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Relationship between Perceived stress, Emotional Intelligence and Hope among Intern Nursing Students

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Abstract: *The internship nursing experience is a valuable prospect for new nurses to gain practice in a real world settings under a supporting and experienced supervision. However, interns are encountering a lot of stressors that could hamper their work outcomes and even their overall wellbeing. The high levels of perceived stress associated with nursing were reported by many researches. High perceived stress along with the demanding nature of the nursing profession requires high levels of emotional intelligence to keep up with the work burden. On the other hand, hope is a concept that represents a certain degree of certainty about outcomes. So, emotionally intelligent people by the essence of their traits will think positively and having hope in the future and this in turn will decrease their level of perceived stress. **The present study aimed** to find out the relationship between perceived stress, emotional intelligence (EI), and hope among intern nursing students. **The study followed a descriptive correlational design** .It was conducted at **the clinical settings of internship training** of faculty of Nursing, Damanhour University. The study subjects included all internship nursing students who were enrolled at the academic year 2015-2016 (N = 174). Data for this study were obtained using four main tools, the Emotional Intelligence scale, The Herth Hope Index (HHI), and the perceived stress scale In addition, a socio-demographic and academic data sheet. **Results** of the present study revealed a significant +ve correlation between level of emotional intelligence and hope and a significant -ve Correlations between level of perceived stress and both level of emotional intelligence and hope among the studied interns **In conclusion** emotional intelligence as an skills is better suited to handle day to day perceived stress in internship nursing experience .High-level of emotional intelligence and hope can significantly foretell healthy functioning and less perceived stress at work.*

Keywords: *Nursing student, Perceived stress, Emotional Intelligence (EI), Hope, Intern Nursing, Damanhour University*

I. Introduction

Healthcare settings are challenging and stressful work environments, therefore, EI has to be an important channel for improving well-being among health professionals and nurses. Link between emotional intelligence and job stress has been emphasized in literatures.(Bakr, Sherif, Eid, EL-shal 2013;Landa , López-Zafra, Martos, Aguilar-Luzón, 2008) . Research has shown that EI is considered to be a defensive factor against negative emotional experiences, and is also strongly related to positive emotions and positive mental health (Brackett & Mayer 2003; Mayer , Roberts, & Barsade,2008;Petrides K.V. & Furnham A. (2003) **The present study aimed** to determine the relationship between perceived stress, emotional intelligence, and hope among intern nursing students. **The study followed a descriptive correlational design** .It was conducted at **the clinical settings of internship training** of faculty of Nursing, Damanhour University. The study subjects included all internship nursing students who were enrolled at the academic year 2015-2016 (N = 177).

II. Literature review

Internship experience and its related perceived stress

Being an intern nurse is a wealthy and valuable experience, as it is a great chance for baccalaureate nursing graduates to gain clinical skills as well as to relate their theoretical nursing knowledge to real work situations under the direction of experienced, and supporting supervisors. In addition, the internship year helps the graduate nurses to develop their competencies in different care specialties (Bakr, Sherif, , Eid ,and ELshal, 2013;Cherry & Jacob, 2007;Karimi, Leggat, Donohue, Farrell, Couper, 2013).The initial contact of graduate nurses with real work life and real clinical situations was described as reality shock or upset. This shock begins as they shift from the educational to the service setting with its different requirements and stressors (Halfer &Elaine, 2006). In most cases, the actual hospital settings stressors could be perceived as intolerable by the

intern nurses. This reaction develops as the graduate nurses face a situation that is perceived as devastating and cannot cope up with (Campbell,2006;Bataineh, 2013)

Many origins of stress have been identified when talking about intern nurses; these origins may include insufficient salaries, staff shortages, heavy workloads and unfortunate work environments because of inadequate materials and supplies in governmental health settings (Gibson ,2004). Moreover, Researchers postulated that the psychological effect of nursing dying or critically ill patients is also a significant source of stress to the just graduate nurses. (Go`rgens-Ekermans & Brand ,2012). Another important source of stress in the internship experience is that providing comprehensive care for patients may expose the new nurses to be involved in their patients' emotional distress as well as their physical difficulties. (Karimi et al.,2013)

The concept of stress has been watched in many ways. The main approaches emphasized in literatures focused on stress as a response, stress as an environmental stimulus, and stress as a transaction between the individual and his environment (Townsend ,1996). Perceived stress occurs when an individual demonstrates a feeling of helplessness to control the stressful situation or to deal with the resulting emotional response (Sood, Bakhshi, and Devi 2013). Therefore, according to the transactional model which emphasized that stress is essentially an interaction between the environment and the individual, the role of the individual's appraisal of the stressful events is vital in shaping his responses toward the perceived stress (Steal ,2004).

It is very important to the novel nurses to know that stress not only cannot be avoided, but also it can be considered as either positive or negative experience that requires adjustment to various changes in one's current routine. It seems to be necessary, for nurses to manage their emotions and reaction to stress in order to decrease the negative effect on both their work and their lives (Karimi et al.,2013). Therefore, intern nurses must use all the available resources to get all possible positive outcomes of the stress they encounter and to go ahead. These resources could include using their own emotional intelligence and different coping strategies, as well as seeking professional and social help and/or support (Bakr, Sherif, , Eid ,and ELshal, 2013) .

Emotional intelligence (EI) and stress

Emotions play an important role in our practiced day to day tasks. As nursing profession mandates the provision of a psychologically oriented care, nurses' awareness by their motivations, biases and the most important awareness by their emotions in addition to technical skills are essential to their successful practices. Therefore, the ability to manage different emotions intelligently in nursing would be key to further development and growth of the profession (Pau and Croucher, 2003; Ruiz- Aranda , Extremera & Pineda – Gala.n , 2014). Emotional intelligence (EI) was defined as the ability of the person to identify his own and others' emotions, to differentiate between different emotions, to label them appropriately, and to use emotional information to guide thinking and behavior. Therefore, having a greater ability to manage and control self and reactions to others' emotions (Jung et al. 2016; Lane et al. 2009). Other definitions emphasized that EI involves the capacity to use diverse emotions to enhance emotional and intellectual growth and decision-making. (Karimi et al.,2013; Collins,2013; Seek Lee, and Hwang, 2016) .

Conceptually, emotional intelligence was interpreted in different ways. For example, Mayer & Salovey (1997) had visualized EI as an ability that must be evaluated by performance of individuals on definite tested assignments. This approach of EI is believed to contain a mental ability related to reasoning and problem solving in the emotion domain (Mayer, Roberts, & Barsade, 2008). On the other hand, the trait approach elucidated EI as emotional-related charismas that must be assessed by self reporting measures (Mayer & Salovey ,1997). Studies revealed that higher EI is significantly correlated with psychological comfort and pleasure (Brackett & Mayer 2003, Extremera, Salguero, FernándezBerrocal 2011& Petrides & Furnham 2003).It was also found to be linked with efficient nurses' team performance (Go`rgens-Ekermans,& Brand, 2012) .

Basic components of emotional intelligence:

A consensual perspective of emotional intelligence recognizes this concept as a skill that can be educated and learned. This entails a warranty to develop one's competencies and skills through repeated practice and response watching. EI has basic components including, self-awareness which helps the person to name and understand his emotions, and push him toward change (Mayer, Roberts, & Barsade, 2008). Thus, self awareness can help individual to find out the impact of his actions and the more important impact of his emotions on others (Mayer & Salovey, 1997).

The second component is self-regulation, which is concerned with impulse control and is reflected in the individual ability to regulate his /her emotions and behavior and so act adequately. This component contains resisting or postponing an urge, drive, and excitement to conduct certain behavior or reaction.(Dick ,Dick , Goleman, Boyatzis,& Annie -McKe, 2002). The third component is related to the interpersonal skills which incorporate being a socially active member of certain social group; with the ability to have mutually satisfying relationships (Lee,& Hwang, 2016). EI also comprises flexibility that allows power/ability to adjust to the

demands of the surrounding environment by performing a realistic assessment of the situation and then to manage or act upon the situations of difficulties (Mayer, Roberts, & Barsade, 2008).

Stress tolerance is considered as a basic part of EI. This component illustrates the individual ability to face stressful situations, and strong feelings without falling down and in the same time to react in an adaptive way to these situations or feeling (Mayer & Salovey, 1997).

Low level of emotional intelligence skills was reported to be linked with ineffective coping strategies and higher degree of distress (Matthews, et al., 2006). Vice versa, an individual with high EI proved to be more able to manage work stressors effectively (Jung et al. 2016). Therefore, emotional intelligence could be viewed as having a mediating effect between stress and high-quality mental health [Sharma, Dhar, & Tyagi, 2015]. In nursing practice, EI proved to create positive work dedication, to improve work outcomes and to enhance interpersonal conflict management abilities with the resulting decreased stress (Goergens-Ekermans, & Brand, 2012). Moreover, studies revealed that higher EI is significantly correlated with psychological comfort and pleasure (Brackett & Mayer 2003, Extremera, Salguero, FernándezBerrocal 2011 & Petrides & Furnham 2003). It was also found to be linked with efficient nurses' team performance (Goergens-Ekermans, & Brand, 2012).

Hope and its relation to EI and perceived stress

Hope is a positive construct that motivates human being, makes them feel at ease with today and having faith in tomorrow. To be clear, having hope mandates to believe in the individual ability to have practice some control over the evolving events (Akman & Korkut, 1993; Snyder, 2002). Therefore, hope could be figured as a positive mental state that is based on a reciprocal sense of successful ability to achieve goals (agency) and mastering the resources that could make this true (pathways). Agency can also be described as an individual's motivation about his/her personal success linked with the realization of goals, that also could be considered as the emotional aspect of hope (Batool, Niazi, & Ghayas, 2014). On the other hand, pathway refers to the person's cognitive ability to make a plan about personal goals and make strategies to conquer obstacles in the pursuit of goals (this could be seen as the cognitive aspect of hope). Both components are shared, preservative and closely related with each other. (Snyder, 2002)

The ability to have hope in severely stressful situations is influenced by a cognitive appraisal of the situation. So that, the individual ability to cope adaptively with stress over time depends at least in part on having hope in relation to the expected or needed outcome. Therefore, hope is considered as an essential construct for those who are expected to face serious and/or prolonged stress. (Folkman, 2010).

The concept of emotional intelligence has been strongly linked to hope. Persons with high level of emotional intelligence can deal with life in affectionate and dynamic pattern, they are able to manage conflicts, and can efficiently fuel themselves by self-encouragement and hope (Batool, Niazi, & Ghayas, 2014). Those people are thought to use positive emotions to direct the goals and increase motivation towards achieving these goals. For this reason, such people are cheerful and hopeful. Previous research indicates that emotional intelligence has an association with hope that helps to have an optimistic outlook on future life (Saricam, Celik, & COŞKUN, 2015).

Nursing interns are of a crucial situation that is full of stressors and in turn, mandates the intelligent use of one's own emotions as well the sensitive response to others' emotions to overcome the negative effects of these stressors. Moreover, possessing certain degree of hope is required in order to go through the long path of nursing and to gain the necessary motivation needed to enhance practice and to improve the profession.

III. Materials And Method

Materials

Design: This study follows a descriptive correlational design.

Setting: The study was done in the clinical training settings of internship students at the Faculty of Nursing, Damanhour University. The training settings were composed of 4 governmental hospitals and eight private hospitals.

Subjects: The study subjects included all internship nursing students who were enrolled at the academic year 2015-2016 (N = 177).

Tools of the study: The following tools were used for data collection.

Tool (1): Socio-demographic and academic data sheet:

This tool was developed by the researchers to elicit data such as: age, sex, marital status, residency, current or previous private work, and final grade at the fourth year

Tool (2): Perceived Stress Scale:

Cohen et al (1983) was developed fourteen items instrument, intended to measure the appraisal and perception of one's life situations as stressful which called Perceived Stress Scale (PSS). Initially it was A shorter version of 10 items, then it was modified by Cohen & Williamson (1988) to allow assessment of perceived stress

without any loss of psychometric quality (24) and this was used in this study. Subjects responses are rated on a five points Likert scale ranging from (0) indicating "never" to (4) indicating "very often ". Four items from the scale are negatively stated and will be reversely scored.

Total score is obtained by calculating all items grades. Total scores are ranging from 0 to 40, with higher scores demonstrating greater perceived stress. Score ranging was as the following: -from (0-7) will be considered as having very low level of perceived stress, scores from (8-11) low level of perceived stress, scores from (12-15) average level of perceived stress, scores from (16-20) high level of perceived stress, and scores from (21 and over) will reflect very high level of perceived stress.

Cronbach's alpha for the entire instrument was 0.73 which indicate that tool has internal consistency and reliability >.

Tool (3): Emotional Intelligence Scale:

This scale was developed by Schutte et al. (1998). It is a 33-item scale with a five-point Likert-type scale. The scale has six main different categories: (a) assessment of others emotions evaluated by 7 items (b) assessment of own emotions evaluated by 5, (c) regulation of emotions evaluated by 5 items, (d) social skills evaluated by 5 items, (e) utilization of emotions evaluated by 7 items, and (f) optimism evaluated by 4 items. Students read each statement and decide whether they 'strongly agree', 'agree', 'undecided', 'disagree', or 'strongly disagree' with the statement. The scale was tested by the researchers for reliability with a Cronbach alpha (α) of 0.80 for the entire scale. Score ranging from 33 to 165. Emotional intelligence considered to be high if the percent score was 75% or more and low if less than 75%. Questions number 5, 28, and 33 are negatively scored.

Tool (4): The Herth Hope Index (HHI):

The scale was build up by Herth, at Minnesota State in USA (Herth K. 1992). It is consisted of 12 items which are rated on a four point's likert-scale. The response ranging from "1" strongly disagree to "4" strongly agree. Items 3, 6 are reversed in their score. The twelve items are summed to obtain a total score that ranges from 12 to 48, with higher score equating to a higher level of hope. The instrument contains three categories , namely temporality & future (questions numbers 1, 2, 6, 11), positive readiness & expectancy (questions numbers 4, 7, 10, 12) and finally interconnectedness with self and others (questions numbers 3, 5, 8, 9). The HHI is reliable with a strong internal consistency as the Cronbach alpha for the total scale was $\alpha=0.78$

Method:

- Official approval to conduct this study was obtained from the responsible authorities (Dean of the faculty of nursing).
- Tool (1) was developed by the researchers to cover socio-demographic and academic data of the studied students.
- Tools (2, 3, and 4) were translated into Arabic language and tested for content validity by 5 experts in psychiatric field.
- A pilot study for the questionnaires was conducted on (10%) of the subject that were not included in the study. In the light of the findings of the pilot study, no changes occurred in the tools.
- Tools were tested for reliability using the Cronbach's alpha coefficient to measure the internal consistency of items comprising dimensions of each tool. The three tools were reliable.
- Researchers contacted students' instructors (preceptors) to identify the interns' clinical work settings and work schedule.
- The researchers explained the purpose of the study and assure confidentiality and obtain consent from study subject.
- Students were divided into small groups with the researchers during their break time to explain the purpose of the study, obtain students' oral consent to participate in the study, and reassure them about the anonymity and confidentiality of their responses. Then study tools were distributed and instructions about filling them were given.
- The data were collected during the academic year 2015-2016 along three months, started from the beginning of June 2016 to the end of August 2016.

IV. Statistical analysis:

- 1-Data coding: Data were coded by the researchers and statistically analyzed using SPSS (Statistical Package for the Social Science) version 20.0.
- 2- Descriptive statistics:
 - ✓ Qualitative data were described using number and percent.
 - ✓ Quantitative data were described using mean and standard deviation, minimum and maximum.

- 3- Analytical statistics:
- ✓ Pearson Correlation Coefficient (r) was used to measure the degree of association between variables.
- ✓ Multivariate analysis linear regression was used to assess effect of factors on each others, in which R = 0.517, R² = 0.267, F = 31.208, and p <0.001.
- ✓ All tests of significance were done at P value ≤ 0.05

V. Results

Regarding **Distribution of the studied sample according to demographic data** Table (1) showed that most of the studied intern nursing students were in the age group ranging from 20 to 24 years old (96%). On the other hand more than two thirds of them were females (69.5%). Regarding the intern students' marital status , the table revealed that being married / engaged or single were represented almost equally among the studied interns (50.6% and 49.4% respectively). In relation to the interns' final grades, it was found that more than two thirds of them obtained very good and excellent degree (32.8% and 36.85 respectively) .

Regarding Distribution of the studied sample according to percent score of emotional intelligence, hope and perceived stress Table (2) illustrated that more than three quarters of the studied intern nursing students were having low degree of emotional intelligence (80.5%) with a mean score =(67.53 ± 7.94). Concerning their score on the Herth Hope Index , the mean score for the studied subjects were (65.50 ± 12.51) reflecting a moderate degree of hope . As regards the studied interns ' level of perceived stress, almost all the studied subjects reported having a very high level of perceived stress(99.4).

Speaking about the correlation between degree of emotional intelligence, hope, and level of perceived stress Table (3) represented the correlation between degree of emotional intelligence, hope, and level of perceived stress among the studied subjects. It was observed that there is a significant +ve correlation between level of emotional intelligence and hope among the studied interns(r=0.583). On the other hand , Significant -ve Correlations were found between level of perceived stress and both level of emotional intelligence and hope among the studied interns(r=-0.341 and -0.515) respectively .

Table (4) represents the multivariate analysis linear regression for factors affecting perceived stress, this model was proved to predict this relation with accuracy = 26.7 % in which R = 0.517, R² = 0.267, F = 31.208 and p = <0.001. Hope was found to be the most independent variable affecting subject's level of perceived stress.

Table (1): Distribution of the studied sample according to demographic data (n=174)

	No.	%
Age (years)		
20 – 22	32	18.4
23 – 24	135	77.6
>24	7	4.0
Min. – Max.	21.0 – 26.0	
Mean ± SD.	23.06 ± 0.75	
Sex		
Male	53	30.5
Female	121	69.5
Marital status		
Single	86	49.4
Engaged	39	22.4
Married	49	28.2
Residency		
Rural	117	67.2
Urban	57	32.8
Private work		
No	46	26.4
Yes	128	73.6
Final grades		
Accepted	17	9.8
Good	36	20.7
Very good	58	32.8
Excellent	64	36.8

Table (2): Distribution of the studied sample according to percent score of emotional intelligence, hope and perceived stress (N=174)

Percent scores of the scales	No.	%
Emotional intelligence scale		
Low (<75%)	140	80.5
High (≥75%)	34	19.5
Min. – Max.	42.42 – 90.15	
Mean ± SD.	67.53 ± 7.94	
Herth hope scale		
Min. – Max.	25.0 – 94.44	
Mean ± SD.	65.50 ± 12.51	
Perceived stress scale		
Very low stress (0 - 7)	0	0.0
Low stress (8 - 11)	0	0.0
Average stress (12 - 15)	1	0.6
High level of stress (16 - 20)	0	0.0
Very high stress (≥21)	173	99.4
Min. – Max.	12.5 - 87.50	
Mean ± SD.	51.03 ± 11.79	

Table (3): Correlation between emotional intelligence, hope and perceived stress (N=174)

Percent scores of the scales		Emotional intelligence scale	Herth hope scale	Perceived stress scale
Emotional intelligence scale	r		0.583*	-0.341*
	p		<0.001*	<0.001*
Herth hope scale	r			-0.515*
	p			<0.001*
Perceived stress scale	r			
	p			

r: Pearson coefficient

*: Statistically significant at p ≤ 0.05

Table (4): Multivariate analysis linear regression for factors-affecting Perceived stress

Factors	B	Beta	t	p
Emotional intelligence	-0.093	-0.063	0.777	0.438
Hope	-0.451	-0.478	5.935*	<0.001*
R = 0.517, R ² = 0.267, F = 31.208*, p <0.001*				

VI. Discussion

Our emotions act like Maestro who guides our orchestra including behavior and action through make sure there is a state of harmony between them; Maestro skills referred to emotional intelligence. Internship period is one of the most challenging and critical time period, during which nursing students actually practice in a real working environment, they must train and work together at the same time, learn how to control their emotions, and how to deal with others' emotions including their patients'. It appears that emotional intelligence is one key agent needed to manage competing pressure faced during this critical time. (Fariselli , Freedman , Ghini, Valentini, 2008).

The first aim of the present research is to address the correlation between the extent of emotional intelligence, hope, and level of perceived stress among the studied subjects. The present study found a significant +ve correlation between increased level of emotional intelligence and raised hope among the studied interns (r=0.583). This may be attributed to that emotionally intelligent people by the nature of their traits will have high level of self awareness, have more self regulation skills and consequently this will enhance their hope level . So this will act as a first defense line against uncertainty about the outcomes which is naturally part of hope. Looking at the inverse; hopeful people will feel better, and make others more comfortable, more at ease, and to feel being more considered. This look match with hope meaning and definition, which involve two aspect (agency and pathway) , agency means the power and energy to achieve the goal while pathway means guessing the ways to meet goals (Ciarrochi , Deane , Anderson , 2002) .It was stated that the ability to have hope in severely stressful situations is influenced by a mental appraisal of the situation. So that, the individual ability to cope adaptively with stress over time is correlated in certain way to hope; and cognitive expectation about outcome of the stressful situation. Therefore, hope is considered as an essential construct for those who are expected to face serious and/or prolonged stress. (Folkman , 2010)

The present study results found +ve correlation between increase level of emotional intelligence and hope. This was consistent with study done by Umphrey & Sherblom(2014) who test the relationship between hope and wellbeing variables. Their findings revealed significant relationships between emotional intelligence and hope.

Furthermore, the current study results were similar with a study done to examine the role of emotional intelligence as a predictive factor in developing a sense of humor and hope among adults. Simple Linear Regression analysis of this study results revealed that emotional intelligence was a considerable interpreter of hope while non- significant predictor of sense of humor (Batool et.al, 2014)

Moreover, the current results showed a significant -ve correlations between the level of perceived stress and both levels of emotional intelligence and hope among the studied interns ($r=-0.341$ and -0.515). This may be attributed to many causes ; first cause related to that more hopefully people will have more trust in their own ability to achieve goal (cognitive and behavior pillars of hope) which will enhance their a ability to assess and manage stressful situations in more effective way and also be more able to control their own emotions. In addition, this will widen their perception and; consequently affecting appraisal process in a positive way. Second cause is that more emotionally intelligent people will be more aware about their emotions, strengths, and weakness and so on; also their ability to regulate emotion and solve the problem will be enhanced.

This is consistent with study conducted on university students (N= 302) using single point of data collection ,that aimed to assess life stress ,objectives and reported emotional intelligence and mental health; study found that stress was associated with gloominess ,despair and suicide ideation among those who are less intelligent in managing others emotions . (Ciarrochi , Deane , Anderson,2002)

From another direction, the protective effects of emotional intelligence (EI) during decision-making process under stress were investigated by Fallon et.al(2013). They examined EI, distress, information searching prior to choice, and decision-making skills. Results show that EI was associated with superior decision-making skills. Participants high in EI accessed decision relevant information more frequently proceeding to decision-making and greater search frequency prophesy superior decision making.

Results of the current study revealed that hope was the most independent variable affecting the subject's level of perceived stress using the multivariate analysis, linear regression for factors affecting perceived stress, this model was proved to predict this relation with accuracy = 26.7 % in which $R = 0.517$, $R^2 = 0.267$, $F = 31.208$ and $p < 0.001$. This may be related to that hope act like energetic power derived from belief about the certainty of outcomes. Conceptually, meaning of hope reflect the dynamic power of hope in individual response, as it is defined as "A continuous process of expectation that includes the dynamic interaction of thinking, acting, feeling and relating, and is directed toward a future fulfillment that is personally meaningful goals." (Gaskin, 2000) .Moreover, hope acts like a buffer cognitive system that protect against negative appraisal, and has inhibitory effect on subject's level of perceived stress.

The present finding was consistent to some extent with study done to examine the role of emotional intelligence and hope as guessing indicators on life satisfaction. Subjects include 478 preschool preserves teachers. Schutte emotional intelligence scale, Hope scale and Life satisfaction scale were used. The dynamic relationships between emotional intelligence, hope and life satisfaction were examined using correlation analysis and multiple regression analysis. In correlation analysis, emotional intelligence and hope were found to be positively related to life satisfaction. Emotional intelligence and hope has showed 40% of the variance in life satisfaction. (Saricam H , Coşkun ,2015)

Based on study results, emotional intelligence, hope are essential competencies to cope with stressors. Hope was found as a key factor in affecting the subject's level of perceived stress; thus it is necessary to enhance the levels of hope among subject of study further elaboration will be stated in implication.

VII. Implication and applications of study

- Raising staff awareness about how to address & improve emotional competencies such as emotional intelligence starting earlier in undergraduate students. This may be reached by adding some learning activities in the curricula that involve more educational experience about how to apply emotional intelligence skills in social and work life. Role play scenario in which students learn and apply EI skills, attentive listening & empathy skills could be of greater help. In addition, emotional recognition and emotional intelligence enhancement psycho educational program could be introduced.
- Implementation of program that advance hope such as installation techniques i; e, hopeful language hope, managing stress).
- Teach intern students as professional health care provider about EI skills, meaning of hope and how to assume an active role in asserting hope because they are in a position to either enhance or diminish it in their patient.

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