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Enhancing Emotional Intelligence in Prelicensure Students

by

Aimee Motley

A project submitted to the faculty of
Gardner-Webb University Hunt School of Nursing
in partial fulfillment of the requirements for the degree of
Doctor of Nursing Practice

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Abstract

Nursing programs are intended to prepare nursing students to become competent nurses, that can make decisions to promote positive patient outcomes. However, studies suggest that as students transition into clinical practice, they are still lacking decision-making skills. Emotional Intelligence (EI) has been suggested to improve communication skills, problem-solving, and resilience. The purpose of this project was to enhance the emotional intelligence of Baccalaureate prelicensure nursing students. The PICOT statement was: Can formal EI training combined with interactive EI training, influence EI awareness, knowledge, and skills of baccalaureate nursing students as evidenced by scoring 77% or higher on an EI posttest after completion of the training intervention? The sample population for this project included approximately 115 second-year prelicensure nursing students within a traditional baccalaureate nursing program preparing to transition into clinical practice. Students attended formal EI education in a lecture format as well as interactive training that included role-playing and case studies that allowed students to apply EI skills. Students were also provided with an EI self-assessment to identify their own personal strengths and weaknesses related to EI. Once students attended both the formal and interactive EI training, students participated in a 10-question posttest to evaluate knowledge gained from attending both seminars. The goal was for students to score 77% or higher on the posttest and 98% of the students who participated met the goal of scoring 77% or higher, indicating that the objectives of this project were met. Although the objectives were met, the project revealed that EI education should be introduced to students at the beginning of the program.

Keywords: emotional intelligence, nurse, and nursing students

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Problem Recognition

Nurses have a vital role in ensuring patients receive optimal quality care despite the demands and stressors they face. No matter how challenging or difficult it can be, nurses are expected to provide compassionate care (Teskereci et al., 2019). Educators often teach nursing students how to provide this care through teaching and assessing their ability to problem solve using clinical judgment skills. However, a student's ability to problem-solve during demanding situations also depends on their level of emotional intelligence (Shahbazi et al., 2018). A recent study suggests that only 20% of employers are satisfied with the clinical decision-making skills of new nurse graduates (National Council of State Board of Nursing [NCSBN], 2018.). Studies also suggest that 54% of new nurses can recognize a change in condition but fail to act (NCSBN, 2018). If the ability to problem solve can be linked to an individual's level of emotional intelligence (EI), this supports the need for enhancing emotional intelligence in nursing students.

Background of the Problem

Research has been conducted for centuries on caring science suggesting nurses should be able to control themselves and their behavior (Honkavuo, 2019). It has been expected that if nurses receive any unkind or unwarranted behavior they are to respond with kindness and respect (Honkavuo, 2019). As research has continued to develop it can be understood that feelings and reason are linked together, and it may suggest the action that someone takes may depend on how they are feeling. EI can be defined as "the ability to understand, recognize, express, and control our emotions" (Kuruvilla & Menezes, 2019, p. 289). EI encompasses the dimensions of evaluating the "perception of emotion, emotional facilitation of thinking, understanding, analyzing emotions, and regulation of

emotions" (Dugué et al., 2021, p. 2). Individuals who have high emotional intelligence can recognize and manage their feelings and emotions without allowing them to interfere with their ability to make decisions (Shahbazi et al., 2018). While those individuals with a lower level of emotional intelligence may allow their feelings and emotions to interfere with their ability to problem-solve (Shahbazi et al., 2018).

It is important to provide students with an opportunity to develop their emotional skills and enhance their ability to make decisions before they enter practice. Nursing students are exposed to new clinical environments that can be stressful, particularly within their first year in the nursing program. Studies have discovered there is a relationship between nursing students and their academic performance, which suggests students have varying emotional intelligence skills (Pienimaa et al., 2021).

Nursing programs are expected to produce graduate nurses who are ready to enter the nursing field and assume the role of a nurse within a complex and stressful environment. EI is beneficial to nursing education to help students recognize their emotions so they can assess a patient's needs (Kuruvilla & Menezes, 2019). As educators, developing this level of awareness can allow students to develop self-awareness skills that give them the ability to have empathetic practice, so they can facilitate positive outcomes. Nurses provide services for the community requiring basic communication skills, mutual understanding, and confidence building so they can understand and meet the needs of the community they serve (Shahbazi et al., 2018). This can be enhanced and enforced through EI.

Problem Statement

EI is important to the nursing profession because it helps nurses process emotional information to provide individualized patient care through effective communication and therapeutic relationships (Kuruvilla & Menezes, 2019). Within healthcare organizations, in the past 5-10 years, 50% of new graduate nurses committed an error, with 65% of those errors being linked to poor decisions due to lack of judgment (NCSBN, 2018). Errors can significantly impact patient safety and outcomes and have a budgetary impact. On average, hospitals spend $20 billion due to errors every year (Rodziewicz et al., 2022). The purpose of this project was to enhance the EI awareness of nursing students, so they can apply these skills in the clinical setting to make better patient decisions and improve patient outcomes.

Literature Review

A literature review was conducted to explore the benefits of EI and EI training as an intervention to enhance EI skills in nursing students. Databases used to discover this research included ProQuest: Nursing & Allied Health Database and the EBSCOhost databases. The keywords used to narrow down articles included *clinical reasoning, emotional intelligence, nurse, and nursing students.* From selected research articles, the project leader provided an overview of the use of the current state of EI in nursing education, EI training, and the benefits of enhancing EI in nurses.

EI and Nursing Education

Emotional intelligence can be defined as the ability to recognize and understand one's feelings, also to manage emotions while promoting emotional knowledge and cognitive activities (Shahbazi et al., 2018 p.2). EI involves a set of skills that allows one

to evaluate, express, and regulate their emotions and feelings. (Pienimaa et al., 2021, p. 6). As nurse educators strive to prepare the next generation of nurses, educators need to understand that EI is required in pedagogy. The didactics of caring is nursing which originates in caring science (Honkavuo, 2019). Honkavuo (2019) conducted a narrative literature review that aimed to increase the understanding of emotional intelligence from a caring science perspective and didactics, as well as to describe how nurse educators can support nursing students' cultivation process. Through this review, Honkavuo found 18 research articles that suggested the relationship between emotions' ability to interfere with rational thought and action. The review also revealed that emotions and intellect positively impact performance and are important yet challenging for the cultivation process in academic nurse education that represents intellectual and rational thinking (Honkavuo, 2019).

To implement EI into nursing education one must understand the current knowledge and understanding of EI within nursing education. Dugúe et al. (2021) conducted a systematic literature review that aimed to investigate the current state of knowledge about emotional intelligence in nursing education. This review consisted of 57 articles that resulted in four themes such as (1) EI and performances, (2) EI and physical and mental health, (3) EI and social relationships, and (4) EI program. Dugúe et al. (2021) research suggests there was a significant increase in the student's general health, job satisfaction, emotional care planning, task-oriented coping strategies, and a decrease in situational anxiety after students participated in an EI program. Due to the level of stress and emotions of students when they enter a nursing program, Dugúe et al. (2021) research concluded that an EI program should be implemented during the first year of the

program. Dugúe et al. (2021) research also suggests that EI has been used to evaluate applicants or students, concluding that using EI during the selection phase may bring added value to healthcare programs. However, studies suggest that using a comprehensive assessment of EI is more reliable than using a single subscale that indicates the study success of students (Dugúe et al., 2021).

EI Training

EI is essential to clinical practice because it can help provide psychological support to patients and their families. It is important to evaluate the emotional intelligence level of students and develop practices in the nursing curriculum to promote emotional intelligence. Teskereci et al. (2019) conducted a quasi-experimental study aimed to examine the effect of the impact of the Caring Behavior in Nursing course on the compassion and emotional intelligence levels of nursing students. The sample size consisted of 73 first-year nursing students. The students were placed in two elective courses, one being the Caring Behavior in Nursing course and the other being the Health Protection and Promotion course. The Caring Behavior in Nursing course aimed to develop the knowledge, attitudes, and behaviors in students to develop professional nursing behaviors. While the Health Protection and Promotion course aimed to develop the knowledge, attitude, and behaviors in students to protect and develop the health of the individual, family, and society. Each course took place for 2 hours for 14 weeks. Data were collected through a Personal Information Form, the Emotional Intelligence Evaluation Scale, and the Compassion scale. These tools were provided to the students at the beginning of the course and the end of the semester. Teskereci et al. (2019), concluded that students within the Caring Behavior in Nursing course increased in

compassion levels. However, neither course was effective in developing emotional intelligence in students. Suggesting that specific EI training needs to be implemented than assuming it is covered within existing theories within a nursing program.

Erykayiran and Demirkiran (2018) conducted a study that implemented EI training. The purpose of this study was to examine the impact of improving emotional intelligence skills training provided to nursing students on their emotional intelligence levels and interpersonal relationship styles through a quasi-experimental study (Erykayiran & Demirkiran, 2018). The sample size was 72 first-year nursing students, with 35 in the control group and the other 35 in the training group. Each group was provided with EI training through teaching materials developed by the researchers and based on the five dimensions of the Bar-On Emotional Quotient Inventory, communication skills, body language, and the use of emotions in social relationships (Erykayiran & Demirkiran, 2018). The students within the training group were provided with 10 emotional intelligence training seminars followed by interactive content, lasting 60-75 minutes (Erykayiran & Demirkiran, 2018). The training was based on Emotional Intelligence Skills Development Training conducted nationally and internationally (Erykayiran & Demirkiran, 2018). Results noted the training group scored higher than the control group on the posttest. Concluding that through formal and interactive EI training, EI scores and interpersonal relationship styles can be enhanced.

Jiménez-Rodríguez et al. (2022) also analyzed the effects of a non-technical skills training program on emotional intelligence. This was a pre-experimental descriptive study with a longitudinal design, including a sample size of 60 second-year nursing students (Jiménez-Rodríguez et al., 2022). The students participated in a theory and

practice course that included matters related to emotions, emotion management, and resilience. The course included explanatory videos, case-solving, and group work with role-playing. At the beginning of the course, the students completed a self-report questionnaire and at the end of the course, students completed a posttest.

Jiménez-Rodríguez et al. (2022) found after participating in the program students scored higher in the Emotional Intelligence Dimensions of Clarity of Feelings and Emotional R5008762epair. They found students had improved in their ability to understand their moods, perceive their emotions, analyze them, recognize them, and label them verbally as well as interpret them (Jiménez-Rodríguez et al., 2022). They also improved in regulating the feelings and emotional states of their own and others from observation and emotional distancing during the times when emotions need to be modified without invalidating their meaning (Jiménez-Rodríguez et al., 2022). The conclusion is that a psychoeducational program in undergraduate nurse education is recommended because it would contribute to improving their personal and professional competencies, leading to higher-quality patient care (Jiménez-Rodríguez et al., 2022). It is also recommended because it will help train students in coping with clinical practice challenges.

Other ways EI training has been implemented is through training and coaching. Nursing students are often placed in the clinical setting with only partially developing work capabilities or a complete understanding of the environment they will enter. Hurley et al. (2020) conducted a qualitative study to determine how students used their knowledge and capabilities from training within clinical placement contexts. The sample size consisted of 12 nursing students who received training and coaching in emotional

intelligence prior to mental health and medical-surgical placement (Hurley et al., 2020). The students participated in qualitative semi-structured interviews and from this research, four themes were discovered: (1) greater experiences of resilience, (2) responding positively to mental health consumers, (3) experiences of greater empathy and compassion, and (4) experiences of improved non-technical work skills (Hurley et al., 2020). The results of this study suggested that when students go through EI training before clinical placement, it equips student nurses for complex work and engages them with more confidence in teamwork and empathic listening and responding. It also suggests that EI training and coaching can improve the student's ability to receive critical and constructive feedback.

Benefits

EI emphasizes one's ability to control their feelings and emotions, accept the feelings, emotions, and views of others and control social relationships and actions (Raeissi et al., 2019). Four main categories of EI include self-awareness, self-management, social awareness, and relationship management (Raeissi et al., 2019). Nurses may interact with many people in the workplace including nurses, patients, families, doctors, and pharmacists in the hospital. Therefore, collaboration is an essential element within the healthcare environment that can improve the quality of care and patient care outcomes.

Al-Hamdan et al. (2021) conducted a qualitative study to examine the relationship between EI and nurse-nurse collaboration among registered nurses. The study sample consisted of a convenience sample of 342 nurses working within a hospital who were invited to complete a demographic data form, the Self-report Emotional Intelligence

Scale, and a Nurse-Nurse Collaboration Scale (Al-Hamdan et al., 2021). Out of 342 nurses, 311 questionnaires were returned, resulting in registered nurses scoring 'average' for EI. The questionnaires suggest that registered nurses need to improve their EI skills to achieve high EI scores (Al-Hamdan et al., 2021). This requires improving EI scores prior to entering clinical practice. The study also found that there is no significant difference in EI levels in terms of age, gender, or experience (Al-Hamdan et al., 2021). When considering collaboration and EI, the study reported that EI scores did not correlate significantly suggesting that those with high EI scores tend to have high nurse-nurse collaboration scores (Al- Hamdan et al., 2021).

EI and Communication Skills

Raeissi et al. (2019) also examined the effects of collaboration by investigating the relationship between EI and the communications skills among nurses. Using a sample size of 253 nurses who worked in five hospitals, Raeissi et al. (2019) conducted a descriptive-analytic cross-sectional study. Nurses completed a demographic questionnaire, Goleman's Emotional Intelligence Scale, and a communication skills questionnaire (Raeissi et al., 2019). Raeissi et al. (2019) also found there was no significant difference in EI scores and gender, however, they found that nurses who were older and had more experience than others scored higher. This study suggests there is a strong correlation between EI and communication skills, specifically when considering EI categories of self-awareness and social skills. This study also concluded that communication skills can help strengthen the different dimensions of EI to improve healthcare outcomes. This study also suggests that EI has a positive effect on job satisfaction and quality of services.

EI and Problem Solving

Studies suggest a strong relationship between EI and collaboration, but also between EI and problem-solving skills among nurses. Just like collaboration, problem-solving skills are particularly important in nursing education. Nurses must perform in complex environments that are constantly changing and are expected to offer the best, fastest, and safest solutions while responding to patients' needs. Unfortunately, studies suggest nurse graduates lack problem-solving skills in the clinical setting.

Shahbazi et al. (2018) conducted a study to determine the effects of problem-solving skill education on the EI of nursing students. The study's sample size was 43 senior nursing students who participated in an interventional case-control study (Shahbazi et al., 2018). The students were split into a control and intervention group. The students completed a demographic questionnaire, The Emotional Quotient Inventory, and a problem-solving skill questionnaire before and after the intervention (Shahbazi et al., 2018). After completing the questionnaire, the intervention group participated in an educational program on problem-solving which lasted for 2 months (Shahbazi et al., 2018). This program consisted of group discussions, brainstorming, and the application of educational materials (Shahbazi et al., 2018). The results of this study suggest that those who participated in the intervention group improved their self-regulation skills significantly more than those without training, and that training in problem-solving can also enhance the student's ability to control their emotional reactions and reduce adverse reactions to problems.

Literature Summary

It is important for nurses to handle the physical difficulties and emotional challenges presented in practice while caring for patients. Studies support the idea that enhancing emotional intelligence in nurses will help nurses understand the importance of stress management and eliminate stressors and problem-solve during stressful situations. However, this should be presented to nurses prior to them entering practice. Certain concepts such as Jean Watson's Caring Behavior theory and therapeutic communication may be taught in various nursing programs. However, studies suggest that more education needs to be implemented to effectively enhance the emotional intelligence of nursing students. Research supports the idea that including emotional intelligence in nursing programs through formal education can be successful and have a positive impact as it helps with students' ability to problem solve and enhance communication skills.

Needs Assessment

Sample Population

This project involved about 115 second-year year prelicensure nursing students, who were preparing to become graduate nurses. These students ranged from traditional to non-traditional students from diverse backgrounds. This placed them at various levels of emotional intelligence, which created a potential barrier by influencing their responses based on their experiences.

Sponsors and Stakeholders

Nursing school is where nursing students are taught decision-making skills to apply to various situations in the clinical setting and are expected to respond to high-stress situations. Nursing faculty within the program have a common goal to develop

competent nurses who can perform and be competent nurses. The stakeholders identified for this DNP (doctor of nursing practice) project include a prelicensure nursing program at a state-funded university in the southeastern United States, the school of nursing program director, the course chair, nursing faculty, support staff, and the London Leadership Academy. The University is a primary stakeholder in this project because as the student nurse graduates and enters the profession, it is the University and the School of Nursing's reputation that will also be represented. The University and the School of Nursing also provided the location for the DNP project to take place and the students who participated in this project. Other stakeholders such as the Program Director and the course Chair played a role in ensuring that the project was implemented and aligned with the course objectives. The London Leadership Academy provided the DNP Project Leader with permission to use their Emotional Intelligence Assessment for this project. The goal of the London Leadership Academy Leadership Toolkit containing the Emotional Intelligence Assessment is for personal development (Leadership Toolkit – London Leadership Academy, n.d.), and this was the purpose of implementing this assessment during the EI lecture.

SWOT Analysis

Strengths

A SWOT (strengths, weaknesses, opportunities, and threats) analysis was conducted to determine where the strengths, weaknesses, opportunities, and threats lie while implementing this project (Zaccagnini & Pechacek, 2021). As detailed in Figure 1, the strengths of this project included the support from the faculty within the nursing program at a state-funded southeastern university, with the same common goal to develop

competent nurses who can make informed decisions in stressful environments. The prelicensure nursing program exposed the nursing students to situations within the clinical environment where students may have experienced a situation that challenged their emotional intelligence. Another strength included having access to the learning management system (LMS) that holds all the names and information of the students within the program. It may also be used as a platform to communicate with the students.

Figure 1

SWOT Analysis

Strengths	**Weaknesses**
• Support from faculty at UNCG. • A common goal is to produce competent nurses that are ready to transition into practice. • Implemented within a course that exposes students to multiple clinical situations. • A LMS that contains data and can be used for communication.	• Timing of project. • Students maintain honesty during the assessment. • Stress from other course requirements • No focus on self-assessments and the impact the lack of EI has on clinical practice.
Opportunities	**Threats**
• Enhancing emotional intelligence in nursing students. • Improving decision-making skills in nursing students. • Partnership with other instructors. • Assisting students in transitioning into practice. • Implementing EI assessment and training into the nursing program.	• Faculty shortage • Difficulty with participation due to limited awareness of emotional intelligence • Limited resources. • The timing of gathering students together due to different schedules.

Weaknesses

Weaknesses include the timing of the emotional intelligence seminar to be able to accommodate senior students. This project was implemented during the senior student Capstone experience and students were in different clinical environments and had to meet requirements from other courses as well. Students are often stressed during this time and potentially viewed this as a burden rather than a benefit. Another weakness was the student's ability to answer the questionnaire honestly or to take the posttest seriously since it is not graded and will not contribute to their grade. Another weakness included that students may go through a phase of reality shock where what they learn in school may not match the reality of what they are faced with in clinical practice. There is currently no focus on students completing a self-assessment that allows them to reflect on what factors may impact their decision-making skills or their ability to handle difficult situations.

Opportunities

Opportunities included enhancing emotional intelligence in nursing students and improving their decision-making skills. As students enhance their emotional intelligence skills, it will help them identify techniques and make decisions based on objective information. Having this ability to practice with EI will allow students to have a smoother transition into practice. Improving EI will have a positive impact on patient care and outcomes. Implementing this project also provides an opportunity for partnership with other instructors to be involved and continue the education about emotional intelligence.

Threats

Threats included limited exposure to clinical situations, so students can reflect on clinical situations as well as their emotions to be able to practice emotional intelligence without it affecting the outcome of the patient. The faculty shortage is another weakness and threat to implementation because it limits clinical support and exposure for the students. Other threats include limited resources for enhancing emotional intelligence and how to handle difficult or emotional situations within the clinical setting.

PICOT Question

The PICOT question for this DNP project was: Can formal EI training combined with interactive EI training, influence EI awareness, knowledge, and skills of baccalaureate nursing students as evidenced by scoring 77% or higher on an EI posttest after completion of the training intervention? The sample population for this project included approximately 115 second-year prelicensure nursing students within the nursing program preparing to transition into clinical practice. All students will receive formal education and interactive training to apply the EI skills learned.

Desired and Expected Outcomes

Studies suggest that EI is an important part of successful human relationships (Shahbazi et al., 2018). EI helps the nurse to establish a relationship with a patient and helps the nurse in their ability to make decisions when EI is higher (Shahbazi et al., 2018). The desired and expected outcomes included increasing the awareness of EI in prelicensure baccalaureate nursing students and allowing them to understand the benefit of how EI training and skills will help them transition into practice. It was also desired

that the nursing instructors at UNCG find value in educating nursing students about EI to assist students' ability to transition into practice.

Team Selection

The team selection included the DNP Project Leader, Nursing Program Director, the course Chair, staff, and faculty. The DNP Leader was assisted by the course Chair and other faculty to schedule meeting times to meet with students. Other faculty members spoke with students to make sure that students attended the EI training seminars and that the appropriate time was accounted for. Staff assisted with scheduling a location for the DNP Project Leader and students to meet.

Cost/Benefit Analysis

A cost-benefit analysis was developed to compare the cost and benefits of the project. Table 1 outlines the cost it took to implement this project. It is important to consider the time of the instructors that assisted in ensuring that the project was implemented, and the appropriate resources were available. The EI seminars took place on the university's campus, and although there is a cost for the maintenance, there is no cost associated directly with this project leader. Other things needed for implementation such as office supplies like paper and printer ink needed to print the EI assessment and internet access will also be provided by the university and will be of no cost to the DNP Project Leader.

Table 1

Cost/Benefit Analysis

Category	Indirect	Direct
Seminar Location	$500.00	
Interactive Activity Location- Simulation Suite	$500.00	
Device to Access the Posttest	$1,000.00	
Office Supplies		$0.00
Pens		$17.80
London Leadership Academy Assessment		$0.00
Journals		$ 65.00
Faculty Compensation	$3,500.00	
Internet Access	$100.00	
Total	$5,600.00	$82.80 + compensation time

The London Leadership Academy EI Assessment was also at no cost to the DNP Project Leader. This assessment can be found online and was used as a component of this project with permission provided by the London Leadership Academy. Students were able to access the posttest through the University's learning management system (LMS) on their personal devices (phone or computer), which was at no cost to the DNP Project Leader. Bringing the total to $82.80 for materials such as journals and pens purchased by the DNP Project Leader and the instructors' compensation time.

The benefits of this project outweighed the cost of the project implementation. Studies suggest that the cost of turnover per new nurse graduate can range from $10,000.00 to $88,000.00 (Alshawush et al., 2021). Organizations will benefit from enhancing the awareness, knowledge, and skills of EI in nursing students because it can assist them with resilience and their ability to transition into practice. Studies also suggest

that hospitals spend $20 billion due to errors every year (Rodziewicz et al., 2022). As nurses increase their EI awareness, they can make better patient care decisions and improve patient outcomes.

Scope of DNP Project

This project addressed the emotional intelligence of second-year nursing students in a prelicensure baccalaureate nursing program at a state-funded southeastern university by implementing education and training through formal and interactive emotional intelligence training. Formal EI education included an EI self-assessment and lecture about EI. Interactive training included case studies and role-playing activities. It is important to mention the application of emotional intelligence in the clinical setting while caring for patients, as this project is only implemented on campus in an academic setting.

Due to this study taking place at a university, the results of this study may be only limited to baccalaureate degree nursing programs and not associate degree programs that also have traditional and nontraditional students within their program. This project was also not provided to accelerated baccalaureate nursing students. For this reason, the results of this study may not be generalized to other institutions with nursing programs or within other pre-licensure nursing tracks.

Goals, Objectives, and Mission Statement

Goals

Goals and objectives were created for this project to clearly state what the project sets out to accomplish and the details of how the project will accomplish the goals. The goals of this project included increasing emotional intelligence awareness in baccalaureate degree nursing students and enhancing EI skills in baccalaureate students.

Through becoming aware of EI skill level and enhancing EI skills, another goal was for students to understand the importance of using EI in the transition into practice. As this project was implemented and the nursing faculty school was able to observe its implementation, encouraging the sustainability of EI training as part of the Capstone experience could be maintained. Another goal of this project was for students to understand emotional intelligence and how to apply it in the clinical setting.

Objectives

The objectives of this project were to enhance emotional intelligence knowledge in baccalaureate degree nursing students by using formal and interactive training to help students identify their emotional intelligence levels after two educational seminars about EI in 4 weeks. This will be accomplished by the students participating in the formal education of emotional intelligence and interactive education of emotional intelligence through case studies and role-playing. Prior to education and training, the students took an emotional intelligence questionnaire to identify their current emotional intelligence skill level. After participating in the education and training, the students took a posttest to determine if their emotional intelligence awareness has enhanced.

The goals of this project were scheduled to be accomplished after two educational seminars of emotional intelligence seminars. After the second education session on emotional intelligence, students were anticipated to be able to identify their level of emotional intelligence and identify how it is used in the clinical setting by May 1, 2023. Faculty were invited to observe the EI education and training seminars and asked to complete a questionnaire about their opinion of implementing EI training in their courses. Table 2 summarizes the goals and objectives for this project.

Table 2

Goals and Objectives

Goals	Objectives
• Increase EI awareness and skills in Baccalaureate students.	• Through an EI assessment before EI training, Baccalaureate students will learn their current level of EI skill level.
• Enhance EI skills to assist in the transition into practice.	• After formal and, or interactive EI training Baccalaureate students will enhance their EI skills after two seminars of EI training.
• Baccalaureate students will understand the importance of using EI in the clinical setting.	• After interactive EI training methods such as case studies and role-playing students will discuss how EI skills can be used in the clinical setting.
• The school of nursing faculty will understand the importance of implementing EI in the Capstone experience.	• After observing in EI training seminars, the school of nursing faculty will discuss their opinion of the benefits of EI in nursing education.

Mission Statement

The mission of this project was to enhance the emotional intelligence knowledge, skills, and attitudes of baccalaureate prelicensure nursing students to improve their decision-making skills which can lead to better patient outcomes. Through this project, students will improve their decision-making and communications skills and understand the benefits of transitioning into practice. To enhance EI in baccalaureate prelicensure nursing students formal and interactive education materials were implemented, and students were assessed through EI questionnaires.

Theoretical Framework

The theoretical framework used for this project was Daniel Goleman's Emotional Intelligence Model. Daniel Goleman developed the model of EI in 1998 and built them based on five components: self-awareness, self-regulation, motivation, empathy, and social skills (Cherniss & Goleman, 2001). Goleman suggested that everyone has a rational thinking mind as well as an emotional feeling mind, together they influence action (Cherniss & Goleman, 2001). Therefore, the goal should be emotionally literate which allows individuals to understand how their emotions influence their actions. Goleman also suggests that EI can be learned and should not wait to develop EI through time and experience (Cherniss & Goleman, 2001).

Goleman's five domains of EI are often broken down into four components: self-awareness, self-regulation, social awareness, and social regulation. In this model, empathy is found in social awareness, and motivation is found in self-awareness. Within each domain, there are qualities that an individual should explore to become emotionally intelligent. Figure 2 details each domain and the qualities within the EI framework (Cherniss & Goleman, 2001, p.28).

Figure 2

Daniel Goleman's Emotional Intelligence Model with Associated Qualities

	RECOGNITION	**REGULATION**
PERSONAL COMPETENCE	**Self-Awareness** • Self-confidence • Self-assessment • Emotional self-awareness • Motivation	**Self-Management** • Emotional self-control • Trustworthiness • Conscientiousness • Achievement drive • Initiative • Adaptability

SOCIAL COMPETENCE	**Social Awareness** • Empathy • Service • Organizational awareness	**Relationship Management** • Influence • Communication • Conflict management • Teamwork and collaboration • Developing others • Visionary leadership • Catalyzing change • Building bonds

In the Emotional Competence Framework personal and social competence are considered. Personal competence is how we manage ourselves and within this category, the domains of self-awareness and self-management are considered (Cherniss & Goleman, 2001). The first domain of EI, self-awareness, is to be able to know what one feels (Cherniss & Goleman, 2001). Being able to recognize one's strengths and weaknesses, self-worth, and capabilities, and one's emotions and their effects are all qualities within the self-awareness component. The second domain, self-management, involves being able to manage emotions such as anxiety and anger and deter emotional impulsiveness (Cherniss & Goleman, 2001). Qualities within the self-management include the ability to regulate and "manage one's internal states, impulses, and resources" (Cherniss & Goleman, 2001 p.95), understanding what drives an individual to reach their goals, having honesty and integrity, being able to take initiative and acting on opportunities presented to them, as well as being flexible in situations.

Social competence refers to how an individual can handle relationships, and it includes the third and fourth domains of EI. The third domain of EI, social awareness, involves the ability to recognize nonverbal cues and determine if anger or fear is present (Cherniss & Goleman, 2001). This domain includes qualities like being aware of other's

feelings, needs, and concerns. As well as to anticipate, recognize, and meet the needs of the customer, and understand the relationships within the organization. The fourth domain, social skill, is the ability to influence the emotions of another person (Cherniss & Goleman, 2001). This domain builds on the other domains of EI and involves qualities such as having the ability to use effective methods for persuasion and active listening and sending credible messages (Cherniss & Goleman, 2001), as well as being able to negotiate and resolve disagreements while working with others to achieve a mutual goal.

Emotional Intelligence Framework and Project Integration

This project addresses the lack of EI covered in the current nursing curriculum. Research suggests that through EI training, EI skills can be enhanced and contribute to improving personal and professional competencies, leading to high patient care, and will assist in training students in coping with the challenges of clinical practice (Jiménez-Rodríguez et al., 2022). Goleman's emotional intelligence framework illustrates the importance of each domain. However, they should not be considered one by one but examined in their clusters and assess the strengths and weaknesses of each (Cherniss & Goleman, 2001). Through EI formal and interactive training, the students will enhance their EI skills which include emotional self-awareness, self-control, conscientiousness, adaptability, achievement drive, empathy, service orientation, influence, and teamwork and collaboration all of which are important for nursing students who will be transitioning into practice.

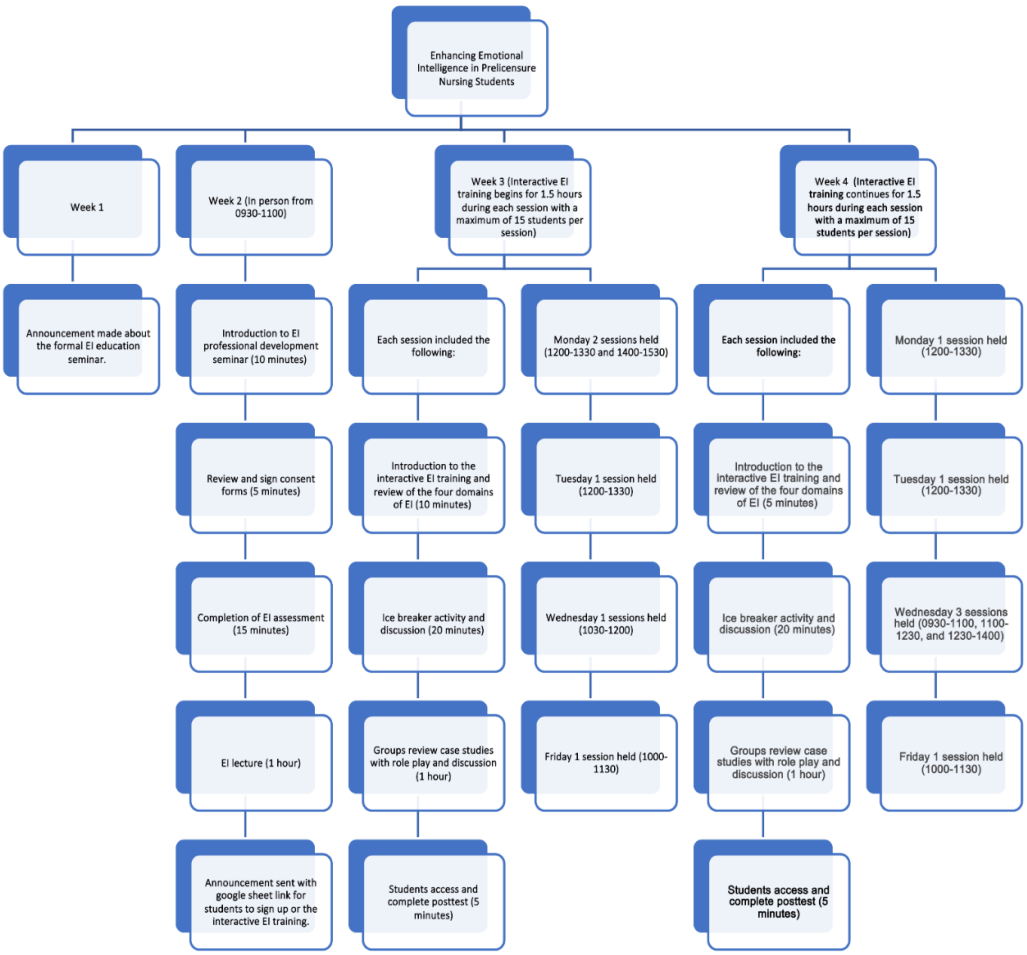
Work Planning

Timeline

This Doctor of Nursing Practice (DNP) project includes a Work Breakdown Structure to detail the tasks and the time that it took to complete each task. The project is designed to be implemented over 4 weeks. This project began during the spring semester of the prelicensure nursing students as they were completing their Capstone experience in various clinical settings. The DNP project timeline in the form of a Work Breakdown Structure can be found in Figure 3 describing the tasks needed to complete each step.

Figure 3

Work Breakdown Structure



Evaluation Planning

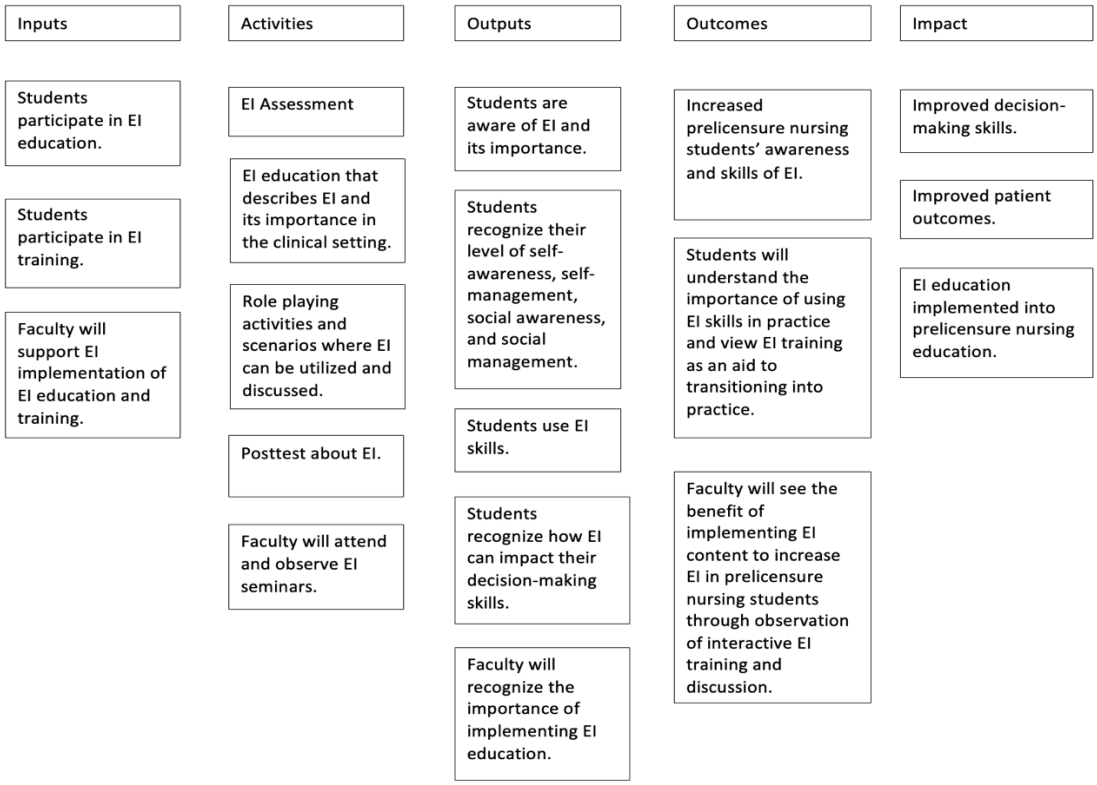
The desired outcome of increasing prelicensure nursing students' awareness and skills of emotional intelligence was accomplished through a 1.5-hour lecture detailing emotional intelligence and its importance. Students were also provided with a paper form of the EI assessment created by the London Leadership Academy. This assessment provided the students with scoring instructions, which would help them assess their own personal emotional intelligence level. The EI assessment form was for students to complete and keep so they can reference it for their personal EI strengths and weaknesses. Students were not required to share their results from the assessment.

Prelicensure nursing students also participated in a 1.5-hour interactive training session to further learn about emotional intelligence. During this interactive training session, students were able to role-play and discuss case studies to allow them to recognize their own emotions as they related to the scenario. Students discussed how their emotions may influence their decision-making abilities and how they might affect patient care. Students also discussed ways and techniques to manage their emotions when they feel that their emotions might interfere with patient-nurse relationships or other interprofessional relationships within the organization. This interactive training assisted in achieving the outcomes of understanding the importance of using EI skills in practice and viewing EI training and skills as an aid to transitioning into practice. Faculty were able to see the benefit of implementing emotional intelligence content to increase EI in prelicensure nursing students through participation in interactive EI training and discussion.

Once the students completed the lecture and the interactive training, they were given a posttest assessing their knowledge of emotional intelligence. This posttest helped determine if the outcome of increasing emotional awareness and skills has been met. The logic model in Figure 4 details how these outcomes will be achieved.

Figure 4

Logic Model of Achievement of Outcomes



Implementation

Strengths and Opportunities

Once the DNP project leader gained full approval to implement the project, the DNP Project Leader was able to immediately contact colleagues and schedule the EI lecture when all senior students were on campus. With the support of colleagues, the DNP Project Leader secured a location and time that worked for students and faculty to

attend. Having previous awareness of the available classrooms and locations allowed the DNP Project Leader more ease in scheduling the interactive EI seminar in a consistent location with no scheduling or time conflicts. Providing the students with hours needed to complete their course as well as materials necessary to participate and complete the EI assessment, allowed for increased participation in both EI seminars.

The DNP Project Leader also had access to the course which allowed the DNP Project Leader to provide announcements to the students. The project site's IRB (Institutional Review Board) required the DNP Project Leader to maintain the data collected, such as the posttest electronically. Due to the DNP Project Leader being familiar with creating anonymous assessments in the project site's learning management system, the DNP Project Leader was able to create the posttest for the students to access in a way that was convenient and easy for the students to access. This also increased participation in the students completing the posttest. During this project's implementation, the students were at various clinical sites with many different experiences. Due to this, the students provided many different perspectives when engaging in conversation during the interactive EI seminar. This allowed the DNP Project Leader to consider other ways to implement EI training across the curriculum sooner than the last semester of nursing school.

This project was intended to enhance EI in prelicensure nursing students, so they can apply these skills to their decision-making skills as they transition into practice. However, the DNP Project Leader found that discussing EI allowed the students to reflect on current and past situations. Students felt comfortable enough to discuss their feelings and emotions and how using EI may have allowed for a different outcome. Not only were

students able to apply EI to clinical situations and scenarios, but they were also able to reflect on how enhancing their EI skills could also make them more self-aware and utilize these skills in their personal life as well.

Threats and Barriers

The project site's IRB lengthy process threatened the completion of this project. The DNP Project Leader gained approval to submit the project application to the project site's IRB at the beginning of the spring semester (January). Once the DNP Project Leader submitted the application to the project site, it took 8 weeks to get the project application approved. The DNP Project Leader had to gain full implementation approval from the university's QI (Quality Improvement) committee, which took another week. In total, this process took 9 weeks and left the DNP Project Leader with 3 weeks to implement the project. If this process had taken longer, the DNP Project Leader would not have had enough time to implement the project with the senior students, due to the available implementation time being limited to the last 4 weeks of the semester.

The timing of the project also posed a barrier to the interactive EI training. Due to this barrier, not all students could attend. The EI training was a required part of their Capstone experience, and the students' schedules varied. Although many seminars were offered, the timing still conflicted with some students' clinical schedules. Due to this, the DNP Project Leader could not secure a maximum of 15 students for each session. Some seminars included as few as three students and as many as 15 students, thus creating varied experiences for the participants. This required the DNP Project Leader to adjust how the students role-played and complete the scenario discussions. As the number of students varied for each session so did the discussion.

Monitoring of Implementation

Once the DNP Project Leader obtained IRB approval, the implementation of the project, Enhancing Emotional Intelligence in Prelicensure Students seminars began. The DNP Project Leader instructed the students on the time and place the EI seminars would take place. During the formal seminar, students were provided with an EI assessment and given time during the seminar to complete it. The DNP Project Leader took a poll of the class to determine if more time was needed to complete the assessment. Once completed the students were not required to share their results. However, there were a few students who volunteered a summary of their results, confirming that the EI assessment allowed the students to become aware of their EI strengths and weaknesses. Once the EI assessment was completed, the DNP Project Leader completed the formal EI training through lecture. During the lecture, the DNP Project Leader allowed time for discussion and questions to ensure the transfer of knowledge to the second-year prelicensure nursing students. During weeks 2 and 3, the DNP Project Leader held multiple seminars for the interactive EI training. The interactive EI training consisted of case studies for students to role-play and discuss how they would use EI if they were in the situation. As students were encouraged to reflect and discuss the different case studies, the DNP Project Leader offered positive reinforcement to their responses and ideas for applying EI as they transition into clinical practice.

Project Closure

Once the implementation phase of the project was completed. The DNP Project Leader discussed the process and outcomes of the EI seminars with the course instructors and the program director, as well as barriers to student participation due to timing and

schedule conflicts. The DNP Project Leader discussed implementation strategies and considered other courses EI education and training could be introduced, for students to be able to learn these concepts and apply them as students throughout nursing school.

Interpretation of Data

EI education was not a topic currently discussed in the prelicensure program to help students understand the benefits of EI as they are transitioning into practice. The mission of this project was to enhance the emotional intelligence of baccalaureate prelicensure nursing students to improve decision-making skills that may lead to better patient outcomes. This project allowed students to reflect and discuss ways to improve their decision-making and communications skills and understand the benefits of transitioning into practice.

Students were required to attend both the EI formal lecture seminar and the EI interactive training seminar. However, due to scheduling 96% (n=110) of students were able to attend the formal EI lecture, and 80% (n=92) students were able to attend both the formal and interactive EI seminars.

Interactive EI Training

During the interactive EI training seminar, the DNP Project Leader started the session with a welcome and a review of the content discussed during the formal EI seminar. The DNP Project Leader then facilitated an icebreaker activity which included active listening in groups. Each student was given a prompt to discuss a memory from a trip or a goal they achieved. Many students shared memories or a goal, but the conversation frequently ended with students sharing their current Capstone experiences or jobs they were looking forward to. Once the students were done sharing, the DNP

Project Leader asked Icebreaker questions to each group to facilitate discussion. The Icebreaker Questions asked were:

- Was there a theme to your partner's story?
- What did you notice about your partner's tone and pace of speech?
- What emotion did you observe?
- What body language did you observe?
- Were there any underlying messages, did he or she communicate without direct statements?
- Were you distracted by anything, if so, what was the cause?

Through discussion, students were able to identify verbal and nonverbal cues that matched the details of the conversation and show empathy. The DNP Project Leader also discussed with the students the barriers that interfere with active listening and how that could interfere with the perception of the conversation and relationship management.

After the icebreaker activity, the students were provided with four case studies. Students were in groups of three to five and provided with instructions to pick a case study to discuss and role play. Students were informed that there were no right or wrong answers or responses to the case studies and to be as honest as possible. The goal of each case study was to reveal true reactions and feelings and discuss ways to apply emotional intelligence to each scenario. The themes of the case studies included *Interacting with an employee in a bad mood, Expressing one's feelings, Forming connections at work, and Being blamed for a patient's deterioration.* An overview of the scenarios can be found in Table 3.

Table 3

Four Themes of Case Studies

#	Themes	Scenario
1	Interacting with an employee in a bad mood.	Setting: You are at work in a 16-bed acute care unit. There are two halls with eight beds in each hall. You are assigned to patients down the same hall as your coworker who has shown up to work late and is always complaining about the unit. You have two total care patients, and three diabetic patients whom all need insulin, so you know that at some point you will need to ask for help throughout your shift. Nurse with bad mood: Ugh, I cannot stand it here. I thought I was off today, and they called and woke me up out of my sleep to be here. I do not want to work today and answer call lights. At least we are fully staffed. If we were not I would have just walked right off the unit. Who is our charge nurse today? They had better help me today and not just sit at the nurse's station.
2	Expressing one's feelings.	Setting: You are at work, and you walk into the breakroom. You see your coworker crying at the table. You do not have a close relationship with this coworker, but she looks at you as soon as you walk into the breakroom. You ask your coworker what is wrong and your coworker states that "The patient in room 302 keeps being mean to me. I told the charge nurse, but they will not help me. I am behind on my medication pass and when I called the doctor, I just felt so stupid."
3	Forming connections at work.	Setting: You are the new nurse graduate on the unit and are looking for ways to make connections at work. You observe the unit and notice that when you are there, the same group of coworkers work the same shifts. It is your first day on the unit with your own assignment and your preceptor is not working. Your coworkers have 5 patients a piece. You receive your assignment of 4 patients and now it is time to get to work. Consider: How would you feel during your first shift without your preceptor?

#	Themes	Scenario
4	You are blamed for a patient's deterioration.	Setting: You are a new nurse on night shift and your patient calls out for assistance, stating "I feel like I can't breathe." You check your patient's vital signs and notice that the SPO2 is 92%, RR is 22 breaths per minute, and HR is 95 beats per minute. You notify the charge nurse that you are concerned about your patient because this is a change from the start of your shift. The charge nurse calls the respiratory therapist, but they are busy in the ICU and cannot get to the patient right now. You call the rapid response nurse and the doctor on call, and they tell you to continue to monitor the patient. At 0630 in the morning, you are rounding on your patient and notice that the patient's respiratory status is deteriorating. You call a rapid response and give a report of what has happened. Unfortunately, you forgot to document the details of your earlier assessment when the change first occurred and there is no evidence that you have checked in on your patient since 0400. The patient is placed on a BiPap and moved to another unit. When you return to work your manager calls you into the office to ask you about what happened. You notice that the rapid response nurse is also in the office. When you tell your side of the story of how you called for assistance the rapid response nurse states "That is not true. You never called me to check on this patient until the patient needed a BiPap." Your manager continues to look at you for answers but your manager does not know what to believe because he/she was not there.

To help facilitate discussion, the DNP Project Leader asked several follow-up questions to the participating students. The following questions included:

- What were the initial feelings following reading the case study?
- How would you typically respond to this situation?
- What are the benefits of your response?
- What are the consequences of your response?
- What would be the benefits if you changed your response?

- What will you do with this knowledge?

These prompts successfully facilitated discussion and ease with the topic of EI.

Scenario 1 Responses

Common responses for students interacting with an employee in a bad mood were avoidance of the employee and helping the employee when needed. Through discussion and role play students were able to identify how the moods of others affect them and the desire to find ways to find value in their coworkers, even when in a bad mood.

Scenario 2 Responses

Common responses for expressing one's feelings included assisting the coworker, comforting the coworker, advocating for the coworker, and helping the coworker self-improve. Through discussion and role play students were able to empathize with the employee and recognize their own feelings and ability to comfort others.

Scenario 3 Responses

Common responses for forming connections at work were feelings of being a burden to the other nurses so they would not ask for help, other students felt that if they introduced themselves as a novice nurse and offered help then maybe the other nurses would help them. Through discussion, students were able to recognize how they may feel once they are on their own and no longer have a preceptor or instructor to validate their actions.

Scenario 4 Responses

The last scenario being blamed for the patient's deterioration provided elicited many emotional responses. Some students wanted to do everything they could to provide evidence that they acted appropriately, some students blamed themselves for not charting,

and many students were angry at the lack of support from their resources (manager and charge nurse). Through discussion, students were able to recognize their personal feelings and how they could possibly interfere with their decision-making. However, everyone agreed that charting the details of situations can be important for building trust and demonstrating reliability.

EI Posttest

After attending both seminars' students participated in an anonymous EI posttest. Each question was designed by the DNP Project Leader to test the student's knowledge of EI after attending both the formal and interactive EI seminars. Questions were reviewed (Table 4) by the DNP Project Chair for face validity and both university's QI and IRB committees, respectively.

Table 4

Posttest Question Data

Question	Answer choices	True (correct)	False (incorrect)
1. The EI assessment can be used as a method that can help identify emotional intelligence strengths and weaknesses.	Percentage of students	100%	0%
2. The four domains of emotional intelligence include (select all that apply). Answer choices: Self-awareness, Self-motivation, Social Awareness, Relationship management, and Self-management	Self-awareness, Social Awareness, Relationship Management, Self-management	27%	
	Self-awareness, Self-motivation, Social Awareness, Relationship Management		8%
	Self-awareness, Self-motivation, Social		62%

Question	Answer choices	True (correct)	False (incorrect)
	Awareness, Self-management		
	Self-awareness, Self-motivation, Social Awareness		1%
3. Emotional intelligence is used to control people to get what you want.	Percentage of students	100%	0%
4. Journaling can be used to help with self-awareness.	Percentage of students	100%	0%
5. Enhancing emotional intelligence is important for personal and professional growth.	Percentage of students	100%	0%
6. Emotional intelligence will not help in conflict management.	Percentage of students	0%	100%
7. By recognizing and managing emotions better decisions can be made by focusing on facts and not feelings.	Percentage of students	84%	8%
8. Empathy may involve viewing the situation from another perspective.	Percentage of students	100%	0%
9. Focusing on what motivates you helps you achieve your goals and feel more fulfilled.	Percentage of students	100%	0%
10. EI can be defined as the ability to understand, recognize, express, and control the emotions of others.	Percentage of students	49%	51%

The DNP project leader also included a question to assess:

- If EI self-assessment was provided during the formal EI lecture seminar; 100% (n=92) of the students concluded that the EI assessment can help identify EI strengths and weaknesses.
- Knowledge gained to recognize the four domains of EI. This question format was formatted as a select-all-that-apply question; 27% (n=25) of students identified the four domains correctly, and 73% (n=67) of students answered this question incorrectly. This demonstrates a general lack of awareness of the four domains of EI.
- Knowledge gained to assess if students understood how to use EI; 100% (n=92) of the students concluded that EI cannot be used to control other people to get what they want.
- Knowledge gained regarding using journaling to help with self-awareness; 100% (n=92) of the students concluded that journaling can be used to help them become self-aware.
- Knowledge gained regarding the importance of enhancing EI; 100% (n=92) of the students concluded that enhancing EI is important for personal and professional growth.
- Knowledge gained regarding conflict management and EI; 100% (n=92) of the students concluded that enhancing EI does help with conflict management.
- Knowledge gained regarding the benefits of having the ability to recognize and manage emotions; 91% (n=84) of the students concluded that by having the ability to recognize and manage emotions, better decisions can be made by

focusing on the facts and not feelings; and 9% (n=8) students concluded that having the ability to recognize and manage emotions, better decisions cannot be made by focusing on the facts and not feelings.

- Knowledge gained regarding empathy included in social awareness; 100% (n=92) of the students concluded that empathy could involve viewing the situation from another perspective.
- Knowledge gained regarding self-motivation, as it relates to personal enhancement of EI; 100% (n=92) of the students concluded that focusing on what motivates you helps you to achieve your goals and feel more fulfilled.
- Knowledge gained regarding the definition of EI; 51% (n=47) of the students concluded that EI cannot be defined by the ability to understand, recognize, express, and control others. However, 49% (n=45) concluded that it could be defined by the ability to understand, recognize, express, and control the emotions of others. With such an evenly distributed answer selection, this may demonstrate the need for more review or clarification of the implementation content.

Discussion

Of the baccalaureate senior students in the traditional nursing program, 80% (92 students) were able to participate in both EI educational seminars and the optional EI posttest. During the formal and EI interactive training seminars students verbalized common responses which allowed the DNP Leader to provide reassurance that the students were not isolated in their feelings or responses. This helped students realize that these seminars were conducted in a safe, judgement-free environment, and the goal was to gain a new perspective using EI. During the interactive EI session, students were able

to listen to each other and provide alternative perspectives for each scenario. The DNP Leader noticed the responses that seemed to be outliers were from non-traditional students who were older and had different experiences in life than others. Their common responses were to provide compassion and tended to allow the situation to unfold and looked at each scenario as a learning opportunity, as well as advocate for the best possible outcome. This allowed the DNP Leader to adjust the way the discussions were facilitated when non-traditional students attended the seminars.

During the end of the interactive EI seminar, students participated in an EI posttest. The results varied for two of the questions on the posttest, question 2 and question 10. Question 2 was formatted in a select-all-that-apply format, which was different than the other questions and could have contributed to the results of the question. The results for question 10 were 50/50 and suggest the need for clarification of the wording of the question to include the correct definition of EI.

Project Outcomes

Table 5 lists the EI posttest results per question.

Table 5

EI Posttest Results per Question

#	Posttest Questions	Number of incorrect answers	Number of correct answers	Total Count
1	The EI assessment can be used as a method that can help identify emotional intelligence strengths and weaknesses.	0	92	92

#	Posttest Questions	Number of incorrect answers	Number of correct answers	Total Count
2	The four domains of emotional intelligence include (select all that apply).	67	25	92
3	Emotional intelligence is used to control people to get what you want.	0	92	92
4	Journaling can be used to help with self-awareness.	0	92	92
5	Enhancing emotional intelligence is important for personal and professional growth.	0	92	92
6	Emotional intelligence will not help in conflict management.	0	92	92
7	By recognizing and managing emotions better decisions can be made by focusing on facts and not feelings.	8	84	92
8	Empathy may involve viewing the situation from another perspective.	0	92	92
9	Focusing on what motivates you helps you achieve your goals and feel more fulfilled.	0	92	92

#	Posttest Questions	Number of incorrect answers	Number of correct answers	Total Count
10	EI can be defined as the ability to understand, recognize, express, and control the emotions of others.	45	47	92

The goal was for each student to score 77% or higher. The results indicated that

- 98% of the students who participated in the posttest scored 77% or higher,
- 14% (n=10) of the students who participated in both seminars scored 100% on the posttest,
- 41% (n=38) of the students who participated in both seminars scored 90% on the posttest,
- 42% (n=39) of the students who participated in both seminars scored 80% on the posttest, and
- 02% (n=2) of the students who participated in both seminars scored 70% on the posttest. A breakdown is shown in Table 6.

Table 6

Posttest Student Scoring Results

	Students Who Scored 100%.	Students Who Scored 90%.	Students Who Scored 80%.	Students Who Scored 70%.
N (Number of students)	13	38	39	2

Project Impact

Due to the implementation of this project, the DNP Project Leader was able to introduce EI education and provide the students with an opportunity to apply EI skills to clinical practice. The DNP Project Leader was able to introduce the implementation of faculty-led professional development seminars during the students' Capstone course. Senior prelicensure students were impacted personally and professionally by providing them with an opportunity to assess areas of self-improvement and to be provided with tools that will assist them in enhancing their EI skills. Faculty were able to attend the EI seminars and hold discussions with the DNP Project Leader, which led to the consideration of opportunities for curriculum changes as well as opportunities to introduce this topic earlier than the student's senior Capstone.

Since project implementation, the DNP Project Leader was able to introduce this topic to a new cohort of prelicensure nursing students while discussing providing culturally competent care during a prelicensure health assessment course. Introducing this topic to this cohort of students allowed the DNP Project Leader to discuss the importance of EI before this cohort of students began any clinical rotations. Through discussions about the project topic with other nurses, the DNP Project Leader was able to become a guest on a podcast to discuss the importance of EI in nursing.

Sustainability and Future Recommendations

After the implementation of this project, it is evident that this is an important topic for students and would be more beneficial if implemented earlier than their senior Capstone experience. Although the outcomes of this project were positive and objectives were met, this project will not be sustainable during the senior Capstone due to the

intense time constraints of students and faculty at this point within the baccalaureate nursing program. EI is a topic that can be learned and takes time to develop (Dou et al., 2022), therefore it should be introduced to students during their foundational courses of the prelicensure program and should continue throughout the program.

Dou et al. (2022) suggest that nursing programs should implement EI into courses within the curriculum to enhance the EI of nursing students and their clinical ability. Implementing opportunities to strengthen and develop EI should focus on methods to facilitate thought and how to manage emotions (Dou et al., 2022). This can be implemented in and reinforced in various didactic and clinical courses, simulations, and reflective assignments. The DNP Project Leader will continue to work closely with the Prelicensure Program Director to discuss opportunities for implementation and sustainability.

Conclusion

The goal of this project was achieved by enhancing the emotional intelligence of senior prelicensure nursing students. Students now have increased knowledge of EI and an understanding of how to apply EI skills to clinical practice. They also understand how to continue to use methods such as journaling to become more self-aware and enhance their EI skills. Faculty also acknowledge the benefit of implementing EI education and training in the curriculum. Emotional intelligence evolves over time due to education and experiences, suggesting that EI can be learned and developed (Budler et al., 2022). Although the project objectives were met, there has been a greater understanding of the need to introduce the topic of EI and continue to work with students to develop their

skills as they enter the program which can lead to better decision-making and patient outcomes.

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