tr>
<tr>
<td>The nurses on the ward appear to be bossing you around all the time. What do you do?</td>
<td></td>
</tr>
</tbody>
</table>
### Emotional Management University

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>You hear that another class in the same subject had different information delivered in their tutorial. What do you do?</td>
<td></td>
</tr>
<tr>
<td>You have four assignments to do and are finding it hard to get started. What do you do?</td>
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<tr>
<td>You start at University and do not know anyone. What do you do?</td>
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<tr>
<td>You have a tutor who you feel doesn’t know the topic. What do you do?</td>
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<tr>
<td>You have a problem with your assignment, when you approach the lecturer they tell you to work it out yourself. What do you do?</td>
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<tr>
<td>You ask you tutor for assistance and she says she doesn’t know what to do either. What do you do?</td>
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<tr>
<td>You have a large amount of course work. What do you do?</td>
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<tr>
<td>You have been given an assignment and the instructions are unclear to you. What do you do?</td>
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</tr>
<tr>
<td>You are doing a group assignment and a member suggests using some new software. What do you do?</td>
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<tr>
<td>You don’t agree with your tutor but are afraid to speak up in case you are failed. What do you do?</td>
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<tr>
<td>In a prac lab you feel you are being marked to a different standard than other students. What do you do?</td>
<td></td>
</tr>
<tr>
<td>You’re placed in a group of 6 people for an assignment and everyone has a different idea on how to approach the assignment. What do you do?</td>
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<tr>
<td>You feel group work creates uncertainty about the outcome. What do you do?</td>
<td></td>
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<tr>
<td>You feel you are putting too much pressure on yourself to perform. What do you do?</td>
<td></td>
</tr>
<tr>
<td>You feel nursing is too hard for you. What do you do?</td>
<td></td>
</tr>
<tr>
<td>You have an assignment due and already feel exhausted. What do you do?</td>
<td></td>
</tr>
<tr>
<td>You ask a question and the lecturer gives an unrelated response. What do you do?</td>
<td></td>
</tr>
<tr>
<td>You have to meet with others in your assignment group but your schedules do not seem to allow it. What do you do?</td>
<td></td>
</tr>
<tr>
<td>Scenario</td>
<td>Decision</td>
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<tr>
<td>------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
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<tr>
<td>You are working and studying, and then a family member gets sick and</td>
<td>care for them. What do you do?</td>
</tr>
<tr>
<td>needs you to care for them.</td>
<td></td>
</tr>
<tr>
<td>You have the opportunity to do extra work that will help pay the rent,</td>
<td>however you have a midterm exam in two days. What would you do?</td>
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<tr>
<td>however you have a midterm exam in two days. What would you do?</td>
<td></td>
</tr>
<tr>
<td>There is a family celebration, but you have an early shift the morning.</td>
<td>What would you do?</td>
</tr>
<tr>
<td>Your friends want to go out but you have study to do? What do you do?</td>
<td></td>
</tr>
<tr>
<td>You are feeling in a negative mood but have a lot of studies to do.</td>
<td>What do you do?</td>
</tr>
<tr>
<td>You know if you get stressed at University you will take that stress</td>
<td>What do you do?</td>
</tr>
<tr>
<td>home.</td>
<td></td>
</tr>
<tr>
<td>You have a family birthday and an assignment due. What do you do?</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 9

SMEs Recruitment for Content Validity of Scenarios
Expert university staff receive the same information as below but emailed to staff by research supervisor then followed up by the researcher in person.

Preamble: I am a research student at UNDA doing my PHD. The title of my research is the enhancement of EI in student nurses; an exploratory study. I thank you for your attention and today I want to tell you about my research with the aim of inspiring you to be a part of it. I have some forms I will distribute that tell you the purpose of the research and what your involvement would consist of. The rational for my study is that;

- Nursing is acknowledged to be a stressful occupation as due to the chaotic nature of the work, maintaining relationships with patients and colleagues that can be negative at times. Nursing also involves emotional labour which is suppressing our own emotions to deal with that of others.
- Some students have difficulty coping in stressful working environments. Statistics show us the drop our rate of 20% at university and into the graduate year to be high as well.
- Students need a range of strategies to cope and manage their clinical environment.
- An ability to monitor and regulate emotions may help students to cope better
- This concept is called Emotional Intelligence (EI)
- Before being able to put into place a teaching intervention to aid in the development of EI a tool to measure the effectiveness of the intervention needs to be established first
- Looking through the literature there wasn’t a tool that reflected nursing and the framework of EI that the teaching intervention is based upon. An Australian tool was found that was close.
- The initial part of my research will be to modify this tool to reflect the lived experience of student nurses. There are three times within this process that I will ask for your expert opinion.

Times 1: So far, I have had student focus groups to gain their words that reflect their nursing experience and critical incidents that have happened.

The aim of your involvement is;
Determine the validity of student reports of critical incidents.

What will participation in this involve?
Reading scenarios from student focus groups which reflect their first semester practicum
Reflect on these scenarios and grade them on a scale of 1-4 one being not relevant and 4 being highly relevant.
It is anticipated this will take 1.5 hours

Times 2: Then later (6 months) after I then give these validated scenarios to students to write what would they do and what should they do in these critical incidents

The aim of your involvement is:
To determine the validity of student responses to scenarios which depict university, home and/or clinical practice.

What will participation in this involve?
- Reading scenarios and possible responses created by students which reflect their experiences.
- Rank the responses to the scenarios from not relevant to highly relevant.
- It is anticipated this will take 1.5 hours

Times 3: The later (6 months) after the scenarios and responses are selected and the new tool is created,

The aim of your involvement is:
To determine the validity and reliability of new instruments for testing the emotional intelligence of student nurses.
The information will remain confidential and be locked away.
My contact details are on the forms. Please do not hesitate to contact me for more information.
Appendix 10

Content Validity Tool for Subject Matter Experts (SMEs)
Content validity instructions

In this section, you are asked to look at the scenarios and decide if you think they seem relevant to undergraduate student nurses and if they belong together.

Read all scenarios/questions first. After you finish reading the scenarios, answer question (a) at the top of the response sheet – either YES or NO. Then answer question (b) for each scenario. Answer by circling the response you choose under question (b) – Using the four-point scale. Please add any relevant comments you wish to explain your answers.

Thank you for your assistance,

Laurel Collin

RESPONSE SHEET: CONTENT VALIDITY

Label: The development of two instruments to measure the emotional intelligence of student nurses

Definition: These scenarios/questions aim to reflect the Clinical Practicum of the student.

(a) In general, do the scenarios/questions fit?
Answer once for the whole survey by circling either YES or NO on next line.

YES
NO

(b) Does each question fit the label and definition? Please circle a number 1-4.
Where 1 = irrelevant, 2 = a little relevant, 3 = quite relevant, 4 = very relevant

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>You feel you mentor doesn’t have the patient’s well-being at the centre of their actions. How do you feel?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Comment</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2</td>
<td>You arrive on a new ward and are unsure of what the staff want you to do. How do you feel?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Comment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>A mentor talks about a patient in their hearing. How do you feel?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Comment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>You mentor has told you are doing a good job. How do you feel?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Comment</td>
<td></td>
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</tbody>
</table>
Appendix 11

Pathway for Banked STEU Scenarios to Modified STEU Scenarios
<table>
<thead>
<tr>
<th></th>
<th>1. A pleasant experience ceases unexpectedly and there is not much that can be done about it.</th>
<th>Kept as many scenarios from focus group reflect going from position of all OK to not OK. E.g. go to prac and nobody wants you, helps you etc.</th>
<th>A pleasant experience ceases unexpectedly and there is not much that can be done about it.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>3. An irritating neighbour of Eve's moves to another state. Came up on prac and at university.</td>
<td>An irritating student in Eve’s tutorial moves to another tutorial.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>4. There is great weather on the day Jill is going on an out-door picnic. What they did with family.</td>
<td>There is great weather on the day Jill is going on an out-door picnic.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>New question as old questions identifying regret were complex questions. The topic of fear of failing prac due to working outside scope of practice was frequently referred to.</td>
<td>You fail practicum because you did not realise your actions were outside your scope of practice.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>6. Edna’s workmate organizes a goodbye party for Edna, who is going on holidays. Staff on prac expressed thanks to students. Special morning or afternoon tea on last day.</td>
<td>Edna's workmate organizes a goodbye party for Edna, who is going on holidays.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>7. Something unpleasant is happening. Neither the person involved, nor anyone else can make it stop. How the students often felt on prac or at university with group work.</td>
<td>Something unpleasant is happening. Neither the person involved, nor anyone else can make it stop.</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>11. Leya works as a <strong>trouble-shooter</strong>. She is presented with a <strong>standard</strong> looking problem but cannot work out how to solve it.</td>
<td>How they feel at university sometimes with course work.</td>
<td>You are presented with a simple problem but cannot work out how to solve it.</td>
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<tr>
<td>8</td>
<td>12. Charles is meeting a friend to see a <strong>movie</strong>. The friend is very late and they are not in time to <strong>make it to the movie</strong>.</td>
<td>A frequent critical incident was the inability of groups to get together and having to wait or have others not turn up</td>
<td>You are meeting with other students to complete a group assignment. The other students are very late and as a result the assignment is not completed.</td>
</tr>
<tr>
<td>9</td>
<td>13. Rashid needs to meet a <strong>quota before his performance review</strong>. There is only a small chance that he will be able to do so and there isn’t much he can do to improve the outcome.</td>
<td>Do to the nature of the nature of study block, the students feel there is not enough time to do justice to all assignments and course material.</td>
<td>You have a large amount of research to do to complete an assignment. There is only a small chance you will finish and get a good mark.</td>
</tr>
<tr>
<td>10</td>
<td>14. Someone believes that another person <strong>harmed them on purpose</strong>. There is not a lot that can be done to make things better.</td>
<td>Frequent topic; other students have an influence on your marks in group projects which leave student feeling helpless at times.</td>
<td>Sally believes another student has caused her to get a poor grade. There is not a lot that can be done to make things better.</td>
</tr>
<tr>
<td>11</td>
<td>New question as old questions identifying regret were complex questions</td>
<td>Needed to insert regret as correct response so used this incident.</td>
<td>You have yet to apply for an overseas practicum you want to do and now all the places are taken</td>
</tr>
<tr>
<td>12</td>
<td>New question as old questions identifying surprise were complex questions</td>
<td>Needed to insert surprised as correct response so used this incident.</td>
<td>You have had no time to study for a test and anticipate failure. The results come back and you have passed.</td>
</tr>
<tr>
<td>13</td>
<td>22. Someone thinks that another person has deliberately caused something good to happen to them</td>
<td>Mentors and clinical facilitators making big efforts to ensure practicum experience more than student hope it could be</td>
<td>Mary thinks another person has deliberately caused something good to happen to her.</td>
</tr>
<tr>
<td>14</td>
<td>23. Kevin has been working at his current job for a few years. Out of the blue, he finds that he will receive a promotion</td>
<td>You have just completed your first semester at university. Unexpectedly you receive a letter of commendation.</td>
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<tr>
<td>15</td>
<td>24. By their own actions, a person reaches a goal they wanted to reach</td>
<td>Students feel good about themselves when others praise their efforts</td>
<td>On practicum, the other nurses tell you that you are doing a good job.</td>
</tr>
<tr>
<td>16</td>
<td>25. An unwanted situation becomes less likely or stops altogether</td>
<td>E.g. On prac situations arise where the student is with a mentor they are not comfortable with and then mentors are changed</td>
<td>An unwanted situation becomes less likely or stops</td>
</tr>
<tr>
<td>17</td>
<td>27. Dorian's friend is ill and coughs all over him without bothering to turn away or cover his mouth</td>
<td>Other students have no insight into how their actions affect others</td>
<td>Dorian's friend is ill and coughs all over him without bothering to turn away or cover his mouth.</td>
</tr>
<tr>
<td>18</td>
<td>28. Although she has been careful to avoid all risk factors, Tina has contracted cancer. There is only a small chance that the cancer will be benign and nothing Tina does now can make a difference.</td>
<td>Students get quite fearful of not completing hours and failing prac due to days off.</td>
<td>Although she has been careful to avoid all risks factors, Tina has become ill. There is only a small chance she will be able to complete practicum and nothing Tina does now can make a difference.</td>
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<tr>
<td>19</td>
<td>30. An upcoming event might have bad consequences. Nothing much can be done to alter this.</td>
<td>There is always a fear of being placed with a mentor who does not like students</td>
<td>On practicum, you find the staff do not enjoy mentoring students, which you consider may lead to failing practicum. Nothing much can be done to alter this</td>
</tr>
<tr>
<td>20</td>
<td>32. By chance, a situation arises where there is the possibility that a person will get what they want</td>
<td>Being given a prac at the site you want to go</td>
<td>By chance a situation arises where there is the possibility that a person will get what they want.</td>
</tr>
<tr>
<td>21</td>
<td>33. A supervisor who is unpleasant to work for leaves Alfonso's work.</td>
<td>A mentor whose unpleasant to work with leaves Ann's ward.</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>35. Leila has been unable to sleep well lately and there are no changes in her life that might indicate why.</td>
<td>Students say they have so much to do and just can't get motivated to get it all done.</td>
<td>Leila has been unable to study effectively lately and there are no changes in her life that might indicate why.</td>
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<tr>
<td></td>
<td>23</td>
<td>36. A person feels they have control over a situation. The situation turns out badly for no particular reason</td>
<td>Students feel prac is going well and have been given no indications that that is not how the mentor or clinical facilitator sees it.</td>
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<td></td>
<td>24</td>
<td>37. someone believes another person has deliberately caused something good to stop happening to them. However, they feel they can do something good about it.</td>
<td>Students feel they are doing well on practicum or in a unit but the mentor or clinical facilitator give different feedback to them.</td>
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<td></td>
<td>25</td>
<td>40. Pete gets home late, after his favourite TV show has ended. Pete's partner has taped the show for him.</td>
<td>Students are grateful when their friend understand that shift impact on our home life and friendships.</td>
</tr>
<tr>
<td></td>
<td>26</td>
<td>42. Penny's hockey team trained hard and won the championship</td>
<td>Students are proud when they work hard and receive the commensurate results</td>
</tr>
<tr>
<td></td>
<td>27</td>
<td>31. It is clear that somebody will get what they want.</td>
<td>Students are often clear about what they want for prac, and their future plan in regards to post graduate placements.</td>
</tr>
</tbody>
</table>
**Good morning** my name is Laurel Collin  
I would like to **thank everyone** for being here today for the time you have given to me here today to talk about my research. **The enhancement of emotional intelligence in student nurses: a mixed method pilot study.** In particular, I would like to thank X  

**What we know**

- Stress and inefficient coping skills of student nurse has been shown to lead to attrition at university and later into the work place.
- We can’t remove the stress from working in a chaotic environment
- Chaotic meaning many things happening at the same time
- Nurses need to form and maintain relationships with colleagues and patient.
- Relationships that might not always be positive
- Nursing will always involve emotional labour which is suppressing your own emotion to deal with the problems of others
- Nursing is stress full and student nurses need strategies to cope with this stress to become resilient
- Emotional intelligence or an ability to monitor and regulate emotions and use this emotional information may be a strategy to cope skills within this stressful environment.

**Background**

- My background of voluntary work in the last 15yrs, involves placing chaplains into government school with a purpose of producing a more resilient child through programs that create more self-awareness, enhance self-esteem and resilience as a clinical supervisor the researcher listened to the students talk about their work experiences and how they coped with stressful situations.
- The predominant topics were their relationships with other staff and the culture within the clinical environment, rather than their level of nursing knowledge and clinical skills.
- This phenomenon points to **emotion playing a major role** in nurses’ clinical placement.

**Emotional memory**

- We attach emotions to experience (Reeves
- Positive and negative experience stays with us (Hoober
- Impacts on students’ home life, university and clinical experience
- Given the workforce statistics and the nature of nursing work, it is pertinent to investigate EI as an appropriate strategy that may decrease the attrition rate in the university and the workplace.

**Outcome**

- The ability to adjust to adversity and maintain a sense of control

So, nurses Need coping strategies to create resilience and sense of control. I.e. can cope with stress

**Research plan; create a tool to measure an educational intervention aimed at enhancing EI**

There is a proliferation of EI tools, but they currently lack standardisation.

- This deficit is associated with disagreement concerning the nature and definition of EI as either ability based or mixed model has been used.
- The number of tools is related in part to the demand of the corporate world to aid in the recruitment of managers who are able to be more innovative.

Thank you for being willing to take part in this research project.
Appendix 13

Scenarios for Student Responses Phase 1B & 1
**Purpose**
To provide realistic responses to scenarios addressing the questions;
  - What would you do?
  - What should you do?

Please write down your immediate thoughts on “what would you do?” then “what should you do?” after a short deliberation. It is this differences that will help to create possible responses to the scenarios. It is anonymous and the answers cannot be tracked back to you as a student.

**Completed sheets**
When you have completed the response sheets please return them to the School of Nursing reception to be forwarded onto my research supervisor. This phase of data collection will need to be completed by .... I will send a reminder prior to this date.

Regards
Laurel Collin

[link](laurel.collin@nd.edu.au)

0414727515

<table>
<thead>
<tr>
<th>STEM Questions for student panel</th>
</tr>
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<tbody>
<tr>
<td><strong>1HL</strong></td>
</tr>
<tr>
<td>You are working and studying, and then a family member gets sick and needs you to care for them</td>
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<tr>
<td><strong>What would you do?</strong></td>
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<td><strong>What should you do?</strong></td>
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<tr>
<td><strong>2HL</strong></td>
</tr>
<tr>
<td>You have the opportunity to do extra work that will help pay the rent, however you have a midterm exam in two days.</td>
</tr>
<tr>
<td><strong>What would you do?</strong></td>
</tr>
<tr>
<td><strong>What should you do?</strong></td>
</tr>
<tr>
<td><strong>3HL</strong></td>
</tr>
<tr>
<td>There is a family celebration but you have an early shift in the morning.</td>
</tr>
<tr>
<td><strong>What would you do?</strong></td>
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<tr>
<td><strong>What should you do?</strong></td>
</tr>
<tr>
<td><strong>4HL</strong></td>
</tr>
<tr>
<td>Your friends want to go out but you have study to.</td>
</tr>
<tr>
<td><strong>What would you do?</strong></td>
</tr>
<tr>
<td><strong>What should you do?</strong></td>
</tr>
</tbody>
</table>
Appendix 14

Student Responses to the Questions “What would you do?” and “What should you do?”
### Responses to STEM Questions from student panel

#### Ambiguity in Q  Duplication of answer

<table>
<thead>
<tr>
<th>1HL</th>
<th>You are working and studying, and then a family member gets sick and needs you to care for them</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What would you do?</strong></td>
<td></td>
</tr>
<tr>
<td>1. Work out if it is long-term, short-term etc. discuss with UNDA if could defer.</td>
<td></td>
</tr>
<tr>
<td>2. I would try to reschedule my work and study around them</td>
<td></td>
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<tr>
<td>3. Attend to them as soon as possible</td>
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<tr>
<td>4. Provide care appropriate to the illness while fitting in my studies</td>
<td></td>
</tr>
<tr>
<td>5. Advice work of time off requirement and lecturer of sick family member. Organise for extension</td>
<td></td>
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<tr>
<td>6. Take time off from uni</td>
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<td>7.</td>
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<td>8.</td>
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<tr>
<td>9. Organize other family members to co-ordinate schedules to help sick individual</td>
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<tr>
<td>10. Try to get help to look after them</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>2HL</th>
<th>You have the opportunity to do extra work that will help pay the rent, however you have a midterm exam in two days.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What would you do?</strong></td>
<td></td>
</tr>
<tr>
<td>1. Take the work and do less study</td>
<td></td>
</tr>
<tr>
<td>2. Work but endeavour to use the time appropriately, make sure you organise before you commit</td>
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<tr>
<td>3. Take the work and stay up late studying</td>
<td></td>
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<tr>
<td>4. Do the work and study when time available i.e. before and after breaks</td>
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<td>5.</td>
<td></td>
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<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7. <strong>not</strong> take work and study</td>
<td></td>
</tr>
<tr>
<td>8. concentrate on studying for the exam</td>
<td></td>
</tr>
<tr>
<td>9. Think about how prepared I am for the exam and will working effect this?</td>
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<tr>
<td>10.</td>
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<table>
<thead>
<tr>
<th>3HL</th>
<th>There is a family celebration but you have an early shift in the morning.</th>
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</thead>
<tbody>
<tr>
<td><strong>What would you do?</strong></td>
<td></td>
</tr>
<tr>
<td>1. Go to the celebration and drink little and leave early</td>
<td></td>
</tr>
<tr>
<td>2. Go to the celebration but make sure you get home at a reasonable time</td>
<td></td>
</tr>
<tr>
<td>3. Go to family celebration but don’t stay late</td>
<td></td>
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<tr>
<td>4. Go for a little while</td>
<td></td>
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<tr>
<td>5. Go to the celebration and leave when appropriate</td>
<td></td>
</tr>
<tr>
<td>6. Go to family celebration and leave early</td>
<td></td>
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<tr>
<td>7. Go to celebration and leave early, do not drink</td>
<td></td>
</tr>
<tr>
<td>8. Go for a little while then leave early</td>
<td></td>
</tr>
<tr>
<td>9. Go to the celebration for a short period of time</td>
<td></td>
</tr>
<tr>
<td>10. Attend</td>
<td></td>
</tr>
<tr>
<td>11. Go to family celebration</td>
<td></td>
</tr>
</tbody>
</table>
### What should you do?

1. Go to the celebration and drink little and leave early
2. Explain to family/they should understand/ attend even if only for a little time. Don’t go to bed late
3. Go for a little while
4. Go to celebration and don’t stay late
5. As above
6. As above
7. As above
8. As above
9. Explain I am on early shift and go only go for a short period of time or not at all
10. Attend and be cautious of the time explaining you have a shift in the morning
11. Not go

### 4HL

Your friends want to go out but you have study to.

**What would you do?**

1. Workout how you can balance both do study before you go out
2. Stay home and study
3. Study, depending on what point in the semester it is
4. 
5. Don’t drink too much, have a limit
6. Work out a balance to be able to do both
7. See where I’m at with the study make compromise go for a short time or meet later
8. Tell friends no

### 5HL

You are feeling in a negative mood but have a lot of study to do.

**What would you do?**

1. Exercise take some time off for me then study
2. Break down the assignments and focus
3. Have a break for a few hours and get in a more positive mood
4. Leave them till another day
5. Find something else to do
6. Study, mood will pass
7. Have a break and start later
8. Time management, short breaks followed by working on the assignment
9. Get help to feel more positive

### 6HL

You know if you get stressed at Uni you will take the stress home.

**What would you do?**

1. Have some quiet time before encountering family
2. Talk to a lecturer or tutor about what you are stressed about and hope to get back on focus
3. Get stressed at home
4. Yoga, run, time out
5. Exercise, relax take the night of Uni
6. Study at Uni instead of at home and come home when I have done some study
7. Go home and vent to my partner
8. Speak to friend and family about it, cope by finding distractions eg
While bathing a patient your mentor discloses personal information about the patient.

**What would you do?**
1. Smile and nod but not ask questions
2. Remind her about confidentiality and nursing codes
3. Change topic and distract from talking over the patient, remind them it is not appropriate at this time
4. Explain afterwards I don’t like talking about other patients in front of patients
5. Ignore the mentor
6. ?? What does personal info mean?? As a nurse we need to know personal info
7. Depend on the information. If medical follow through personal information confidentiality.
8. Not say anything to mentor. Make conversation with patient rather than about patient
9. Listen
10. Change subject
11. Not say much

**What should you do?**
1. Involve the patient and ask if it is ok for me to hear this information
2. Remind about patient confidentiality
3. Say “I think we should talk about this outside the room”, do not further discuss topic
4. Talk to the CNS
5. Depending on what’s mentioned Id report it CERLO or ask the mentor if we are allowed to discuss it in manner appropriate to the situation
6. Depends on info, but do nothing
7. As above
8. Politely suggest to mentor we discuss the issue later
9. Listen, remain confidential with such information
10. Not discuss personal info, and talk in a private place to mentor about it
11. Talk to them after, apologise to pt

Your mentor doesn’t understand your scope of practise and insists on you doing a procedure.

**What would you do?**
1. Don’t do it, get some backup from supervisor
2. Refuse and explain why
3. Tell them you would like to observe, keep reminding them it is out of their scope.
4. Don’t do it as unsafe practise
5. Say no not within my scope and report to clinical supervisor
6. Decline procedure if not in my scope

7. Refuse and if they keep insist they speak to my clinical supervisor
8. Give mentor information on scope of practise
9. Exercise
10. Take the coast road home and try and reflect on the day
11. As much as possible at uni to avoid stress

**What should you do?**

1. Plan de-stress time after work, exercise specifically on a bad day
2. Work out what is stressing you and why, try to focus on what you could do
3. Talk to a councillor
4. Yoga, run, time out
5. Find out what’s stressing me if possible then as above
6. Try and separate Uni and home
7. Talk to university services
8. Speak to family and friends and ask for help. Don’t procrastinate
9. Leave the stress at Uni if it doesn’t belong at home
10. Reflect and work out why stressed and what I can do to change it
11. Get advice to cope

<table>
<thead>
<tr>
<th>7HL</th>
<th>You have a family birthday and an assignment to do</th>
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<tbody>
<tr>
<td></td>
<td><strong>What would you do?</strong></td>
</tr>
<tr>
<td>1.</td>
<td>I start them early to ensure this doesn’t happen</td>
</tr>
<tr>
<td>2.</td>
<td>Family birthday</td>
</tr>
<tr>
<td>3.</td>
<td>Do assignment ahead of time then go to birthday</td>
</tr>
<tr>
<td>4.</td>
<td>Try to do both, go to birthday and leave early to get assignment done</td>
</tr>
<tr>
<td>5.</td>
<td>Go to the birthday while working around the assignment, if due hand in early</td>
</tr>
<tr>
<td>6.</td>
<td>Do as much of the assignment as possible beforehand but still go to the party for a bit</td>
</tr>
<tr>
<td>7.</td>
<td>Attend birthday for short time then go home and finish. I would have planned and completed before hand</td>
</tr>
<tr>
<td>8.</td>
<td>Try and fit them both in</td>
</tr>
<tr>
<td>9.</td>
<td>Both</td>
</tr>
<tr>
<td>10.</td>
<td>Both</td>
</tr>
<tr>
<td>11.</td>
<td>Go to family birthday</td>
</tr>
</tbody>
</table>

**What should you do?**

1. Family birthday
2. Start assignment early if you know a birthday is coming up to birthday
3. As Above
4. Start assignment early
5. Assignment take priority, assignment should already be done
6. Finish the assignment first
7. Plan so finished before hand
8. Organise to get assignment done earlier
9. Time manage
10. Attend quickly to birthday and get home to ensure assignment completed on time
11. Complete assignment
Your mentor's actions put a patient at risk.

**What would you do?**
1. Try and intervene to stop the act. Suggest that maybe it could be done another way
2. Talk to my clinical supervisor about it
3. Speak up. Talk to nurse by asking why they are doing actions and why there could be good reason
4. Depending on the situation, suggest measures to preserve patient safety. Get help if patient in immediate danger or distress
5. step in and stop mentor
6. Stop them. Away from the patient explain why I stopped them
7. Don’t ignore it, take action at a student level, remain calm not aggressive
8. Inform nurse manager

A friend from school is one of your patients.

**What would you do?**
1. Ask them if they are ok with me being their nurse
2. Mention to your mentor you wish not to take care of this patient, explain your situation
3. Speak out in handover and ask not to have that patient
4. Maintain professional boundaries. However I’ll be more relaxed around the patient as I know who they are
5. Mention to your mentor your wish not to take care of this patient and why.
6. if the nursing action is too intimate refuse

There is an in-service in bathing and pressure-care, all the staff goes and leaves the students on the ward.

**What would you do?**
1. Alert the nurse managers, stand up and say it is out of your scope
2. Go to the in service and let them know a nurse needs to be on the ward.
3. Contact clinical supervisor immediately
4. Politely explain it is not within our scope to care for patients without supervision. Call clinical supervisor if situation continues
5. Ask to attend in-service
6. Suggest to the CNS at least one nurse be left on the ward to supervise the students
7. Don’t remain quiet, tell someone, remaining quiet can create an negative outcome
8. Ensure easy access to support if required

You hear a staff member speaking unkindly to a patient.

**What would you do?**
1.
2. Suggest to staff member it creates a negative nursing culture
3. Afterwards speak to the patient in a nicer way, see if they are OK
4. Tell clinical supervisor
5. Intervene asking if I can help with anything. Hostility is usually caused by frustration
6. Ask the nurse why they spoke to the patient in that way once alone and
away from the patient
7. Remain calm, not aggressive
8. Politely address staff members attitude with them
9. Later asked what happened. Tell the supervisor

You check your scope of practise with your clinical supervisor who gives incorrect advice leading to failing clinical practicum.

What would you do?
1. Complain to the clinical team via email
2. Discuss with your clinical supervisor why they gave you incorrect advice, and get evidence
3. Advice the prac team at Notre Dame and explain the situation
4. I would always get it in writing if I was unsure to attach to my CPAT to prevent this from happening
5. Review relevant material to see what documentation is available regarding scope. Appeal decision with placement team.
6. Know it’s my responsibility to know my scope

The staff on the ward do not get on well and have little time for students due to stress.

What would you do?
1. Gravitate to the happiest and least stressed nurse
2. Try to be helpful, use initiative to do things within your scope of practise
3. Try to help as much as possible, tell supervisor if the staff are not treating me with respect
4. Make an effort not to get involved in drama and focus on learning as much as possible.
5. Work as efficiently as possible
6. Try to be helpful and proactive and don’t be a burden
7. Inform clinical supervisor that nurses have little time for students and hope management can help
8. See if I can change clinical areas

You are unhappy on a ward but feel if you criticise the ward to your mentor you may not be passed.

What would you do?
1. Grin and bear it as prac will be over soon and use as a learning curve
2. Speak up and tell the truth, try not to be aggressive but explain to them how you feel
3. See if you can change ward
4. Talk to my clinical supervisor
5. Make an effort to be professional and just get through the placement. Get support from friends and family. Provide feedback after placement.
6. Try change mentor for a day
7. Try not to bottle it up, it can affect how you work function

Your mentor has said something to the rest of the staff that gives a negative impression of you.

What would you do?
1. Not much you can do about gossip, just do your best
2. Talk to staff one on one, and ask what it is about you they don’t like
3. Speak to Notre Dame practicum team and express my concerns
4. Prove her wrong by acting in a way is contrary to the negative impression, tell the CELO
5. Talk to clinical supervisor and mentor
6. Ask her what prompted her to say it
7. Seek feedback from them regarding your performance and how you can improve as well as from facilitator. Take extra effort to perform well
8. Not take it personally and remain professional

<table>
<thead>
<tr>
<th>14P</th>
<th>Your mentor is impatient and says you take too long.</th>
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<tbody>
<tr>
<td></td>
<td><strong>What would you do?</strong></td>
</tr>
<tr>
<td></td>
<td>1. Apologise but explain that as a student I want to be sure I am following correct process</td>
</tr>
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<td></td>
<td>2. Find another mentor</td>
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<td></td>
<td>3. Pick up the pace to a level I am comfortable with</td>
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<td></td>
<td>4. Work within scope and take as long as it takes</td>
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<td></td>
<td>5. Can ask how I can do it quicker, any tips and advice, for more training, experience</td>
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<td></td>
<td>6. Speak to my clinical supervisor</td>
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<td></td>
<td>7. Make an effort to work faster but politely explain that you are concerned about making an error when rushed speak to facilitator if problem persists</td>
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<tr>
<td></td>
<td>8. Work on time management</td>
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<thead>
<tr>
<th>15P</th>
<th>Your mentor insists you work outside your scope to pass and prove you are a good student</th>
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<tbody>
<tr>
<td></td>
<td><strong>What would you do?</strong></td>
</tr>
<tr>
<td></td>
<td>1. Explain you are not willing to do that and are happy to observe</td>
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<tr>
<td></td>
<td>2. Insist that I can’t and that such an action would harm the patient and reflect badly on the mentor</td>
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<td></td>
<td>3. Politely refuse explaining that working outside your scope would cause me to fail and tell facilitator</td>
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<tr>
<td></td>
<td>4. Decline to work outside my scope</td>
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<td></td>
<td>5. Not do it, talk to clinical supervisor</td>
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<thead>
<tr>
<th>16P</th>
<th>Your mentor is stressed because of problems at home. She gets angry with you and you fear she may not pass you</th>
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</thead>
<tbody>
<tr>
<td></td>
<td><strong>What would you do?</strong></td>
</tr>
<tr>
<td></td>
<td>1. Try to have a quiet word with her, ask if there is anything I can do. Ignore her anger</td>
</tr>
<tr>
<td></td>
<td>2. Say nothing</td>
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<tr>
<td></td>
<td>3. Complain, seek assistance and try and change mentor</td>
</tr>
<tr>
<td></td>
<td>4. Talk to clinical supervisor and nurse manager</td>
</tr>
<tr>
<td></td>
<td>5. Ask to have anew mentor</td>
</tr>
<tr>
<td></td>
<td>6. Speak to clinical supervisor about concerns explain that you are very worried about the outcome for you</td>
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<td></td>
<td>7. Stay calm</td>
</tr>
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<td></td>
<td>8. Suggest you work with someone else for the rest of the shift</td>
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</tbody>
</table>

| 17P | You have a mentor who is unsure of her role. |
### What would you do?

1. Give her a copy of the universities mentor policy and expectations
2. Talk to a nurse you trust or staff development nurse about it at an appropriate time
3. Ask another mentor to explain what she needs to do
4. Explain my learning objectives and what I’m hoping to achieve
5. Explain it to her and suggest she talk to your clinical supervisor
6. Ask to change mentors
7. Mention it to clinical supervisor, to make sure mentor is confident in being a mentor
8.

### You feel a nurse on the ward is looking for mistakes in your work.

**What would you do?**

1. Ask her if what you are doing is ok, any advice, tips on how you could improve
2. Practise professionally, inform senior staff and let them know of the situation
3. Double check everything I do and work within my scope
4. Make sure do everything correct in scope
5. Express these feelings to my mentor
6. Remain confident and keep doing the best you can
7. Inquire why she is doing it, get another mentor.
8. Talk to supervisor and ask how to approach situation or change

### You are working with a carer and you have little time for each resident, causing some rough handling.

**What would you do?**

1. Try to ensure the rough handling is kept to a minimum
2. Speak to the nursing home manager
3. Purposely slow down to reduce rough handling get the carer to explain everything she does and ask lots of Qs
4. Act professional and ensure each patient handled correctly in a time efficient manner
5. Staying within my scope I would go and get help
6. Report to clinical supervisor
7. See if anyone else free to assist
8. Talk about how to time manage each patient

### You hear that another class in the same subject has different information delivered in their tutorial.

**What would you do?**

1. Approach my tutor with the conflicting info and ask her for an explanation as to why the difference
2. Email tutor about it clarifying your concerns, talk to other students, check if this is correct
3. Try to work out what is the right answer
4. Find out what's most important to know by emailing lecturer/tutor
5. Go to the lecturer, use lecture notes
6. Talk to academic rep so they can take it higher, talk to tutor
7. Get in touch with someone from the tute and swap info
8. Ask students in class what they were told, if it is different ask the
<table>
<thead>
<tr>
<th>Tutors/Lecturer/Co-ordinator for clarification</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Question the teacher</td>
</tr>
<tr>
<td>10. Ask teacher at next tutorial, discuss with other students</td>
</tr>
<tr>
<td>11. Go ask and discuss with tutor</td>
</tr>
</tbody>
</table>

**What should you do?**

1. Make sure it is not gossip first. Clarify the info then approach the tutor
2. As above
3. Speak to head of subject
4. As above
5. As above
6. Talk to academic rep
7. Contact lecturer/tutor
8. As above
9. As above
10. As above
11. Email unit co-ordinator for clarification

<table>
<thead>
<tr>
<th>2U</th>
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<tbody>
<tr>
<td><strong>You have four assignments to do and are finding it hard to get started</strong></td>
</tr>
<tr>
<td><strong>What would you do?</strong></td>
</tr>
<tr>
<td>1. Start with the easiest first that I enjoy</td>
</tr>
<tr>
<td>2. Focus on what is due first, try not to swap between the 4 as confusion increases as well as stress</td>
</tr>
<tr>
<td>3. Start them</td>
</tr>
<tr>
<td>4. Push through it</td>
</tr>
<tr>
<td>5. Plan and organise myself prepare the workload</td>
</tr>
<tr>
<td>6. Talk to other students, just start one of them</td>
</tr>
<tr>
<td>7. Work out a schedule and time allocations to get them done on time</td>
</tr>
<tr>
<td>8. Do a little research for each then leave them till the night before</td>
</tr>
<tr>
<td>9. Ask for assistance</td>
</tr>
<tr>
<td>10. Prioritise, work out due dates and discuss with other students</td>
</tr>
<tr>
<td>11. Start one at a time, make a start</td>
</tr>
</tbody>
</table>

**What should you do?**

1. Analyse each and draw up a plan |
2. Start on them early, work out which ones are due, weighted the most, spend time researching what each one specifically requires |
3. Priorities my workload |
4. As above |
5. As above |
6. Talk to tutors/academic help |
7. As above |
8. Break them down into manageable tasks and create a schedule to follow |
9. Seek assistance |
10. Get started after made a plan |
11. Get help from tutor/lecturer |

<table>
<thead>
<tr>
<th>3U</th>
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<tbody>
<tr>
<td><strong>You start at University and do not know anyone</strong></td>
</tr>
<tr>
<td><strong>What would you do?</strong></td>
</tr>
<tr>
<td>1. Introduce myself to the person sitting next to me</td>
</tr>
<tr>
<td>2. Go to social events, sit next to people and chat in the lecture breaks, get to know people in your tutes</td>
</tr>
</tbody>
</table>
3. Talk to people
4. Be nice to people, they’ll eventually be your friend
5. Sit by myself, wait for someone to come talk to me, try to overcome my shyness
6. Talk to people in my class
7. Make friends
8. Talk to students in my class to try to meet some people
9. Introduce myself
10. Join social group try to make friends in tutorial
11. Talk to fellow students

**What should you do?**
1. Approach others or get involved in Uni activities
2. As above
3. Join a group
4. As above
5. Go out socialise join clubs seek out like minded individuals
6. Blank
7. As above
8. As above
9. Participate
10. Look into support group/activities at Uni
11. Introduce myself

---

**4U. You have a tutor who you feel doesn’t know the topic**

**What would you do?**
1. Persist with it and do my own study and give poor evaluation at end of course
2. Discuss with the right Uni staff your concerns so they can look at it
3. Just go with it
4. email unit co-ordinator
5. get notes off uni mates in different tutorials and lecturer Qs
6. Ask other students if they think the same. Talk to academic rep
7. talk to lecturer
8. Pursue research/extra information outside class to try and understand on topic. Provide constructive feedback in evaluation
9. Blank
10. Listen in class, check outline lecture material
11. Talk to unit co-ordinator

**What should you do?**
1. Approach unit co-ordinator with concerns
2. As above
3. Speak to your rep
4. As above
5. Raise the issue with the Uni then as above
6. As above
7. As above
8. As above
9. Blank
10. Discuss with lecturer/c0-Ordinator
11. As above
You have a problem with your assignment. When you approach the lecturer they tell you to work it out for yourself.

What would you do?
1. I would approach the tutor, then work it out for myself, or ask fellow students
2. Tell them it’s their duty to inform you of correct information, explain in a reasonable way
3. Work it out myself
4. Academic enabling, complain to unit co-ordinator
5. Go to another source since the lecturer is useless
6. Talk to another tutor or lecturer I trust
7. Go to the school, seek a senior staff member for help in resolving my problem
8. Seek support of other students, family. Approach tutor to see if can get some help. If the problem is widespread seek action through academic rep and provide constructive feedback in evaluation
9. Try and work it out
10. Ask tutor/other students
11. Go speak to tutor unit co-ordinator

What should you do?
1. ?
2. Ask tutor for further advice on the assignment
3. Speak to head of year
4. As above
5. Try to figure out be encouraged by the lecturer by his encouragement for self-learning and initiative
6. As above
7. No idea
8. As above
9. Go to another person in this field
10. Ask students, tutor, email lecturer ask again and rephrase problem
11. As above

You ask your tutor for assistance and she says she doesn’t know what to do either.

What would you do?
1. Ask other students
2. Email the lecturer for further advice, work out if the assistance you needs relates to them
3. Work it out on my own / talk to others
4. Query my tutor is teaching a subject they don’t know enough about. Seek assistance from lecturer
5. Ask a different lecturer or tutor
6. Talk to head of uni
7. Approach lecturer and other students
8. Seek advice from other staff members and students. Provide feedback about issue in evaluation
9. Ask her who I should speak to
10. Go to someone else who might lecture
11. Speak to unit co-ordinator
### What should you do?

1. ?
2. Why do they not know? Ask if she can clarify then get back
3. Speak to head of year
4. As above
5. Inquire to other sources of information
6. As above
7. Approach lecturer
8. As above
9. Seek further assistance
10. Ask a friend
11. As above

#### 9U

You are doing a group assignment and a member suggests using some new software.

### What would you do?

1. Ask them to explain the software and how it would help
2. Take it on board, ask if they would mind showing you how to use it so you can contribute equally
3. Give it a go
4. Try it out
5. Stick to old software, give it a shot after the essential work is done
6. Look at the new software
7. Could be good, look into it as a group
8. Find out more about the software and how we could use it. Suggest a trial in conjunction with other members of the group
9. Agree if it was going to be of benefit
10. Voice opinion
11. Ask them to explain

### What should you do?

1. Take on board all suggestions and get a group democratic response
2. If you have the time to learn to use it, go for it, if you are equally comfortable doing it
3. As above
4. As above
5. Work out the benefits of the new software
6. As above
7. Group vote
8. As above
9. Discuss with the group the pros and cons of using such software
10. Discuss as a group and agree on a decision
11. As above

#### 10U

You don’t agree with your tutor but are too afraid to speak up in case you are failed

### What would you do?

1. Talk to another student to discuss the issue
2. Speak up, they can’t fail you for it
3. Speak up I won’t fail because of it
4. Query with lecturer
5. Let a classmate disagree with the tutor, address the lecturer about the disagreement
6. Don’t speak up  
7. Not speak up but research when I get home  
9. Keep quiet  
10. Ask questions talk to lecturer  
11. Speak to fellow students

**What should you do?**

1. Approach the tutor with reasonable arguments for disagreeing  
2. Talk in an adult way, every person has opinions there is no right or wrong  
3. As above  
4. As above  
5. Approach the lecturer about the disagreement  
6. Speak up they can’t fail you for that  
7. As above  
8. Seek action through academic rep if concerned  
9. Speak up  
10. Not be afraid ask questions  
11. Speak to unit co-ordinator

---

11U

In a prac lab you feel you are being marked to a different standard than other students

**What would you do?**

1. Contact the unit lecturer or co-ordinator with my concerns  
2. Discuss this with who marked you, make a verbal written complaint, go over with them how they marked you  
3. Speak to the marker  
4. Address issue with tutor/ co-ordinator  
5. Talk to a supervisor and express my concerns/ unit co-ordinator  
6. Ask if other students noticed, possibly talk to unit head  
7. Speak to tutor/lecturer  
8. Approach tutor for feedback on performance and request rational for marks. If response inadequate appeal moving through appropriate channels  
9. Question it with the marker  
10. Voice opinion  
11. Unit co-coordinator

**What should you do?**

1. ?  
2. Suss out if you did something wrong or if you are being marked differently  
3. As above  
4. As above  
5. Try to understand the situation and the reason behind it, then as above  
6. Blank  
7. As above  
8. As above  
9. As above  
10. Discuss marking rubric, if unsure discuss with appropriate person  
11. As above
12U

Your placed in a group of 6 people for an assignment, and everyone had a
different idea on how to approach the assignment

What would you do?
1. Get everyone’s ideas down on paper, discuss all the pros and cons
   of each and as a group decide
2. Have an open discussion, listen to each other’s points and come to a
   compromise
3. All listen to each other and combine all ideas
4. Arrange to meet with lecturer to clarify as a group
5. Eventually everyone will agree on something, try to find common
   ground
6. Compromise, ask everyone to compromise if it doesn’t work talk to
   tutor
7. Seek assistance from tutor/lecturer
8. Suggest that we brainstorm together to first try and determine what
   everyone agrees and disagrees on and for from there. Give each
   person responsibility for one aspect of the assignment
9. Discuss what is the main point
10. Try go with majority
11. Talk/ make time to discuss

What should you do?
1. ?
2. As above
3. As above
4. As above
5. Sort out each idea for its benefits and disadvantages then as above
6. As above
7. As above
8. As above
9. Group discussion in relation to topic, relevance and allocating areas
   of study for everyone
10. Manage time discuss all options make group decision
11. Have tutor as a person to clarify

13U

You feel group work creates uncertainty about the outcome

What would you do?
1. Try to do my best and coax the others along
2. Clarify with each other, keep each other on track
3. Do the group work
4. Not sure
5. Try to create a common goal for achievement organise time for
   ground work
6. Blank
7. Not much you can do, I hate group work at uni
8. Accept that learning how to work as a team is more important than
   getting a good mark for everyone to try and value everyone’s input
   so long as that members contribute appropriately
9. Just do it
10. Avoid it where possible
11. Be comfortable in the group your in
<table>
<thead>
<tr>
<th>What should you do?</th>
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<tbody>
<tr>
<td>1. ?? what do I mean by outcome</td>
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<tr>
<td>2. Meet up frequently</td>
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<td>3. Speak to dean of nursing</td>
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<tr>
<td>4. Not sure</td>
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<tr>
<td>5. Review the assessment well before it is due to create a similar structure and flow then as above</td>
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<td>6. Blank</td>
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<td>7. Speak to lecturer</td>
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<td>8. As above</td>
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<tr>
<td>9. Discuss this with the group</td>
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<tr>
<td>10. Try communicate have common goal/ frequent progress meetings</td>
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<tr>
<td>11. Ask unit co-ordinator/ marking rubric</td>
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</table>

<p>| 16U |
| You have an assignment due and already feel exhausted |</p>
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<th>What would you do?</th>
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<tbody>
<tr>
<td>1. Push through and get it done</td>
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<td>2. Keep going, think once it is finished you can relax</td>
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<td>3. Finish it and rest after</td>
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<td>4. Drink coffee, or get sleep and start early</td>
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<td>5. Red bull</td>
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<td>6. Make a plan or start, then rest and keep going the next day</td>
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<td>7. I would already have had it done</td>
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<tr>
<td>8. Determine whether it is more productive to go to sleep and finish the next day or cop the penalty for being late and battle through</td>
</tr>
<tr>
<td>9. Just do it</td>
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<tr>
<td>10. Finish assignment</td>
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<tr>
<td>11. Do a little, get as much done</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>What should you do?</th>
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</thead>
<tbody>
<tr>
<td>1. Prepare and start the assignment earlier</td>
</tr>
<tr>
<td>2. Have a good night’s sleep and start fresh in the morning, go for a walk, set a reasonable goal you would like to achieve and get done before having a break</td>
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<tr>
<td>3. Apply for an extension</td>
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<td>4. As above</td>
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<tr>
<td>5. Break down the assignment to appropriate workable parts plan and organise how to complete then as above</td>
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<tr>
<td>6. Spend time planning</td>
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<tr>
<td>7. Finish it</td>
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<tr>
<td>8. Battle through and finish it</td>
</tr>
<tr>
<td>9. Just do it. Get enough sleep, exercise and eat well</td>
</tr>
<tr>
<td>10. Finish assignment/nap/eat healthy food</td>
</tr>
<tr>
<td>11. Speak to unit co-ordinator</td>
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</table>

<p>| 17U |
| You ask a question and the lecturer gives an unrelated response |</p>
<table>
<thead>
<tr>
<th>What would you do?</th>
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</thead>
<tbody>
<tr>
<td>1. Google it- research it myself</td>
</tr>
<tr>
<td>2. Re-ask the Q get them back on track</td>
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<tr>
<td>3. Ask later in a different way</td>
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<tr>
<td>4. Roll my eyes</td>
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<td>5. Ask in a more clear tone</td>
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<tr>
<td>6. Google it</td>
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</tbody>
</table>
7. Ask Q again, be specific
8. Try asking the Q in a different way to see if that helps. If not find other ways to get the answer about the issue and provide feedback about the issue in the evaluation
9. Didn't do, page not returned
10. Nod and say thanks
11. Speak to them after for clarification

**What should you do?**
1. Ask again
2. Ask how the response relates to your Q
3. As above
4. Ask to clarify
5. As above
6. Talk to other students
7. As above
8. As above
9. Didn't do page not returned
10. Email lecturer later and say didn't understand response to question
11. As above

---

18U

You have to meet with others in your assignment group but your schedules do not seem to allow it.

**What would you do?**
1. Have two separate meetings and one person to attend both to ensure all on the same page.
2. Use blackboard discussion o keep talking, stay back after tutes to meet or come to Uni early before lecture or tute and try and work a way that will allow you to
3. Do it online
4. Catch up with info later and if they can re-schedule
5. Delegate parts of the assignment then email to other
6. Talk over email or talk with some members
7. Move things around
8. Use alternative means to discuss the project eg email, facebook
9. Didn't do page not returned
10. Have group email
11. Organise another way to communicate

**What should you do?**
1. ?
2. As above
3. Make a time
4. As above
5. Make time or if can’t as above
6. Do the best you can, talk online
7. As above
8. As above
9. Didn’t do, page not returned
10. Email/meet after hours/weekend
11. Book study room in advance as above
Appendix 15

Instructions to SMEs Ranking Scenarios
Responses and Examples
Thank you for taking the time to read these questions and score them.

These questions reflect critical incidents that focus groups of graduating third year students identified within their practicum placements.

1. Please read each question and possible answers.
2. Then in the all boxes on the left score the possible answers commencing with 1 to reflect what you would consider to be the best answer from a student, through to the worst choice.
3. It is important to put a score in each box.
4. Your scores will be used to determine which responses to use in the final questionnaire.
5. There is a space for your comments in regards to clarity and validity of each question.

Laurel Collin
0414727515

Example of the question format for the SME/expert panel

You hear that another class in the same subject has different information delivered in their tutorial.

\[1u\]
What would you do?
Approach my tutor with the conflicting information and ask her for an explanation as to why the difference
Email tutor about it clarifying your concerns, talk to other students to check if this is correct
Try to work out what is the right answer
Go to the lecturer, use lecture notes
Talk to academic rep so they can take it the unit coordinator
Ask students in class what they were told, if it is different ask the tutors/lecturer/coordinator for clarification
Ask at next tutorial and discuss with other students

COMMENT:

2u You have four assignments to do and are finding it hard to get started
What would you do?
Start with the easiest first that I enjoy
Focus on what is due first, try not to swap between the four as confusion increases as well as stress
Organise myself and plan the workload
Talk to other students, just start one of them
Prioritise, work out due dates and discuss with other students
Start one at a time, just make a start

COMMENT:
Appendix 16

Method for Developing Scoring Scales for the STEM/Ng
Process of grading responses from the nine subject matter experts (SME)
The questions had a variety of responses available i.e. 5,6,7 or 8 to grade

The individual responses are grades 1 being best response

There were 9 subject matter experts (SME)

The scores for all experts’ responses to a question were placed in a grid (table 1.) Expert SME 1 is highlighted

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Table 1.

The ratings for each option were tallied. In this instance, there were 8 options for the question. See graph below

The rules when 8 responses

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<tr>
<td>Best(1)</td>
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<td>1</td>
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<td>Worst(-1)</td>
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<td>4</td>
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<td>Middle(0)</td>
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- To establish best answer: Add the first two columns and minus the last two columns. This number must be greater than 3 to represent greater than one third of the SMEs chose that option, (if two columns the same take the greatest number in column 1 as in columns 1 and 8)). This will be scored 1 if chosen in the questionnaire eg response 1

- To establish the worst answer, add the last two columns and minus the first two. This number must be greater than 3 to represent greater than one third of the SMEs chose that option (if two the same take the one
with the greater number in the last column). This will be scored -1 if chosen in the questionnaire, e.g. response 2.

- To determine the two middle responses, add the two middle responses (i.e. columns 4 and 5) and take the two with the greatest scores, after eliminating any that have a score more than three in the first or the last column as that would indicate a third of the experts had considered it the best or worst answer as in response 5. These are then scored 0 in the questionnaire.

7 seven responses:

- You take the score in the middle column only to establish the responses for scoring 0. In the example above there are no rows where SMEs have grades the question less than 3 in either worst or best columns so this question is valid.

```
3  2  1  2  1  1
1  1  3  3  1  1
1  1  2  3  3  3
2  1  1  2  1  2
1  1  1  2  3  
2  1  3  3  1  1
3  4  
```

- In the above grid, there is only one valid option for a 0-scored response, therefore this question is not valid.

```
1 3 2 2 1 1
2 1 1 2 2 3
3 3 2 3 1
4 3 4 1 1
5 2 4 3
6 3 2 2
7 1 1 1 6
```

- This question would be valid.

With 6 responses

```
1 2 4 1 1 5  middle (0)
3 1 5
3 5 1
2 4 2 1 3 3 2  Middle (0)
1
best (1)
```
- only use first and last column to establish best and worst responses
- Use the middle two columns to establish the middle responses that will be scored 0

With 5 responses

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</table>

- For best answer, you only take column 1 and minus last column establishing one third difference at least
- For worst choice, you take last column and minus first column establishing one third difference at least
- To establish two middle responses for the questionnaire, add vertical row 3 i.e. middle row and take the two greatest numbers providing they do not have a number greater than 3 i.e. one third of the SMEs in first or last row

If you have too many questions, then
- First remove any questions with less than two thirds SME responses to 1&4
- Second remove any questions with less than one third SME responses to 2&3 after determining that there is less than one third in the last or first column.
Appendix 17

Clarity Tool Phase 1B Step 4: Instructions and Sample of Tool
CLARITY
Instructions
These questionnaires are based on interviews and responses from graduating student nurses. They are designed to measure their emotional intelligence. You are asked to rate:
(a) The questionnaires instructions. (b) The clarity of each question.
Please print the response sheets before completing and leave in Dr Carol Piercy’s mailbox in the staff room prior to the 15th December 2014.

There is room for comments or questions. If you wish to discuss the questions with the researcher, Laurel Collin, please do not hesitate to ring or email.
Thank you for your assistance.

Laurel Collin 0414727515 laurel.collin@nd.edu.au

RESPONSE SHEET: CLARITY TOOL  Situation Test of Emotional Understanding in Nursing (STEU/N)
(a) Are the instructions to the questionnaire clear? Circle yes or no YES NO
(b) Please read each question and indicate whether each question is C (clear) or U (unclear) to you.
Circle One
1. C U
2. C U
3. C U
4. C U
5. C U
6. C U
7. C U
8. C U
9. C U
Comments/ questions
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________
Appendix 18

Version Three STEU/Ng and STEM/Ng
Situational Test of Emotion Understanding in Nursing (STEU/N)

Instructions

The following questions describe a situation, and ask you as a student nurse to choose which one of the five emotions is most likely to result from that situation.

Here is an example:
Clara receives a gift. Clara is most likely to feel?
(a) happy (b) angry (c) frightened (d) bored (e) hungry

If you think Clara would feel happy you would mark option A, and then move to the next question. There are 27 questions.

Items (correct alternative in bold text)

1. A pleasant experience ceases unexpectedly and there is not much that can be done about it.
   *The person involved is most likely to feel?*
   (a) Ashamed (b) Distressed (c) Angry (d) Sad (e) Frustrated

2. An irritating student in Eve's tutorial moves to another tutorial.
   *Eve is most likely to feel?*
   (a) Regret (b) Hope (c) Relief (d) Sadness (e) Joy

3. There is great weather on the day Jill is going on an outdoor picnic.
   *Jill is most likely to feel?*
   (a) Pride (b) Joy (c) Relief (d) Guilt (e) Hope

4. You fail practicum because you did not realise your actions were outside your scope of practice.
   *You are most likely feel?*
   (a) Confused (b) Surprised (c) Regret (d) Distressed (e) Sad

5. Edna's workmate organizes a goodbye party for Edna, who is going on holidays.
   *Edna is most likely to feel?*
   (a) Surprise (b) Gratitude (c) Pride (d) Hope (e) Relief

6. Something unpleasant is happening. Neither the person involved, nor anyone else can make it stop.
   *The person involved is most likely to feel?*
   (a) Guilty (b) Distressed (c) Sad (d) Scared (e) Angry

7. You are presented with a simple problem but cannot work out how to solve it.
   *You are most likely to feel?*
   (a) Confused (b) Frustrated (c) Surprised (d) Relieved (e) Distressed

8. You are meeting with other students to complete a group assignment. The other students are very late and as a result the assignment is not completed.
   *You are most likely to feel?*
   (a) Depressed (b) Frustrated (c) Angry (d) Contemptuous (e) Distressed

9. You have a large amount of research to do to complete an assignment. There is only a small chance you will finish and get a good mark.
   *You would most likely to feel?*
   (a) Irritated (b) Scared (c) Distressed (d) Sad (e) Hopeful

10. Sally believes that another student has caused her to get a poor grade. There is not a lot that can be done to make things better.
    *Sally is most likely to feel?*
    (a) Dislike (b) Rage (c) Jealousy (d) Surprise (e) Anxiety

11. You have yet to apply for an overseas practicum you want to do and now all the places are taken.
    *You are most likely to feel?*
    (a) Regret (b) Anger (c) Frustration (d) Sad (e) Distressed

Adapted from the Situational Test of Emotional Understanding (STEU), MacCann & Roberts (2008)
12. You have not had time to study for a test and anticipate failure. The results come back and you have passed.  
You are most likely to feel?  
(a) Relief (b) Surprise (c) Pride (d) Joy (e) Guilt

13. Mary thinks that another nurse has deliberately caused something good to happen to her. 
Mary is most likely to feel?  
(a) Hope (b) Pride (c) Gratitude (d) Surprise (e) Relief

14. You have just completed your first semester at university. Unexpectedly, you receive a letter of commendation.  
You are most likely to feel?  
(a) Pride (b) Relief (c) Joy (d) Hope (e) Guilt

15. On practicum the other nurses tell you that you are doing a good job.  
You are most likely to feel?  
(a) Joy (b) Hope (c) Relief (d) Pride (e) Surprise

16. An unwanted situation becomes less likely or stops altogether.  
You are most likely to feel?  
(a) Regret (b) Hope (c) Joy (d) Sadness (e) Relief

17. Dorian’s friend is ill and coughs all over him without bothering to turn away or cover his mouth. 
Dorian is most likely to feel?  
(a) Anxiety (b) Dislike (c) Surprise (d) Jealousy (e) Rage

18. Although she has been careful to avoid all risk factors, Tina has become ill. There is only a small chance that she will be able to complete practicum and nothing Tina does now can make a difference.  
Tina is most likely to feel?  
(a) Scared (b) Distressed (c) Irritated (d) Sad (e) Hopeful

19. On practicum you find the staff do not enjoy mentoring students, which you consider may lead to failing practicum. Nothing much can be done to alter this.  
You are most likely to feel?  
(a) Sad (b) Irritated (c) Distressed (d) Scared (e) Hopeful

20. By chance, a situation arises where there is the possibility that a person will get what they want.  
The person is most likely to feel?  
(a) Distress (b) Hope (c) Surprised (d) Joy (e) Fear

21. A mentor who is unpleasant to work with leaves Ann’s ward. 
Ann is most likely to feel?  
(a) Joy (b) Hope (c) Regret (d) Relief (e) Sadness

22. Leila has been unable to study effectively lately and there are no changes in her life that might indicate why.  
Leila is most likely to feel?  
(a) Angry (b) Scared (c) Sad (d) Distressed (e) Guilty

23. A person feels they have control over a situation. The situation turns out badly for no apparent reason.  
The person involved is most likely to feel?  
(a) Confused (b) Relieved (c) Surprised (d) Frustrated (e) Distressed

24. Mary believes her mentor has deliberately caused her to fail. However, Mary feels she can do something about it. 
Mary is most likely to feel?  
(a) Angry (b) Contemptuous (c) Distress (d) Depressed (e) Frustrated

25. Pete gets home late, after his favorite TV show has ended. Pete’s partner has taped the show for him.  
Pete is most likely to feel?  
(a) Surprise (b) Hope (c) Pride (d) Relief (e) Gratitude

26. Penny’s group worked hard to complete an assignment and get a high grade. 
Penny is most likely to feel?  
(a) Hope (b) Pride (c) Relief (d) Joy (e) Surprise

27. It is clear that someone will get what they want. 
They are most likely to feel?  
(a) Pride (b) Relief (c) Joy (d) Hope (e) Guilt
Situational Test of Emotion Management in Nursing (STEM/N)

Instructions
In this test, you will be presented with brief details about an emotional situation. There are four possible responses to each situation. You are asked to choose the most effective response to manage the emotions the student is feeling and the problems they face in that situation.

Although more than one response might be acceptable, you are asked to choose what you think the most effective response would be in that situation.

Remember, you are not necessarily choosing what you would do, or the nicest thing to do, but choosing the most effective response for a student nurse, in that situation.

1. Sarah is working and studying, when a family member becomes seriously ill and needs her to care for them.
   What would be the most effective thing for Sarah to do?
   (a) Try to reschedule work and study around the family member. 0
   (b) Attend to the family member as soon as possible. 1
   (c) Take time off from university. -1
   (d) Try to get help to look after the family member. 0

2. Mark has the opportunity to do extra work that will help pay the rent; however he has a mid-term exam in two days.
   What would be the most effective thing for Mark to do?
   (a) Take the work and do less study. -1
   (b) Take the work and stay up late studying. 0
   (c) Do the work and study when time is available i.e. before and after breaks. 0
   (d) Think about how prepared he is for the exam and whether the extra work will affect this. 1

3. Lee’s friends want to go out, but Lee has study to do.
   What would be the most effective thing for Lee to do?
   (a) Stay home and study. 0
   (b) Consider study, depending on what point in the semester it is. 0
   (c) Go out but don’t drink too much; have a limit. -1
   (d) Assess where she is at with study and make a compromise to go for a short time, or meet up later. 1

4. Sue is feeling in a negative mood but has a lot of studying to do.
   What would be the most effective thing for Sue to do?
   (a) Exercise and take some time off, then study. 0
   (b) Study, the mood will pass. -1
   (c) Have short breaks followed by working on the assignment. 1
   (d) Get help to feel more positive. 0

5. Taylor knows she gets stressed during the day at university and takes the stress home.
   What would be the most effective thing for Taylor to do?
   (a) Talk to a lecturer or tutor about what is stressing her and hope to get back on focus. 1
   (b) Get stressed at home. -1
   (c) Exercise, relax take the night off study. 0
   (d) Study at university instead of at home and go home when she has done some study. 0

6. Cathy’s mentors’ actions put a patient at risk.
   What would be the most effective thing for Cathy to do?
   (a) Talk to her Clinical Facilitator about it. 0
   (b) Depending on the situation, suggest measures to preserve patient safety. 1
   (c) Stop her mentor and when away from the patient explain why she stopped them. 0
   (d) Inform the Nurse Manager. -1

Adapted from the Situational Test of Emotional Management (STEM) MacCann & Roberts (2008)
7. There is an in-service on bathing and “pressure-care”. All the staff go off, leaving the students on the ward. 
   What would be the most effective thing for the students to do? 
   (a) Contact the Clinical Facilitator immediately. 0 
   (b) Ask to attend in-service. 0 
   (c) Suggest to the Nurse Manager that at least one nurse is left on the ward to supervise the students. 1 
   (d) Ensure easy access to support if required. -1

8. Helen hears a staff member speaking unkindly to a patient. 
   What would be the most effective thing for Helen to do? 
   (a) Suggest to the staff member that this creates a negative nursing culture. -1 
   (b) Afterwards speak to the patient in a nicer way, and see how they are. 0 
   (c) Tell the Clinical Facilitator. 0 
   (d) Remain calm, and not aggressive. 1

9. Pia checks her scope of practice with her Clinical Facilitator who gives incorrect advice leading to her failing practicum. 
   What would be the most effective thing for Pia to do? 
   (a) Complain to the University Clinical Team via email. -1 
   (b) Advise the University Clinical team and explain the situation. 0 
   (c) Review relevant material to see what documentation is available regarding scope of practice, and appeal the decision. 0 
   (d) Know it is her responsibility to know her scope of practice. 1

10. Susan is working on a ward where the staff does not get on well and are impatient with students. 
    What would be the most effective thing for Susan to do? 
    (a) Try to be helpful, and use her initiative to do things within her scope of practice. 1 
    (b) Try to help as much as possible. Susan should tell her Clinical Facilitator if staff are not treating her well. 0 
    (c) She should try to be proactive and help and not be a burden. 0 
    (d) See if she can change clinical areas. -1

11. David is unhappy on a ward; he feels if he criticizes the ward staff to his mentor, he may not pass practicum. 
    What would be the most effective thing for David to do? 
    (a) Speak up and tell the truth, try not to be aggressive but explain to his mentor how he feels. 0 
    (b) See if he can change wards. -1 
    (c) Make an effort to be professional and just get through the placement. Get support from friends and family and complain after the practicum. 1 
    (d) Try to change mentors for the day. 0

12. Helga’s mentor is impatient and tells her she is taking too long. 
    What would be the most effective thing for Helga to do? 
    (a) Apologise and explain that as a student she wants to be sure she is following correct process. 1 
    (b) Find another mentor. -1 
    (c) Speak to her Clinical Facilitator. 0 
    (d) Work on time management. 0

13. Emma’s mentor insists she work outside her scope of practice to prove she is a good student. 
    What would be the most effective thing for Emma to do? 
    (a) Insist that she cannot and that such an action would harm the patient and reflect badly on her mentor. -1 
    (b) Politely refuse, explaining that working outside her scope of practice would cause her to fail, then contact Clinical Facilitator. 1 
    (c) Decline to work outside her scope of practice. 0 
    (d) Do not do it; talk to her Clinical Facilitator. 0

Adapted from the Situational Test of Emotional Management (STEM) MacCann & Roberts (2008) Page 2
14. Sharon's mentor is stressed due to problems at home. The mentor gets angry with Sharon who is worried she will not pass practicum.

*What would be the most effective thing for Sharon to do?*
(a) Try to have a quiet word with her mentor, and ask if there is anything she can do and ignore the anger. 0
(b) Say nothing. -1
(c) Ask to have a new mentor. 0
(d) Speak to her Clinical Facilitator about concerns and explain she is very worried about the outcome of practicum for her. 1

15. Fiona feels a nurse on the ward is looking for mistakes in her work.

*What would be the most effective thing for Fiona to do?*
(a) She should ask the nurse if what she is doing is okay and ask for advice on how to improve. 1
(b) Practice professionally, inform the Nurse Manager of the situation. -1
(c) Make sure she is doing everything within her scope of practice. 0
(d) Remain confident and keep doing the best she can. 0

16. Max is working with a carer and they have a heavy patient load leading to little time for each resident which has caused some rough handling.

*What would be the most effective thing for Max to do?*
(a) Speak to the nursing home manager. -1
(b) Act professionally and ensure each resident is handled correctly and in an efficient manner. 1
(c) Report the problem to his Clinical Facilitator. 0
(d) See if anybody else is free to assist. 0

17. Emily hears that another class in the same subject had different material delivered in their tutorial.

*What would be the most effective thing for Emily to do?*
(a) Try to work out what is the right material. -1
(b) Go to the lecturer and use the lecture notes. 0
(c) Ask students in other class what they were told; if different, ask tutors and lecturer for clarification. 1
(d) Ask at next tutorial and discuss with other students. 0

18. Wendy has four assignments to do and is finding it hard to get started.

*What would be the most effective thing for Wendy to do?*
(a) Start with the most enjoyable. 0
(b) Focus on what is due first; try not to swap between the four as this increases confusion and stress. 0
(c) Talk to other students and just start one assignment. -1
(d) Prioritise, working out due dates and discuss assignments with other students. 0

19. Sam is starting university and does not know anyone.

*What would be the most effective thing for Sam to do?*
(a) Introduce himself to the person sitting next to him. 0
(b) Sit by himself and wait for someone to come and talk to him, try to overcome his shyness. 0
(c) Join social groups and try to make friends in tutorials. -1
(d) Talk to fellow students. 1

20. Carol has a group assignment and a member of the group suggests using some new software.

*What would be the most effective thing for Carol to do?*
(a) Stick to the old software, and try the new software after the essential work is done. -1
(b) It could be okay so look into it as a group. 0
(c) Find out more about the software and how it can be used. Suggest a trial. 1
(d) Take on board all suggestions and make a democratic decision. 0
21. Joanne does not agree with her tutor but is too afraid to speak up in case she is failed.  
What would be the most effective thing for Joanne to do?  
(a) Speak up; she can't be failed for speaking up. 0  
(b) Do not speak up and research the area more when she gets home. 0  
(c) Do not speak up, but provide feedback about the issue in the unit evaluation. -1  
(d) Approach the tutor with reasonable arguments for disagreeing. 1  

22. Rebecca has a practical lab and feels she is being marked to a different standard than other students.  
What would be the most effective thing for Rebecca to do?  
(a) Contact the unit lecturer or co-ordinator with her concerns. 0  
(b) Discuss this with the tutor who is assessing her; then make a verbal or written complaint. -1  
(c) Approach the tutor for feedback on her performance and request a rational for her marks. If she is still not happy, go through appropriate channels. 1  
(d) If unsure of requirements discuss the marking rubric with the tutor. 0  

23. Gina has been randomly placed in a group of six students for a group assignment. Everyone has a different idea on how to approach the assignment.  
What would be the most effective thing for Gina to do?  
(a) Get everyone’s ideas down on paper, discuss the advantages and disadvantages of each then make a group decision. 1  
(b) Listen to each other and combine all ideas. 0  
(c) Try to find common ground and you will eventually agree on something. -1  
(d) Discuss what the main point of the assignment is. 0  

24. Gloria feels group work creates uncertainty about her marks.  
What would be the most effective thing for Gloria to do?  
(a) Clarify the expected outcome with each group member, and then keep each other on track. 1  
(b) Meet up frequently. 0  
(c) Review the assessment well before it is due to create structure and flow. 0  
(d) Speak to the lecturer about her concerns. -1  

25. Alice has to meet with the other students in her assignment group, but their schedules do not seem to allow this.  
What would be the most effective thing for Alice to do?  
(a) Have two separate meetings and one person attend both to ensure all students are taking a consistent approach. -1  
(b) Use email to keep the discussion going and try to work out a way that will allow the group to meet up. 0  
(c) Delegate parts of the assignment and then email each other the information. 0  
(d) Organise another way of communication. 1
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