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“Help!”

Building Resilience in Nursing School

BH 646: Master of Science in Behavioral Health Capstone

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Abstract

Background: The nursing shortage is only growing in the United States, and poor nursing student retention is not helping the situation. Resilience must be promoted among nursing students to establish a healthy foundation for when they enter the nursing profession. One method for doing so is through emotional competence training.

Methods: A one-hour workshop to provide an introductory training on emotional competence was offered to 717 Bachelor of Science in Nursing (BSN) students and 30 Master of Science in Behavioral Health (MSBH) students. A needs assessment survey was conducted to determine how the workshop should be structured. After piloting two workshops, an evaluation survey was conducted to determine the workshops' effectiveness and ways to improve.

Results: Based on survey responses from 181 BSN and 12 MSBH students, participants overwhelmingly cited the need and desire for emotional competence training. Despite low workshop attendance, the workshop was considered helpful, valuable, and interesting by both BSN and MSBH participants.

Conclusion: Overall, emotional competence training appears to be desired and needed among nursing and health professions students. Additional research is needed on integrating emotional competence training into nursing and health professions schools and the most effective methods for increasing student participation in the trainings.

Keywords: nursing students, resilience, emotional competence

Executive Summary

Introduction

“Help!” The call for help. It is the calling that often draws one to enroll in nursing school in pursuit of one day answering that call as a registered nurse. As nursing students begin taking on the role of caring for others, they begin learning how to answer that call for help from others. However, while doing so, they may begin to ignore the call for help that comes from within themselves. In order to help them respond effectively to their own call for help, emotional competence workshops were offered to nursing students.

Overview

The nursing shortage is a problem of both quantity and quality in the United States. One place to start addressing this problem is where these future nurses are being produced – nursing schools. An important component of producing a high quantity of high-quality nurses is building their resilience. Through resilience, they will be more capable in overcoming challenges they face in their nursing career. These challenges begin to arise in nursing school where students face a multitude of different stressors. Resilience training must begin in nursing schools, and this is where training in emotional competence to increase resilience is valuable for future nurses.

Emotional competence is defined as, “how you recognize, understand, express and regulate your own emotions and respond to the emotions and interactions of others,” (Equilibrium Dynamics, 2018). It can be learned and is associated with increased resilience among nursing students (Vishavdeep, Sharma, Das, PrahbjotMalhi, & Ghai, 2016).

Methods

In collaboration with Equilibrium Dynamics, an agency focused on emotional competence training, one-hour emotional competence workshops were offered to 717 Bachelor

of Science in Nursing (BSN) and 30 Master of Science in Behavioral Health (MSBH) students. A needs assessment survey was conducted to determine the need, desire, and structure of the workshop. Workshop topics were selected based on needs assessment survey responses and included the following emotional competence topics: feeling management, motivation, decision making, achieving balance in life, time management, and emotional “refueling” or “recharging.” An evaluation survey was conducted immediately following the workshops to determine the workshops’ effectiveness and ways to improve.

Key Findings

An overwhelming need and desire for emotional competence training was cited in the needs assessment survey responses of 181 BSN students and 12 MSBH students. Despite only six BSN students and two MSBH students participating in the workshop, the workshop was considered effective, valuable, and interesting.

Recommendations

Future workshops should focus on increasing participation. For instance, workshops should be offered at a time in the semester that is least stressful for students. Also, collaboration with faculty should be promoted in which workshops could be offered in connection with a class. Further research is needed on how to best integrate emotional competence training into nursing and health professions curriculums. Perhaps emotional competence topics can be organized to target specific semesters throughout a nursing program. Students would then have a strong foundation in emotional competence that can bring them into the workforce as resilient nurses. As the nursing shortage intensifies, no time can be wasted on preparing more resilient nurses. The time to improve emotional competence and build resilience in nursing school is now.

“Help!”

Building Resilience in Nursing School

Literature Review

Poor Health among Nursing Students

“Help!” The call for help. It is the calling that often draws one to enroll in nursing school in pursuit of one day answering that call as a registered nurse. As nursing students begin taking on the role of caring for others, they begin learning how to answer that call for help from others. However, while doing so, they may begin to ignore the call for help that comes from within themselves.

In 2016, the American College Health Association (ACHA) conducted their National College Health Assessment II. They found that 55% of nursing students experienced an excessive amount of stress (Chunta, 2017). Furthermore, just one-fifth (20%) of nursing students achieved regular physical exercise, and only 5.6% of them achieved a healthy diet (Chunta, 2017). In 2016, Nevins and Sherman (2016) conducted a study focused on the self-care practices and health of undergraduate nursing students, which echoed the ACHA. According to Nevins and Sherman (2016), more than half (66%) of nursing students ate fast-food weekly, and their average amount of sleep was less than seven hours. Also in 2016, Vishavdeep et al. (2016) conducted a study focused on emotional intelligence training among undergraduate nursing students, and according to their study, nearly one-sixth (14%) of undergraduate nursing students were at risk for suicide. Overwhelming stress; lack of regular physical exercise, a healthy diet, and sleep; and the risk of suicide are plaguing the population of nursing students. It might seem puzzling how people promoting and caring for the health of others can fail to promote and care for the health of themselves, but this paradox is a reality.

The Nursing Shortage

The major consequence of this paradoxical situation is the growing shortage of nurses in the United States. The nation is losing nurses before they can even become nurses. In a literature review focused on nursing student retention, Mooring (2016) found that, at 50%, the U.S. has one of the highest nursing student attrition rates in the world. The nation is losing half of its future nursing workforce (Mooring, 2016). For the other half that do become nurses, retaining them in the profession continues to be a major challenge (Twibell & St. Pierre, 2012). According to a survey of new graduate nurses, almost a third (30%) of them quit during their first year, and more than half (57%) of them quit during their second year (Twibell & St. Pierre, 2012). The poor retention of nursing students and new graduate nurses is the last thing this nation needs as, according to the American Association of Colleges of Nursing, retirement age is approaching for over one million of the nation's registered nurses (Rosseter, 2017). According to the American Nurses Association (ANA) (2017), the total population of nurses in the U.S. is approximately 3.6 million. The nation will be losing over a third of that million due to retirement and replenishing that loss will be beyond difficult if nursing students and new graduate nurses cannot be retained in the profession (Rosseter, 2017).

The nursing shortage is an issue of not only quantity but also quality. The health risks that begin in nursing school do not disappear once students enter the profession as nurses. According to Kamau, Medisauskaite, and Lopes (2014), a variety of health risks face nurses today, including fatigue, stress, poor sleep, illness, and burnout. According to the Nurses' Health Study, no more than 3% of the nursing population is living a healthy lifestyle (Priano, Hong, & Chen, 2017). Similar to the health statistics of nursing students above, less than half (45%) of nurses performed physical exercise regularly and less than a sixth (14%) of them achieved a

healthy diet (Priano, 2018). Furthermore, nearly half (47%) slept less than seven hours daily (Priano, 2018). Physical health is only one facet of health that is poor among nurses.

Mental health, especially related to stress, is a major issue among nurses, as well. The poor retention of new graduate nurses was cited above, and Halpin, Terry, and Curzio (2017) conducted a study on stress specifically among new graduate nurses. Halpin et al. (2017) found that the major stressors faced by new graduate nurses included managing their workload, dealing with death and dying, experiencing workplace incivility, having new responsibilities, and being scared. Interestingly, these stressors do not disappear with more experience, Hersch et al. (2016) found that nurses faced high stress and burnout related to workload, patient deaths, perceived lack of power, and unhealthy work environments. Furthermore, suicide is a critical issue among the nursing population. According to a study conducted by Davidson, Zisook, Kirby, DeMichele, and Norcross (2018), more than half (55%) of the nurses sampled were at moderate risk for suicide and almost half (43%) of them were at high risk for suicide. Also, Davidson et al. (2018) found that 7% were currently experiencing suicidal ideation, and 11% had actually attempted suicide in the past. The poor health of nurses does not only affect nurses themselves but also the field of healthcare and the population as a whole (Priano et al., 2017). How can nurses be role models for patients if they are not caring for their own health and well-being? The poor health of nurses cannot continue to be ignored.

The Root of It All

The first step in addressing the poor health and retention of nursing students and nurses is to focus on a key cause of the problem – stress. An analysis of the stressors that arise from nursing school is needed. Oner Altioek and Ustun (2013) categorized various nursing school-related stressors into four different categories; stress may be related to their clinical practices,

theory courses, social life, and personal attributes. For instance, nursing students may face stress from being afraid that they will make a mistake while caring for a patient, related to examinations from theory courses, from not living “college life” to the fullest, and from managing their time poorly (Oner Altioek & Ustun, 2013). These stressors may lead to increased burnout and attrition among nursing students (Oner Altioek & Ustun, 2013). As seen by the different categories, nursing students face stress not only from sources directly related to nursing school but also from other sources that involve other aspects of their lives and their own personal skills (Oner Altioek & Ustun, 2013).

Pulidos-Martos, Augusto-Landa, and Lopez-Zafra (2012) conducted a systematic review focused on the sources of stress among nursing students. Similar to Oner Altioek and Ustun (2013), Pulidos-Martos et al. (2012) analyzed the sources of stress according to three different categories, which include academic, clinical, and personal or social stressors. Academic stressors revolved around examinations, evaluations, fear of failure, and workload. Clinical stressors focused on workload, fear of making a mistake, dealing with suffering and death, and working with others. Personal and social stressors involved economic issues and difficulty achieving a school-life balance (Pulidos-Martos et al., 2012).

How nursing students perceive and cope with these stressors is critical in regard to the effects that these stressors have on their health and their future as a nurse. They can either perceive the stress positively or negatively. A positive perception of stress produces eustress whereas a negative perception produces distress (Gibbons, 2010). How nursing students cope with their perceived stress involves their perceived control, self-efficacy, support, and coping styles. Gibbons (2010) analyzed factors relating to stress among nursing students in three categories: emotional exhaustion, depersonalization, and personal achievement. In regard to

emotional exhaustion, increased self-efficacy and control were more likely to result in support being effectively sought and eustress while avoidance coping was more likely to result in inadequate support-seeking and distress; in regard to depersonalization, adequate support and uplifting experiences were more likely to lead to eustress whereas inadequate support and high program demands were more likely to lead to distress (Gibbons, 2010). Lastly, in regard to personal achievement, positive teaching and learning experiences often resulted in eustress while negative ones often resulted in distress (Gibbons, 2010). According to Del Prato, Bankert, Grust, and Joseph (2011), a crucial factor impacting nursing student retention is how they cope with all of these stressors.

Current Interventions in Nursing Schools

In order for nursing students to cope with these various stressors and continue on through nursing school and their careers as nurses, they must become resilient (Stephens, 2013). Resilience is not just about prevailing over challenges; another key component of resilience comes from the learning and growth one goes through from facing and conquering those challenges (Thomas & Revell, 2016). Increased resilience is associated with decreased burnout and increased academic performance among nursing students (Garcia-Izquierdo, Rios-Risquez, Carillo-Garcia, & de los Angeles Sabuco-Tebar, 2017). Thomas and Revell (2016) cite support as a key method of promoting resilience among nursing students, and this support comes from family and friends as well as faculty. Nursing schools offer advising to students, which is one method that can be used to promote resilience (Mooring, 2016). However, advising may often focus more on helping the student register for courses rather than on helping the student become more resilient (Mooring, 2016). Also, Del Prato et al. (2011) found in their study of undergraduate nursing students that nearly half (45%) of them experienced unsupportive faculty.

In addition to advising, some nursing schools also promote resilience among students by having nursing student associations and programs that involve peer mentoring that offers their students support (Mooring, 2016). Del Prato et al. (2011) cited the need for more nursing schools to establish peer and faculty mentorships and create a caring learning environment. Retention programs are present in some nursing schools; however, there is still much to be done by nursing schools to specifically and deliberately promote resilience among their students (Mooring, 2016).

Emotional Competence to Build Nursing Resilience

In addition to the methods above, another way to promote resilience among nursing students is to improve their emotional competence (Vishavdeep et al., 2016). Vishavdeep et al. (2016) conducted a pre-experimental study in which 224 undergraduate nursing students participated in seven one-hour emotional intelligence skill training sessions. Vishavdeep et al. (2016) defined emotional intelligence as, “a cluster of traits or abilities relating to the emotional side of the life” (p. 204). They further described how people with higher emotional intelligence experienced less stress and coped more effectively, and they also make an important note: emotional intelligence can be learned and improved (Vishavdeep et al., 2016). Vishavdeep et al. (2016) cited that emotional intelligence is specifically beneficial among nursing students and nurses as it positively impacts their interpersonal relationships, academic achievement, self-compassion, psychological empowerment, well-being, and resilience. Increased emotional competence is associated with increased student retention, and the emotional intelligence skill training session provided students with a basis of emotional intelligence and focused on topics, such as self-awareness and relationships (Vishavdeep et al., 2016). Following the seven sessions, the nursing students were found to have significantly improved emotional intelligence (Vishavdeep et al., 2016).

Cerit and Beser (2014) conducted a study to examine the levels of emotional intelligence among 183 nursing students. Cerit and Beser (2014) defined emotional intelligence as, “the ability to understand one’s own emotions, to show empathy towards others’ emotions and to organize one’s emotions in a way to enrich his life” (p. 936). Overall, they found the nursing students to be at a normal level of emotional intelligence according to the Emotional Intelligence Assessment Scale (Cerit & Beser, 2014). Cerit and Beser (2014) broke down emotional intelligence into five components: emotional management, self-motivation, empathy, social skill, and emotional awareness. Students scored at a normal level for the first four components but scored low for the fifth component (Cerit & Beser, 2014). They noted that students who had participated in classes or read books on emotional intelligence had higher levels of emotional intelligence (Cerit & Beser, 2014).

Lana, Baizan, Faya-Ornia, & Lopez (2015) conducted a study to analyze the link between emotional intelligence and risky health behaviors among 275 nursing students. Lana et al. (2015) defined emotional intelligence as, “the ability to monitor one’s own and others’ feelings and emotions, to discriminate among them, and to use this information to guide one’s thinking and action” (p. 464). They indicated that emotional intelligence is a vital skill in the nursing profession and cited the positive correlation between emotional intelligence and stress management, academic achievement, and nursing student retention (Lana et al., 2015). Lana et al. (2015) found a negative correlation between emotional intelligence and alcohol consumption, poor eating habits, and unsafe sex among nursing students. Overall, emotional intelligence was an important health-promoting factor among nursing students (Lana et al., 2015).

Despite these studies, Fitzpatrick (2016) still cited a lack of clear instructions from the research regarding how emotional competence can be integrated into the nursing curriculum.

Equilibrium Dynamics (EQD) can help to provide that necessary clarity. EQD (2018) is a non-profit organization that offers emotional competence training workshops. They choose to use the term emotional competence as opposed to intelligence in order to emphasize the fact that it is a skill that can be learned and improved (EQD, 2018). They define emotional competence as, “how you recognize, understand, express and regulate your own emotions and respond to the emotions and interactions of others” (EQD, 2018). Emotional competence has two sides: intrapersonal, which focuses on oneself, and interpersonal, which focuses on one’s relationships (EQD, 2018). As an operational model, EQD (2018) categorizes emotional competence into three dimensions: the instant response, considered response, and developmental response. The instant response is an immediate response whereas the considered response involves contemplating how one’s response impacts one in both the short and long term. The developmental response deals with one’s lifelong growth, both personally and professionally (EQD, 2018).

This third dimension can be broken down further into five steps: self-awareness, self-development, relationships, self-responsibility, and reflections and feelings (EQD, 2018). There are a multitude of emotional competence topics that fall under these five steps such as decision making, time management, feeling management, motivation, achieving balance in life, and emotional “refueling” or “recharging” (EQD, 2018). These topics respond to the stressors identified above that nursing students are facing. For instance, the step on relationships can help nursing students establish positive relationships with patients and faculty. The steps on self-awareness and reflections and feelings can help them overcome their fears of failing or making mistakes. The step on self-responsibility can help them tackle their high workload, and the step on self-development, which delves into grief, loss, and letting go, can help them cope with the

suffering and death of patients. By offering these emotional competence training workshops, nursing students will receive help and support that is directly geared toward promoting their resilience. By promoting their resilience, the health and retention of individual nursing students can be improved and in accordance with that improvement, the health and retention of the nursing workforce and the health of the public can be improved. (Priano et al., 2017).

Equilibrium Dynamics

History

Equilibrium Dynamics is the agency that I worked with for my master's fieldwork. The beginning of EQD (2018) goes back to 1994 when emotional competence training was implemented in a program working with California high school students who were from poor socioeconomic backgrounds and would be the first person in their families to attend college. This initial training then led to many more trainings in the form of workshops for all groups of people, ranging from parents to students and teachers. Feedback received from the workshop participants was utilized to create an emotional competence curriculum and program for people of all ages and from various backgrounds. In order to help spread this adaptable curriculum to more people, an organization needed to be established in order to train workshop leaders and fund the workshops. Therefore, in 2006, Equilibrium Dynamics (2018) was founded.

Funding

EQD (2018) is a 501(c)(3) charitable nonprofit corporation, funded through a combination of donations, foundation funding, and fee for service. Emotional competence training programs and curriculum booklets are available for purchase through their website (EQD, 2018).

Mission

“We are a nonprofit organization dedicated to teaching adults and children how to build a life in which feelings empower – rather than ‘sabotage’ – relationships, activities and careers”

(EQD, 2018)

Services

The services offered by EQD (2018) focus on six key principles to improve one’s emotional competence. These principles include emotional literacy, self-awareness, self-development, relationships, self-responsibility, and reflection. EQD offers workshops to help others learn about and grow in their own emotional competence for personal and professional development. The duration of these workshops depends on what is desired by the participants and is tailored to each group with a focus on culturally competent delivery. EQD also offers a unique emotional competence education and training program for individuals who want to learn how to improve their own emotional competence and become a workshop trainer to help others. The duration of the program is two months and includes four workshops. The workshops take place both virtually and in person. This is where I focused most of my work. I attended the trainer workshops and then led training workshops for nursing students. EQD operates virtually so the location of in-person workshops varies. Participants will receive the workshop curriculum that forms the basis for the workshop. They will complete assignments, reflect, and practice their emotional competence skills. One must apply and pay in order to participate in the program, but scholarships are also offered. One can also go to their website at www.eqdynamics.org to purchase the curriculum or to download free parts of the curriculum. On their website, they also offer instructions on journaling to help improve one’s emotional competence (EQD, 2018).

Staff

The EQD (2018) staff consists of various health professionals and clinicians. There are clinical psychologists, researchers, physicians, and clinical psychiatry professors all working together on the EQD (2018) team.

Target Audience

EQD (2018) essentially targets anyone and everyone. Their program and curriculum are adaptable to all, but they have also created specialized workshops. They offer specific workshops for healthcare providers, public health workers, education programs (e.g., students, educators, administrators), therapists, and the military (EQD, 2018).

Project Aim

This project aims to answer the following question: How can emotional competence workshops help promote resilience among nursing students to help them achieve a healthy school-life balance? First, a needs assessment survey was administered to students. Using data from the needs assessment survey, an emotional competence training workshop was then developed and piloted for them. Immediately following the workshop, an evaluation survey was administered.

Sampling

The first sample population consisted of a convenience sample of all undergraduate students in the Bachelor of Science in Nursing (BSN) program from a university in the Western United States during the spring 2018 semester. The only inclusion criteria was enrollment in the BSN program. Participants were recruited via their school e-mail. The incentive for participation included entry into a lottery to win one of five \$10 Starbucks gift cards. Of 717 possible students, 181 (25%) completed the needs assessment survey. Approximately one-fifth (20%) of the respondents were freshmen, and almost a third (29%) were sophomores. Approximately a

quarter (25%) were juniors, and almost a third (27%) were seniors. Of the six BSN workshop participants, nearly all (5 out of 6) of them responded to the evaluation survey.

In order to reach more students, a second population was sampled during the summer 2018 semester. This second sample population consisted of a convenience sample of all graduate students in the Master of Science in Behavioral Health (MSBH) program from the same university. The only inclusion criteria was enrollment in the MSBH program. Participants were recruited via their school e-mail. The incentive for participation included entry into a lottery to win one of five \$10 Starbucks gift cards. Of 30 possible students, 12 (40%) completed the needs assessment survey. Approximately half of the respondents were enrolled solely in the MSBH program whereas the other half were enrolled in the Master of Public Health (MPH)-MSBH dual degree program. One respondent was in the MSBH-Doctor of Nursing Practice (DNP) program. For the purpose of this project, they will all be considered MSBH students. Of the two MSBH workshop participants, both of them responded to the evaluation survey.

Data Collection and Analysis

Two types of data collection were conducted: a needs assessment survey and an evaluation survey. A needs assessment survey was conducted in order to determine the need and interest for an emotional competence workshop among BSN and MSBH students and how the workshop could best be designed to help them achieve a healthy school-life balance. An evaluation survey was conducted immediately after the workshop to determine its effectiveness and where improvements can be made in the future.

Needs Assessment Survey

The needs assessment survey was e-mailed to BSN and MSBH students one week prior to the workshop (See Appendices A and B). They had one week to complete the survey. The

survey consisted of 12 questions that primarily focused on what they know about emotional competence and what they would like the workshop to focus on. Questions were developed based on previous needs assessment surveys conducted by Equilibrium Dynamics and expert reviews. The survey was pre-tested with three recent graduates of the undergraduate nursing program. Informed consent was included on the introduction page before beginning the survey. The survey was created and data was analyzed via Qualtrics.

Question one focused on demographics. For BSN students, the main demographic question focused on their current semester in the program (e.g., freshman 1, freshman 2, sophomore 1, etc.). Freshman 1 consists of students in the first semester of their freshman year. Freshman 2 consists of students in the second semester of their freshman year. For MSBH students, the main demographic question focused on their specific program enrollment (e.g., MSBH, MPH-MSBH, MSBH-DNP). Questions two to four focused on their previous exposure to or participation in emotional competence training.

Question five listed eleven emotional competence topics and asked students to rate them from most to least helpful in regard to achieving a healthy school-life balance, and question six asked for an explanation of why they selected a topic as the “most helpful.” The following were the eleven emotional competence topics: verbal and non-verbal communication; feelings management; handling grief and loss, letting go, and moving on; decision making; achieving balance in life; making emotional connections; motivation; relationship skills development; discipline, goal setting, and time management; leadership; physical and mental health. Question seven listed the same eleven emotional competence topics from question six but asked students to rate the helpfulness of each topic on a Likert scale (e.g., not helpful, helpful, very helpful). Question eight utilized a Likert scale to determine the likelihood of nursing students attending

the workshop (e.g., very likely, likely, unlikely, very unlikely). Question nine asked for open-ended responses from students regarding why nursing students might attend the workshop and how their likeliness to attend could be increased. Questions 10 focused on the format of the workshop (e.g., online, in-person). For BSN students, question 11 asked about the preferred workshop date. Question 12 for BSN students and question 11 for MSBH students allowed them to enter their e-mail addresses to be entered in the gift card lottery.

Evaluation Survey

The evaluation survey was e-mailed to both undergraduate and graduate students immediately after the workshop ended (See Appendix C). Participants were asked to complete the survey immediately. The survey consisted of seven questions that focused primarily on what they learned from the workshop and feedback for improving the workshop. Questions were developed based on previous needs assessment surveys conducted by Equilibrium Dynamics and expert reviews. The survey was pre-tested with three recent graduates of the undergraduate nursing program. Informed consent was included on the introduction page before beginning the survey. The survey was created and data was analyzed via Qualtrics.

Question one asked about participants' past emotional competence workshop attendance. Question two provided five statements regarding the effectiveness of the workshop leader, how valuable and interesting the workshop was, whether they learned something they could use, and whether more workshops should be offered. Participants responded to the statements using a Likert scale (e.g., strongly disagree, disagree, agree, strongly agree). Questions three and four were open-ended questions further focusing on how valuable and useful the workshop was. Question five focused on whether the workshop would help them meet their responsibilities.

Questions six and seven focused on their feelings about the workshop and suggestions for improvement.

Results

BSN Students

Needs assessment survey. Approximately a quarter (181 out of 717, or 25%) of BSN students completed the needs assessment survey. Similarly, the study conducted by Cerit and Beser (2014) on emotional intelligence levels of nursing students had 183 participants. Other studies had a slightly higher quantity of participants. Lana et al.'s (2015) study on the correlation between emotional intelligence and health risk behaviors had 275 nursing students participate, and Vishavdeep et al.'s (2016) pre-experimental study on emotional intelligence skill training had 224 nursing students participate. Respondents were approximately evenly split among all four classes: 34 (20%) were freshmen; 50 (29%) were sophomores; 43 (25%) were juniors; 47 (27%) were seniors (See Figure 1a).

Emotional competence, although unfamiliar to most respondents, was perceived as helpful in achieving a healthy school-life balance. Approximately a quarter (24%) of them had heard of emotional competence or emotional intelligence, and only eight had ever participated in emotional competence training. Nearly all of them selected the emotional competence topics of “discipline, goal setting, and time management” (92%), “physical and mental health” (89%), and “achieving balance in life” (84%) as very helpful (See Table 1a). When asked to rank eleven emotional competence topics on how helpful they would be to achieving a healthy school-life balance, approximately one third selected physical and mental health (34%) and “achieving balance in life” (31%) as the most helpful, and a quarter (25%) selected “discipline, goal setting, and time management” as the most helpful (See Table 2a).

When asked to explain why they selected a topic as the most helpful, students provided detailed responses. One student stated, “Having discipline, set goals, and good time management skills helps incorporate the other topics into a healthy school-life balance. This comes first because it establishes a foundation for the other topics to fall into place.” Another student stated, “Because if you achieve balance, you can manage the stressful part of school while having time to destress as well. There would never be too much of one part or the other.”

When asked how likely nursing students would attend the workshop, most (59%) of the respondents considered attendance to be likely and associated increased likelihood with helpful skills gained from the workshop as well as incentives. Less than a third (29%) considered workshop attendance to be unlikely. The extreme ends on the Likert scale received fewer selections. Only five considered workshop attendance to be very unlikely and 12 considered it to be very likely.

When asked to explain why nursing students might decide to attend the workshop and to provide suggestions for increasing the likelihood of attendance, students again provided detailed responses. One student stated, “I believe nursing students would go because it is an extremely stressful major with a lot of responsibilities. Balancing the overwhelming amount of work can become difficult. I would attend to manage my emotions better.” Another student suggested, “Food, proximity to their on-campus classes, and take-aways from class that will help their success.” In regard to the format of the workshop, nearly half (46%) preferred an in-person format while approximately a third (29%) preferred an online format, and a quarter (25%) stated no preference.

Workshop and evaluation survey. The one-hour workshop was held in person and on campus approximately three weeks after the needs assessment survey. The workshop provided

an introduction to emotional competence, and based on the needs assessment survey responses, the emotional competence topics covered during the workshop for BSN students included decision making, achieving balance in life, and time management. Based on advice from EQD staff, an additional topic focused on emotional “refueling” or “recharging” was included. Food was also provided at the workshop. Although only six BSN students participated in the workshop, the five of them who responded to the evaluation survey found the workshop to be helpful. Only one student had attended an emotional competence workshop before. Four strongly agreed that the person leading the workshop was effective. Three agreed that the workshop was valuable and interesting and strongly agreed that more emotional competence workshops should be offered (See Table 3a).

When asked to describe what was most valuable to them about the workshop, one student stated, “Decision-making and alternative activity.” Another student stated, “Hearing about other people’s thoughts/struggles.” When asked to name one thing they learned that they could use, one student stated, “I learned how to balance my life and emotions.” Another student stated, “Emphasis [on] self-care linked to values.” A third student stated, “How to map out alternatives to decision-making.” All five agreed that what they learned is likely to help them meet their responsibilities. When asked how they felt about the workshop, one student stated, “I really enjoyed the workshop. It exceeded my expectations.” Another student stated, “It was nice. Different than I thought, but nice.” A third student stated, “I enjoyed it but I didn’t learn anything I didn’t know before.” No suggestions for improvement were provided by the students.

MSBH Students

Needs assessment survey. Almost half (12 out of 30, or 40%) of MSBH students completed the needs assessment survey. Approximately half (5) were enrolled in the MSBH

program while the other half (5) were enrolled in the MPH-MSBH dual degree program. One student was enrolled in the MSBH-DNP program (See Figure 1b). Nearly all (11) of them had heard of emotional competence or intelligence before but only two of them had actually participated in emotional competence training. Similar to the BSN students, the MSBH students perceived emotional competence as helpful in achieving a healthy school-life balance. The majority (7) selected “feelings management” as very helpful. Half (6) of them selected “decision making,” “achieving balance in life,” “motivation,” “relationship skills development,” “discipline, goal setting, and time management,” and “leadership” as very helpful (See Table 1b). In response to which emotional competence topic would be the most helpful to achieving a healthy school-life balance, responses varied among the MSBH students. The highest consensus was three respondents who selected “discipline, goal setting, and time management” as the most helpful (See Table 2b). When asked to explain why they selected a topic as the most helpful, students provided detailed responses. One student stated, “I think learning about time management and goal setting helps individuals stay on track.” Another student stated, “Balance helps me feel complete.”

When asked how likely health professions students would attend the workshop, the responses were similar to the BSN students. Most (7) of the respondents considered attendance to be likely and associated increased likelihood with helpful skills gained from the workshop as well as it being offered at a convenient time. Although only one respondent considered workshop attendance to be very likely, only two considered it to be unlikely and none considered it to be very unlikely. When asked to explain why health professions students might decide to attend the workshop and to provide suggestions for increasing the likelihood of attendance, MSBH students provided detailed responses like the BSN students. One student stated, “I would attend this

workshop because it is a free training on an important topic/skill that we will need in any profession, but particularly needed in nursing or health professions field. I would attend to support my fellow classmate . . . making this workshop right before class . . . is helpful for most students.” Another student indicated, “Good timing with classes/assignments, incentives (like lunch or dinner), tangible skills offered.” In regard to the format of the workshop, only two preferred an in-person format while four preferred either an online format or had no preference.

Workshop and evaluation survey. The one-hour workshop was held approximately two and a half weeks after the needs assessment survey. Students had the option of participating in-person on campus or virtually via Zoom. The workshop provided an introduction to emotional competence, and based on the needs assessment survey responses, the emotional competence topics covered during the workshop for MSBH students included feeling management, motivation, decision making, achieving balance in life, and time management. In following prior advice from the EQD staff, the additional topic on emotional “refueling” or “recharging” was included for MSBH students, as well. Food was also provided during the workshop. Although only two MSBH students participated in the workshop, both responded to the evaluation survey and found the workshop to be helpful, as well. One had attended an emotional competence workshop before while the other had not. Both strongly agreed that the person leading the workshop was effective, that they learned something they could use, and that more emotional competence workshops should be offered. One strongly agreed and one agreed that the workshop was valuable and interesting (See Table 3b).

When asked to describe what was most valuable to them about the workshop, one of them stated, “The activities were extremely valuable! I enjoyed working through it on the whiteboard and realized I could do this at home. I came up with more solutions to my situation

when I wrote it out instead of just thinking about it. Obtaining feedback from my classmate and Kellie was helpful because we were able to come up with other solutions.” When asked to name one thing they learned that they could use, one student stated, “The PEEPER [acronym] that begins with a time out when feelings are getting heated.” The other student stated, “I liked working through my situation and finding another alternative/solution to my problem. This was my favorite workshop because I knew I was going to use what I learned and apply it to my everyday life.” Both agreed that what they learned is likely to help them meet their responsibilities. When asked how they felt about the workshop, one student stated, “I would definitely recommend it to others.” The other student stated, “The workshop was amazing because I felt safe to participate. I liked that it was a small group because it helped me stay engaged.” In regard to suggestions for improvement, one student stated, “It was a bit rushed. I would recommend choosing just two topics for one hour and allowing for more interactive discussion.” The other student suggested, “I feel workshops like these are better in small groups because people feel more comfortable sharing and participating. Since this workshop was small I felt I took more out of it because we could engage more with Kellie.”

Discussion

Valuable information from the needs assessment was gained from 181 BSN students and 12 MSBH students. They provided thoughtful, detailed responses to the open-ended survey questions. The fact that they took the time out of their busy nursing and graduate school schedules to provide such responses seems to indicate their engagement with the survey and their interest in emotional competence. Furthermore, their responses clearly showed the need and desire for emotional competence training or at least some form of additional support in nursing or graduate school.

In addition to their own personal interest in learning about emotional competence or seeking support, the high number of survey participants may partially be attributed to the connection I have with them. I was a recent graduate of the BSN program and a current student in the MSBH program. I had also been a supplemental instruction leader for a sophomore nursing class for five semesters so at least four semesters worth of BSN students likely knew me from that position. The MSBH students were all peers of mine. One MSBH student even described that supporting me as a fellow classmate was one reason that students would be likely to attend my workshop. The connection and familiarity with me may have contributed to the high number of needs assessment survey respondents. I was not an outsider with no personal experience in the matter. I went through what they are going through, which likely added to the credibility of myself and my workshop. Some BSN students even said that they wanted to specifically learn how I managed the stressors of nursing school. In the BSN students' responses, there seemed to be a yearning for attainable skills and wisdom from my recent experience to help them succeed in nursing school.

Overall, BSN and MSBH students provided similar responses to both the needs assessment and evaluation surveys. They rated the helpfulness of various emotional competence topics similarly. Therefore, the workshops offered to the BSN and MSBH students were structured quite similarly. Both workshops covered decision making, balance in life, time management, and emotional "refueling" or "recharging." During the BSN workshops, there was about twenty minutes of spare time at the end, which was filled with a discussion on tips for success in nursing school. Therefore, I presumed that a couple of additional topics could be added for the MSBH workshops in order to make the most out of the one-hour workshop. The topics added to the MSBH workshop were feeling management and motivation, which were cited

as equally helpful as the other above topics by MSBH students. Ironically, one of the MSBH workshop participants suggested that the workshop felt rushed and should focus on only a couple topics.

One area of difference among the BSN and MSBH students is that MSBH students appeared to be more familiar with emotional competence than BSN students. This contrast may likely be due to the fact that MSBH students have heard me discuss emotional competence during our classes. Also, a greater proportion of MSBH students preferred an online workshop. Therefore, MSBH students had the option to participate virtually in the workshop via Zoom. However, no MSBH student actually participated in this format. The two MSBH students who participated attended the workshop in person.

The needs assessment survey was effective in identifying how familiar emotional competence was among nursing students prior to attending the workshop, what areas of emotional competence they consider most helpful, and their preferences for how the workshop should be formatted. The evaluation survey was also effective in gathering their feedback on the workshop and how it can be improved. Implementing the survey via Qualtrics and delivering it via e-mail proved very feasible.

Despite the low workshop attendance, the workshop seemed to be an enjoyable and helpful experience for workshop participants. Both BSN and MSBH students provided positive reviews of the workshop. They found it to be helpful, valuable, and interesting. They cited specific skills they gained and plan to apply in their lives, such as decision making, time management, and feeling management tools. They also desired more emotional competence workshops to be offered. Interestingly, the small number of the group may have benefitted the workshop participants because there was plenty of time for them to each individually share their

feelings and practice using the skills learned in the workshop. Overall, the emotional competence training workshop appeared to achieve the project aim of promoting nursing student resilience by helping them achieve a healthy school-life balance.

Challenges and Limitations

Despite proactive actions to prevent low workshop attendance, such as reminders and incentives, workshop attendance was still a major challenge for this project. There is a major discrepancy between the number of needs assessment survey respondents and the number of workshop participants in both sample populations but especially among BSN students. 181 BSN students completed the needs assessment survey, but only six of them attended the workshop. Also, the needs assessment responses overwhelming cited the need for emotional competence training and nearly 100 of the BSN students said that they would likely attend the workshop.

A major barrier to attending the workshop was likely related to timing. Due to the time required for the workshop leader to become trained, the workshop had to be offered at the end of the spring semester for BSN students as they do not have classes during the summer. Therefore, most students were likely very busy preparing for final examinations and chose not to attend the workshop. According to Nevins and Sherman (2016), nursing students generally sleep less than seven hours daily. If they cannot find the time to obtain adequate sleep, it makes it seem much less surprising that they could not find the time to attend this workshop. Ironically, attending this workshop could have helped them improve how they manage their time. For MSBH students, the workshop needed to occur prior to July due to project requirements. Also, since the BSN students leave for the summer, a focus group evaluation could not be conducted following the workshop, which could have provided more information regarding the low workshop attendance

and further details on improving the workshop. A focus group was offered to the two MSBH workshop participants but they failed to attend.

Furthermore, since the workshops were only one hour, only a few emotional competence topics could be covered so students may have had a more difficult time truly understanding emotional competence than if all of the topics were thoroughly covered. Originally, the workshop was to be offered on multiple dates and at multiple times so that students could attend the workshop that was most convenient for them. Due to the short time available at the end of the semester, the workshop was only able to be offered on a single day; however, multiple times were still offered. Due to the small number of survey respondents and workshop participants, these results cannot be generalized to all nursing students. The sample population from this specific Western American university may be quite different from nursing and health professions students in other parts of the country. Also, this sample population only consists of BSN and MSBH students so it cannot be generalized to all nursing and health professions students, such as those pursuing different nursing and health professions degrees. For instances, students in Master of Science in Nursing programs may differ from this project's sample population. Also, since this project was not a research project, certain questions could not be asked. For instance, the surveys could not ask students about their personal health and behaviors.

In regard to one student who stated in the evaluation survey, "I enjoyed it but I didn't learn anything I didn't know before," this is an important point to tackle. Emotional competence topics are often topics that are familiar to people, such as time management and decision making. The topic names are familiar, but learning the connection between these topics and one's feelings is the new notion that these workshops bring about. This point may not have been addressed clearly enough in the workshops. Furthermore, Cerit and Beser (2014) found that nursing

students' emotional intelligence was generally at a normal level. Therefore, they may feel that they are already emotionally intelligent. However, emotional intelligence is not static; they must be reminded that there is always more to learn, and they can always continue to grow (Vishavdeep et al., 2016). Emphasizing the new knowledge and skills as well as the value gained from reflection during the workshop would likely improve the perception of the workshop's novelty.

Implications for Practice

The needs assessment survey cited an overwhelming interest in and need for emotional competence training among BSN students, and the workshop itself was considered effective, valuable, and helpful by the BSN student participants. Therefore, the workshop should continue to be offered to BSN students. In order to offer the workshop to more students, Equilibrium Dynamics could perhaps work closely with BSN faculty to integrate emotional competence training into the BSN curriculum. Workshops should be offered at times of low stress in the semester to encourage participation, and perhaps, an online option would reach more students. In working with faculty, workshops could be linked with a BSN class and offered during each semester to BSN students, and the workshops could focus on topics that would be most helpful during that specific semester. For instance, the freshmen semesters can focus on topics that will set them up for success throughout the program, such as discipline, goal-setting, time management, and decision-making. The sophomore semesters can focus on topics that will help them adapt to their new clinical experiences, such as relationships and feeling management. The junior semesters can focus on topics that will help them manage their increasingly busy workload, such as time management and achieving balance in life. The senior semesters can focus on topics that will help them push through to graduation and beyond, such as motivation,

reflection, and emotional “refueling” or “recharging.” By graduation, students would then have likely covered all of the emotional competence curriculum in conjunction with their BSN curriculum.

Future Research

The BSN students who participated in this project showed a strong desire for emotional competence training. However, since these results are not generalizable to the overall nursing student population, more generalizable research should be done to determine if nursing students truly desire and need emotional competence training. For instance, future research should conduct more rigorous sampling, such as conducting a random sample of nursing students across the nation. A larger sample size would also be helpful. Samples from nursing students in various nursing degree programs would also provide a more comprehensive picture. More research also needs to be conducted to determine the most effective methods for integrating emotional competence training into the BSN curriculum. It would also be helpful to know how much training is needed to become emotionally competent and how to truly evaluate emotional competence among BSN students. This project has only scratched the surface of emotional competence among nursing students. Future research is needed to dig deeper in order to learn the most effective methods for improving emotional competence among the larger nursing student population so that resilience can be promoted and the health of all nursing students, nurses, and the public can be cared for and promoted. It is time to answer that call for help from nursing students.

References

- Cerit, E., & Beser, N. G. (2014). Levels of emotional intelligence of nursing students. *International Journal of Caring Sciences*, 7(3), 936-945. Retrieved from <http://internationaljournalofcaringsciences.org/docs/30.%20Cerit%20ORIGINAL.pdf>
- Chunta, K. S. (2017). Faculty role in promoting nursing student health. *American Nurse Today*, 12(7), 52-54. Retrieved from https://americannursetoday.mydigitalpublication.com/publication/?i=421367&article_id=2829752&view=articleBrowser&ver=html5#{%22issue_id%22:421367,%22view%22:%22articleBrowser%22,%22article_id%22:%222829752%22}
- Davidson, J. E., Zisook, S., Kirby, B., DeMichele, G., & Norcross, W. (2018). Suicide prevention: A healer education and referral program for nurses. *Journal of Nursing Administration*, 48(2), 85-92. doi:10.1097/NNA.0000000000000582
- Del Prato, D., Bankert, E., Grust, P., & Joseph, J. (2011). Transforming nursing education: A review of stressors and strategies that support students' professional socialization. *Advances in Medical Education and Practice*, 2, 109-116. doi:10.2147/AMEP.S18359
- Equilibrium Dynamics. (2018). *Equilibrium Dynamics*. Retrieved from <http://www.eqdynamics.org/>
- Fitzpatrick, J. J. (2016). Helping nursing students develop and expand their emotional intelligence. *Nursing Education Perspectives*, 37(3), 124. doi: 10.1097/01.NEP.0000000000000020
- Garcia-Izquierdo, M., Rios-Risquez, M. I., Carillo-Garcia, C., & de los Angeles Sabuco-Tebar,

- E. (2017). The moderating role of resilience in the relationship between academic burnout and the perception of psychological health in nursing students. *Educational Psychology*, 1-12. <https://doi.org/10.1080/01443410.2017.1383073>
- Gibbons, C. (2010). Stress, coping and burn-out in nursing students. *International Journal of Nursing*, 47, 1299-1309. doi:10.1016/j.ijnurstu.2010.02.015
- Halpin, Y., Terry, L. M., & Curzio, J. (2017). A longitudinal, mixed methods investigation of newly qualified nurses' workplace stressors and stress experiences during transition. *Journal of Advanced Nursing*, 73(11), 2577-2586. doi:10.1111/jan.13344
- Hersch, R. K., Cook, R. F., Deitz, D. K., Kaplan, S., Hughes, D., Friesen, M. A., & Vezina, M. (2016). Reducing nurses' stress: A randomized controlled trial of a web-based stress management program for nurses. *Applied Nursing Research*, 32, 18-25. <https://doi.org/10.1016/j.apnr.2016.04.003>
- Kamau, C., Medisauskaite, A., & Lopes, B. (2014). Inductions buffer nurses' job stress, health, and organizational commitment. *Archives of Environmental and Occupational Health*, 70(6), 305-308. doi:10.1080/19338244.2014.891967
- Lana, A., Baizan, E. M., Faya-Ornia, G., & Lopez, M. L. (2015). Emotional intelligence and health risk behaviors in nursing students. *Journal of Nursing Education*, 54(8), 464-467. doi:10.3928/01484834-20150717-08
- Mooring, Q. E. (2016). Recruitment, advising, and retention programs – Challenges and solutions to the international problem of poor nursing student retention: A narrative literature review. *Nurse Education Today*, 40, 204-208. <http://dx.doi.org/10.1016/j.nedt.2016.03.003>
- Nevins, C. M., & Sherman, J. (2016). Self-care practices of baccalaureate nursing students.

- Journal of Holistic Nursing*, 34(2), 185-192. doi: 10.1177/0898010115596432
- Oner Altiok, H., & Ustun, B. (2013). The stress sources of nursing students. *Educational Sciences: Theory and Practice*, 13(2), 760-766. Retrieved from <https://files.eric.ed.gov/fulltext/EJ1017246.pdf>
- Priano, S. M. (2018). Is your job a risk to your health? *American Nurse Today*, 13(2), 34-35. <https://www.americannursetoday.com/job-risk-health/>
- Priano, S. M., Hong, O. S., & Chen, J. L. (2017). Lifestyles and health-related outcomes of U. S. hospital nurses: A systematic review. *Nursing Outlook*, 66(1), 66-76. <https://doi.org/10.1016/j.outlook.2017.08.013>.
- Pulidos-Martos, M., Augusto-Landa, J. M., & Lopez-Zafra, E. (2012). Sources of stress in nursing students: A systematic review of quantitative studies. *International Nursing Review*, 59, 15-25. <https://doi.org/10.1111/j.1466-7657.2011.00939.x>
- Rosseter, R. (2017). Nursing shortage fact sheet. *American Association of Colleges of Nursing*. Retrieved from <http://www.aacnnursing.org/News-Information/Fact-Sheets/Nursing-Shortage>
- Stephens, T. M. (2013). Nursing student resilience: A concept clarification. *Nursing Forum*, 48(2), 125-133. doi: 10.1111/nuf.12015
- Thomas, L. J., & Revell, S. H. (2016). Resilience in nursing students: An integrative review. *Nurse Education Today*, 36, 457-462. <https://doi.org/10.1016/j.nedt.2015.10.016>
- Twibell, R., & St. Pierre, J. (2012). Tripping over the welcome mat: Why new nurses don't stay and what the evidence says we can do about it. *American Nurse Today*, 7(6). Retrieved from <https://www.americannursetoday.com/tripping-over-the-welcome-mat-why-new-nurses-dont-stay-and-what-the-evidence-says-we-can-do-about-it/>

Vishavdeep, Sharma, S., Das, K., PrahbjotMalhi, & Ghai, S. (2016). A pre experimental study to assess the effect of emotional intelligence skill training on emotional intelligence of undergraduate nursing students. *International Journal of Nursing Education*, 8(2), 203-208. doi: 10.5958/0974-9357.2016.00076.3

Appendix A. Needs Assessment Survey for BSN Students

Hello!

My name is Kellie Redmond. I graduated from the University of San Francisco's Bachelor of Science in Nursing program in May 2017. I am currently finishing my Master of Science in Behavioral Health (MSBH) at USF. For my MSBH fieldwork project, I am focusing on helping nursing students achieve a healthy school-life balance.

To support students, I am working with Equilibrium Dynamics, a non-profit organization that offers emotional competence training. Emotional competence is defined as "how you recognize, understand, express and regulate your own emotions and respond to the emotions and interactions of others." In order to help you achieve a healthy school-life balance, I will be leading workshops focused on emotional competence skills. Emotional competence can help you in various facets of your life as a nursing student from time management and balance to handling grief and loss.

Below is a survey that will help me plan the workshop according to your needs. The survey should take approximately 5 minutes to complete. Participation is voluntary and anonymous. You can stop participating in the survey at any time. At the end of the survey you can provide your e-mail address to be entered into a lottery to win one of five \$10 Starbucks gift cards. Your survey response will remain confidential if you provide your e-mail address. Participation in the gift card lottery is completely voluntary. By clicking the arrow below, you will begin the survey and consent to participating in the survey. Thank you in advance for your time, and I hope to see you at my workshop!

Q1 Please select your current semester in the BSN program.

- Freshman 1 (7)
 - Freshman 2 (8)
 - Sophomore 1 (1)
 - Sophomore 2 (2)
 - Junior 1 (3)
 - Junior 2 (4)
 - Senior 1 (5)
 - Senior 2 (6)
-

Q2 Have you ever heard of emotional competence or emotional intelligence?

- Yes (1)
 - No (2)
-

Display This Question:

If Q2 = Yes

Q3 Have you ever participated in emotional competency training before?

- Yes (1)
 - No (2)
-

Display This Question:

If Q3 = Yes

Q4 Where did you receive your training? (Example: Name of organization, website, book, etc.)

Q5 How would you rank the following topics in terms of how helpful they would be to achieving a healthy school-life balance ? (1 = most helpful. 11 = least helpful.)

_____ Verbal and non-verbal communication (1)

_____ Feelings management (2)

_____ Handling grief and loss, letting go, and moving on (3)

_____ Decision making (4)

_____ Achieving balance in life (5)

_____ Making emotional connections (6)

_____ Motivation (e.g., toward becoming the nurse you dream to be) (7)

_____ Relationship skills development (8)

_____ Discipline, goal setting, and time management (9)

_____ Leadership (10)

_____ Physical and mental health (11)

Q6 Why was the topic you gave a "1" in the previous question the most helpful?

Q7 Please rate how helpful EACH of the following topics would be for nursing students to achieve a healthy school-life balance. (0 = not helpful. 1 = helpful. 2 = very helpful.)

	0 (1)	1 (2)	2 (3)
Verbal and non-verbal communication (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feelings management (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Handling grief and loss, letting go, and moving on (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decision making (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Achieving balance in life (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Making emotional connections (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivation (e.g., toward becoming the nurse you dream to be) (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship skills development (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discipline, goal setting, and time management (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical and mental health (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q8 The workshop I am planning to offer will focus on one of the emotional competence topics listed previously (e.g., feelings management, achieving balance in life, time management, etc.) The duration of the workshop will be one hour and will either take place on USF's main campus or online. The workshop will likely be offered on two different dates, April 26th and May 2nd, in

the evening, around 6:00 P.M.

How likely is it that nursing students will attend the workshop?

- Very likely (1)
 - Likely (2)
 - Unlikely (3)
 - Very unlikely (4)
-

Q9 Why might nursing students decide to attend this workshop? What would help increase nursing students' likeliness to attend this workshop? Please list any suggestions.

Q10 Which workshop format do you prefer?

- In-person (1)
 - Online (2)
 - No preference (3)
-

Q11 Which date will you be available to attend the workshop?

- Thursday, April 26th (1)
 - Wednesday, May 2nd (2)
 - Neither of the above dates (3)
-

Q12 If you would like to be entered into the lottery for one of five \$10 Starbucks gift cards, please enter your e-mail address below. Your survey response will remain confidential. Participation in the gift card lottery is completely voluntary.

Appendix B. Needs Assessment Survey for MSBH Students

Hello!

My name is Kellie Redmond. I graduated from the University of San Francisco's Bachelor of Science in Nursing program in May 2017. I am currently finishing my Master of Science in Behavioral Health (MSBH) at USF. For my MSBH fieldwork project, I am focusing on helping nursing and health professions students achieve a healthy school-life balance.

To support students, I am working with Equilibrium Dynamics, a non-profit organization that offers emotional competence training. Emotional competence is defined as "how you recognize, understand, express and regulate your own emotions and respond to the emotions and interactions of others." In order to help you achieve a healthy school-life balance, I will be leading workshops focused on emotional competence skills. Emotional competence can help you in various facets of your life as a health professions student from time management and balance to handling grief and loss.

Below is a survey that will help me plan the workshop according to your needs. The survey should take approximately 5 minutes to complete. Participation is voluntary and anonymous. You can stop participating in the survey at any time. At the end of the survey you can provide your e-mail address to be entered into a lottery to win one of five \$10 Starbucks gift cards. Your survey response will remain confidential if you provide your e-mail address. Participation in the gift card lottery is completely voluntary. By clicking the arrow below, you will begin the survey and consent to participating in the survey. Thank you in advance for your time, and I hope to see you at my workshop!

Q1 Please select your graduate degree program.

- MSBH (1)
 - MPH-MSBH (2)
 - MSBH-DNP (3)
-

Q2 Have you ever heard of emotional competence or emotional intelligence?

- Yes (1)
- No (2)

Display This Question:

If Q2 = Yes

Q3 Have you ever participated in emotional competency training before?

- Yes (1)
- No (2)

Display This Question:

If Q3 = Yes

Q4 Where did you receive your training? (Example: Name of organization, website, book, etc.)

Q5 How would you rank the following topics in terms of how helpful they would be to achieving a healthy school-life balance ? (1 = most helpful. 11 = least helpful.)

- _____ Verbal and non-verbal communication (1)
- _____ Feelings management (2)
- _____ Handling grief and loss, letting go, and moving on (3)
- _____ Decision making (4)
- _____ Achieving balance in life (5)
- _____ Making emotional connections (6)
- _____ Motivation (e.g., toward becoming the nurse you dream to be) (7)
- _____ Relationship skills development (8)
- _____ Discipline, goal setting, and time management (9)
- _____ Leadership (10)
- _____ Physical and mental health (11)
-

Q6 Why was the topic you gave a "1" in the previous question the most helpful?

Q7 Please rate how helpful EACH of the following topics would be for health professions students to achieve a healthy school-life balance. (0 = not helpful. 1 = helpful. 2 = very helpful.)

	0 (1)	1 (2)	2 (3)
Verbal and non-verbal communication (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feelings management (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Handling grief and loss, letting go, and moving on (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decision making (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Achieving balance in life (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Making emotional connections (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivation (e.g., toward becoming the nurse you dream to be) (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship skills development (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discipline, goal setting, and time management (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical and mental health (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q8 The workshop I am planning to offer will focus on a few of the emotional competence topics listed previously (e.g., feelings management, achieving balance in life, time management, etc.) The duration of the workshop will be one hour and will either take place on USF's main campus or online. If it takes place on campus, the workshop will likely be offered in the afternoon before class on Thursday, June 28th.

How likely is it that health professions students will attend the workshop?

- Very likely (1)
 - Likely (2)
 - Unlikely (3)
 - Very unlikely (4)
-

Q9 Why might health professions students decide to attend this workshop? What would help increase health professions students' likeliness to attend this workshop? Please list any suggestions.

Q10 Which workshop format do you prefer?

- In-person (1)
 - Online (2)
 - No preference (3)
-

Q11 If you would like to be entered into the lottery for one of five \$10 Starbucks gift cards, please enter your e-mail address below. Your survey response will remain confidential. Participation in the gift card lottery is completely voluntary.

Appendix C. Evaluation Survey

Hello! Thank you for participating in today's workshop! Below is a survey that will help me learn how helpful today's workshop was for you and how I can improve future workshops. The survey should take approximately 5 minutes to complete. Participation is voluntary and anonymous. You can stop participating in the survey at any time. By clicking the arrow below, you will begin the survey and consent to participating in the survey. Thank you for your time!

Q1 Before today, how many times have you attended emotional competence workshops?

- 0 (1)
 - 1 (2)
 - 2 (3)
 - 3 (4)
 - 4 (5)
 - 5+ (6)
-

Q2 On a scale of 1 to 4, please evaluate each of the following statements.
 Please note: 1 = strongly disagree. 2 = disagree. 3 = agree. 4 = strongly agree.

	1 (1)	2 (2)	3 (3)	4 (4)
Overall, the person leading the workshops was effective. (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, the workshop was valuable to you. (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The workshop was interesting. (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learned something I can use. (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More emotional competence workshops should be offered. (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q3. What about this workshop was most valuable to you?

Q4. Name one thing you learned that you can use.

Q5. Is what you learned likely to help you meet your responsibilities?

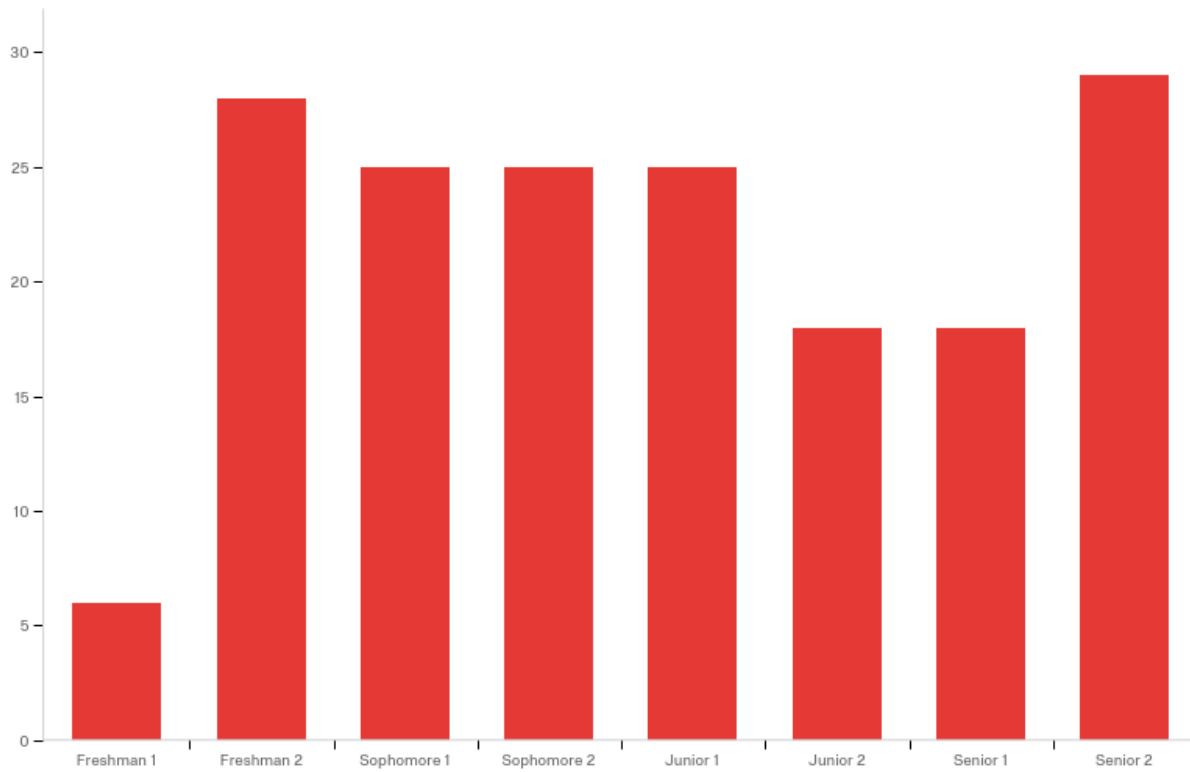
Yes (1)

No (2)

Q6. How did you feel about this workshop?

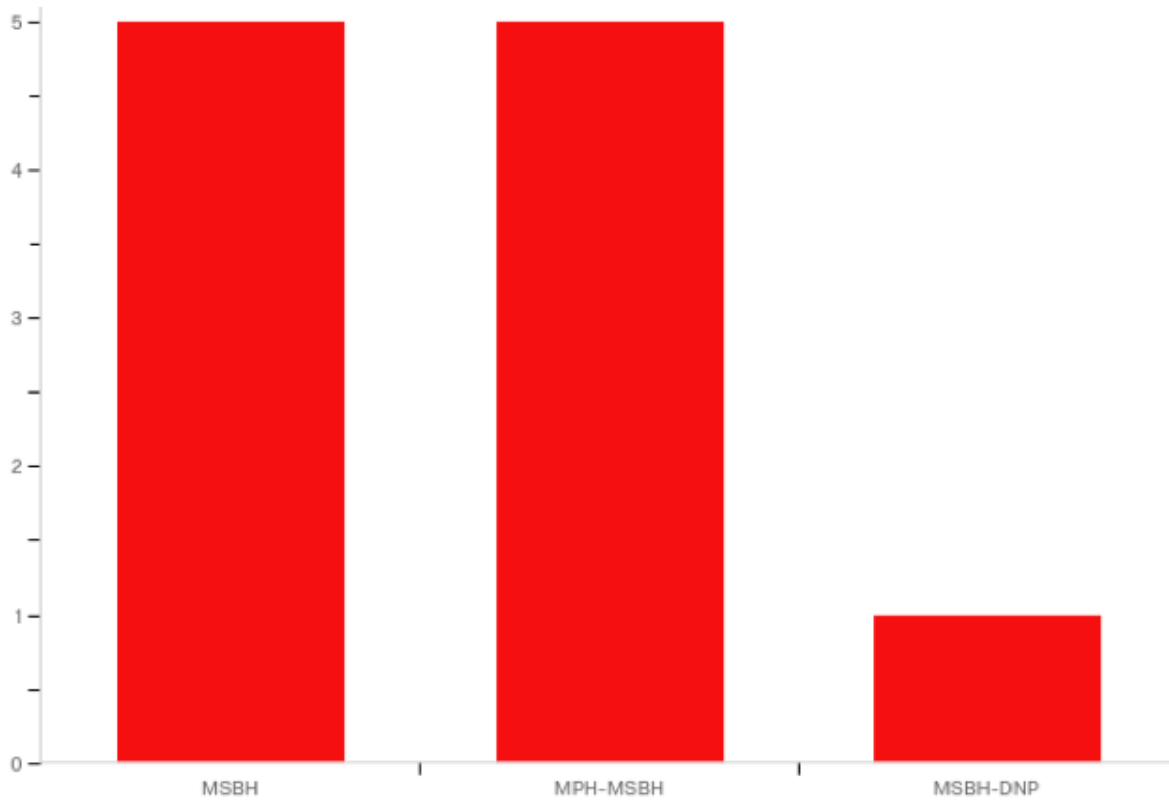
Q7. Do you have any suggestions for how we might improve the workshop or future workshop discussion topics?

Figure 1a. Semester in the BSN Program (n = 174)



This figure breaks down the number of BSN needs assessment survey participants by their semester in the BSN program.

Figure 1b. Graduate Degree Program (n = 11)



This figure breaks down the number of MSBH needs assessment survey participants by enrollment in their specific graduate degree program.

Table 1a. Helpfulness of Emotional Competence Topics for BSN Students (n = 136)

#	Field	Not Helpful	Helpful	Very Helpful	Total
1	Verbal and non-verbal communication	1.47% 2	47.79% 65	50.74% 69	136
2	Feelings management	4.41% 6	32.35% 44	63.24% 86	136
3	Handling grief and loss, letting go, and moving on	8.89% 12	38.52% 52	52.59% 71	135
4	Decision making	2.21% 3	26.47% 36	71.32% 97	136
5	Achieving balance in life	0.74% 1	15.56% 21	83.70% 113	135
6	Making emotional connections	6.67% 9	46.67% 63	46.67% 63	135
7	Motivation (e.g., toward becoming the nurse you dream to be)	7.35% 10	23.53% 32	69.12% 94	136
8	Relationship skills development	2.21% 3	40.44% 55	57.35% 78	136
9	Discipline, goal setting, and time management	1.47% 2	6.62% 9	91.91% 125	136
10	Leadership	8.09% 11	43.38% 59	48.53% 66	136
11	Physical and mental health	0.74% 1	10.29% 14	88.97% 121	136

This figure depicts how helpful 11 emotional competence topics were to the BSN students.

Table 1b. Helpfulness of Emotional Competence Topics for MSBH Students (n = 10)

#	Field	Not Helpful	Helpful	Very Helpful	Total
1	Verbal and non-verbal communication	20.00% 2	40.00% 4	40.00% 4	10
2	Feelings management	0.00% 0	30.00% 3	70.00% 7	10
3	Handling grief and loss, letting go, and moving on	10.00% 1	50.00% 5	40.00% 4	10
4	Decision making	10.00% 1	30.00% 3	60.00% 6	10
5	Achieving balance in life	0.00% 0	40.00% 4	60.00% 6	10
6	Making emotional connections	20.00% 2	40.00% 4	40.00% 4	10
7	Motivation (e.g., toward becoming the nurse you dream to be)	10.00% 1	30.00% 3	60.00% 6	10
8	Relationship skills development	10.00% 1	30.00% 3	60.00% 6	10
9	Discipline, goal setting, and time management	0.00% 0	33.33% 3	66.67% 6	9
10	Leadership	0.00% 0	40.00% 4	60.00% 6	10
11	Physical and mental health	0.00% 0	50.00% 5	50.00% 5	10

This figure depicts how helpful 11 emotional competence topics were to the MSBH students.

Table 2a. Ranking the Helpfulness of Emotional Competence Topics for BSN Students to Achieve a Healthy School-Life Balance (n = 135)

#	Field	1	2	3	4	5	Total
1	Verbal and non-verbal communication	10.37% 14	7.41% 10	8.89% 12	8.15% 11	7.41% 10	135
2	Feelings management	12.59% 17	5.19% 7	16.30% 22	6.67% 9	10.37% 14	135
3	Handling grief and loss, letting go, and moving on	9.63% 13	3.70% 5	6.67% 9	6.67% 9	5.19% 7	135
4	Decision making	11.11% 15	7.41% 10	14.07% 19	9.63% 13	16.30% 22	135
5	Achieving balance in life	31.11% 42	13.33% 18	11.11% 15	13.33% 18	6.67% 9	135
6	Making emotional connections	11.11% 15	2.96% 4	4.44% 6	6.67% 9	7.41% 10	135
7	Motivation (e.g., toward becoming the nurse you dream to be)	18.52% 25	17.04% 23	11.85% 16	8.89% 12	8.89% 12	135
8	Relationship skills development	10.37% 14	2.22% 3	7.41% 10	7.41% 10	3.70% 5	135
9	Discipline, goal setting, and time management	25.19% 34	22.22% 30	14.81% 20	10.37% 14	8.89% 12	135
10	Leadership	7.41% 10	2.22% 3	1.48% 2	5.93% 8	10.37% 14	135
11	Physical and mental health	34.07% 46	20.00% 27	7.41% 10	11.85% 16	9.63% 13	135

This figure depicts how BSN students ranked the eleven emotional competence topics on how helpful they would be to achieving a healthy school-life balance. The “1” column indicates the most helpful and “11” would be the least helpful; however, for visualization purposes, only data from the top five rankings are shown.

Table 2b. Ranking the Helpfulness of Emotional Competence Topics for MSBH Students to Achieve a Healthy School-Life Balance (n = 9)

#	Field	1	2	3	4	5	Total
1	Verbal and non-verbal communication	11.11% 1	11.11% 1	0.00% 0	0.00% 0	11.11% 1	9
2	Feelings management	11.11% 1	0.00% 0	11.11% 1	11.11% 1	11.11% 1	9
3	Handling grief and loss, letting go, and moving on	10.00% 1	0.00% 0	0.00% 0	0.00% 0	0.00% 0	10
4	Decision making	0.00% 0	22.22% 2	0.00% 0	11.11% 1	11.11% 1	9
5	Achieving balance in life	11.11% 1	22.22% 2	11.11% 1	11.11% 1	11.11% 1	9
6	Making emotional connections	11.11% 1	0.00% 0	22.22% 2	0.00% 0	0.00% 0	9
7	Motivation (e.g., toward becoming the nurse you dream to be)	0.00% 0	0.00% 0	11.11% 1	22.22% 2	11.11% 1	9
8	Relationship skills development	0.00% 0	11.11% 1	11.11% 1	22.22% 2	22.22% 2	9
9	Discipline, goal setting, and time management	33.33% 3	0.00% 0	22.22% 2	0.00% 0	0.00% 0	9
10	Leadership	0.00% 0	11.11% 1	11.11% 1	0.00% 0	22.22% 2	9
11	Physical and mental health	22.22% 2	22.22% 2	0.00% 0	22.22% 2	0.00% 0	9

This figure depicts how MSBH students ranked the eleven emotional competence topics on how helpful they would be to achieving a healthy school-life balance. The “1” column indicates the most helpful and “11” would be the least helpful; however, for visualization purposes, only data from the top five rankings are shown.

Table 3a. Evaluation of Workshop from BSN Students (n = 5)

#	Field	Strongly Disagree	Disagree	Agree	Strongly Agree	Total
1	Overall, the person leading the workshops was effective.	0.00% 0	0.00% 0	20.00% 1	80.00% 4	5
2	Overall, the workshop was valuable to you.	0.00% 0	0.00% 0	60.00% 3	40.00% 2	5
3	The workshop was interesting.	0.00% 0	0.00% 0	60.00% 3	40.00% 2	5
4	I learned something I can use.	0.00% 0	20.00% 1	40.00% 2	40.00% 2	5
5	More emotional competence workshops should be offered.	0.00% 0	0.00% 0	40.00% 2	60.00% 3	5

This figure depicts how much BSN students agreed with the above statements regarding the workshop they attended.

Table 3b. Evaluation of Workshop from MSBH Students (n = 2)

#	Field	Strongly Disagree	Disagree	Agree	Strongly Agree	Total
1	Overall, the person leading the workshop was effective.	0.00% 0	0.00% 0	0.00% 0	100.00% 2	2
2	Overall, the workshop was valuable to you.	0.00% 0	0.00% 0	50.00% 1	50.00% 1	2
3	The workshop was interesting.	0.00% 0	0.00% 0	50.00% 1	50.00% 1	2
4	I learned something I can use.	0.00% 0	0.00% 0	0.00% 0	100.00% 2	2
5	More emotional competence workshops should be offered.	0.00% 0	0.00% 0	0.00% 0	100.00% 2	2

This figure depicts how much MSBH students agreed with the above statements regarding the workshop they attended.