

A Qualitative Phenomenological Study on the Lived Experiences of Dental Hygiene

Clinical Instructors on Emotional Intelligence: A Single Case Study

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Abstract

Teaching in the clinical dental hygiene setting entails not only clinical teaching skills and content expertise but also the consideration of the role that emotions contribute to in the clinical teaching environment. This qualitative phenomenological study aimed to explore the perceptions of dental hygiene clinical faculty towards the use of emotional intelligence in the dental hygiene clinical setting. Furthermore, the researcher sought to identify factors related to the use of emotional intelligence in the clinical educational setting, such as the instructors' emotional intelligence and students, professionalism, and faculty development programs on emotional intelligence. Fifteen surveys were completed, and eight participants were selected via purposeful sampling. Eight clinical dental hygiene instructors who participated in this study were interviewed using audio-only. Semi-structured interviews were digitally audio-taped and transcribed. The conceptual framework of phenomenology was utilized in this study. Data analysis resulted in five major themes. These themes were understanding, character traits, clinical environment, interaction dynamics, and professional development on emotional intelligence. Recommendations based on the study findings suggest that a professional development program focusing on emotional intelligence may benefit clinical instructors. Being mindful of the various attributes and character traits of emotional intelligence such as self-awareness, social awareness, and relationship management may be deemed valuable during student interactions while teaching in the clinical setting.

Keywords: emotional intelligence, clinical education, clinical instructors, clinical dental hygiene

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A Qualitative Phenomenological Study on the Lived Experiences of Dental Hygiene Clinical Instructors on Emotional Intelligence: A Single Case Study

There is a form of intelligence beyond the traditional intelligence quotient (IQ) that educators should emphasize and place focus on. Emotional intelligence (EI) encompasses understanding oneself and others, relating with individuals, and acclimating to and coping with one's environmental surroundings (Dev et al., 2017). Moreover, according to Goleman, Van Rooy, and Viswesvaran, emotional intelligence has been conveyed to be twice as important as IQ and technical skills in encouraging enhanced job performance, job satisfaction, and productivity (Roth et al., 2019). The ability to use emotions effectively improves the quality of teaching (Oznacar et al., 2017). A person who demonstrates emotional intelligence is proficient in recognizing and conveying emotions, comprehending emotions in thinking, interpreting, and rationalizing with feeling and managing emotions in oneself and surrounding individuals (Mayer et al., 2000).

In the early 1900s, researchers investigated why individuals with lower IQs were more successful in life than those with higher IQs (Omid et al., 2016). Due to this research, Thorndike advanced his research and presented the Theory of Social Intelligence to comprehend and manage others (Omid et al., 2016). Subsequently, in the 1970s psychologist, Howard Gardner proposed several intelligence forms beyond the cognitive domain (Omid et al., 2016). Gardner proposed there are forms of intelligence or modalities that are non-cognitive or are characteristics. Howard Gardner believed that there were several forms of intelligence. Gardner's Multiple Intelligence Theory included seven forms of intelligence: linguistic, musical, logical/mathematical, spatial, bodily-kinesthetic, interpersonal, and intrapersonal (McCredie, 2019). Of those various forms of intelligence, Gardner emphasized that two were personal non-cognitive forms of intelligence which stressed the value of relationships with other people

(McCredie, 2019). The first, intrapersonal intelligence, is the ability to comprehend and improve oneself and utilize this information to make informed choices in life, in addition to self-assessing one's strengths and weaknesses (McCredie, 2019). The second, interpersonal intelligence, is when a person recognizes the purposes, incentives, and wants of others and is proficient in engaging efficiently with them (McCredie, 2019). To build on these non-cognitive forms of intelligence, Peter Salovey and John Mayer supposed that emotional intelligence was a subdivision of social intelligence. Emotional intelligence can be divided into four branches (Omide et al., 2016). Salovey and Mayer's four branches include perceiving emotions, facilitation of thought using emotions, understanding emotions, and managing emotions (Maamari & Majdalani, 2018, p. 180). Distinguishing emotions comprise recognizing emotions while enabling emotions, including combining emotions in the thought process (Maamari & Majdalani, 2018). Additionally, comprehending emotions involves understanding, inferring, and communicating feelings (Maamari & Majdalani, 2018, p. 180). Lastly, management of emotions pertains to controlling oneself, improved recognition of one's feelings, and willingness towards personal development (Maamari & Majdalani, 2018, p. 180). It is vital to shift the focus beyond cognitive intelligence to different facets of emotional intelligence skills to excel in professions (Shah & Shah, 2019). What makes emotional intelligence unique is that it increases one's ability to become more successful in meeting challenges or demands presented in day-to-day life (Dev et al., 2017).

Salovey and Mayer (1990) were the researchers who initially created the general notion of emotional intelligence in the scientific literature (Gilar-Corbi et al., 2018). These investigators defined emotional intelligence as a group of skills that comprise the aptitude to recognize and screen their own and others' ideas to navigate thinking and actions (Gilar-Corbi et al., 2018).

This concept was made famous in the media and built upon by Goleman (Joseph et al., 2019). The idea of emotional intelligence was further developed and constructed by researcher Bar-On (1997). Emotional intelligence has risen to popularity within the last 25 years and began to be implemented in the corporate environment rapidly as similar interest in educational organizations began expanding (Joseph et al., 2019). To date, numerous studies on emotional intelligence have been conducted, including the association between emotional intelligence and the effectiveness of educators (Gilar-Corbi et al., 2018).

Emotions are subjective experiences permeating every area of an individual's life (Petrides et al., 2016). Additionally, emotions are also a vital portion of neurological functioning (Sung, 2015). Individuals regularly utilize emotions to make considerations and decisions (Sung, 2015). Emotional intelligence is the ability to identify, comprehend, and manage one's own and others' emotions (Roth et al., 2019). Emotional intelligence is the factor that connects individuals (Sung, 2015). Additionally, emotional intelligence improves interpersonal communication, promotes conflict resolution, and creates an environment of professionalism (Roth et al., 2019).

According to Sung (2015), emotional intelligence improves higher-order thinking skills, and supports thought assessment, conflict resolution, empathy, confidence, and communication skills. Interestingly, approximately 50 studies have been conducted to date confirming that emotional intelligence can be enhanced in adults through training (Petrides et al., 2016). Emotional intelligence incorporates improving communication skills by restating, asking for an explanation, pausing for feedback, and reviewing for their correctness and understanding. The ability to welcome and accept another individual's viewpoint indicates higher emotional intelligence (Sung, 2015).

The association between emotional intelligence and diverse variables has been regularly documented within the education profession (Gilar-Corbi et al., 2018). The instructors' emotional intelligence related to the concepts of intrapersonal emotional intelligence, adaptability, stress management, and mood management will direct the emotional intelligence goals of educating and mentoring. Intrapersonal emotional intelligence is being aware of viewing oneself through self-reflection, rationalizing, feeling, and behavior. Interpersonal intelligence consists of empathy relations and communal responsibility. Also, adaptability is a concept when it pertains to emotional intelligence to help individuals confront, handle, and manage conflicts or problems (Sung, 2015). Lastly, emotional intelligence aids in stress management and control of emotions. Educators can promote emotional intelligence by demonstrating empathy and being present and being present in the moment with the student. When interacting with students with attention, respect, consideration, and compassion, a welcoming and courteous environment is created. Making the students aware that this environment was created intentionally can provide a teachable moment. In higher education, emotional intelligence training and mentoring provide anticipation for guidance, conflict resolution, and efficient communication by cultivating understanding and relational skills. Instead of rivalry and egotism, visualizing a world where individuals are valued for their capabilities and expertise has allowed them to work towards their most significant potential and achievement due to their high emotional intelligence (Sung, 2015).

Student success is contingent upon effective teaching, and the emotional intelligence of educators plays a significant role in that aspect (Latif et al., 2017). Educators inspire students by their teaching methodology, conveying themselves, relating to the students, and presenting as a model as this is all a part of emotional intelligence (Latif et al., 2017). There is a growing recognition of educators' value to cultivate and be equipped with emotional intelligence skills

(Tschannen-Moran & Carter, 2016). According to John et al. (2019), emotional intelligence training programs often include a mixture of data, demonstration, and preparation in several forms, including didactic videos, simulations, discussions, and self-assessment. Ultimately the need for both intrapersonal awareness and interpersonal communications skills, which are both categories of emotional intelligence, are needed by educators in the teaching setting (Tschannen-Moran & Carter, 2016).

There is a gap in the literature regarding emotional intelligence and clinical dental hygiene educators in the clinical education setting. Much of the research on emotional intelligence focuses on alternative and complementary health professions such as nursing. This study seeks to understand the perceptions of clinical dental hygiene educators in relation to emotional intelligence. This study will also focus on whether there is a need for faculty development training on emotional intelligence in the clinical dental hygiene setting. Using in-depth semi-structured interviews through a qualitative design, the information collected from this study may provide numerous benefits in clinical dental hygiene education. Advantages may include new information surrounding the following concepts of the lived experiences of dental hygiene clinical instructor on emotional intelligence:

- Identifying perceptions of dental hygiene clinical faculty towards the importance of the use of emotional intelligence in the dental hygiene clinical setting
- Discovering barriers associated with awareness of emotional intelligence
- Offering direction and guidance to other dental hygiene programs regarding implementing emotional intelligence faculty development training to promote clinical teaching effectiveness

- Identifying advantages of clinical instructors with emotional intelligence when it pertains to student interaction and success
- Recognizing the role clinical dental hygiene educators play in facilitating emotional intelligence skills to students when it pertains to professionalism

Educators who are perceived as leaders face many challenging circumstances in the academic setting (Mendelson & Stabile, 2019). When selecting educators, institutions place student achievement and positive growth as a priority; therefore, educators' emotional intelligence should be an area where the focus is placed on the educational profession (Mendelson & Stabile, 2019). Bloom (2004) conveyed how leadership programs for administrators disregard the topic of emotional intelligence despite the substantial amount of research on the subject (Mendelson & Stabile, 2019). Bloom also conveyed that most educators forsake their academic careers due to emotional intelligence causes instead of educational duties or job-associated skills (Mendelson & Stabile, 2019). This study investigates and further our understanding of the role of emotional intelligence and clinical dental hygiene education.

Background, Context, and History

Emotional intelligence is a relatively new concept that became evident in the literature in 1990 (Mosca, 2019). Although various interpretations of emotional intelligence, research and analysis conveyed that emotional intelligence was constructed on three proposed models that all have the same end goal of improving an individual's performance (Omid et al., 2016). These three proposed models included Salovey and Mayer's (2004) Emotional Intelligence Ability Model, Bar-On's Competencies Intelligence Model, and Goleman's Emotional Intelligence Performance Model. Emotional intelligence delivers a comprehensive representation of an individual's capability to make suitable choices, efficiently use relational skills to communicate

and understand others, convey themselves and regulate their stress sufficiently and suitably (Mendelson & Stabile, 2019). Emotional intelligence entails comprehending an individual's emotional states to construct good decisions (Morrison & Morrison, 2016). Goleman, Boyatzis, and Mckee postulated, individuals are more successful when the mind, heart, and emotions interconnect when used in combination (Morrison & Morrison, 2016). The concept of emotional intelligence is attributed to researchers Peter Salovey and John Mayer, whom John Caruso later joined in 2016 to continue developing the emotional intelligence model. Salovey and Mayer conveyed that emotional intelligence is the capacity to observe and distinguish one's own and others' emotions and use this data to direct thoughts and behaviors (Joseph et al., 2019). Goleman, a famous journalist, gave rise to the attention to the work on emotional intelligence by Salovey and Mayer and further expanded on the topic of emotional intelligence (Joseph et al., 2019). Bar-On's Competencies Intelligence Model is considered an assortment of social, personal, and interconnected emotional abilities that determine individuals' general capability to cope with everyday life needs and stresses (Omid et al., 2016) proficiently. According to Goleman, Goleman's Emotional Intelligence Performance Model's main components are self-awareness, self-management, social awareness, and relationship management (Omid et al., 2016). Ultimately, emotional intelligence was based on three major seminal models, of which the primary stemming model is Salovey and Mayer's (2004) Emotional Intelligence Ability Model. The Emotional Intelligence Ability Model comprises four groups of emotion processing mental capabilities: insight of emotion, emotional thought process, comprehension of emotion, and management of emotion. This model focuses solely on cognitive aptitude in processing emotions and is established in the scientific literature (Kanesan & Fauzan, 2019). The many various strengths of emotional intelligence are not only suitable but pertinent for academic environments.

Statement of the Problem

Like the technology sector, the education sector is evolving into a more interactive and social platform; therefore, the transition gradient from effective to affective has gained immense importance in higher education (Kaur et al., 2019). Emotional intelligence has been linked to classroom management and is a chief component in leadership effectiveness. The educator formerly has a pivotal role in dispensing information; however, when guiding students in the learner-centered environment, their “soft skills” are more valuable than their “hard skills” (Mocanu & Sterian 2013). Emotional intelligence may play a conducive role in the clinical learning environment.

The study explored the scope of “emotional intelligence,” more specifically, the role of emotional intelligence as it pertains to the clinical dental hygiene instructor in the clinical dental hygiene educational setting. The teaching profession involves the careful utilization of self-awareness and regulation of emotions. Dental hygiene faculty are often hired for their expertise and may lack the recognition of the importance and value of emotional intelligence in not only their teaching role but also the role that their emotional intelligence plays on student success. Educators may want to remain effective while being aware of their emotions and anticipating the effects of their feelings and emotional expressions and interactions with others (Dolev & Leshem, 2016). Travers suggested educators may often be met with various emotions during exchanges among students, colleagues, and administrators (Merida- Lopez et al., 2019). Ultimately, clinical dental hygiene instructors are health care providers and must demonstrate professionalism. Professionalism is the underpinning of healthcare providers with emotional competency as a fundamental principle. This competency may be grounded on emotional intelligence, possibly contributing to effective job performance (Raut & Gupta, 2019). This study

examined the perceived value of emotional intelligence of clinical dental hygiene instructors' own lived experiences and how they value and have utilized emotional intelligence in the clinical dental hygiene educational setting.

Purpose of the Study

In recent years, educational administrators have acknowledged a need to develop emotional intelligence skills in educators (Patti et al., 2015). The purpose of this study was to understand clinical dental hygiene instructors' perceptions of emotional intelligence and how they use emotional intelligence in the dental hygiene educational, clinical setting. The researcher intended that this study's results inform clinical dental hygiene faculty of the value of emotional intelligence in the academic environment. Numerous researchers have conveyed how the advantageous qualities of emotionally intelligent individuals benefit educational institutions (Tench, 2016). The usefulness of emotional intelligence has become evident in the educational landscape (Mendelson & Stabile, 2019). The cultivation of emotional intelligence skills such as, but not limited to, emotional management and self-awareness are vital to an educator's professional development (Patti et al., 2015). Also, mounting evidence has found that emotion plays a part between educators and students, creating an environment of confidence and cooperation (Quinlan, 2016). Students remember and value the emotionally favorable characteristics of effective teaching (Quinlan, 2016). Titsworth et al. (as cited in Quinlan, 2016) conveyed that educators who listen and communicate constructively using beneficial positive emotion have been correlated to affect students favorably, such as gratification and support. Although infrequently recognized, educators need to be emotionally present, interpret students' emotions, and manage these emotions in the learning atmosphere (Quinlan, 2016).

Research Question

The study sought to answer the following research question:

What are the perceptions of dental hygiene clinical faculty towards the use of emotional intelligence in the dental hygiene clinical setting?

Research Sub Questions

- 1). Based on the lived experiences of clinical dental hygiene educators, what is the perceived value of emotional intelligence as an educator when interacting with students in the clinical education setting?
- 2). Based on the lived experiences of clinical dental hygiene educators, how would a professional development program focusing on emotional intelligence help clinical instructors when interacting with students in the clinical educational setting?

Relevance of the Study

Emotional intelligence has been linked to improved learning outcomes in higher education. Educators in the health professions have called for integrating emotional intelligence in the health professions curriculum (Anderson, 2016; Fitzpatrick, 2016; Parnell & St. Onge, 2015). According to Mosca (2019), emotional intelligence is related to enhanced stress regulation and may improve the health professional faculty's clinical teaching effectiveness in the clinical setting. Few studies have investigated the connection between emotional intelligence and effective clinical instruction in the health care professions (Victoroff & Boyatzis, 2013).

The significance of emotions in teaching is now extensively studied (Kaur et al., 2019). Observation and further research on how educators can realize, regulate, and control their emotions are now considered. The instructor in higher education needs to convey a balanced,

practical approach to interact with the students. The instructor must continue their self-development and professionalism as an educator in the health professions. An educator must understand and control their emotions and their students' emotions to maintain balance in their teaching approach (Kaur et al., 2019). By being aware of feelings, emotional intelligence is also an essential factor in instances where conflict resolution is needed. It may be anticipated that individuals with high emotional intelligence are efficient communicators regardless of their environment. They stand up to problems when faced with adversity and are problem solvers by finding resolutions (Akyol & Akdemir, 2019).

Unlike the didactic classroom setting, the clinical setting is unpredictable, and the clinical patient-provider experiences can be emotionally disconcerting for the instructor and the students (Ondrejka, 2014). Clinical teaching is challenging, and faculty must stabilize and reconcile their emotions and that of students and patients among the clinical environment's continuous chaos (Mosca, 2019). Instructors' emotional intelligence may be a modifiable factor that may regulate the pressure of an emotionally loaded, unstable clinical environment (Mosca, 2019). Emotional intelligence supports the interactive aspects of clinical teaching and provides a foundation for faculty to model a caring, holistic practice when introducing students to the profession (Ondrejka, 2014). A considerate clinical instructor can stimulate authentic discussion that facilitates incorporating students' emotions with clinical practice principles (Mosca, 2019, p. 97). Carrying out a study on the use of emotional intelligence by clinical dental hygiene instructors could help educators improve their clinical teaching strategy and possibly increase their institutional awareness for creating faculty development opportunities for clinical faculty on emotional intelligence.

Assumptions and Limitations

Assumptions

It is assumed that participants in this study answered the research questions honestly and truthfully. In addition, it is assumed that participants taught in the clinical setting of an accredited dental hygiene program. Lastly, it is also believed that participants had a genuine interest in participating in the study.

Limitations

This study was conducted via qualitative phenomenological research using semi-structured interviews. The researcher interviewed participants to examine the perceptions and use of emotional intelligence by clinical dental hygiene educators. Due to this time-consuming technique, a small sample size was used. The utilization of interviews may have been daunting to some participants as the sole focus was placed on the participant instead of a group interview. Additionally, since the researcher was the source of which data is being collected, avoiding subjectivity when inferring results, bracketing and reflexivity were utilized by the researcher.

Furthermore, due to the qualitative nature of this study being based on participant perspective, the lack of duplication may affect the study's validity and reliability. Lastly, this study's delimitation was that a single institution in this case study was used. Due to the sole focused geographic location, there was limited generalizability as the data collected may not represent all clinical dental hygiene educators' perceptions and attitudes.

Summary

Raising the awareness of emotional intelligence and its value in the clinical dental hygiene educational setting is imperative to enhance the clinical dental educator's professional

development and enhance the learning environment for the student learner. Emotional intelligence comprises emotional perception, emotional understanding, emotional facilitation, and emotion management (Majeski et al., 2017). Emotional Intelligence is the set of skills that helps an individual identify and control one's emotions, differentiate among them, and use as a guide for one's thoughts and behavior to encourage emotional advancement (Go et al., 2020). According to Ondrejka (2013), emotional intelligence underpins the social aspects of clinical teaching and provides a groundwork for faculty to provide attentive, caring, holistic practice when introducing students to the health care profession. A mindful clinical instructor can encourage authentic dialogue that incorporates students' emotions with the principles of health care (Mosca, 2019, p. 97). Clinical faculty who have advanced levels of emotional intelligence seem to handle the stress of their clinical educator role more efficiently (Mosca, 2019). Developing emotional intelligence by focusing on the emotional competencies of self-awareness, social awareness, self-management, and relationship management would benefit both the academic and health care populations (Youde, 2016). Perhaps in the future, creating emotional intelligence professional development training courses can be implemented geared to raise awareness for clinical dental hygiene educators and health care professionals.

Literature Review

This section's organization begins with a review of the conceptual frameworks to link the literature to the research questions. Phenomenology and The Emotional Intelligence Theory will be discussed, and their relationship to their role in the educational setting and this research study will be explored. This will be followed by a substantial literature review about emotional intelligence and its current role in education. A review of methodological issues will be

discussed continued by a synthesis of research findings. Lastly, a critique of the previous research is followed by a synopsis of key points.

The literature review revealed the use of several study designs and methodologies that address educators and emotional intelligence. The studies reviewed included regression analysis, qualitative exploratory multi-method case study, cross-validation design, quantitative cross-sectional design, strictly quantitative, strictly qualitative, mixed methodology, and meta-analytical investigation.

The conceptual framework used in the literature review of this study is the Emotional Intelligence Theory. Emotional intelligence is a moderately new concept that has newly gained significant recognition in the last few decades. Webb (Trench, 2016) purported that research on emotional intelligence commenced in the 1930s with Thorndike, Stein, and Wechsler's investigation but went unnoticed until 1983 when Howard Gardner started writing about multiple intelligences. Emotional intelligence was formally introduced by Salovey and Mayer and later popularized by Goleman to predict performance beyond the intelligence quotient (Mattingly & Kraiger, 2019). According to Mayer et al., ability-based emotional intelligence is the ability to participate in advanced data processing about one's own and others' emotions and the skill to use this information to navigate thoughts and action (Mattingly & Kraiger, 2019). It has been found that emotional intelligence enhances individual success and contributes to managing the emotions of oneself and others (Mattingly & Kraiger, 2019).

Conceptual Framework

A conceptual framework is a formation that the investigator considers can better describe the phenomenon's natural development to be studied (Adom et al., 2018). As reported by Peshkin, the conceptual framework is connected with the concepts, empirical research, and

significant theories used in encouraging and arranging the knowledge adopted by the researcher (Adom et al., 2018). Adom et al. (2018) suggested that the investigator's description of how the research problem would be discovered.

Mayer and Salovey proposed individuals with higher levels of emotional intelligence can oversee their feelings and emotions and make suitable decisions to guide their thinking and actions (Morrison & Morrison, 2016). Emotional intelligence is succinctly distinguished from personal and social intelligence (Mayer, Caruso, et al., 2016). According to Mayer, Salovey, et al. (2016), emotional intelligence is a psychological and measured mental ability (p. 2). Mayer, Caruso, et al. (2016) also proposed a division between intelligence and conduct. Just because an individual appears to be emotionally steady and self-aware does not automatically mean they are emotionally intelligent.

Conversely, this is the same as if a person seems to convey high analytical intelligence skills; they may not put these skills into action (Mayer, Caruso, et al., 2016). According to the Joint Committee for The Standards for Educational and Psychological Testing, when emotional intelligence is used, it is essential to precisely describe the emotional problem solving that individuals utilize and the skills individuals employ to unravel those problems. (Mayer, Caruso et al., 2016).

Mayer (2008) supposed that general intelligence is divided into two categories, hot and cool intelligence (Schneider et al., 2016, p. 1). Cool intelligence refers to detached forms of intelligence such as mathematical or verbal forms of intelligence (Schneider et al., 2016, p. 1). In contrast, hot intelligence involves what is essential to individuals personally, such as social approval, identity, and emotional contentment (Schneider et al., 2016, p. 1). Izard (2010)

conveyed that emotions are structured responses linking physical, felt experiences, thoughts, and behavior with evaluative mechanisms (Mayer, Caruso, et al., 2016).

According to Bar-On (2005), emotional intelligence is a group of characteristics and samples of interconnected emotional and social competencies, abilities, and promoters that regulate how efficiently individuals connect with comprehending, and express themselves and manage everyday demands (Mendelson & Stabile, 2019). Additionally, as Morrison and Morrison (2016) conveyed, Goleman (1995) suggested that emotional intelligence is twofold as necessary as an individual's Intelligence Quotient or technical aptitudes. Goleman's publication about emotional intelligence brought heightened awareness to this topic. According to Goleman (1995), emotional intelligence's main concepts include self-awareness, mood management, self-motivation, empathy, and relationship management (Morrison & Morrison, 2016). Goleman et al. emphasized how one's view of themselves may be skewed regardless of the experience; therefore, educators should be receptive to feedback and colleagues' suggestions (Morrison & Morrison, 2016). With everything considered, emotional intelligence helps create a complete picture of an individual's ability to understand, express, and communicate emotions within themselves and others (Mendelson & Stabile, 2019, p. 11).

Competencies of Emotional Intelligence

The consideration and application of emotional intelligence competencies for the healthcare educator are in the interactions that occur in the educational setting (Morrison & Morrison, 2016). Minimal research has been published investigating the correlation between emotional intelligence and dental hygiene education in the area of clinical teaching effectiveness (Smallidge et al., 2019, p. e2). The development of emotional intelligence competencies by clinical instructors contributes to clinical teaching effectiveness and robust growth between

student and clinical instructor intrapersonal relationships (Smallidge et al., 2019). According to Esmaeili et al. (2014) and Smith et al. (2011), various characteristics in clinical instructors have been found to correspond with emotional intelligence traits and contribute to student achievement in generating effective clinical learning environments for students in the healthcare profession (Smallidge et al., 2019). There are various competencies when it pertains to emotional intelligence. Morrison and Morrison (2016) stated that emotional intelligence consists of competencies that can be acquired, developed, and fostered (p. 19). Theorists such as Goleman, Boyatzis, & McKee (2002), postulated how emotional intelligence is in accordance with social and personal competencies, comprised of self-awareness, self-management, social awareness, and relationship management (Morrison & Morrison, 2016, p. 19). According to Morrison and Morrison (2016), self-awareness is the comprehension of one's feelings, strengths, purpose, and confines. It also involves perceiving the emotions of oneself and the self-examination of situations. This ability is essential to identify one's feelings, why these emotions came to fruition, and how they play a role in surrounding individuals (Shah & Shah, 2019). Morrison and Morrison (2016) conveyed how *self-management* is taking those perceived emotions of oneself and then processing this vital information to make accurate decisions. Self-management helps individuals adapt and remain accountable and tranquil in stimulating situations (Shah & Shah, 2019). Morrison and Morrison (2016) conveyed that social awareness is the ability to comprehend others and welcome various emotional states. It is being astute and sensitive to the perceptions, associations, and dynamics of surrounding individuals and the institutional culture (Shah & Shah, 2019). *Relationship management* is the fusion of self-awareness, self-management, and social awareness to recognize and distinguish other individuals' emotions (Morrison & Morrison, 2016). Relationship management also involves conflict resolution,

motivation, and creating a positive working environment (Shah & Shah, 2019). Applying emotional intelligence competencies has been revealed to improve client satisfaction and communication in the workplace (Morrison & Morrison, 2016).

Studies have conveyed the link between emotional intelligence competencies and the job performance of an educator. According to a cross-sectional quantitative survey conducted by Branscum et al. (2016), the health care educator field is constantly changing; therefore, social support and emotional intelligence play in the skills and abilities of individuals working in the education field should be taken into consideration. This study examined the role of emotional intelligence and social support of health educators. In this study, several emotional intelligence concepts were analyzed, including self-awareness, mood management, self-motivation, empathy, and managing relationships (Branscum et al., 2016, p. 309). The target population of this study included individuals working in the professions of health education, health promotion, or public health. Participants were recruited by use of HEDIR, a health education directory. By use of a statistical power analysis, a sample size of 151 participants was determined for this study for linear regression (Branscum et al., 2016). As part of the study by Branscum et al. (2016), educators rated themselves on their current job performance by use of a valid and reliable survey instrument containing 55 items. The study indicated that the top 25% of educators had significantly more self-awareness and mood management than those in the group between 25% and 50%. The group between 25% and 50% educators exhibited more mood management, self-motivation, and less stress than those in the bottom 50% of health educators. It was found that educators who received an award in the past year had higher self-awareness and self-motivation levels (Branscum et al., 2016). It was purported by Branscum et al. (2016) that the most noteworthy predictor of educator skills was mood management, which accounted for 5.8% of the

variance; this was related to the educator's perceived ability to manage their emotions and react suitably in specific circumstances (p. 313). The study's limitations by Branscum et al. (2016) are causal relationship among variables could not be determined due to the cross-sectional nature of the study; therefore, a longitudinal design was recommended for future studies. Also, due to self-reporting being utilized and the study's subjective nature, the participants could have misled the researchers in their responses. An additional limitation of the study by Branscum et al. (2016) was that data was gathered using self-reporting approaches. Due to the subjective nature of this technique, respondents could have intentionally or unintentionally misinformed researchers with their responses (Branscum et al., 2016). A weakness in the study analyzed, such as the study by Branscum et al. (2016), conveyed that the sample might not represent all health educators or public health professionals (p. 314). Lastly, researchers found a limited amount of literature on emotional intelligence (Branscum et al., 2016).

In a similar study performed by Rasiah et al. (2019), the researchers conveyed that relationship management, self-awareness, and social awareness, which were the main emotional intelligence competencies of Goleman, play a crucial role in the educator's work performance (p. 277). In this research design, a mixed methodology study was used. The study, which was conducted in Malaysia, consisted of a total of 103 participants, of which 74 were female, and 29 were male. Research participants were university academics. The study was initiated by distributing a self-report questionnaire and used a purposive sampling technique. The self-reported questionnaire was constructed using emotional intelligence literature in addition to the Emotional Competence Framework by Goleman (1995) (Rasiah et al., 2019). A Likert Scale ranging from 1-5 was used in which 1 signified 'strongly disagree' and 5 'strongly agree.' The questionnaire was divided into two portions; the first section of the questions consisted of

questions focusing on demographic information, while the second portion focused on emotional intelligence questions. This was followed by employing a structural equation technique. The results of this conveyed relationship management, specifically, was found to be the highest predictor of the educator's work performance (Rasiah et al., 2019). Practical implications of the research study by Rasiah et al. (2019) recommended employers applying the findings from the study to develop a scorecard to assess candidates' emotional intelligence skills concerning work performance and implement emotional intelligence development training programs. A limitation of this study was the small sample size utilized at the single institution site. When it pertains to samples, they should not be either too large or too small since both have limitations that can compromise the conclusions acquired from the research (Faber & Fonesca, 2014, p. 28). Too small a sample may prevent the findings from being inferred, whereas too large a sample may intensify the detection of differences, emphasizing statistical differences that are not clinically relevant (Faber & Fonesca, 2014, p. 28).

Furthermore, a study by Dev, Nair & Dwivedi (2016) investigated the role of emotional intelligence among college professors and analyzed their quality of instructional performance. In this quantitative study, which was conducted in the United Arab Emirates, a total of 110 professors participated from various universities. A random sampling technique was used. The tool in this research utilized was the Emotional Quotient Inventory scale, which was developed to measure the emotional intelligence of the educators. The results of this study indicated that there is a significant association between emotional intelligence and the quality of instruction by an educator.

A research study by Yusof et al. (2014), identified critical emotional intelligence competencies among educators and how it corresponds to professionalism. This quantitative

study was conducted in the country of Malaysia. This study included 110 participants, which were selected via random sampling. A survey research method was utilized. The researchers used the Malaysia Quotient Competency Inventory (MEQI) based on Goleman's Emotional Intelligence Model (1999) for data collection. This inventory had 151 items that measure emotional intelligence competencies in which a 5-point Likert scale was used. The research study results indicated that educator participants' competencies mean percentages when ranged from lowest to highest, with the highest being self-awareness (84.38%), self-motivation (84.61%), empathy (82.68%), self-regulation (82.48%), and social skills (79.88%) (Yusof et al., 2014, p. 487). The results of this study suggest that emotional intelligence competencies contribute to teachers' role as a change catalyst (Yusof et al., 2014). The study results also indicated that participants used the emotional intelligence competency of self-awareness daily to their actions and behaviors. Educators were also committed to the educational profession and strived for success which was demonstrated in self-motivation. The emotional intelligence competency of empathy was shown through the educators caring demeanor and willingness to help others advance themselves. Furthermore, results of the study demonstrated educators obtained the lowest score on social skills when compared to the other competencies as it was found that although educators demonstrate teamwork and collaboration, they were found to be less competent when facing challenges and disputes in the educational setting (Yusof et al., 2014).

Emotional Intelligence and Teaching Performance

Most often, the literature on teaching overlooks the role that emotion plays in the higher education learning environment (Quinlan, 2016). The teaching profession, which has an emotional dimension, involves a substantial amount of interaction with other individuals;

therefore, educators need a significant emotional intelligence level (Omid et al., 2016). An educator should seek to understand his or her own emotions before recognizing others' emotions. Educators who self-assess fairly and honestly can effectively identify how their feelings affect their teaching performance (Morrison & Morrison, 2016). A study by Asrar-ul-Haq et al. (2017) investigated the impact of emotional intelligence on an educator's job performance in the educational setting. This mixed methodology study was conducted in the country of Pakistan. The participants included 166 educators. This study utilized convenience sampling. The participants' age group ranged from 25- 35 years of age, in which 35% of the sample were female, and 65% were male. A PLS-SEM structural model was used to analyze the variables in the data for reliability and validity. Salovey and Mayer's Emotional Intelligence Theory was used as the conceptual framework for this study. In this study, emotional intelligence was measured in six dimensions modified from Bar-On (1995) and Goleman (1995), and each dimension was measured by multiple items (Asrar-ul-Haq et al., 2017). The six dimensions measured included self-awareness, self-confidence, achievement, developing others, conflict management, and job performance. The educator's teaching performance was also measured. These items were implemented using a 5-point Likert scale. Results of this study suggest that both self-awareness and self-confidence had a positive influence on teacher performance. Results indicated self-awareness had a positive impact with a t-value of 1.59 and self-confidence with a t-value of 2.08 as significant (Asrar-ul-Haq et al., 2017). Furthermore, the study results also demonstrated that educators who have a higher level of emotional intelligence showed improved teaching performance than those with lower levels of emotional intelligence. This study's limitations included that job satisfaction was not included as a dependent variable and that this study only focused on the education sector.

Additionally, emotional intelligence has propelled to the forefront its relationship to educators' self-efficacy (Wu et al., 2019). A study by Wu et al. (2019) investigated the relationship between teachers' emotional intelligence and self-efficacy and researched whether this association was correlated with teaching performance. This quantitative cross-sectional study was conducted in China, and participants included 467 middle school teachers, in which convenience sampling was utilized. Participant groups were based on gender and years of teaching experience. Years of teaching experience had four years or less, 5 to 14 years, and 15 years or more. In this study by Wu et al. (2019), participants completed three questionnaires relating to emotional intelligence, self-efficacy, and teaching performance. A 24 item Middle School Teachers' Emotional Competence Scale (MSTECS) was used as a measure. The MSTECS context-specific tool measured educators' emotional intelligence skills, ability, and disposition pertaining to the six factors of self-emotion awareness, self-emotion expression, self-emotion regulation, students' emotion identification. The items were rated on a 5-point Likert scale. Teaching performance was measured using the 23 items Middle School Teachers' Classroom Teaching Strategy Scale (MSTCTSC). Teacher's self-efficacy was measured using the 10 item Teachers Sense of Teaching Efficacy Scale. Data were analyzed using structural equation modeling. Data from 30 participants were removed due to unanswered question items and repetitive fashion answering, resulting in 467 validated surveys (Wu et al., 2019). Descriptive statistics and correlations between the study variables demonstrated that emotional intelligence components were positively correlated with teaching performance and teaching efficacy (Wu et al., 2019). The study by Wu et al. (2019) indicated that emotional intelligence should be incorporated into educator training. The study results suggest that emotional intelligence was associated with teachers' self-efficacy as educators assess their individual ability

to work with emotion when they judge their self-efficacy level in teaching. Additionally, it was suggested that emotional intelligence was indirectly correlated with self-efficacy via teaching performance (Wu et al., 2019, p. 8). It was recommended that educators with higher emotional intelligence demonstrated enhanced abilities to manage the learning environment and more capable of encouraging student learning, resulting in a practical experience for educators and raising their self-efficacy (Wu et al., 2019, p. 8). This was determined by the significant mediating effect of .45 on the relationship between emotional intelligence and teaching self-efficacy, resulting in a total impact of emotional intelligence of 66.2% (Wu et al., 2019). The study's limitations included that due to the cross-sectional design, this study was exploratory. An additional limitation was the minimal amount of participants in the study taught for four years or less (Wu et al., 2019).

Correspondingly, Kaur et al. (2019) investigated how emotional intelligence can be incorporated into educational instruction for greater effective performance. This quantitative study included a questionnaire that comprised the Emotional Quotient Test and a self-administered questionnaire on participants' self-assessment. The study by Kaur et al. (2019) was carried out in India and included 100 participants. Data constructs of the study had emotional intelligence, knowledge, skills, attitude, and performance. Data on emotional intelligence competencies were analyzed via path modeling by partial least squares (PLS) SEM approach using SmartPLS (Kaur et al., 2019, p. 199) software. The emotional intelligence competencies analyzed were obtained from a questionnaire based on the Emotional Quotient Test developed by Chanda and Singh (2001). The researchers measured three dimensions of emotional intelligence: emotional competency, emotional maturity, and emotional sensitivity (Kaur et al., 2019). In addition, educators also completed a self-administered questionnaire rating themselves on a

Likert scale of 1-5 on areas of effectiveness, responsibilities, student feedback, and amount of research they have published (Kaur et al., 2019). Simply possessing knowledge does not make an educator effective; however, the appropriate distribution of the knowledge requires additional skills relating to emotional intelligence such as self-regulation, self-awareness, social skills, and empathy (Kaur et al., 2019, p. 202). The study results indicated that knowledge alone contributes the least to effective teaching performance, with a path coefficient of 0.128 (Kaur et al., 2019). The study results showed that attitude-related emotional intelligence competencies had the highest contributors to effective teaching performance with a path coefficient of 0.635 (Kaur et al., 2019). The convergent validity analysis showed that emotional intelligence significantly affected educators' attitudes and emotional competencies (0.870) (Kaur et al., 2019). Kaur et al. (2019) purported that institutions must incorporate training programs to build upon educators' emotional intelligence when enhancing teaching performance.

A 2017 study by Oznacar et al. investigated whether the emotional intelligence of teachers predicted their teaching styles. This quantitative study conducted in Turkey included a sample of 355 educators who were randomly selected from fifteen different schools. The studied teaching styles included delegator, facilitator, expert, formal authority, and personal model teaching styles (Oznacar et al., 2017). A relational screening model was used in this study. The Trait Emotional Intelligence Questionnaire – Short Form (TEIQue - SF) and Grasha-Reichmann Teaching Style Inventory were used as data collection instruments. The data were analyzed via the Pearson correlation technique to test the relationship between the teachers' emotional intelligence and teaching styles. The dependent variable used in the study was the participants' teaching style dimensions (Oznacar et al., 2017). The independent variable used in the study was the emotional intelligence sub-dimensions (Oznacar et al., 2017). Results were determined using

multiple regression analysis. The multiple regression analysis indicated 10.9% of the “expert” teaching style variable, 15.6% formal authority, 8% formal model, 7.6% delegator teaching style variable, and 14% facilitator teaching style (Oznacar et al., 2017). The study results suggested a positive relationship between the emotional intelligence of an educator and teaching style. The teaching styles of educators affect students' academic achievement and motivation (Oznacar et al., 2017, p. 570). Additionally, educators' capability to use their emotions efficiently improves teaching quality (Oznacar et al., 2017, p. 570). The dependent variable used in the study was the participants' teaching style dimensions (Oznacar et al., 2017). The independent variable used in the study was the emotional intelligence sub-dimensions of well-being, self-control, sensitivity, and sociability (Oznacar et al., 2017). The subscales of emotional intelligence, specifically well-being, self-control, and sociability, were investigated per dependent variable of various teaching styles. Emotional intelligence subdimensions are predictors of teaching styles (Oznacar et al., 2017). Results of the study by Oznacar et al. (2017) suggest that if the educator exhibits the emotional intelligence subdimensions of sensitivity and well-being, the educator's teaching style was predicted to be “expert.” Furthermore, the participant educators in this study who displayed the emotional intelligence subdimensions of sociability and well-being were foreseen to have the teaching style of formal authority (Oznacar et al., 2017, p. 574). The study results indicated that if the educator exhibits the emotional intelligence subdimensions of sociability and well-being, the educator's teaching style was predicted to be either the personal model, delegator style, or facilitator teaching style variable. (Oznacar et al., 2017). The study by Oznacar et al. (2017) indicated that their emotional intelligence subdimensions could project an educator's teaching style. The study results also showed that emotional intelligence is a critical factor that affects teaching styles and may aid educators in their teaching performance (Oznacar et al., 2017).

Emotional Intelligence and Educator Stress

The educational setting is dynamic; consequently, it is suggested that educators encompass high levels of emotional intelligence to regulate their emotions and those they interact with, especially during challenging circumstances (Mendelson & Stabile, 2019). According to a cross-validation study by Merida-Lopez et al. (2019), using a moderated mediation model using the job demands-resources theory and emotional intelligence theory, the authors suggest emotional intelligence plays a role in safeguarding interpersonal and intrapersonal developments. Of the 1320 questionnaires distributed among educational centers in Spain, a final sample of participants was 685 educators (Merida-Lopez et al., 2019). The cross-validation of educators who were employed at different educational levels contributed to this study's validity. (Merida-Lopez et al., 2019). A student-recruited sampling method was used. The 2019 study divided the participants into two sample groups. Sample 1 consisted of primary educators (n = 351), with participants exhibiting an average of 16 years of teaching experience. Sample 2 consisted of 344 secondary educators in which participants had 17 years of teaching experience (Merida-Lopez et al., 2019). Validated scales were used to measure the study variables of emotional demands, self-appraised stress, emotional intelligence, and work engagement (Merida-Lopez et al., 2019). Emotional demands were measured using the four-item Copenhagen Psychosocial Questionnaire II subscale, self-appraised stress was measured with the Perceived Stress Scale, emotional intelligence was measured using the Wong and Law Emotional Intelligence Scale, and work engagement was assessed with the 15 items Utrecht Work Engagement Scale (Merida-Lopez et al., 2019). The study's first hypothesis was whether self-appraised stress would mediate the association between emotional demands and work engagement was supported in both samples (Merida-Lopez et al., 2019). In Sample 1, the

results demonstrated that self-appraised stress partially mediated the relationship between emotional demands and engagement. In Sample 2, the results showed that self-appraised stress fully mediated the relationship between emotional demands and engagement (Merida-Lopez et al., 2019). The second hypothesis of the study was that emotional intelligence would decrease the scale of the associations between emotional demands and self-appraised stress and between self-appraised stress and work engagement (Merida-Lopez et al., 2019). In Sample 1, teaching level, emotional demands, Self-appraised stress, and emotional intelligence all predicted work engagement. The researchers compiled the following results: a) self-appraised stress would mediate the association between emotional demands and work engagement; b) the results supported the hypothesis that emotional intelligence moderates the negative association between self-appraised stress and work engagement, such that this relationship is weaker for those who have higher emotional intelligence and c) the results suggest that emotional intelligence acts as a personal resource, helping educators deal with the harmful effects that self-appraised stress has on work engagement, but it does not reduce the effects of emotional demands on teacher strain (Merida-Lopez et al., 2019, p. 5). This study's findings could be used as a starting point to convey the benefits of emotional intelligence training programs for educators (Merida-Lopez et al., 2019). Furthermore, given the positive impact of work engagement on educators' and students' functioning, this study's findings have theoretical and practical implications for efforts dedicated to developing improved educational organizations. (Merida-Lopez et al., 2019, pp. 3-4). The results of this study support that intrapersonal emotional skills are significant for educators, especially when it pertains to job performance (Merida-Lopez et al., 2019).

Limitations of the research included self-report measures that were used. Also, a moderated

mediator model used in the study, and that future research should use a longitudinal model to establish a causal relationship between variables (Merida-Lopez et al., 2019).

Educator Emotional Intelligence and Student Impact

Given that instructors are leaders in the educational setting, emotional intelligence plays a fundamental role in effective leadership (Morrison & Morrison, 2016). Educators are evaluated and critiqued on their intelligence and how skillfully they model themselves and interact with others (Morrison & Morrison, 2016). Researchers believe that it is essential for educators to use emotional intelligence in their teaching methods; otherwise, if not utilized, the value of their content area expertise and instructional strategies decreases, and the reduction of success for the student learner (Omid et al., 2016).

Although research exploring the proficiency of teaching and teacher effectiveness of higher education students from a student's perspective is limited, a qualitative study conducted in Pakistan by Ibad (2018) investigated student perceptions of characteristics of educators and which characteristics students considered to be "good" and "poor" teaching characteristics. In this study, two focus groups with six participants in each focus group were utilized using semi-structured interview questions. Both focus groups were provided with the same semi-structured interview questions. Responses were based on student experience and student expectations of their teachers. Findings of the study by Ibad (2018) conveyed that students primarily base their view of effective and ineffective educators on personality and ability traits. The personality and ability traits that emerged from the research findings indicated that characteristics of good teaching included being interactive, positive attitude, being accessible, content knowledge, communication skills, ability to motivate and respect students (Ibad, 2018). The personality traits that emerged from the research findings indicated that characteristics of poor teaching included

lack of clarity, poor presentation skills, and low emotional intelligence (Ibad, 2018). Ibad (2018) found that although the students' perception of the instructor's knowledge of content is high, students found instructors lacked emotional intelligence, particularly in their inability to generate interest and clarify content such as a lack of interaction, engagement, and explanation of the content and learning objectives. A limitation to this study was that the language might have been a barrier. In the study by Ibad (2018), although the focus group discussions were conducted in English, which is not the native language in Pakistan, there were several occurrences of code-switching to Urdu by the participants. The researcher had to revert to translating such responses to English, which may have skewed the responses and accuracy (Ibad, 2018). According to Squires et al. (2019), careful cross-language studies include the proper use of translators during the investigative process, methodical preparation for addressing the language barrier among participants and researcher, and the incorporation of valid and reliable instruments that are translated may be necessary.

Valente et al. (2018) conducted a quantitative study in 18 Northern Portuguese secondary schools. The researchers investigated how the emotional intelligence of an educator plays a role in positive teacher-student relationships and classroom management. A total of 599 educators were asked to complete a 45-item questionnaire on emotional competence in the areas of emotional perception, regulation, and expression (Valente et al., 2018, p. 744). Answers to these questions were evaluated on a 6-point Likert scale. The study results by Valente et al. (2018) demonstrated how the method in which educators discern, communicate and regulate their emotions influence their actions in classroom management. Social desirability bias may have occurred during the use of self-response questionnaires in the study by Valente et al. (2018) when the researchers evaluated the variables under investigation, which may have led the

participants to answer in a socially favorable way. Social desirability bias may occur when self-reporting information can be influenced by an outside bias caused by social desirability, especially in scenarios where anonymity and privacy cannot be guaranteed at the time of information gathering (Althubaiti, 2016).

A quantitative research study by Mahamari and Majdalini (2019), using self-reporting questionnaires, explored the correlation between student satisfaction as related to highly emotionally intelligent educators. This study was conducted in Lebanon, and the participant educators (N = 10) and students (N = 283) were from four business schools around the country. Participants were selected using random sampling. Data analysis was conducted using various statistical tools such as linear regression analysis, data analysis for the frequency of the sample distribution, and reliability and validity. Four hypotheses were included in the study. Hypothesis 1 predicted that a teacher's emotional intelligence increases student emotional intelligence (Mahamari & Majdalini, 2019). The researcher's second hypothesis expected students' emotional intelligence increases student customer satisfaction, the third hypothesis expected teacher's emotional intelligence affects student customer satisfaction, the fourth hypothesis predicted the student's emotional intelligence partially mediates the relation between teachers' emotional intelligence and student customer satisfaction (Mahamari & Majdalini, 2019). Results of the study demonstrated the presence of a partial mediation and confirmed all four hypotheses (Mahamari & Majdalini, 2019, p. 187). Findings from the data indicated that student emotional intelligence was increased due to the interactions between the educator and student participants (Maamari & Majdalini, 2019). Variables that focused on the interaction were found to increase students' emotional intelligence, included acceptance, respect, listening skills, social skills, and self-awareness (Maamari & Majdalini, 2019). The findings of this study suggested that

universities should place more emphasis on hiring highly emotionally intelligent educators, which in turn would result in student satisfaction and possibly increased student retention rates (Maamari & Majdalini, 2019). A limitation of the study was the small sample size.

Alam and Ahmad (2018) conducted a regression analysis of 224 educators from 101 public schools in Pakistan. The purpose of the study was to investigate educators' emotional intelligence and the role it plays in intensifying student achievement. Two hypotheses in the study by Alam and Ahmad (2018) were investigated. The first hypothesis stated, "The impact of teachers' emotional intelligence on student achievement is mediated by teacher commitment" (Alam & Ahmad, p. 33, 2018). The second hypothesis itemized, "The impact of teachers' emotional intelligence is mediated by school culture" (Alam & Ahmad, p. 34, 2018). Data was collected via a questionnaire. The questionnaire had a total of five sections: a) demographics; b) perceptions of teachers about their commitment; c) self-perceived emotional intelligence of teachers, d) culture of the school and e) student achievement (Alam & Ahmad, 2018, p. 35). Results of the study indicated that educators with high levels of emotional intelligence created a positive atmosphere and educational setting, which had the impact of encouraging student achievement (Alam & Ahmad, 2018). This was determined using hierarchical regression analysis to predict student achievement (Alam & Ahmad, 2018). The results also suggested that although educators are committed to teaching students, there is no significance or direct link that an educator's commitment is a mediator between the educators' emotional intelligence and student achievement.

Training on Emotional Intelligence

As part of professional responsibility, educators are required to continually update and provide themselves with expanding skills and competencies to remain current and skilled in their

profession by involving themselves in various activities for professional development for the entirety of their career (Srinivasacharlu, 2019, p. 30). According to Melanie Allen (2009), continuing professional development refers to the procedure of tracking and recording the abilities, understanding, and involvement that educators attain both formally and informally as they conduct their job, outside of any preliminary training (Srinivasacharlu, 2019).

Srinivasacharlu (2019) described continuing professional development for educators as documentation of what educators are involved in, study, and apply; thus, pursuing ongoing professional development (Srinivasacharlu, 2019). Professional development includes involvement in various ongoing activities to evolve and refine an educator's intellectual abilities, confidence, values, expertise, attentiveness, and competencies to remain current in the profession (Srinivasacharlu, 2019). Educators need to continue their professional development, expand their knowledge, and stay up-to-date with innovative specialized ideas (Dolev & Leshem, 2017).

In a qualitative exploratory multi-method case study, Patti et al. (2015) examined an educator coach training program grounded on the emotional intelligence theory and skills. Patti et al. (2015) investigated whether an internal coaching program supported adult attainment of skills in emotional intelligence and if these educators who were trained in this emotional intelligence coaching program perceived any personal and professional benefits. The study included 12 educators in England. Participants were selected via random sampling. The study investigated the advantages and challenges of executing a coaching program conducted by educators for educators responsible for teaching emotional intelligence skills to students. Data were collected during six coaching sessions using pre- and post-interviews in addition to online reports that consisted of self-report measures (Patti et al., 2015). Open-ended questions were used during the interviews. Paired t-tests were used to analyze the data from the online reports,

while interview data were coded using the grounded theory approach. Patti et al. (2015) demonstrated that the educators involved developed emotional intelligence skills such as self-reflection, managing emotions, and creating new tactics for self-awareness and self-management. It was also found that creating a coach emotional intelligence training program requires a significant amount of support by individuals at the administrator level in institutions (Patti et al., (2015). Creating the program required outside organizations that work with the school system to have a school-based coordinator, supervisors to observe during specific sessions, the administration designating private spaces for coaching, and ongoing support of the training program by the institution (Patti et al., (2015). The study by Patti et al. (2015) suggested that emotional intelligence training programs raise awareness for institutions to consider their implementation for professional development purposes and provide participating educators with the positive impact of acquiring new strategies for self-awareness and self-management. Limitations in the study included a small sample size and that the sample size was not representative to all health educators. Since the sample size was not representative of all health educators' results were not generalizable to other subjects or populations, nor can any cause-effect relationships be drawn (Patti et al., 2015). Furthermore, due to the small sample size, depending on the study, such as the research by Patti et al. (2015), the investigators were unable to perform any advanced statistical procedures.

Mattingly and Kraiger (2019) conducted a meta-analysis to investigate whether emotional intelligence can be acquired through training. For the pre-post meta-analysis, a total of 56 samples from 50 studies met the inclusion criteria, for a total sample of 2136 (Mattingly & Kraiger, 2019, p. 144). All studies were completed between 2000 and 2016 (Mattingly & Kraiger, 2019, p. 144). The treatment control meta-analysis included 28 samples from 26 studies,

yielding 2174 participants (Mattingly & Kraiger, 2019, p. 144). Of the 28 samples, 13 used an active treatment group, and 15 used a passive treatment group (Mattingly & Kraiger, 2019, p. 144). A coding process was used to code all variables across all studies. The study investigated conceptual and empirical moderators of the effectiveness of emotional intelligence training. The study's moderator included ability v. mixed-model measures as a moderator, publication status as moderator, and gender as a moderator. The studies were attained using an electronic search for emotional intelligence, training, and intervention using the databases PschInfo, Business Source Premier, Dissertation & Theses Global, and Google Scholar (Mattingly & Kraiger, 2019). The analysis was completed using the Hunter-Schmidt meta-analysis program using a random effects model (Mattingly & Kraiger, 2019, p. 144). Descriptive statistics for the dependent variable emotional intelligence score for both meta-analyses demonstrated a positive and significant effect size of a mean score of 0.61 (Mattingly & Kraiger, 2019). Emotional intelligence scores were higher for the post-test than the pre-test. The mean score effect size was 0.45 for the treatment control meta-analysis, indicating a positive effect of training on emotional intelligence (Mattingly & Kraiger, 2019, p. 144). Research findings of Mattingly and Kraiger (2019) revealed positive results of how emotional intelligence measures can be increased through training. The results of the study support how emotional intelligence training should be considered for inclusion in workplace training programs (Mattingly & Kraiger, 2019).

A two-year qualitative study conducted by Dolev and Leshem (2017) explored the development of an emotional intelligence training program and the influence this emotional intelligence program had on the participants. The sample was comprised of 21 educators in Israel. Data was collected using semi-structured interviews with open-ended questions. Variables that were investigated in the study by Dolev and Leshem (2017) included “awareness and

adoption of the concept of emotional intelligence, self-awareness, development of participants' emotional intelligence skills, impact on daily practice and impact on the participants' view of their role as teachers initiating emotionally intelligent teaching” (pp. 28-32). The research study followed a two-year emotional intelligence training for educators. The training was based on the Bar-On model. The training combined group workshops and individual sessions, which included 12 meetings per year. Participants were randomly assigned to a personal emotional intelligence coach. The training and arrangement of training were identical for all participants. The findings of the study by Dolev and Leshem (2017) indicated that emotional intelligence could be advanced in educators. Research findings demonstrated that emotional intelligence training programs might effectively deliver constructive emotional intelligence changes and associated behaviors, which may positively impact an educator's profession, sense of significance, and connections with students (Dolev & Leshem, 2017).

A qualitative study at a state university in Turkey by Eraldemi-Tuyan (2019) investigated educators' perceptions in an emotional intelligence program focused on increasing the participant's awareness of their emotional intelligence strengths and how emotional intelligence skills can be applied in the classroom setting. Eraldemi-Tuyan (2019) study included 17 voluntary university instructor participants whose educational teaching experience ranged from five to fifteen years. Data was collected via a questionnaire and learning logs completed by the participants. The study consisted of five cycles: obtaining educators strengths and weakness concerning emotional intelligence, preparation of the contribution for the emotional intelligence program, task preparation, presenting the course to participants, finding out to what degree the activities help the educators advance their emotional intelligence, and the last cycle involved a reflection (Eraldemi-Tuyan, 2019, pp. 1117-1118). An example of questions included in the

questionnaire was the strengths of the course (Eraldemi-Tuyan, 2019). Key findings from the research found that assessment of the participants' emotional intelligence levels at the beginning and end of the program helped the participants become aware of areas of emotional intelligence that are specific to each participant that could be improved upon and focused on for development during the course sessions (Eraldemi-Tuyan, 2019). Results of the study showed that experiential methods and active learning strategies were influential in the development of emotional intelligence skills (Eraldemi-Tuyan, 2019). Results of the study demonstrated positive contributions of the use of the data collection tools of the EQ Map to diagnose EQ strengths and the EQ Profile Checklist for a detailed profile of the participants, including their educational and emotional backgrounds (Eraldemi-Tuyan, 2019). Study findings also indicated that experiential methods were beneficial for teaching emotional intelligence skills and using a learning log to monitor progress. The researchers recommended increasing the number of participatory volunteers in emotional intelligence programs in the future; perhaps a preliminary information session about the contents of an emotional intelligence professional development program would be beneficial to increase the number of participants in the future (Eraldemi-Tuyan, 2019). A limitation of this study was the use of questionnaires. As conveyed by Althubaiti (2016), bias pertains to any systematic error in the strategy, manner, or research analysis. According to Althubaiti (2016), several facets of bias coincide with self-reported data (Althubaiti, 2016). That should be considered during the initial stages of a research study, mainly when designing the self-reporting instrument (p. 212). According to Althubaiti (2016), self-reported bias can emerge from social favorability, recall timeframe, sampling method, or selective recall (p. 212).

Synthesis of the Research Literature

Educators with low levels of emotional intelligence can learn via training to be emotionally intelligent to influence student learning and success (Alam & Ahmad, 2018, p. 39). The concept of emotional intelligence needs to be brought to light and accepted by institutional administrations by making an effort to recognize the significance of emotionally intelligent educators and enhance educator emotional intelligence skills throughout an educator's professional career (Alam & Ahmad, 2018, p. 40). In addition, further research on the topic of emotional intelligence and education and its possible implications must be considered by the research community (Alam & Ahmad, 2018, p.40). According to Rasiah et al. (2018), universities could utilize the research findings to improve their faculty training and professional development programs to improve emotional intelligence and enhance academic work performance (p. 278). As indicated by Rasiah et al. (2018), emotional intelligence training programs would be beneficial towards both the self-development and professional development of educational professions as these programs integrate soft skill training.

When it pertains to the educator and stress, it is evident that support is needed to help educators balance their professional career and personal challenges. A stressful work environment can lead to negative emotions and less satisfaction among the educators (Meridia-Lopez, Bakker, & Extremera, 2019, p. 5). According to Meridia-Lopez, Bakker, and Extremera (2019), the research findings for both theoretical and practical implications for endeavors committed to serving to improve educator's well-being and work performance may have a beneficial impact on both educators' and students' functioning when it pertains to their commitment, passion, and efforts in the academic environment. The educator's role is highly imperative; therefore, institutions have designated training programs to enhance the emotional

intelligence of educators. (Dev, Nair, & Dwivedi, 2016). As a result, as conveyed by the research by Dev, Nair, and Dwivedi (2016), educators will be more hopeful and manage their pessimistic emotions, comprehend students' needs, and encourage and guide students on the right path.

According to Dolev and Lesham (2016), there is limited research focusing on emotional intelligence focus and effort for educators (p. 35). The study by Dolev and Lesham (2016) provides evidence that such efforts can be successful in generating recognition of the significance of emotional intelligence to educators and students, developing educator's cognizance of their emotional intelligence and its influence on their career, and creating a preference towards developing emotional intelligence skills and associated actions.

Educator emotional intelligence training should be designed to prepare teachers with the appropriate mindsets and skills to meet the challenges in their profession (Ibad, 2018, p. 175). According to Kaur et al. (2019), an educator with improved emotional intelligence capability will be able to distribute their knowledge more efficiently, better comprehend students' needs, and be more considerate towards students and gain students' trust (p. 202). Also, emotional intelligence can improve educator self-development (Kaur et al., 2019, p. 202). Since educators are the most significant assets of any educational institution, their self-development growth should be considered an essential obligation by the institutional administration (Kaur et al., 2019, p. 202). Emotional intelligence should be recognized as an indispensable component of an educator's competency skill set and not simply a different quality (Kaur et al., 2019, p. 202). Emotional intelligence for educators should be given consideration and value equivalent to that of content and pedagogy (Kaur et al., 2019, p. 202).

Methodology

This study aimed to explore a deeper understanding of the use of emotional intelligence by clinical dental hygiene educators. There was limited research in this area of study, specifically in the clinical dental hygiene educator setting. An interpretive phenomenological method was carried out to study clinical dental hygiene instructors' lived experiences and their perceptions of emotional intelligence as an educator in the clinical dental hygiene education setting. The researcher employed a qualitative case study research design using purposeful sampling and semi-structured questioning to collect rich data on the perceptions of clinical dental hygiene instructors related to emotional intelligence in the clinical dental hygiene setting. The study collected data on the feelings of clinical dental hygiene program instructors as they pertain to the value and perceptions that accompany the use of emotional intelligence in the clinical education setting. The qualitative research model was considered to be the best suited to the subject of the proposed study. Patton and Creswell (1998, as cited in Dolev and Leshem, 2017), suggest qualitative research frameworks due to their interpretative perspective of actuality and understanding as a technique for researchers to study phenomena in their natural settings, comprehend and recognize individual participants' development (p. 26). Patton and Creswell (1998, as cited in Dolev and Leshem, 2017), also conveyed that qualitative research frameworks connect the significance of personal knowledge and document the connotations ascribed by participants to individual experiences during the research (p. 26). A qualitative method was selected to gain a more detailed understanding of the perspective of the participants. This research will contribute to the growing literature on emotional intelligence, focusing on the professional experiences of clinical dental hygiene faculty.

The conceptual framework of phenomenology was utilized in this study to measure the perceptions of clinical dental hygiene instructors. Neubauer et al. (2019) emphasized that

phenomenology's research methodology is a qualitative tool used to support and gather an in-depth understanding of information in health professions' education and learn from the lived experiences of others. Phenomenology is a practical approach towards inquiry (Neubauer et al., 2019). Husserl, who is deemed the father of phenomenology, proclaims investigation into individuals' innermost consciousness, specifically perceptions and experiences, permits the researcher to obtain an insight into the nature and meaning of the phenomena being investigated (Neubauer et al., 2019, p. 92). The use of phenomenology requires the researcher to withhold their attitudes, opinions, and ideas to emphasize the participants' experience of the phenomenon and identify the phenomenon's core (Neubauer et al., 2019, p. 93).

The purpose of this section is to focus on the research methodology of this qualitative study. This section's organization will commence with a review of the research questions, the purpose, and design of the study, the research setting, the selection of research participants, and descriptive information about data collection. The section will continue with data analysis, limitations, delimitations, ethical issues of the research design, followed by a summation of the segment's main points.

Research Question

Clinical dental hygiene educators are often hired for their expertise and may not recognize the significance and value of emotional intelligence in not only their instructional role as an educator but its role in student achievement. This study seeks to answer the following research question: *What are the perceptions of dental hygiene clinical faculty towards the use of emotional intelligence in the dental hygiene clinical setting?*

Research Sub Questions

- 1). Based on the lived experiences of clinical dental hygiene educators, what is the perceived value of emotional intelligence when interacting with students in the clinical educational setting?

- 2). Based on the lived experiences of clinical dental hygiene educators, how would a professional development program focusing on emotional intelligence help clinical instructors when interacting with students in the clinical dental educational setting?

Purpose and Design of Study

Purpose of Study

The study's primary purpose was to identify the perceptions of dental hygiene clinical faculty towards the use of emotional intelligence in the dental hygiene clinical setting.

Furthermore, the researcher sought to identify factors related to the use of emotional intelligence in the clinical educational setting, such as the instructors' emotional intelligence and students, professionalism, and faculty development programs on emotional intelligence. It is essential to understand if the application of emotional intelligence is deemed valuable by dental hygiene instructors in the clinical educator setting.

The proposed research study will add to the existing knowledge and address gaps in the literature on emotional intelligence and dental hygiene education. According to Omid et al. (2016), consideration and introspection by the clinical dental hygiene educator must be placed on socio-emotional competence to teach effectively in the clinical environment. Additionally, Arabshahi and Harden emphasized that the clinical educator has several roles, including maintaining the patient's care, maneuvering through clinical challenges, and focusing on student interests (Omid et al., 2016). A considerate clinical instructor can stimulate authentic interchange that facilitates the incorporation of students' emotions with health science education standards

(Mosca, 2019). Mosca (2019) postulated that clinical teaching is a challenging endeavor. Faculty must maintain equilibrium and settle self, students, and patients' emotions amongst the clinical environment's continuous everchanging elements (Mosca, 2019). The emotional intelligence of faculty may be a variable that can influence the stress of an emotionally laden, unpredictable clinical environment. Consequently, concerning the significance of using emotional intelligence in clinical teaching efficacy, a clinical instructor's approach to applying emotional intelligence in education will be used to add to the literature (Omid et al., 2016). Acquisition of insights and perspectives as to the use of emotional intelligence will bring new information and knowledge to the discipline of dental hygiene education.

Design of Study

A phenomenological qualitative research design using semi-structured interviews was selected for this study. A qualitative research design is an examination method helpful in investigating and comprehending a central phenomenon (Creswell & Guetterman, 2019). To study this phenomenon, the researcher asks participants wide-ranging, general questions, gathers the comprehensive interpretations of participants in the form of terminology or images, and examines the data for description and themes (Creswell & Guetterman, 2019). The researcher interprets the connotation of the information from this data, making use of the individual reflections and previous research (Creswell & Guetterman, 2019). The report's final construction is flexible, and it exhibits the investigators' biases and ideas. (Creswell & Guetterman, 2019).

Qualitative research methods allow the needs of exploration by the researcher to respond to the research problem (Creswell & Guetterman, 2019, p. 16). Data collection utilizes open-ended methods to gather particulars about a participants' experience and views (Creswell &

Guetterman, 2019, p. 16). Carrying out a qualitative research track leads to a deeper understanding of the central phenomenon being studied (Creswell & Guetterman, 2019, p. 16).

A phenomenological approach was used in the study to describe the core of a phenomenon by discovering it from the viewpoint of those who have experienced it (Neubauer et al., 2019). The goal is to define this involvement's connotation concerning what was shared and how it was experienced (Neubauer et al., 2019). Phenomenological research generates prospects to learn from the experiences of others and is a valued tool and approach to expanding the understanding of the complex phenomena involved in learning, behavior, and communication that are relevant in the health professional education fields (Neubauer et al., 2019, pp. 95-96). In this study, semi-structured interviews as a data collection instrument allowed for one of the most effective methods in which individuals try to comprehend other individuals.

Research Setting and Sampling Method

Research Setting

To eliminate any identifying information, this study sought to anonymize the case study's location by designating the educational setting's name as "The Educational Establishment," a college in the Northeast of the United States. When investigating clinical educators' experiences in dental hygiene, it is significant to comprehend their lived experience within the setting of "The Educational Establishment." Therefore, the location of this study takes place at the dental hygiene program at the institution. "The Educational Establishment" is a four-year college located on the East Coast of the United States. The study body consists of approximately 9,900 students who are enrolled in various degree programs within the institution. There are approximately 42-degree programs at the college. The School of Health Sciences is comprised of four departments and their programs. These four health science departments include dental

hygiene, medical laboratory science, nursing, and nutritional science and wellness. This study focused on the dental hygiene department, which simultaneously offers three programs: the Applied Associate in Science degree program, the Bachelor of Science degree completion program, and the entry-level Bachelor of Science degree program.

Sampling Method

The researcher identified the participants and the site using purposeful sampling grounded on places and people to help comprehend the central phenomenon (Creswell & Guetterman, 2019). Patton conveyed that purposeful sampling is commonly used in qualitative research to recognize and select data-rich cases for effective use of minimal resources (Palinkas et al., 2015). Additionally, Creswell & Plano Clark reported that this encompasses identifying and choosing individuals or groups of individuals that are remarkably well-informed about or skilled with a phenomenon of interest (Palinkas et al., 2015). In accordance, Bernard and Spradley emphasized the value of accessibility and readiness to partake and the ability to communicate experiences and sentiments in a clear, animated, and thoughtful manner (Palinkas et al., 2015).

The dental hygiene department at the chosen research site is comprised of 38 dental hygiene educators. Of those, 30 are specialized clinical dental hygiene instructors. The researcher randomly selected 25% of the total sample of 30 people to have 8 interviews. This will altogether avoid bias and be a representative cross-section of the entire group. This study explored perceptions of emotional intelligence of only clinical dental hygiene instructors who teach in the clinical dental hygiene educational setting to maintain solitary research focus. Therefore, educators who are not instructors in the clinical dental hygiene department were not asked to participate in the study.

Instrumentation

Selecting the proper instruments is vital to collect reliable data and aid in the validity of a research study. According to Creswell and Guetterman (2019), an instrument is a means for measuring, detecting, or recording information. Some instruments include but are not limited to a test, a questionnaire, or an inventory (Creswell & Guetterman, 2019, p. 149). Researchers use instruments to measure attainment, evaluate individual ability, observe performance, develop a psychological outline for an individual, or interview an individual (Creswell & Guetterman, 2019).

In this qualitative study, the researcher obtained permission from the chairperson of the dental hygiene department to conduct the research and permission from the “The Educational Establishment” Institutional Review Board to gain access to the research setting. The researcher obtained Institutional Review Board approval permission to conduct the study from the University of Bridgeport. In addition, the researcher used a web-based invitation to participate in the study, which included informed consent and a link to a web-based demographic survey questionnaire (see Appendix A). The ‘invitation to participate’ email was sent to all clinical dental hygiene educators at “The Educational Establishment.” The ‘invitation to participate’ email introduced the researcher, the purpose of inviting participation in the study, obtained informed consent, and contained a link to the web-based questionnaire.

Recently, Internet websites have been used as digital data collection methods as this form of data collection is swift and straightforward. According to Creswell and Guetterman (2019), surveys are usually created in online survey systems, which stock questions, disseminate surveys to participants, email, and store the survey information. Online surveys, available through a computer, tablet, or other devices, are a more efficient method than hard copy paper form

surveys, provided the researcher has employed rigorous survey design principles (Creswell & Guetterman, 2019).

This research study utilized the online survey platform tool SurveyMonkey® to create, disperse, and gather data. The web-based questionnaire (see Appendix A) was used to collect demographic information; guarantee inclusion criteria are met and recognize volunteers willing to be contacted by the researcher to schedule an interview. The link to complete the web-based questionnaire was incorporated in the ‘invitation to participate’ email. The web-based demographic survey questionnaire consisted of approximately seven questions and took five to ten minutes to complete. The questionnaire was available to participants for two weeks.

Interviews play a central role in educational research methods. According to Irvine, Drew, and Sainsbury, semi-structured interviews are when the interviewer has arranged a list of subjects to be discovered and questions to be inquired (Brown & Danaher, 2017). Throughout the interview, the researcher follows that list and safeguards that the questions provoke open responses by the participants that allow discussion to be established organically in ways that could not have been predicted when the interview was arranged (Brown & Danaher, 2017). The advantages of interviews, as was used in this study, including that they provide valuable information even when the researcher cannot directly observe participants, they allow participants to describe detailed personal information, and the interviewer can ask specific questions to prompt information (Creswell & Guetterman, 2019, p. 218). As was used in this study, there are benefits to the use of semi-structured interviews. Li (2019) conveyed semi-structured interviews permit interviewees to express their thoughts to acquire rich and direct information easily. In the process of execution, the collected data can be quantitatively investigated (Li, 2019). Bettez and Stewart indicated that the interview method's use makes the

best use of understanding with the research participants and, consequently, improves the interviews' mutually beneficial outcomes (Brown & Danaher, 2017).

Semi-structured interviews with open-ended questions were used in this study. The semi-structured interviews were used for this qualitative research study to allow for in-depth interviewing to reveal pertinent data about the phenomenon being studied (see Appendix B). The use of open-ended questions in this study grants the participants the possibilities for responding and which, in turn, the participant can better express their experiences freely (Creswell & Guetterman, 2019, p. 218). The semi-structured one-on-one interviews focused on the concentrated research questions in this research study. Each interview consisted of approximately nine open-ended questions about emotional intelligence and clinical dental hygiene education. The semi-structured interview medium only included telephone audio interviews. In addition, since only telephone interviews were used, subjects were encouraged to take the interview call in a safe place such as at home or in their office alone with the door closed.

Data Collection

After obtaining IRB approval, the researcher emailed a letter to the chairperson of the dental hygiene department requesting permission to conduct the proposed case study and to gain access to the research setting site in addition to requesting a list of the email addresses of clinical dental hygiene educators at the dental hygiene department. After obtaining a list of the email addresses of clinical dental hygiene educators from the dental hygiene department chairperson, the researcher sent an email invitation to participate in the study (see Appendix A). The researcher emailed the invitation to participate in the study with a brief description of the study with a web-based link to SurveyMonkey®, which included a consent question followed by a

demographic survey for those who consent (see Appendix A). The first SurveyMonkey® question began with the consent form. A “disagree” response for the consent form removed that individual from the study. The principal investigator linked the email address of potential participants with the SurveyMonkey® response for consent, so the principal investigator knew who consented and who did not. The principal investigator did not link any subsequent data (from the interviews) with the individual. The email was sent to all clinical dental hygiene instructors in the Applied Associate in Science degree program and the entry-level Bachelor of Science degree program within the dental hygiene department. Although there are 38 dental hygiene educators in the dental hygiene department at “The Educational Establishment,” the email invitation was sent to 30 clinical dental hygiene educators. The email invitation introduced the researcher, the study's purpose, and requested participation in the study. In addition, the email contained the researcher’s phone number and email address, as well as the contact information of the Director of Health Sciences Inter-Professional Research and IRB Administrator from the University of Bridgeport so that potential interviewees had an opportunity to ask questions.

The interviewer in this case study invited via email potential clinical dental hygiene educator participants and obtained via email electronic consent by having the participant click either agree or disagree for consent to participate. Signatures of participants were not obtained or collected. Additionally, incorporated in this email was an invite for participants that contained a web link to an internet-based questionnaire to collect demographic data. Subsequently, the interviewer allowed a two-week response period from the demographic survey and then scheduled via phone or email semi-structured interviews with those who agreed to participate. The web-based questionnaire (see Appendix A) gathered demographic information, ensured

inclusion criteria are met and identified volunteers willing to be interviewed. The questionnaire was available to participants for two weeks. One reminder email was sent out to the pool of invitees if the anticipated number of interviewees was not reached. Only a subset of subjects was selected for interview. The researcher randomly selected 25% of the total sample of ~30 people to have ~8 interviews. This was done to completely avoid bias and be a representative cross-section of the entire group. For filtering, demographics were not used for filtering since the researcher only sent the initial survey to clinical dental hygiene educators. The inclusion criteria were clinical dental hygiene educators as they are the target population that the researcher used to answer the research question. However, this study's demographic information was collected and analyzed for pre-screening participants to ensure a cross-section of participants was interviewed and create a generalized demographic profile of the participants in the study as a whole which was not linked to participants' interview responses.

The researcher used purposeful sampling to select eight participants from those who agreed to participate. The researcher scheduled eight semi-structured interviews by phone or email. Semi-structured interviews were conducted via telephone using only audio. Participants who agreed to an interview but did not participate remained on a list for possible future selection due to participant attrition.

The demographic surveys and interview responses were completely de-identified by having email addresses removed from the collected data and pseudonyms for interview responses when the data collected was transcribed and analyzed for themes as per the methodological process of coding. The demographic information for this study was collected and analyzed for pre-screening participants to ensure a cross-section of participants was interviewed and created a generalized demographic profile of the participants in the study, which was not linked to

participants' individual interview responses. This demographic information and all data collected from this study were stored in a password-protected electronic format. According to Creswell and Guetterman (2019), the research term for qualitative sampling is purposeful sampling, in which the researcher deliberately chooses people and locations to learn or comprehend the central phenomenon.

Each semi-structured interview began with the interviewer introducing herself and the purpose of the proposed study. After verbal consent was obtained, the researcher conducted semi-structured interviews using open-ended questions focusing on the interview questions to obtain information from the participants about their perceptions and experiences using emotional intelligence as a clinical dental hygiene educator. The proposed interviews lasted approximately 30 minutes to 60 minutes in duration. The interviews were recorded using a laptop or audio digital recorder while the interviewer took notes on an interview protocol sheet (see Appendix C). After the data was collected, the researcher transcribed the recordings and used qualitative transcription software to analyze themes and patterns. Audio recordings were transcribed using transcription software NVivo™. These transcripts were annotated and used for data analysis. NVivo™ transcription software complies with data security regulations and is compliant with both the General Data Protection Regulations (GDPR) and the Health Insurance Portability and Accountability Act 1996 (HIPAA) (NVivo™, 2019, para. 1-6). The researcher accurately transcribed the subject's audio recording into text without the need for member checking; this way, the researcher could anonymize the data immediately, avoiding any potential breach of confidentiality. These transcripts were annotated and used for data analysis using NVivo™ transcription software. The researcher used qualitative transcription software to identify themes and patterns to answer the research question.

Data Analysis

The researcher used qualitative transcription software to identify themes and patterns to answer the research question. NVivo™ software was utilized for data analysis. Afterward, the researcher coded the data that was collected. According to Creswell and Guetterman (2019), the coding process is a qualitative research process. The researcher makes sense of text information, splits it into text or image sections, inspects codes for connections and redundancy, and breaks these codes down into themes (Creswell & Guetterman, 2019). First, the researcher conducted a preliminary exploratory analysis of the data to discover and attain the overall sense of information. Creswell and Guetterman (2019) conveyed that themes are comparable codes combined to form a central idea in the database. The researcher then searches for themes among the information and codes selections of the data into themes (Creswell & Guetterman, 2019). These themes can then establish a codebook or pattern method, which permits an organized data interpretation tactic (Cassell & Bishop, 2019). The researcher minimized the number of codes to provide a more detailed and succinct qualitative description than having many themes, resulting in broad general information (Creswell & Guetterman, 2019). The researcher then used a code-recode strategy which encompasses the researcher coding the data twice, allowing one or two weeks as a timeframe between each coding (Anney, 2014, p. 279). If the coding results are similar, it increases the reliability of the qualitative study and aids the researcher in acquiring a deep understanding of the data, and advances the exhibition of participants' accounts (Anney, 2014).

Limitations

Limitations are possible constraints or difficulties with the research study recognized by the researcher (Creswell & Guetterman, 2019, p. 200). According to Greener (2018), identifying

limitations and explaining to the audience what influence these limitations have on the study results validates thoroughness and allows researchers to identify comprehensible future research guidelines. Limitations of the research are inherent constraints of a study beyond the researcher's control, which affect the results of a study (Goes & Simon, 2015, p. 2).

This case study was based on the conceptual framework of phenomenology and semi-structured interviews. Due to this time-consuming interview technique and the use of a case study, a small sample size was used, which may compromise generalizability. A case study involves the specific focus being placed and limited to either one person, group, or organization (Goes & Simon, 2015, p. 2). According to Goes and Simon (2015), case studies may evoke what may be found in comparable organizations. Still, additional research would be required to authenticate whether conclusions from one study would be generalizable. Hence the data collected may not represent the thoughts and attitudes of all dental hygiene clinical educators collectively.

An additional limitation in the study was the use of semi-structured interviews. The limitation in semi-structured interview use is that the researcher is the source of the data collected; this allows for subjectivity when inferring results. To alleviate bias, the researcher participated in bracketing and reflexivity to attain an in-depth understanding of the researcher's ideas, knowledge, and insights of emotional intelligence through reflexivity journaling and placing those presumptions aside to preserve objectivity in the data collection and analysis procedure. Lastly, the study explored only the perceptions of clinical dental hygiene educators on the use of emotional intelligence and not perceptions of students or perceptions of solely didactic instructors when it pertains to emotional intelligence in the educational setting, in an attempt to maintain a distinct area of research focus.

Delimitations

According to Theofanidis and Fountouki (2018), delimitations are defined as the limitations intentionally set by the researchers, the descriptions that the researchers choose to set as the restrictions or limits of their work so that the purposes and objectives of the investigation do not become difficult to attain. Delimitations are selections made by the researcher for the research that is within the researcher's control. A case study involves the specific focus being placed and limited to either one person, group, or organization (Goes & Simon, 2015, p. 2). The principal investigator selected a single case study site to understand the phenomenon being studied.

Another delimitation of the study was the choice of participants who were clinical dental hygiene educators. Clinical faculty were solely the focus of this study and not all of the study site's dental hygiene faculty due to the emphasis being placed on emotional intelligence and its role in the clinical learning environment. Omid et al. (2016) stated that teaching, mainly teaching in the clinical setting, is among the occupations requiring a high level of emotional intelligence due to its significance to human exchanges. According to Lobo et al. (2017), essential single case studies generally comprise more than one participant for replication and enhanced generalizability. This single case study included approximately eight participants. How sample sizes are determined in qualitative studies depends on the notion of "information power" (Malterud, Siersma, & Guassora, 2016, p. 1753). Malterud, Siersma, and Guassora (2016) suggest the idea of "information power" to direct a suitable sample size for qualitative studies. Information power specifies that the greater the information the sample encompasses, pertinent for the actual research, the fewer participants are needed (Malterud, Siersma, & Guassora, 2016). For information power, the researcher selected 8 participants as the sample size.

There was also delimitation with the use of a qualitative phenomenological study design that carries out semi-structured interviews. Interviews were used in this study using telephone audio-only. In addition, the semi-structured format was used. According to Brown and Danaher (2017), semi-structured interviews involve the researcher preparing subjects to be examined, questions to be asked, and uses that list as a guide during the interview and safeguards that the questions provoke open responses to the participants that permit ongoing conversation to be established. Semi-structured interviews enable a more authentic dialogue between the researcher and the participants (Brown & Danaher, 2017, p. 76).

Validation

Credibility

When analyzing and gathering qualitative data, it is imperative to ensure that the research findings and interpretations are accurate Creswell and Guetterman (2019), meaning “that the researcher determines the accuracy or credibility of the findings through various strategies” (p. 261). To safeguard credibility, the researcher used persistent observation, bracketing, and reflexive journaling. Continuous observation was utilized in this study. Continuous observation of the researcher’s attention to the emotions of the participant or condition being studied offers complexity to the study (Cope, 2014). The researcher engaged with the participants in a respectful manner to generate trust between the researcher and participant, as this is deemed valuable in attaining rich and deep interview data (Sorsa et al., 2015, p. 8). Participating in persistent observation permitted the researcher to listen more intensely and reflectively to the participant's interpretation of the phenomenon being examined, providing more depth to the study. Bracketing was also utilized in this research study. According to Sorsa et al. (2015), bracketing involves researchers placing aside any preconceived notions and behaving fairly. The researcher participated in bracketing through the careful reflection of individual perceptions and

attitudes and set aside any presumptions surrounding emotional intelligence. This allowed for a continued inquisitiveness, investigation, and curiosity by the researcher and commitment to an in-depth interviewing process.

Furthermore, the researcher also carried out reflexive journaling. Cope (2014) conveys that reflexivity is the cognizance that the researcher's values, history, and earlier involvement with the phenomenon can affect the research process. The researcher leading the qualitative research is considered the research instrument and must evade researcher bias (Cope, 2014). A method to resolve this matter was to utilize a reflexive journal to reflect and document ideas and feelings to bracket perceptions and subjectivity (Cope, 2014, p. 90). The researcher used reflexive journaling during the research study permitting for notetaking and reflection of ideas, feelings, and perceptions regarding emotional intelligence. Using both bracketing and reflectivity helped reduce researcher bias.

Dependability

This researcher utilized the characteristic of dependability for validity in this study and partook in triangulations using a code-recode strategy. According to Creswell and Guetterman (2019), dependability permits one to replicate a study using imbrication methods and in-depth methodological explanations of the procedures. An investigation would be considered dependable through the researcher's method and descriptions if the research findings were simulated with comparable participants in comparable conditions (Cope, 2014). To enhance the dependability of the study, triangulation was used. Creswell and Guetterman (2019) conveyed triangulation as verifying evidence from various individuals, forms of data, or data collection procedures in descriptions and themes in qualitative investigations. The researcher was involved in triangulation and utilized a code-recode strategy to increase dependability. The researcher

conducted the code-recode strategy, which involves coding the data twice on two different occasions with an intermission of one or two weeks between each coding analysis (Anney, 2014, p. 279). Codes from both analysis sessions were compared for similarity. If the coding results are similar, then the dependability of the study is improved.

Transferability

This qualitative research design incorporated transferability, which is an approach towards validity. Transferability, a method of external validity, from one location to another, can be recognized by creating the context of a study, providing thorough descriptions of the actions, and writing findings in rich detail reinforced with quotes (Creswell & Guetterman, 2019). Qualitative research has met this standard if the results have meaning to people not partaking in the study, and the audience can connect the research findings with their own experiences (Cope, 2014). Researchers should deliver adequate information on the participants and the research setting to permit the audience to assess the findings' capability of being transferable (Cope, 2014). Results of the study may be transferable to alternate dental hygiene programs and other healthcare professional programs.

Ethical Issues

The researcher strove to maintain the highest ethics in this qualitative research study. According to Creswell and Guetterman (2019), ethical issues in qualitative research include matters such as notifying participants of the purpose of the study, abstaining from misleading practices, being deferential of the research setting, mutuality, using moral interview practices, upholding privacy, and cooperating with participants. Each participant in the study was asked not to discuss their enrollment in this qualitative study with anyone and not to disclose any non-

participant names. The survey was administered through SurveyMonkey®. The SurveyMonkey® responses were linked to emails to determine who was to participate in the study, but that emails/names were not linked to any interview data. Recordings of interviews were digitally recorded for transcription. All demographic survey data and any notes were secured in a locked office filing cabinet for three years to which only the researcher will have access. Audio recordings will be destroyed as soon as de-identified transcripts are made.

The researcher does have interaction with some of the potential participants but not regular interaction with all of them. The researcher works with the potential participants at the research site, and a limited number of the potential participants work alongside the researcher in her role as a clinic coordinator at the site. In describing the use of emotional intelligence, if the participants reveal potentially identifying information, this will not present any employment concern and plays no role or risk to their continued employment. If any identifying information was revealed during data collection, the researcher did not include that piece of identifying information in the research study to ensure anonymity. The confidentiality of data was maintained by using codes when collecting and reporting the data. Only codes were used to disguise the participants' identity and when describing their responses in the study. The decision to participate had no impact on the participant's current or future relations with the University. The participants' decision to participate did not affect the participants' relationship with the researcher. The participant was able to skip or refuse to answer any question for any reason. If the participant chose not to participate, there was no penalty to the participant, and the participant did not lose any benefits that they are otherwise entitled to receive at the University. Participants were free to withdraw from this research study at any time and for any reason.

Accidental disclosure of participant names in recordings or transcripts was handled by omitting certain aspects of research data containing any accidental disclosure of participant names in recordings or transcripts in the research to protect participant identities and preserve confidentiality. Each participant in the study was asked not to discuss their enrollment in this qualitative study with anyone as well as not to disclose any non-participant. If any identifying information was revealed during data collection, the researcher did not include that piece of identifying information in the research study to ensure anonymity and the elimination of the institution's name and using codes provided additional protection. The collected data was cleaned of identifiers and email addresses. The confidentiality of data was maintained by using codes when collecting and reporting the data. Codes were used to disguise the participant's identities and when describing their responses.

To avoid any identifying links, demographic data information such as age range, gender, years of experience in total participant has as clinical dental hygiene instructor, how long participant has been employed in their current clinical educator position how many hours per week does the participant teach each semester in the clinical teaching setting, and if the dental hygiene program at the study site offers emotional intelligence faculty development training courses were not linked to specific participants responses (survey and interview) in the data set or during dissemination (presentations/publications). The demographic surveys and interview responses were completely de-identified by having email addresses removed from the collected data and using codes for interview responses when the data collected is transcribed and analyzed for themes as per the methodological process of coding. The demographic information for this study was collected and analyzed for pre-screening participants to ensure a cross-section of participants is interviewed and create a generalized demographic profile of the participants in the

study, which was not linked to participants' interview responses. This demographic information and all data collected from this study were stored in a password-protected electronic format. Each participant in the study was asked not to discuss their enrollment in this qualitative study with anyone and not to disclose any non-participant names. Accidental disclosure of participant names and/or non-participant names in recordings or transcripts was handled by omitting certain aspects of research data that contain any accidental disclosure of participant and/or non-participant names in recordings or transcripts in the research in order to protect participant and/or identities and preserve confidentiality. The survey was administered through SurveyMonkey®. Recordings of interviews were digitally audio-recorded for transcription. All audio recordings will be destroyed as soon as de-identified transcripts are made.

All data, recordings, and any notes were secured in a locked office filing cabinet for three years to which only the researcher will have access. Potential participants were informed that participation in this proposed research study is voluntary. Informed consent was obtained from all participants who agreed to participate in the study, and participants were informed that they could withdraw from the study at any time. The study results may be published as journal articles in professional peer-reviewed journals or presented at professional conferences; however, no identifying characteristics will be used to preserve anonymity. In addition, no references will be made in oral or written reports and articles that could connect a research participant to the study, and this is also preserved through the use of codes for each participant.

In addition, the researcher used reflexive practice and bracketing to maintain objectivity and circumvent bias. According to McNarry et al. (2018), researchers attempt to “keep one’s distance” and uphold a critical viewpoint and investigative distance, being reflexive and self-critical towards our suppositions and presumptions (p. 141). Although the researcher cannot be

wholly separated from the investigative process and is involved in it, it is significant, which fundamentally challenges ideas that research is portrayed as a detached perspective (McNarry et al., 2018, p. 141). To ease researcher bias, the researcher participated in bracketing and reflexivity. By reflecting on personal feelings and perceptions about clinical instructors and emotional intelligence through reflexive journaling from the beginning to the end of the study, the researcher set aside thoughts, opinions, and feelings regarding emotional intelligence. Furthermore, the researcher avoided using suggestive questions in the semi-structured interviews and uphold objectivity throughout the study and a sustained curiosity throughout the semi-structured interviews to allow participants to share their innermost thoughts at liberty. This helped the researcher gain a deeper understanding of the researcher's views, knowledge, and observations of emotional intelligence.

Summary

The Methodology section highlights in detail the purpose and design of the proposed study, the setting, selection of participants', instrumentation, data collection, data analysis, participant's rights, and limitations of the study as well as how the researcher aims to maintain ethics. This research study utilized a qualitative phenomenological approach using semi-structured one-on-one interviews to understand the perceptions of dental hygiene clinical faculty towards the use of emotional intelligence in the dental hygiene clinical setting. For the purpose of the research, as stated by Neubauer et al. (2019), integrating phenomenological research procedures into health professional education generates occasions to gain knowledge from the experiences of others and can expand our comprehension of the multifaceted phenomena entailed in knowledge cultivation, performance, and communication that are relevant to the health profession. Following this investigation, data collected from this study will further add to the

research and provide valuable insights on emotional intelligence as it relates to clinical dental hygiene educators.

Data Analysis and Results

The purpose of this study was to explore clinical dental hygiene instructor's insight and understanding of the topic of emotional intelligence. This study sought to answer the following research question: What are the perceptions of dental hygiene clinical faculty towards the use of emotional intelligence in the dental hygiene clinical setting? The two research sub-questions were: 1). Based on the lived experiences of clinical dental hygiene educators, what is the perceived value of emotional intelligence when interacting with students in the clinical educational setting? 2). Based on the lived experiences of clinical dental hygiene educators, how would a professional development program focusing on emotional intelligence help clinical instructors when interacting with students in the clinical dental educational setting? A qualitative data collection method was used in the study.

The Institutional Review Board (IRB) at the University of Bridgeport approved the study as an exempt determination, limited review. IRB approval was also obtained from "The Educational Establishment," which also determined this research study as exempt. The researcher carried out an interpretative phenomenological approach. Friesen et al. and Van-Manen et al. purported that the purpose of the interpretive phenomenological analysis is to hear each participant's involvement and try to make sense of these involvements through a cogitate process (Lee, 2020). Researchers become involved in the process and collaborate with their participants to obtain a deep understanding of experiences (Lee, 2020). Researchers can then procure meaning by interpretation (Lee, 2020). In this section, emphasis will be placed on the

description of the sample population, the data collection method, and analysis, the presentation of key findings, and the emergent themes identified. Secondary findings will also be discussed.

Description of the Sample

Potential participants included clinical dental hygiene instructors from an accredited dental hygiene program in the Northeast of the United States of America, which was given the code “The Educational Establishment.” After IRB approval was obtained, the researcher obtained permission from the chairperson of the dental hygiene department to conduct the study. The researcher also obtained a list of the email addresses from the chairperson of the dental hygiene department at “The Educational Establishment” of the clinical dental hygiene educators at the research site. Potential participants were emailed a web-based invitation to participate in the study, which included informed consent and a link to a web-based demographic survey questionnaire (see Appendix A). The ‘invitation to participate’ email was sent to 30 clinical dental hygiene educators at “The Educational Establishment.” Purposeful sampling was used to select a total of eight interview participants from the 30-participant pool. The research participants in this study were all female dental hygiene instructors working in the accredited associate and/or baccalaureate entry-level dental hygiene programs at “The Educational Establishment.” Two participants from each age range from the demographic survey were selected to produce a diverse sample that is representative of the overall population group. The aim of this study was to help the researcher gain a deeper understanding of how emotional intelligence is used in the clinical dental hygiene setting, to understand clinical dental hygiene instructors’ perceptions of emotional intelligence, and to determine if emotional intelligence professional development training is needed. It was significant to interview participants who currently teach in the clinical dental hygiene educational setting. Their perspectives allowed for a

deeper understanding of emotional intelligence use, interpretation, and implementation of emotional intelligence and may raise awareness of this topic to other clinical dental hygiene educators.

Demographic Data

Population Demographic Data

Surveys were sent electronically to 30 clinical dental hygiene instructors at the research site “The Educational Establishment.” Fifteen surveys were accumulated; however, only 15 of the 30 surveys were completed for a 50% response rate. All 15 respondents were female. Four potential participants were between the ages of 25-35 years old, three participants were between the ages of 36-45 years old, three potential participants were between ages 46-55 years old, and five potential participants were 56 years old and over. When it pertains to years of experience in total as clinical dental hygiene instructors, one potential participant listed 0-3 years of experience, two potential participant listed 4-6 years of clinical teaching experience, six potential participant listed 7-11 years of clinical teaching experience, and five potential participants listed 12 or more years of clinical teaching experience. (Table 1).

Table 1

The Number of Years Research Participants have in Clinical Dental Hygiene Teaching

Experience (n = 15)

Years of Clinical Teaching Experience	Frequency	Percent (%)
0-3	1	6.67
4-6	2	13.33
7-11	6	40.0
12 or more	5	40.0
Total	15	100.0

Participants were also asked how many years each potential participant has been employed in their current clinical educator position at “The Educational Establishment” and approximately how many hours per week they teach each semester in the clinical teaching setting at “The Educational Establishment.” Three participants (20.0%) reported holding their position for 0-3 years. Two participants (13.3%) reported holding their position for 4-6 years, and 10 participants (66.67%) reported holding their position for 7 or more years (Table 2). Lastly, participants were asked how many hours per week they teach each semester in the clinical teaching setting at “The Educational Establishment.” One participant reported teaching 3-4 hours per week, and one participant reported teaching 5-7 hours per week. In addition, eleven participants reported teaching 8-10 hours per week, and two participants reported teaching 11-15 hours per week.

Table 2

The Number of Years Research Participants Have Served in Their Role as Clinical Dental Hygiene Instructors at The Educational Establishment (n = 15)

Hours Per Week Teaching	Frequency	Percent (%)
Clinical Dental Hygiene		
0-3	3	20.0
4-6	2	13.33
7 or more	10	66.67
Total	15	100.0

Additionally, research participants (n = 15) were asked if their dental hygiene program offers emotional intelligence faculty development training courses by their academic institution, “The Educational Establishment.” None of the participants selected *yes* if their dental hygiene program offers emotional intelligence faculty development training courses, eleven participants (73.33%) reported *no* if their dental hygiene program offers emotional intelligence faculty development training courses, and four participants (26.67%) reported *not sure* if their dental hygiene program offers emotional intelligence faculty development training courses.

All research participants (n = 15) were asked if they would be interested in participating in a brief telephone audio-only interview at a jointly agreed time. Fourteen participants (93.33%) indicated *yes*, none of the participants (0.0%) showed *no*, and one participant (6.67%) indicated *maybe*. Also, participants were asked if the researcher could contact them to schedule an interview day and time. Fifteen participants (100.0%) answered *yes*, with none of the participants responding *no*.

Interviewee Demographic Data

To ensure participant anonymity, demographic information was not linked to a specific participant. The interview participants' sample profile (n = 8) consisted of all females; two participants were from each age range category of 25-35 years old, 36-45 years old, 46-55 years old, and 56 years old. Regarding years of experience in total as clinical dental hygiene instructors, two interview participants listed 4-6 years of experience, three research participants reported 7-11 years of experience, and three research participants reported 12 or more years of clinical teaching experience. Concerning the number of years each research participant has been employed in their current clinical educator position at "The Educational Establishment," one participant listed 0-3 years, two participants stated they were in their clinical teaching position for 4-6 years, and five research participants reported they were in their position for 7 or more years. Also, regarding approximately how many hours per week each interview participant teaches each semester in the clinical teaching setting at "The Educational Establishment," six participants reported 8-10 hours of clinical teaching per week, and two participants reported 11-15 hours of clinical dental hygiene teaching. Lastly, when asked if their dental hygiene program offers emotional intelligence faculty development training courses by their academic institution, "The Educational Establishment," seven of the research participants reported an answer of *no*, and one participant listed an answer of *not sure*.

Research Methodology and Analysis

A qualitative research design using an interpretive phenomenological approach created the foundation for data collection in the study. The research study intended to gain a deeper understanding of emotional intelligence in the clinical dental hygiene teaching setting; a qualitative design using phenomenology as a conceptual framework was selected. The researcher

collected data by emailing an invitation to participate in the study with a description of the study with a web-based link to SurveyMonkey®, which included a consent question followed by a demographic survey for those who consent (see Appendix A). The first SurveyMonkey® question began with the consent form. A *disagree* response for the consent form removed that individual from the study. The invitation to participate email included a survey link to a questionnaire to collect demographic data and ask about participant interest in partaking in a telephone audio-only interview. After 15 participants agreed to be contacted for an interview, the principal investigator used the demographic information to pre-screen potential interviewees and used purposeful sampling to ensure a cross-section based on the age group range of interviewed participants. From the cross-section, the principal investigator selected 8 participants as the sample size to contact and schedule audio-only telephone interviews. Semi-structured interviews were conducted, digitally audio-recorded, and transcribed using NVivo™ transcription software. Each transcription was reviewed and edited for accuracy then coded. This was followed by a thematic analysis of the data.

Recording, Transcription, and Coding of Data

Recording the Data

All interviews were completed using telephone audio-only at a mutually agreed time for the participant and researcher. Prior to the start of each interview, the researcher discussed the purpose of the study and what mechanisms are in place to protect and maintain participant anonymity and confidentiality throughout the research process. The researcher also vocalized to each participant that they had the choice to withdraw from the study at any time. None of the research participants requested to opt out of the interview. The researcher explained the interview process and provided an opportunity for participants to ask questions. Each participant

verbally agreed to be audio recorded. Data was recorded using a digital audio recording device. While interviewing participants, the researcher took notes on an interview protocol sheet in which a code name was assigned to each participant to maintain anonymity (see Appendix C). Semi-structured interviews lasted approximately 25 to 45 minutes each.

Transcribing the Data

Each research participant's digital audio recording was uploaded to the online transcription software platform NVivo™. Upon upload, the researcher assigned the corresponding code name that was documented on the interview protocol sheet to ensure anonymity during data analysis and the writing procedure. The researcher listened to and reviewed each transcription for accuracy as certain words and sayings were not transcribed correctly, and others were not recognizable in the NVivo™ software database. Any inaudible word was documented as inaudible in the transcription by the researcher. Once all transcriptions were meticulously reviewed for accuracy, the data was coded for emerging themes.

Coding the Data

After the transcriptions were completed, the researcher began the method of coding the data. Coding is the process of recognizing segments of connotation in data and categorizing them with a code (Linneburg & Korsgaard, 2019). The researcher printed out each transcription and began coding line by line in the right margin of each transcription. This was done to obtain profound, complete, and detailed insights into the data (Linneburg & Korsgaard, 2019, p. 261). In addition, by using various highlighter colors, the researcher highlighted similar terms and statements using one color for each code. According to Linneburg and Korsgaard (2019), participating in coding permits the researcher to allow transparency for others and oneself

relative to how current concepts are considered in the empirical material and where there may be possible insights and potentials for theoretical development. After eliminating repetitive codes, the transcripts were recoded to refine the codes into themes further. During the data analysis process, the researcher used a code-recode strategy to facilitate the data's consistency by coding the information twice on two separate occasions with a timeframe of approximately two weeks between each coding analysis procedure. Upon reviewing both analyses, codes were refined and regrouped, which resulted in the finalization of the thematic analysis. Five major themes emerged from the data analysis based on the codes and text from research participant transcripts.

Summary of the Findings

Semi-structured interviews were used to collect the data that was analyzed was addressed in this section. Open-ended questions were used for the semi-structured interviews about how emotional intelligence is used in the clinical dental hygiene setting, understanding clinical dental hygiene instructors' perceptions of emotional intelligence, and determining if emotional intelligence training for professional development is needed. Codes helped mold the foundation of themes that emerged around this topic. From the data analysis, five major themes and nine subthemes emerged. Five themes emerged from the data. The first theme was understanding and included the subtheme of value. The second theme, character traits, had two subthemes, self-awareness and self-management. The third theme, the clinical environment, included two subthemes of current use and teaching performance. The fourth theme, interaction dynamics, included three subthemes, social awareness, relationship management, and student success. The fifth theme, professional development on emotional intelligence, had one subtheme, professionalism. Each major theme and subtheme will be discussed in the subsequent section.

These major themes are shown in Table 3. To protect the identity of the participants, code names have been used for each participant.

Table 3

Summary of Major Themes and Sub-Themes

Theme Number	Major Theme	Sub-Theme(s)
Theme 1	Understanding	Value
Theme 2	Character Traits	Self-Awareness Self-Management
Theme 3	Clinical Environment	Current Use Teaching Performance
Theme 4	Interaction Dynamics	Social Awareness Relationship Management Student Success
Theme 5:	Professional Development on Emotional Intelligence	Professionalism

Presentation of the Data and Results

Theme 1: Understanding

Participants were asked to describe in their own words their understanding of the term emotional intelligence and what it means to them. A brief description of the term emotional intelligence was provided by the researcher subsequent to each participant being asked to describe their understanding of the term. One emerging subtheme regarding the understanding of the term emotional intelligence has been the value of the use of emotional intelligence in the

clinical dental hygiene educational setting. Participants were asked to discuss whether the concept of emotional intelligence is important in the clinical education setting. Seven out of eight participants expressed some knowledge of the term emotional intelligence, describing that emotional intelligence pertains to using emotions, observations, self-awareness, and empathy (P1, P2, P3, P8, P5, P7, and P6). Alternatively, participant P4 indicated, “I am not familiar with the term emotional intelligence.” Participants P1 related emotional intelligence to feelings as P3 described emotional intelligence to be, “The ability to understand your feelings, to use your emotions, or expressions, to communicate effectively, to manage situations or just basically handle daily activities of life” (P3). Similarly, participant P1 described emotional intelligence as the following:

How you present yourself, your mood, your image, your feelings and how that can affect others. . . understanding how your own emotions, how you communicate in a positive manner to help others. That involves from me being empathetic and supportive, as well as helping.

Participants P5 and P7 linked emotional intelligence to communication. P5 described, “Emotional intelligence to me is about having good social skills and being empathetic. Having good communication skills with other people, being in control of your own emotions and being able to read the emotions of others”. Similarly, P7 described emotional intelligence as “someone’s ability to interpret the nonverbal cues that you could receive in a conversation with a person or just observing another human. So, for instance, someone’s body language or empathy in a given situation.”. Descriptions regarding the interpretation of the term emotional intelligence were similar among the majority of participants.

Research participants were asked if they felt that the concept of emotional intelligence is important in the educational setting. Participant P7 described the value of emotional intelligence as the following:

I wholeheartedly believe that emotional intelligence is essential in the educational setting because education, in particular dental hygiene education, is notorious for being a highly stressful situation and emotions run out of control. They take over, they cloud our student's ability to think and learn to the best of their ability.

P3 stated, "It's [emotional intelligence] important because. . .you need to communicate information, you need to be able to interact with students and accept their answers and explain to them whether they might be right or wrong or misunderstood the question". P1 felt, "It's important that as educators, we can manage our emotions. . . how we project ourselves can be transferred. It affects others around you...that is really important because it helps to manage the emotions of the students a little bit". When asked about whether emotional intelligence is important in the clinical educational setting, P4 stated the following:

I think you need to be in tune with how you are feeling and how to build off of that and how to engage with students. . .you need to be very aware and in tune with how a student is feeling, especially in something like a clinical environment where things are hands-on because students may feel all different emotions throughout one clinic sessionIt's important to be able to be aware of how the student is feeling and how to manage those feelings so that you [clinical instructor] can help the student work through that and achieve their goals. If a student is frustrated and you are not picking up on that, it may be difficult for the student to continue to build their skills or work through that problem, whereas if you were in tune with the student being frustrated and help them decrease that

frustration, that's what's really going to help them achieve their outcomes for the day. As far as being in tune with your own emotions, I think that's important as well because as a faculty member, you may be frustrated at points too, but you cannot let that come across to the student because, again, it's going to impact their learning.

Correspondingly to being in tune with one's own emotions, participant P6 stated, "I think that individuals [clinical dental hygiene instructors] come in with our own set of emotions into the workplace [clinical dental hygiene educational setting] and I personally think that it's very important to try to set that apart and try to separate yourself from that and just focus on the task at hand." P5 admitted, "In our educational setting, it is important to be able to touch upon this subject [emotional intelligence] because they [clinical dental hygiene students] are going to be treating people and patients." All research participants found the concept of emotional intelligence to be important in the educational setting.

Theme 2: Character Traits

As part of the follow-up semi-structured interview questions, participants were asked to discuss characteristics or qualities they felt a clinical educator would have to demonstrate emotional intelligence. Interestingly, 6 participants stated empathy as a key characteristic for clinical dental hygiene instructors to demonstrate emotional intelligence. Emerging subthemes regarding character traits included self-awareness and self-management. Participant P7 stated, "Empathy, compassion, interpersonal skills, and awareness. I think for one to have emotional intelligence, one really needs to be aware of the situation". When asked to name characteristics, P8 listed "listening, empathy, compassion, and calmness." Similarly, P5 said, "I think a clinical educator needs to have effective communication skills, be empathetic, and also needs to be in control of their emotions regardless of what may be happening on the clinic floor." When it

pertains to emotional intelligence character traits, both P2 and P1 listed very similar qualities as P2 stated, “Empathy, understanding, and patience.” P1 mentioned “emotional awareness, empathetic, and understanding.” The majority of participants listed empathy as a key character trait.

Self-Awareness. When asked whether self-awareness, a component of emotional intelligence, could be applied to the clinical dental hygiene teaching setting the 8-participants felt that self-awareness was important. P7 commented the following on the attribute of self-awareness:

I think that if I have strong emotional intelligence, I could be a better teacher because I will be able to listen to what the student is telling me and also that unspoken language...their body language or just their facial expressions or how they carry themselves. If I am capable of really reading the situation, I can manage it better. I think it would leave for a more successful clinical experience, and I think, as a result, that would make me a better teacher.

When asked about self-awareness in the clinical dental hygiene teaching setting, P2 admitted, “If you go over to a student, and look frustrated or annoyed . . . then it is going to reflect on the student, and that student is going to become even more stressed out, and I feel as if it’s going to block a student from actually learning anything from you”. When it pertains to clinical dental hygiene faculty, P4 mentioned, “Clinical faculty should be aware of how they’re feeling and be able to recognize their feelings and determine how this is affecting what they are doing whether it’s that specific clinic session or how it’s affecting their teaching overall.” In regard to self-awareness, P6 pointed out, “We [clinical instructors] are not in a home setting, we are in a

professional facility [clinical teaching setting] . . .with a certain set of rules and expectations and how you should behave and . . . adhere to guidelines”.

Self-Management. An attribute of emotional intelligence that emerged as a sub-theme was self-management. As a follow-up question, participants were asked whether they felt self-management is applied as a clinical dental hygiene instructor in the clinical teaching setting. When asked about self-management in the clinical teaching setting, P7 stated, “If I’m self-managing myself, I’m less reactive, more reflective, I can better assess a clinical situation . . . I think that if I can manage my own emotions better, I could sort of open my ears better to what’s going on”. When asked about reaction versus reflection, in relation to self-management, a component of emotional intelligence in the clinical dental hygiene setting as a follow-up question in the semi-structured interview, seven out of the eight participants felt that it was more common to react than reflect (P1, P2, P3, P8, P5, P7, and P4. When it concerned reaction versus reflection in the clinical dental hygiene setting, P7 stated:

I think that it’s very, very hard and . . . it’s just something that one has to learn. I don’t think that this [reflection] is inherent . . . most people have a knee jerk reaction . . . I would think most teaching teacher-to-student moments would benefit from a grace period of reflection. I always try to tell the students when they’re upset about something, let’s revisit it the next day, you know, give it some time to cool off, let our emotions run their course, because emotions cloud our ability to judge clearly . . . and I think time and reflection go and in hand . . . and again, I think it’s just very, very hard to prevent that [reaction]. You know, I want to answer this immediately and have this reactive response, but that’s not always the best way to do it . . . I feel that it’s more common to react in the clinical teaching setting. I think as I mentioned, most people don’t take the time . . . It’s

just not common, and what's the word I'm looking for, inherent to them? It's not something that just happens on its own, and so we see more of the reactive.

P5 conveyed, "I think that if you want to develop your emotional intelligence, then that self-reflection is an important piece, but you can't help as a human being, being self-reactive at certain times."

P3 described reaction versus reflection in the clinical dental hygiene teaching setting as the following:

If you can take a moment to step away from the situation and reflect on what exactly is happening instead of being reactive. I think the instructor would be able to interpret the situation in a calmer way rather than reacting to the student . . . it would be less damaging to the student if the faculty would take a moment to be reflective instead of reacting quickly.

P1 pointed out, "It's important to know our strengths and weaknesses as far our emotions go and what our triggers are . . . knowing that and being able to reflect on that allows you to manage your emotions better".

Theme 3: Clinical Environment

Participants were asked to discuss emotions in the clinical dental hygiene setting. Two subthemes emerged from the discussion: current use and teaching performance. When asked if teaching in the clinical dental hygiene educational setting plays a role in the emotions of clinical faculty 6, participants conveyed how it can be stressful (P1, P7, P2, P4, P3, and P5). P7 admitted, "The clinical setting is highly stressful. We have students, faculty are overseeing sometimes five students, and we also have patients. So we have lots of different personalities...just the very nature of being in a clinic is a very stressful one". P4 mentioned the following:

There are a lot of different emotions that can be experienced by a faculty member at different times being in the clinic environment...stressed, overwhelmed because there's so much going on in that clinic environment as far as your own responsibilities . . . there are a lot of moving parts...so you need to really be aware of everything that's going on and that could be overwhelming.

Additionally, P7 also pointed out, "Students need to meet their requirements, but at the same time, faculty are required to teach and slow them down. Sometimes those two very elements are in opposition of each other. So very, very stressful".

Current Use. When asked how clinical educators in dental hygiene currently use the concept of emotional intelligence in the clinical dental hygiene educational setting, participant responses varied. Participant P4 stated that she thinks, "It depends on the faculty member. I think some of them currently use it, and they don't know that they are using exactly that, and I think that some of them don't use it". P3 mentioned, "I'm not sure it [emotional intelligence] gets thought about or prioritized." Interestingly, P5 discussed the following:

I think they refer to it [emotional intelligence] as professionalism. How we relate to the patient, how we relate to the other people that we're working with, how we represent ourselves as a profession, and I think that is how it is introduced to the student. So, we don't necessarily call it emotional intelligence. It might be a good idea to start doing that, but I think that is how we embrace the subject in the clinical setting it. We discuss it as professionalism.

Two participants P7 and P1 did not feel that emotional intelligence is commonly used in the clinical dental hygiene educational setting. P1 mentioned, "I don't think it is used very much. I

think we all have different personalities, and some of our personalities lend ourselves to being more emotionally intelligent...and some are not". P7 remarked the following:

I'm not sure that they do...it's not something that I can say I've born witness to...I don't think I see it...I think I see a little bit after the fact...sometimes, faculty will make that knee jerk reaction but then they will retract it later and show signs of emotional intelligence but they have already made that reactive decision. So I don't' know maybe it's like the earliest stages of it, but other than that, I don't see it.

One participant, P8, felt that emotional intelligence is used and comes naturally without thinking, although it is not commonly labeled as emotional intelligence. P8 pointed out the following:

I'm not sure if we've ever addressed it [emotional intelligence]. I think it is something that we just know that we do. Again, I think it's because it's our profession, the caring, the empathy of patients...whether you're working in private practice or the education setting. I think it is something that we just assumed are using without even knowing that we're using it. I don't think people actually label it as emotional intelligence.

Both P6 and P3 conveyed how emotional intelligence is currently used via communication. P3 stated, "I think they [clinical instructors] use it by being able to communicate effectively and to be empathetic to students and to patients." P6 mentioned, "I think we [clinical instructors] are all using emotional intelligence. We are managing student anxiety and fear and ups and downs and how they [students] should speak to their patients and peers and how they should behave".

Additionally, P5 also said, "I think that clinical instructors inadvertently practice emotional intelligence. I'm not sure how aware of it they are until the subject comes up, but I think that there is a vast majority of instructors that do practice it".

Teaching Performance. Participants were asked whether they felt emotional intelligence plays a role in teaching performance. Participants P1, P5, and P4 posited that emotional intelligence plays a role when it pertains to communication in teaching performance. P1 replied, “If you have emotional intelligence, you’re not going to be as rigid of an instructor . . . you will have a positive learning experience with the student . . . you can communicate with them”. Similarly, P5 remarked, “If you are an effective communicator and you had the ability to manage your emotions then you can . . . forge ahead with what the task is as far as teaching the student”. P4 reported, “I do feel that emotional intelligence affects the manner in which a teacher teaches...a manner in which a teacher conveys the information to the student...your emotions affect how you are coming across to the student”. P3 stated the following:

When you have emotional intelligence, you have the ability to understand different points of view, and I think that helps you understand why a student is behaving a certain way or why they’re interpreting something in a certain way. If you manage your emotional intelligence, you can relieve stress, communicate effectively, be more empathetic, and diffuse conflict in an area that a student is not understanding.

Interestingly, P2 reflected back to when she was a dental hygiene student and recalled, “Being self-aware of my emotions really helps me pay more attention to the student because I remember having those same emotions they did as a student, and that helps me guide them through clinic.”

Theme 4: Interaction Dynamics

Social-Awareness. Participants were asked about the emotional intelligence attribute of social awareness. Components of social awareness include empathy and understanding the needs and concerns of others. When it pertains to social-awareness in the dental hygiene clinical teaching setting, P2 admitted, “A faculty member needs to have empathy towards these students

to help them learn that they can do this [dental hygiene] and not to be so hard on themselves and then maybe they'll get the understanding of the concept." When asked whether social awareness would be applied when teaching in the clinical educational setting, P7 stated the following:

Many of our students are not just full-time students anymore. They're non-traditional students, and they have other responsibilities, family responsibilities. Some of them work, and I think that the level of stress leads to emotional spiraling and as an educator we have to be able to help our students. In doing so, I think that's one benefit from having emotional intelligence or at least some type of understanding of it.

When it pertains to social awareness, P3 expressed, "We need to teach our students to be empathetic towards our patients." P6 mentioned that students should not be judgmental towards patients and be aware of patient emotions. P6 stated, "It's important for the students not to put these patients in one gray box." P4 reported, "Clinical dental hygiene instructors need to be empathetic and understanding of people, situations and as everyone presents with a different circumstance . . . we can adapt to a certain extent but at the same time need to uphold certain standards and regulations".

Relationship Management. Participants were asked about the emotional intelligence attribute of relationship management. Components of relationship management include knowing how to maintain and develop good relationships. When asked whether relationship management should be applied as a clinical dental hygiene educator in the clinical dental hygiene educational setting, P5 pointed out, "As clinical faculty, we demonstrate how we manage relationships by our duties on the floor where we have interactions with doctors, patients, students and everything that goes into that clinical session . . . we model this behavior on the clinical floor".

When it pertains to relationship management, P7 admitted the following:

I think that if a student feels that they have full faculty support, not just in the content expertise, but in their emotional support, I think students will go a lot farther . . . Keep in mind there are so many things that we can't control [in the clinical teaching setting]. We can't control when the patient doesn't show up for the student. . . They might struggle with the same instrument week after week, and that's so deflating to their feelings, you know to their psyche. So, if we can support them, then we can provide that emotional scaffolding. I think that people believe in themselves. More students will get confidence because sometimes that's really what it is; it has nothing to do with psychomotor anymore. It just becomes a confidence thing and emotional intelligence. If you believe in your student, then they believe in themselves.

Both participants P8 and P3, related relationship management to working as a team. In the clinical dental hygiene setting, relationship management as a part of emotional intelligence was described by P8 as, "It [relationship management] is definitely used in the clinic. We are a team, not just working by yourself. You're walking into the clinic that day with everyone, and you have to work together, and that will create a positive chain" (P8).

P3 expressed the following:

I think it would help if everybody learned how to take a step back and see each student as an individual and learn how to manage their feelings in dealing with students. Sometimes we [clinical dental hygiene educators] can be abrupt. We [clinical dental hygiene instructors] can be in a hurry. We [clinical dental hygiene instructors] can be in a rush or having a bad day. I think learning to have that self-management...would be really helpful, and again being aware of our student's feelings and being aware that they are people too,

they have lives. They have things that we do not know about, and we have to be sensitive to that, and we are building relationships, even collaborating as a team.

Student Success. Participants were asked whether an emotionally intelligent clinical instructor will impact and or help student success. When it pertains to student success, and emotional intelligence, P7 remarked, “I absolutely do, and I think that if students have full faculty support and not just content expertise, but in emotional support, I think that students will go a lot farther.” Similarly, P8 stated, “Yes, I feel that if the student has an awareness that the instructor is aware of their emotional feelings or variances, they tend to share much more, and it enables the teaching experience to become a more positive experience.” P5 stated the following:

I do think an emotionally intelligent instructor would help impact student success...if the instructor is able to take a step back and model that appropriate behavior in a situation or challenge in the clinical setting, then it puts the student at ease because they see that the instructor is aware and in control of their emotions and is able to walk through the problem and they're going to have to do that in the health care setting at one point or another...it teaches them at the same time how to handle those situations when they are presented with them that so it's extremely valuable.

Similarly, when asked about student success and emotional intelligence, P2 recalled helping a student, “I had a student taking a competency examination, they were very stressed and nervous and me being self-aware and seeing how stressed they were used emotional intelligence to calm them down and they made it through the competency.”

Theme 5: Professional Development on Emotional Intelligence

Dental hygiene clinical educators continuously partake in professional development and educational methodology courses throughout their career for professional growth. Participants

were asked how a professional development program focusing on emotional intelligence could help clinical instructors when interacting with students in the clinical educational setting and if there was a need for one at their institution. All research participants (n = 8) reported that there is a need for a professional development program for clinical dental hygiene educators and that it would be beneficial. P6 mentioned, “I think we need to have more courses on emotional intelligence and just be more self-aware.” P8 felt that “It [emotional intelligence professional development program] would help out tremendously . . . It’s a very important component to the educational process and sometimes the missing link of the day”. P3 stated the following:

Even though some people are doing it [emotional intelligence], we can always improve, get better and others who are not applying emotional intelligence but need to be . . . can really benefit from having some type of course like this . . . I think it would just be a win-win for everyone. I think that improvements can always be made and may be eye-opening for people who are not applying this.

Similarly, P7 also mentioned that faculty might not be aware of the term emotional intelligence as she expressed:

Emotional intelligence is something that I know a little tiny bit about, and I’ve always found it very interesting, and I try with whatever basic knowledge I have to implement it. It’s not something that I do well at this point, but I don’t think other faculty are as aware of it. I’m not even sure other faculty know what it is to be perfectly honest with you. So, I’m not sure that there is something that they’re seeking right now. I think it’s something that is lacking in our college and at least in other dental hygiene departments . . . I think if we have . . . maybe professional development opportunities for faculty, I think that we can arm them with the tools that they need to implement this on their own, and I think it’s

something that if was to happen across the board for the whole faculty, I think it would improve the well-being of everybody in the clinic. So, it's [emotional intelligence professional development] that I think would be beneficial across the board.

Participant P2 mentioned that “a professional development program on emotional intelligence would be a huge success and would be a great asset towards clinical dental hygiene teaching.”

Additionally, participant P1 reported that “A professional development program on emotional intelligence would be able to give faculty the tools to be more reflective and not reactive.” P6 remarked, “It would be great to have a program on emotional intelligence just to create more self-awareness . . . that would be wonderful”. P5 admitted that:

I think it's a great idea [professional development program on emotional intelligence]. I think it would help clinical faculty be able to self-reflect and improve in those areas that may need improvement and just for them to be aware of where they stand on their emotional intelligence, I think it would help with students and faculty interactions...I think that all institutions should have this [emotional intelligence professional development program] in their program [dental hygiene].

As a follow-up semi-structured question, participants were asked how could the use of emotional intelligence by clinical educators provide teachable moments for students about the concept of professionalism in the health care professions. P3 discussed the following:

I think that if the instructor is using emotional intelligence, they're displaying a certain persona, and they are being professional themselves. They're behaving properly. They're speaking respectfully to students. I think students see that; they hear it, and I believe that they can become just as professional if instructors are good role models with professionalism.

Similarly, P6 also felt that students mimic what they observe; she stated, “It’s like monkey see, monkey do . . . I don’t go around showing what’s going on in my personal life...I show emotional intelligence by listening to students and other instructors, and I can agree or admit when I am not always right”. When asked to discuss emotional intelligence and professionalism as a clinical dental hygiene educator, P7 stated the following:

I think that if I have high emotional intelligence as a teacher and I impart that in any way, shape, or form onto my student, then hopefully, I will help shape their emotional intelligence so that when they graduate and when they’re seeing patients and even before they graduate, they still see patients, and they will be . . .amazing health care professionals, take care of the patients and listen to their patients . . . if you have any of those traits that encompass emotional intelligence, they would be a better health care provider, because everybody just wants to be heard, understood and supported.

Interestingly, P4 mentioned, “A faculty member who is aware of their feelings will be a better teacher and come across more professional because they are reflecting . . . and reacting accordingly. Students see and embrace that and try to give off the same thing” (P4).

Secondary Findings

Supplementary findings indirectly related to themes identified were revealed while carrying out semi-structured interviews with research participants. While discussing the perceptions of value and use of emotional intelligence in the clinical dental hygiene educational setting, participants that used emotional intelligence shared how adaptability and embracing change is beneficial when it pertains to demonstrating emotional intelligence in the clinical dental hygiene teaching setting. In addition, the majority of participants discussed pressures,

demands, and challenges faced in the clinical teaching setting that influence the emotions of both students and faculty.

Adaptability and Embracing Change in Clinical Dental Hygiene Teaching

Many participants mentioned how adaptability and embracing change is associated with emotional intelligence. Upon discussion, both participants P7 and P4 mentioned how being rigid will not enable one to be adaptable. P7 stated, “If you have emotional intelligence and awareness of the situation, you are quicker to adapt and be flexible than if you’re rigid and set in your ways...I feel adaptability and flexibility go hand in hand with emotional intelligence”. Similarly, when it pertains to embracing change, P4 mentioned, “If you are self-aware of your emotions and recognize some qualities about yourself and apply them to certain situations, then you are more likely to embrace change and try different things as opposed to being so rigid.” P3 stated the following:

In order to adapt to change, you have to be able to take a step back and think and about why we need to change something as opposed to being stubborn and not wanting to move in a different direction and in order to grow you need to be emotionally intelligent if you don’t have emotional intelligence, you’re not going to grow...you’re not going to move forward.

When it pertains to students, P1 focused on students by mentioning, “I think adaptability and embracing change is associated with emotional intelligence...Students are coming in having greater expectations of their instructors...It’s really important to be adaptable, to be aware of the needs of our student learners and embrace changes”.

Pressures and Demands in the Clinical Teaching Setting

Several participants mentioned the pressures and demands in the clinical teaching setting and how emotional intelligence may play a role when facing challenges. P3 stated, “Teaching clinic can be frustrating for the faculty and the students...we try to give good feedback and students may still not be getting it...there’s a lot of anxiety on both ends for the student and instructor”. P6 mentioned, “It’s pretty stressful to have to manage all the different tasks that instructors have to do, and I think our role . . . is to be able to manage student stress and anxiety level and make it positive”. Interestingly, P2 mentioned how the use of emotional intelligence could prevent potential conflict by pointing out the following:

If we use emotional intelligence before everyone reacts to a situation and really take a look at the emotions and we learn before they actually go to either a student or another faculty member, then maybe we can solve the issue or come up with an idea before any type of any more conflict can occur.

Summary

Findings from the qualitative research study were presented and discussed in this section. The data analysis and results section has comprised a description of the sample, demographic data, research methodology, data analysis, and a summary of the research findings. The researcher communicated the accounts of the faculty participants’ experiences that were obtained through the interview discussions. Five themes were recognized using the transcripts from the semi-structured interviews. Addressed in subsequent will be the discussion of the findings, recommendations, and conclusions.

Discussion and Conclusion

Research indicates that educators who encompass emotional intelligence may be caring towards students and create a teaching and learning environment that enables instructors to become more effective in safeguarding student academic success (Abiodullah et al., 2020). According to Jennings and Greenber, emotional intelligence directly affects the instructional and knowledge process (Abiodullah et al., 2020). Emotional intelligence helps individuals in problem-solving, emotional awareness, and self-management of emotions during life experiences (Korkman & Tekel, 2020). The literature supports the effectiveness of emotional intelligence in teaching (Abiodullah et al., 2020). However, research is sparse regarding the use of emotional intelligence in the clinical dental hygiene teaching setting. Recent research indicates that despite the link between emotional intelligence and preferable workplace outcomes and the significance of clinical teaching, there has been minimal research on the relationship between clinical instructors' emotional intelligence and teaching effectiveness (Mosca, 2018). A comprehensive review of the literature surrounding the value of emotional intelligence in the educational setting supports this study's context and the utilized research methods.

This study aimed to understand clinical dental hygiene instructors' perceptions of emotional intelligence and how they use emotional intelligence in the dental hygiene educational, clinical setting. Examining the lived experiences of clinical dental hygiene instructors allowed the researcher to gain insights into their perceptions, experiences, and attitudes regarding emotional intelligence in the clinical dental hygiene educational setting. Acquiring knowledge about emotional intelligence and identifying clinical dental hygiene instructors' values and perceptions to enhance the clinical teaching and learning environment can provide enlightenment and insight for dental hygiene programs. The study findings also deliver

significant implications in dental hygiene education. Sharing the perceptions and experiences of research participants will bring new data and knowledge to the dental hygiene clinical teaching setting. A summary of the research findings relative to the research questions and sub-questions will be discussed in the following section.

Critique of the Previous Literature

In the literature review, there is a lack of qualitative studies investigating the thoughts, attitudes, and perceptions of clinical dental hygiene instructors regarding emotional intelligence. The research designs of the studies reviewed in the literature are mainly quantitative and mixed methodology in type. Quantitative studies collected facts and empirical data about educators and emotional intelligence but did not focus on the clinical dental hygiene educational setting and did not uncover a deeper understanding of emotional intelligence.

In addition, the majority of the studies reviewed in the literature took place outside of the United States. There is a significant gap in the literature pertaining to educators and emotional intelligence regarding the United States geographic setting. The study by Valente et al. (2018) was conducted in Portugal, and though the research findings collected are vigorous, they could not be generalized. According to Darling-Hammond (2017), globally, teaching policy and practice differs from nation to nation including enrollment, training, initiation, ongoing professional development and cooperative improvement of practice. Therefore, the results of the studies conducted outside of the United States concerning the educator profession, lack generalizability and transferability to educational institutions in the United States. To improve the external validity of the results, similar studies on emotional intelligence would need to be performed in educational institutions in the United States.

When it pertains to the variables being studied, the research studies reviewed in the literature that evaluated emotional intelligence variables primarily focused on educators in general and not specifically clinical dental hygiene educators and emotional intelligence. Demographic variables of educators in the review of the literature, such as research by Dev, Nair, and Dwivedi (2017) and Maamari and Majdalini (2019), included age, gender, education level, specialization, teaching, and work experience. Furthermore, variables between an educator's emotional intelligence and how that positively impacts students were also investigated (Alam & Ahmad, 2016, p. 33). The research conveys that emotional intelligence competency variables are key in connecting teachers' emotional intelligence with student achievement (Alam & Ahmad, 2016, p. 33). Additional variables investigated in the literature review were emotional intelligence and educator stress (Merida- Lopez, Bakker, & Extremara, 2019).

Summary of the Results

The conceptual framework of phenomenology was utilized in this study to measure the perceptions of clinical dental hygiene instructors. The researcher employed a qualitative case study research design using purposeful sampling and semi-structured interview questioning to collect rich data on the perceptions of clinical dental hygiene instructors related to the use of emotional intelligence in the clinical dental hygiene setting. This study aimed to understand clinical dental hygiene instructors' perceptions of emotional intelligence and how they use emotional intelligence in the dental hygiene educational, clinical setting. The researcher intended that this study's results inform clinical dental hygiene faculty of the value of emotional intelligence in the academic environment. The use of semi-structured open-ended interviews allowed for deep exploration suitable for discovering rich data about research participants' perceptions and experiences. The five major themes that emerged upon data coding and analysis

included understanding, character traits, clinical environment, interaction dynamics, and professional development on emotional intelligence.

Discussion of Results

The clinical content expertise and the instructor's clinical teaching methodology are highly valued; however, the concept of emotional intelligence appears to be overlooked in clinical teaching. According to Omid et al. (2016), it is supposed that it is essential for educators to have emotional intelligence and subject expertise, and teaching knowledge, otherwise if lacking, it consequently negatively affects student success (p. 2). The research participants' perspectives during the semi-structured interviews provided valuable insights and a deeper understanding surrounding the topic of emotional intelligence use in the clinical teaching setting in an accredited dental hygiene program. The subsequent subsections arranged in the order of emerging major themes contain discussions of the results. The conceptual framework selected for this study was an interpretive phenomenological method that was carried out to study clinical dental hygiene instructors' lived experiences. The following subsections based on the major emerging themes include understanding, character traits, clinical environment, interaction dynamics, and professional development on emotional intelligence. These five emerging themes answered the research question of the perceptions of dental hygiene clinical faculty towards the use of emotional intelligence in the dental hygiene clinical setting.

Understanding

The first theme that emerged from the study, understanding emotional intelligence, concentrated on participants existing knowledge of emotional intelligence and answered the research question. According to Armour and Atino et al., an educator should be able to identify

the emotional dimension of learning and utilize it to advance knowledge (Omid et al., 2016). The majority of participants reported a general understanding of the term emotional intelligence in that they could describe what the term emotional intelligence means using details. The sole participant who was initially not familiar with the specific term of emotional intelligence once provided with a definition interestingly appeared to be knowledgeable about emotional intelligence and admitted that it is not commonly used in the clinical teaching setting. Without further research and increasing awareness of emotional intelligence in clinical teaching, comprehensive knowledge of emotional intelligence about the clinical dental hygiene teaching setting could be scarce. The first theme of understanding led to the development of the sub-theme value.

Participants discussed the perceived value of emotional intelligence as a clinical instructor interacting with students in the clinical education setting. This answered the research sub-question that focused on the importance of emotional intelligence. Participants interviewed in this study reported that although emotional intelligence is not prioritized in the clinical teaching setting, it is valued. Results of an investigation by Wu et al. (2019) suggested that educators with higher emotional intelligence demonstrated enhanced abilities to manage the learning environment and were more capable of encouraging student learning, resulting in a practical experience for educators and raising their self-efficacy (Wu et al., 2019, p. 8). Participants communicated that some of the faculty are utilizing emotional intelligence in the clinical teaching setting without being aware of it. At the same time, there are some faculty who do not use emotional intelligence when teaching. Granting many instructors may not be aware of the concept of emotional intelligence, the study results suggest that emotional intelligence is inadvertently practiced in the clinical teaching setting. The study results also suggest that the use

of emotional intelligence by clinical dental hygiene instructors may not be prioritized, which may lead to the lack of use during clinical dental hygiene instruction. The sub-theme of value results was surprising to the researcher as they indicated that precedence is not commonly placed regarding emotional intelligence by clinical dental hygiene educators when teaching.

Character Traits

The second theme, character traits, answered the research question as it focused on identifying qualities or character traits that participants felt a clinical instructor would have to demonstrate emotional intelligence. A considerate clinical instructor can encourage genuine discussion that facilitates the incorporation of students' emotions with healthcare practice principles (Mosca, 2019). Overlapping character traits that participants discussed included emotional awareness, empathy, patience, managing emotions, and good communication skills. According to Mosca (2019), the Emotional Intelligence Theory hypothesizes that individuals have various abilities for emotional regulation, which influence adaptation to the setting, regulation of stress, and attainment of goals. The second theme of character traits led to the development of two sub-themes: self-awareness and self-management.

Self-awareness

An attribute of emotional intelligence is self-awareness. According to Morrison and Morrison (2016), self-awareness is the observation, self-analysis, introspection, and comprehension of one's own emotions. This attribute of emotional intelligence is significant in identifying emotions, why these emotions emerge, and how these emotions play a role in surrounding individuals (Shah & Shah, 2019). Research by Asrar-ul-Haq et al. (2017) has suggested that self-awareness and self-confidence positively influence teacher performance. A

clinical educator's awareness of how they communicate with those in the clinical setting and their attitude toward student learners is significant (Omid et al., 2016).

Several participants reported being aware, being a good communicator, and understanding different perspectives as components of self-awareness that a clinical instructor should exhibit. Participants communicated that some clinical faculty might be in tune and aware of their emotions while others may not be aware of how they portray themselves, as their behaviors stem and are based on their feelings in the clinical teaching setting. This study suggests that being aware of emotions and emotional triggers is essential for growth as a clinical educator. This study also indicates that it is challenging for clinical dental hygiene educators to constantly remain conscious of one's emotions continuously during clinical instruction. The results of the sub-theme of self-awareness confirmed the researcher's assumptions as they indicated that self-awareness of emotions might affect clinical teaching as awareness of one's self may yield favorable clinical teaching outcomes.

Self-Management

An additional attribute of emotional intelligence is self-management. The majority of participants reported that reflecting and not reacting impulsively allows clinical instructors to manage their emotions better and not let emotions take over during clinical teaching. Self-management is when an individual takes their own perceived emotions of oneself, processes this information, adjusts themselves, and then reacts using good judgment accordingly by being self-accountable and remaining calm during stimulating situations (Morrison & Morrison, 2016; Shah & Shah, 2019). According to Ondrejka; and Salovey, educators with advanced levels of emotional intelligence, may serve as an example for students to emulate for the regulation of

emotions in the clinical setting, as emotional intelligence controls the stress reaction and improves the ability to transcend the clinical setting stressors (Mosca, 2019).

The majority of participants emphasized that a clinical instructor cannot be impulsive and has to be well thought out and control their emotions. Additionally, participants reported having self-management, a component of emotional intelligence helps during challenging clinical teaching situations to create a positive learning experience. Participants suggested that when teaching in the dental hygiene clinical setting, taking the time to understand and assess any situation and have open communication is imperative. Clinical instructors in this study also mentioned how emotions affect actions and teaching and suggest how making an effort to reflect, instead of reacting, may lead to positive student outcomes in the clinical teaching environment. Participants communicated that some clinical faculty may be more reflective when handling challenges and situations, while others might not be and may be more reactive and quicker to respond. Research participants commented on how students build off and react to a clinical instructors' emotional approach, hence why it may be suggested for clinical educators to take a moment to reflect during any clinical situation in the clinical education setting and be self-aware of their emotions to react appropriately. The study results also suggest that when an instructor does not have the emotional intelligence attribute of self-awareness, it may impact student learning. The sub-theme of self-management was surprising to the researcher as they indicated that it might depend on whether a clinical instructor is impulsive and reactive than reflective and capable of digesting how to react appropriately and regulate one's emotions during clinical instruction.

Clinical Environment

Theme Three, clinical environment, answered the research question and focused on whether teaching in the clinical environment plays a role in a clinical dental hygiene instructor's emotional intelligence. As indicated by Mosca (2019), being that the clinical learning environment is unpredictable and full of emotions, clinical instructors' emotional intelligence may be a variable that can moderate the stress in the clinical teaching setting. The majority of research participants expressed that the clinical teaching environment affects emotions due to time management, responsibilities, and requirements expected of both clinical dental hygiene instructors and students. Teaching in the clinical dental hygiene environment presents unexpected circumstances when working with both patients and students. Participants recommended one must be adaptable and use emotional intelligence. Participants discussed teaching in the clinical setting and the use of emotional intelligence, which led to the development of two sub-themes. These sub-themes include current use and teaching performance.

Current Use

Several participants discussed that although there is a positive impact of the implementation of emotional intelligence in the clinical teaching settings, the specific term emotional intelligence is not addressed. Also, participants revealed that although they may be using emotional intelligence, they are not consciously aware of it. Participants mentioned that an emotionally intelligent clinical dental hygiene instructor supports teamwork among other clinical faculty members, demonstrates the qualities of empathy and understanding, and can help manage a student's emotions during challenging or stressful learning circumstances and guide the student towards success. According to a study by Ali, Ali, and Jones (2017), it was suggested that faculty who have advanced levels of emotional intelligence might be able to control the pressure of their

academic role more efficiently (as cited in Mosca, 2019). Also, several research participants reported that although some faculty are self-aware and demonstrate emotional intelligence, not all clinical instructors use emotional intelligence when teaching. A knee-jerk reaction, which is later retracted, is more commonly shown by some clinical instructors. A few participants mentioned that emotional intelligence is currently used loosely under the umbrella of professionalism in the clinical dental hygiene teaching setting. However, it is not referred to by the specific term.

This study suggests there are several advantages to the use of emotional intelligence in the clinical teaching setting. The literature supports how intrapersonal emotional skills are significant for educators, especially when it pertains to job performance (Merida-Lopez et al., 2019). Participants communicated the main advantage of currently using emotional intelligence in the clinical teaching setting to identify and manage one's own and others, emotions in the clinical teaching environment, which in turn helps create a thriving learning environment in a dental hygiene program. The sub-theme results of current use were not surprising to the researcher as they indicated that the everyday use of emotional intelligence might lead to favorable clinical teaching outcomes.

Teaching Performance

Several participants reported that a positive feature of a clinical instructor with emotional intelligence is the ability to interpret the emotions of those around them, including students, patients, and faculty. According to the literature, the results of a quantitative study by Dev, Nair & Dwivedi (2016) advocate that there is a significant association between emotional intelligence and the quality of instruction by an educator. Also, research by Smallidge et al. (2019) suggests, the emotional intelligence capability of dental hygiene clinical instructors may influence their

clinical teaching efficiency and the learning involvements of their students. Several participants in this study reported that emotional intelligence helps in teaching performance when it pertains to communication skills and emotional management, which creates productive sessions for both the clinical instructor and dental hygiene student learners. It was mentioned by participants that emotional intelligence plays a role in clinical instruction teaching performance in that it enables the clinical instructor to have the ability to understand different points of view and diffuse conflict in the clinical dental hygiene teaching setting. This study suggests implementing and using emotional intelligence by clinical educators beneficial and creates a better clinical teaching environment. The sub-theme of teaching performance confirmed the researcher's assumptions as they indicated that emotional intelligence might enhance a clinical dental hygiene instructor's teaching effectiveness which may lend to creating a more successful clinical learning environment.

Interaction Dynamics

Theme Four, interaction dynamics, answered the research sub-question on the value of emotional intelligence and focused on the role that emotional intelligence plays in the interaction dynamics between the clinical dental hygiene faculty and clinical dental hygiene students. Several participants reported that emotional intelligence aides during student interactions when communicating with students during explanations or clarifications of dental hygiene clinical concepts. Some participants explained that when a clinical dental hygiene instructor has emotional intelligence, they emotionally support students and help them work through any potential barriers if they struggle in the clinical learning environment. Several research participants mentioned that students go through many emotions each dental hygiene clinical sessions. Suppose a clinical dental hygiene instructor encompasses emotional intelligence. In that

case, the instructor can notice student emotions and manage those feelings to help the student attain the student learning outcomes. It could be suggested that emotional intelligence is beneficial when it pertains to the interaction dynamics between students and clinical dental hygiene instructors. Research has shown that the method in which educators use, recognize and apply their emotions influences their students and plays a positive role in student and educator interactions (Valente et al., 2018). Several participants reported that emotionally intelligent instructors are in tune with their own emotions and can regulate their emotions when interacting with students. The participants' discussions of the positive impacts of the interaction dynamics when clinical dental hygiene instructors utilize emotional intelligence led to three sub-themes. These sub-themes include social awareness, relationship management, and student success. Research by Rasiah et al. (2019) has shown that relationship management, self-awareness. Social cognition, which was the main emotional intelligence competency of Goleman, plays a crucial role in the educator's work performance (p. 277).

Social Awareness

Several participants expressed that demonstrating the emotional intelligence attribute of social awareness towards surrounding individuals and students in the clinical teaching environment is essential. When a clinical instructor is socially aware, they are empathetic and understanding towards students. Social awareness is being able to be conscious and astute of others and being open to various emotional states, and being sensitive to the perceptions, associations, and dynamics of surrounding individuals (Morrison & Morrison, 2016; Shah & Shah, 2019). Research participants expressed the value of teaching clinically with emotional intelligence attributes of being socially aware and empathetic. It is hoped that students will emulate this towards patients and the healthcare team. Additionally, a few participants mentioned

that it is essential for clinical educators to demonstrate social awareness. The clinical instructor does not know a student's circumstances, which may play a role in a student's emotions and inadvertently impact their learning.

Relationship Management

Several participants reported that relationship management's emotional intelligence attribute helps collaborate and communicate with students, clinical faculty colleagues, and patients. Relationship management is the combination of self-awareness, self-management, and social awareness and encompasses problem-solving and positivity to identify emotions (Morrison & Morrison, 2016; Shah & Shah, 2019). Several research participants mentioned that communication, support, interaction, and self-awareness of one's own emotions and others' emotions go hand in hand when demonstrating relationship management as a clinical instructor. Research has shown that relationship management was the highest predictor of the educator's work performance (Rasiah et al., 2019). Additionally, several participants expressed that having good relationships with students and fellow faculty members creates a teamwork-oriented learning environment and suggests that this may help students achieve student goals and outcomes in the clinical learning environment.

Student Success

The majority of research participants reported that a clinical instructor's emotional intelligence could impact and help student success by assisting clinical dental hygiene students to feel understood and assisting students to work through their emotions to support them in achieving their outcomes. Several participants reported that an emotionally intelligent instructor creates a positive clinical learning environment for the student by motivating, understanding, and

supporting, aiding in student success. A couple of participants mentioned that emotional intelligence helps in student success by providing an environment that may help them gain more confidence in themselves knowing they have instructor support.

Also, several participants reported that when a clinical instructor is aware of stressors and demands placed on students, instructors use their emotional intelligence to achieve clinical requirements. Interestingly, a study by Rasaiah et al., (2019) concluded that educators with high levels of emotional intelligence will not only be effective in their work performance as an educator but will also help in the development of future job skill sets, such as soft skills and emotional intelligence skills of their students.

Professional Development on Emotional Intelligence

Theme Five, professional development on emotional intelligence, answered the research sub-question on professional development and concentrated on participants' perceptions regarding whether a professional development program focusing on emotional intelligence would help clinical dental hygiene instructors when interacting with students in the clinical education setting. Findings of a study by Kaur et al. (2019) indicate that institutions must integrate training programs to build upon educators' emotional intelligence when it pertains to enhancing teaching performance. All participants reported that a professional development program on emotional intelligence for clinical faculty would not only benefit the dental hygiene clinical instructors but would ultimately benefit the students and is needed. One participant reported that having a professional development course on emotional intelligence would be an essential component in the educational process. Emotional intelligence may be helpful when teaching in the clinical dental hygiene setting and should be brought to the faculty's attention.

Several participants expressed that a professional development course on emotional intelligence would help clinical dental hygiene instructors become better equipped to deal with clinical teaching challenges. Some participants mentioned that some actions or reactions were based on emotions upon reflecting on some clinical sessions. If clinical dental hygiene instructors learn about the various attributes of emotional intelligence, such as social awareness and using emotional intelligence in communication, especially towards students, it would possibly help in creating a more successful learning environment. Emotional intelligence has been correlated with enhanced student learning outcomes in higher education (Mosca, 2019). Health care leaders have been raising awareness on the integration of emotional intelligence in healthcare curricula. Interestingly, according to the literature, it was suggested that an educator's teaching style could be projected by their range of emotional intelligence (Oznacar et al., 2017). Several participants also reported that a professional training course on emotional intelligence might make clinical dental hygiene faculty more self-aware of emotions and how emotions play a role when teaching and how faculty emotions affect students in the learning environment.

A study by Dugan et al. and Shakir et al. (2014) discussed how emotional intelligence can be mastered and is a current skills gap (as cited in Shah & Shah, 2019). It could be suggested that because clinical dental hygiene instructors at the research site have never participated in a professional development course on emotional intelligence, there is a need for both increasing awareness on the value of the topic and its application in the clinical teaching environment. According to a study by Kaur et al. (2019), it was purported that institutions must incorporate training programs to build upon educators' emotional intelligence when it pertains to the enhancement of teaching performance.

Several participants mentioned that a professional development program on emotional intelligence might provide the clinical faculty with the tools or a skillset to be more reflective and less reactive. This study suggests that a professional development program on emotional intelligence is needed in dental hygiene programs as it may improve the interaction dynamics between faculty and students. In addition, results also suggest that students may emulate the modeled emotionally intelligent behaviors of instructors, which may positively affect the students' educational experience. The results of the theme of professional development confirmed the researcher's assumption that there are a significant necessity and interest for the implementation of a professional development course on emotional intelligence in clinical dental hygiene programs designed for clinical instruction. This led to the development of the subtheme of professionalism.

Several research participants reported that a clinical dental hygiene educator's use of emotional intelligence in the clinical dental hygiene setting might provide students with teachable moments about the concept of professionalism in the health care professions. Professionalism is an immense aspect of health sciences in all health care professions, and clinical instructors uphold standards as both an educator and a dental hygiene health care professional. The findings in the literature by Codier and Freitas (2014), indicate that individuals with advanced emotional intelligence exhibit more professionalism and compassion when engaging with others (Morrison & Morrison, 2016).

Several participants interestingly reported that although there is a focus on professionalism in clinical dental hygiene teaching, it appears that instead of distinguishing or utilizing the specific term emotional intelligence, it is blended under the umbrella of professionalism. Several participants reported that emotional intelligence is vital in

professionalism and that clinical dental hygiene educators need to refer to emotional intelligence by name. Several participants mentioned that when clinical instructors model appropriate behavior and demonstrate emotional intelligence during a clinical challenge, it may place the student at ease because they see the instructor is aware and in control of their emotions and able to walk through any problem, and in turn, the student will eventually need to model those actions when treating patients as future health care professionals. The results of this study are supported by previous research discussed in the literature.

A research study by Yusof et al. (2014), identified critical emotional intelligence competencies among educators and how it corresponds to professionalism. The study results by Yusof et al. (2014) suggest that the emotional intelligence competencies of self-awareness, self-motivation, empathy, self-regulation and social skills contribute to the teachers' role in professionalism. Several participants also reported that the use of emotional intelligence by a clinical dental hygiene educator in the clinical dental hygiene setting might provide students with teachable moments about the concept of professionalism since clinical dental hygiene instructors display a professional persona on the clinic floor and not only teach clinical skills but also demonstrate how to address patients and the health care work team. This, in turn, may result in instructors modeling the attributes of emotional intelligence, which is a significant part of professionalism. Students are observant of their clinical instructors and see them as role models when it pertains to professionalism. The results of this study suggest that when clinical dental hygiene instructors use emotional intelligence in the clinical teaching setting, instructors may impart emotionally intelligent behaviors by leading by example as role models, demonstrating professionalism on their students, which in turn may mold emotionally intelligent health care professionals towards patients by modeling the professionalism that they observed from their

clinical instructors and mentors. The results of the sub-theme of professionalism were surprising to the researcher as they indicated that although there is an emphasis placed on professionalism and attributes of emotional intelligence, the term emotional intelligence is not specifically directly used when it pertains to the concept of professionalism by clinical dental hygiene educators when teaching.

Implications

There is minimal research about what specifically makes emotional intelligence training successful (Joseph et al., 2019). A review of the literature by Joseph et al. (2019) indicated that there has been no research investigating whether certain activities/tasks are more beneficial than others. Minimal research has examined who benefits the most from emotional intelligence training. However, institutions should still consider the benefits emotional intelligence courses have on educators.

Implications for Policy

Dolev and Leshem (2017) posited that emotional intelligence could be established in educators through emotional intelligence training programs, as they may be effective in cultivating positive emotional intelligence changes and associated behaviors, which may have a positive influence upon an educator's role and their sense of significance and their relations with students. According to Patti et al. (2015), emotional intelligence training programs raise awareness for institutions to consider their implementation for professional development purposes and provide participating educators with the positive impact of acquiring new strategies for self-awareness and self-management. However, not taking these practical steps to help clinical dental hygiene faculty become aware of their emotions in the clinical teaching setting

may have harmful effects on the interaction dynamics between clinical dental hygiene instructors and students and student learning outcomes. The researcher recommends educational institutions provide annual emotional intelligence professional development courses for educators to raise awareness of the significance of emotional intelligence in the teaching environment, the value of regulating emotions when teaching, as well as to enhance educators' self-awareness.

Unfortunately, there is minimal research correlating healthcare faculty's emotional intelligence with teaching effectiveness, specifically in the clinical setting (Mosca, 2019).

Implications for Practice

Clinical dental hygiene instructors play a significant role in dental hygiene programs. This study indicated a need for a professional development training program on emotional intelligence for clinical dental hygiene faculty. According to Go et al. (2020), educators are expected to demonstrate necessary dispositions during students' interaction; therefore, regulating emotions is imperative for effective teaching. A review of the literature by Hen (2020) indicated that advanced levels of emotional intelligence among educators contribute to their professional performance, shield them from burnout, strengthens job satisfaction, and enhances their relationship with students (Hen, 2020). Results of a study by Martyniak and Pellitteri (2020), indicate the success of emotional intelligence training for educators suggested that focused interventions for educators can advance emotional intelligence skills with brief-term training and may lead to enhanced educator development. Research by Hen (2020) indicated that professional development training on the management and regulation of emotions should be introduced into educators' training programs. Emotional intelligence competence is important to educator effectiveness (Branscum et al., 2016, p.309). In addition, as suggested by Alam and Ahmad (2018), emotional intelligence plays a role in student achievement (p. 39). The incorporation of

emotional intelligence training programs is an effective method to enhance the job performance of educators (Dolev & Lesham, 2017). Furthermore, educators with high emotional intelligence have been positively correlated with improved relationship management (Asrar Ul-Haq et al., 2017). Emotional intelligence has been shown to enhance student success; therefore, there is a need to incorporate emotional intelligence professional development programs for educators in institutions (Maamari & Majdalini, 2019). The researcher recommends dental hygiene departmental programs provide annual emotional intelligence courses for clinical instructors to cope with clinical teaching demands, enhance communication with students and improve the clinical teaching environment towards a more reflective approach. The review of the literature supports the use of emotional intelligence by educators. There is a gap in the literature regarding emotional intelligence and clinical dental hygiene instructors, and faculty development programs on emotional intelligence for clinical educators. Dental hygiene programs should consider the implementation of professional development courses on emotional intelligence for their clinical instructors.

Recommendations for Further Research

This study focused on understanding clinical dental hygiene instructors' perceptions of emotional intelligence and how they use emotional intelligence in the dental hygiene educational, clinical setting. One theme identified in the research was professional development on emotional intelligence. Participants' perceptions of this phenomenon centered around participants' perceptions of whether a professional development program focusing on emotional intelligence would help clinical dental hygiene instructors interact with students in the clinical education setting. The researcher recommends future studies to determine which dental hygiene programs offer emotional intelligence professional development courses for their clinical

instructors. Research in this area may reveal a relationship between professional development courses on emotional intelligence and student success, which may help when teaching in the dental hygiene clinical environment. A possible correlation between student success and educator emotional intelligence may warrant developing a professional development course by dental hygiene programs on emotional intelligence to aid clinical educators when teaching in the clinical setting. Additional qualitative and quantitative studies in this area would also contribute to current research, suggesting that educators' focused interventions can improve emotional intelligence abilities and teaching effectiveness via brief training opportunities (Martyniak & Pellitteri, 2020).

As a result of the qualitative phenomenological methods used in this research study, a small sample size of eight participants was used, limiting the external validity of the research study results. It would be beneficial to include additional clinical participants from various dental hygiene programs across the nation to explore further the phenomenon of the use of emotional intelligence in dental hygiene programs. The researcher suggests further research exploring emotional intelligence for clinical dental hygiene educators as a predictor for successful interaction dynamics in the clinical teaching setting. Acquiring perceptions and understanding of emotional intelligence and its use and value in the clinical teaching setting may provide additional guidance for dental hygiene programs.

Conclusion

Teaching in the clinical dental hygiene setting entails clinical teaching skills and content expertise and the consideration of the role that emotions contribute to the clinical teaching environment. As the study findings suggest, exploring the understanding and the perceived value of emotional intelligence in the clinical education setting may benefit dental hygiene programs.

Also, further investigation of whether a professional development program focusing on emotional intelligence may help clinical dental hygiene instructors when interacting with students may be an asset to dental hygiene programs. In this study, clinical dental hygiene educator participants emphasized the value of being mindful and self-aware of their own emotions and the various surrounding emotions of students, patients, and faculty teaching in the clinical environment. Participants were able to provide information as to their perceptions regarding how emotional intelligence may improve teaching performance and student success.

The purpose of this study was to gain new insight and knowledge focused on the component of emotional intelligence in clinical teaching. The researcher of the study suggests that a professional development program focusing on emotional intelligence may be beneficial for clinical instructors. Being mindful of the various attributes and character traits of emotional intelligence such as self-awareness, social awareness, and relationship management may be deemed valuable during student interactions while teaching in the clinical setting. The findings of the study add to the existing limited research surrounding emotional intelligence and clinical teaching by providing an in-depth understanding of the perspectives and attitudes of clinical dental hygiene educators regarding emotional intelligence and its role in the clinical education setting.

References

- Abiodullah, M., Sameen, D., & Aslam, M. (2020). Emotional intelligence as a predictor of teacher engagement in classroom. *Bulletin of Education and Research*, 42(1), 127-140. <https://doi.org/EJ1258049>
- Adom, D., Hussein, E., & Agyem, J. (2018). Theoretical and conceptual framework: Mandatory ingredients of a quality research. *International Journal of Scientific Research*, 7(1), 6–9. [https://www.worldwidejournals.com/international-journal-of-scientific-research-\(IJSR\)/article/theoretical-and-conceptual-framework-mandatory-ingredients-of-a-quality-research/MTM5NDE=?is=1](https://www.worldwidejournals.com/international-journal-of-scientific-research-(IJSR)/article/theoretical-and-conceptual-framework-mandatory-ingredients-of-a-quality-research/MTM5NDE=?is=1)
- Akyol, M. A., & Akdemir, E. (2019). Comparison of emotional intelligence levels and problem-solving skills of prospective teachers according to different variables. *World Journal of Education*, 9(3), 131–141. <https://doi.org/10.5430/wje.v9n3p131>
- Alam, A., & Ahmad, M. (2018). The role of teachers' emotional intelligence in enhancing student achievement. *Journal of Asia Business Studies*, 12(1), 31–43. <https://doi.org/10.1108/jabs-08-2015-0134>
- Ali, F., Rasoolimanesh, S. M., Sarstedt, M., Ringle, C. M., & Ryu, K. (2018). An assessment of the use of partial least squares structural equation modeling (PLS-SEM) in hospitality research. *International Journal of Contemporary Hospitality Management*, 30(1), 514–538. <https://doi.org/10.1108/ijchm-10-2016-0568>
- Althubaiti, A. (2016). Information bias in health research: Definition, pitfalls, and adjustment methods. *Journal of Multidisciplinary Healthcare*, 9, 211-217. <https://doi.org/10.2147/jmdh.s104807>
- Anderson, D. (2016). Servant leadership, emotional intelligence: Essential for baccalaureate nursing students. *Creative Nursing*, 22(3), 176–180. <https://doi.org/10.1891/1078-4535.22.3.176>
- Anney, V. (2014). Ensuring the quality of the findings of qualitative research: Looking at trustworthiness criteria. *Journal of Emerging Trends in Educational Research and Policy Studies*, 5(2), 272–281. <https://pdfs.semanticscholar.org/1419/f7b54e6b7f1215717a5056e0709f8946745b.pdf>
- Asrar-Ul-Haq, M., Anwar, S., & Hassan, M. (2017). Impact of emotional intelligence on teacher's performance in higher education institutions of Pakistan. *Future Business Journal*, 3(2), 87–97. <https://doi.org/10.1016/j.fbj.2017.05.003>
- Branscum, P., Haider, T., Brown, D., & Sharma, M. (2016). Using emotional intelligence and social support to predict job performance of health educators. *American Journal of Health Education*, 47(5), 309–314. <https://doi.org/10.1080/19325037.2016.1203840>
- Brown, A., & Danaher, P. A. (2017). CHE Principles: facilitating authentic and dialogical semi-structured interviews in educational research. *International Journal of Research & Method in Education*, 42(1), 76–90. <https://doi.org/10.1080/1743727x.2017.1379987>
- Cassell, C., & Bishop, V. (2018). Qualitative data analysis: Exploring themes, metaphors and stories. *European Management Review*, 16(1), 195–207. <https://doi.org/10.1111/emre.12176>
- Codier, E., & Codier, D. (2017). Could emotional intelligence make patients safer? *The American Journal of Nursing*, 117(7), 58–62. <https://doi.org/10.1097/01.NAJ.0000520946.39224.db>

- Cope, D. G. (2014). Methods and meanings: Credibility and trustworthiness of qualitative Research. *Oncology Nursing Forum*, 41(1), 89–91. <https://doi.org/10.1188/14.onf.89-91>
- Creswell, J. W., & Guetterman, T. C. (2019). *Educational research: planning, conducting, and evaluating quantitative and qualitative research* (6th ed.). Pearson.
- Cruz, G., Chaves, M., & Apostalo, J. (2019). Clinical teaching of nursing fundamentals in the community. *Journal of Nursing UFPE Online*, 15(3), 1513–1519. <https://doi.org/10.5205/1981-8963-v13i5a239289p1513-1519-2019>
- Darling-Hammond, L. (2017). Teacher education around the world: What can we learn from international practice? *European Journal of Teacher Education*, 40(3), 291–309. <https://doi.org/10.1080/02619768.2017.1315399>
- Dev, S., Nair, S., & Dwivedi, A. (2016). Emotional intelligence of instructors and the quality of their instructional performance. *International Education Studies*, 9(5), 40-47. <https://doi.org/10.5539/ies.v9n5p40>
- Dolev, N., & Leshem, S. (2017). Developing emotional intelligence competence among teachers. *Teacher Development*, 21(1), 21–39. <https://doi.org/10.1080/13664530.2016.1207093>
- Elo, S., Kääriäinen, M., Kanste, O., Pölkki, T., Utriainen, K., & Kyngäs, H. (2014). Qualitative content analysis: A focus on trustworthiness. *SAGE Open*, 4(1), 1–10. <https://doi.org/10.1177/2158244014522633>
- Eraldemir-Tuyan, S. (2019). An Emotional Literacy Improvement (ELI) Program for EFL Teachers: Insiders' Views. *European Journal of Educational Research*, 8(4), 1113–1125. <https://doi.org/10.12973/eu-jer.8.4.1113>
- Faber, J., & Fonseca, L. M. (2014). How sample size influences research outcomes. *Dental Press Journal of Orthodontics*, 19(4), 27–29. <https://doi.org/10.1590/2176-9451.19.4.027-029.ebo>
- Fitzpatrick, J. J. (2016). Helping nursing students develop and expand their emotional intelligence. *Nursing Education Perspectives*, 37(3), 124. <https://doi.org/10.1097/01.nep.0000000000000020>
- Frasson, C., & Heraz, A. (2012). Emotional learning. *Encyclopedia of the Sciences of Learning*, 1125–1128. doi: 10.1007/978-1-4419-1428-6_120
- Galletta, A. (2013). *Mastering the semi-structured interview and beyond: from research design to analysis and publication*. University Press.
- Gilar-Corbi, R., Pozo-Rico, T., Pertegal-Felices, M. L., & Sanchez, B. (2018). Emotional intelligence training intervention among trainee teachers: a quasi-experimental study. *Psicologia: Reflexão e Crítica*, 31(1), 1-13. <https://doi.org/10.1186/s41155-018-0112-1>
- Go, M. B., Jr., R. A., Velos, S., & Bate, G. (2020). Filipino teachers compartmentalization ability, emotional intelligence, and teaching performance. *Asian Journal of University Education*, 16(3), 27-42. <http://doi.org/10.24191/ajue.v16i3.7912>
- Goes, J., & Simon, M. (2015). Assumptions, limitations, delimitations. <http://www.dissertationrecipes.com/assumptions-limitations-delimitations/>
- Goleman, D. (1995). *Emotional intelligence*. Bantam Books.
- Greener, S. (2018). Research limitations: the need for honesty and common sense. *Interactive Learning Environments*, 26(5), 567–568. <https://doi.org/10.1080/10494820.2018.1486785>

- Hen, M. (2020). Teaching emotional intelligence: An academic course for hospital teachers. *Continuity in Education*, 1(1), 22-36. <http://doi.org/10.5334/cie.13>
- Ibad, F. (2018). Personality and ability traits of teachers: Student perceptions. *Journal of Education and Educational Development*, 5(2), 162–177. <https://doi.org/10.22555/joeeed.v5i2.2215>
- Joseph, D. L., Zemen, B., Mccord, M. A., & Fado, S. (2019, Winter). Emotional intelligence training in higher education. *New Directions for Teaching and Learning*, (160), 51–61. <https://doi.org/10.1002/tl.20364>
- Kanesan, P., & Fauzan, N. (2019). Models of emotional intelligence: A review. *Journal of Social Sciences and Humanities*, 16(7), 1-9. <https://ejournals.ukm.my/ebangi/article/view/34511/9718>
- Kaoun, T. (2019). Enhancing leaders' emotional intelligence: Why mindfulness? *Journal of Leadership Education*, 18(1), 200–212. <https://doi.org/10.12806/v18/i1/t2>
- Kaur, I., Shri, C., & Mital, K. M. (2019). The role of emotional intelligence competencies in effective teaching and teacher's performance in higher education. *Higher Education for the Future*, 6(2), 188–206. <https://doi.org/10.1177/2347631119840542>
- Korkman, H., & Tekel, E. (2020). Mediating role of empathy in the relationship between emotional intelligence and thinking styles. *International Journal of Contemporary Educational Research*. 192-200. <https://doi.org/10.33200/ijcer.659376>
- Latif, H., Majoka, M., & Khan, M. (2017). Emotional intelligence and job performance of high school female teachers. *Pakistan Journal of Psychological Research*, 32(2), 333–351. <http://www.pjprnip.edu.pk/index.php/pjpr/article/view/339>
- Lee, A. (2020). An (interpretive) phenomenological analysis of nursing professionals experience of developing a transnational curriculum. *Nurse Education Today*, 84, 104251. <https://doi.org/10.1016/j.nedt.2019.104251>
- Li, Y., Deng, S., & Zhang, Y. (2019). Research on the motivation to contribution and influencing factors of university students: A semi-structured interview based on qualitative research. *IOP Conference Series: Materials Science and Engineering*, 563, 1–6. <https://doi.org/10.1088/1757-899x/563/5/052095>
- Linneberg, M. S., & Korsgaard, S. (2019). Coding qualitative data: A synthesis guiding the novice. *Qualitative Research Journal*, 19(3), 259-270. <https://doi.org/10.1108/qrj-12-2018-0012>
- Lobo, M. A., Moeyaert, M., Cunha, A. B., & Babik, I. (2017). Single-case design, analysis, and quality assessment for intervention research. *Journal of Neurologic Physical Therapy*, 41(3), 187–197. <https://doi.org/10.1097/npt.0000000000000187>
- Maamari, B. E., & Majdalani, J. F. (2019). The effect of highly emotionally intelligent teachers on their students' satisfaction. *International Journal of Educational Management*, 33(1), 179–193. <https://doi.org/10.1108/ijem-11-2017-0338>
- Majeski, R. A., Stover, M., Valais, T., & Ronch, J. (2017). Fostering emotional intelligence in online higher education courses. *Adult Learning*, 28(4), 135–143. <https://doi.org/10.1177/1045159517726873>
- Martyniak, M., & Pellitteri, J. (2020). The effects of short-term emotional intelligence training on preschool teachers in Poland. *Psihologijske Teme*, 29(1), 85-94. <https://doi.org/10.31820/pt.29.1.5>

- Mattingly, V., & Kraiger, K. (2019). Can emotional intelligence be trained? A meta-analytical investigation. *Human Resource Management Review*, 29(2), 140–155.
<https://doi.org/10.1016/j.hrmr.2018.03.002>
- Mayer, J. D., Caruso, D. R., & Salovey, P. (2016). The ability model of emotional intelligence: Principles and updates. *Emotion Review*, 8(4), 290–300.
<https://doi.org/10.1177/1754073916639667>
- Mayer, J. D., Salovey, P., & Caruso, D. R. (2000). Models of emotional intelligence. In R. J. Sternberg (Ed.), *Handbook of intelligence* (pp. 396–420). Cambridge University Press.
- McCredie, H. (2019). Challenging the hierarchical model of intelligence: Howard Gardner (1983, 1993): Pioneers and landmarks in intelligence testing. *Assessment & Development Matters*, 11(2), 33–36. <https://shop.bps.org.uk/assessment-development-matters-vol-11-no-2-summer-2019>
- McNarry, G., Allen-Collinson, J., & Evans, A. B. (2018). Reflexivity and bracketing in sociological phenomenological research: researching the competitive swimming lifeworld. *Qualitative Research in Sport, Exercise and Health*, 11(1), 138–151.
<https://doi.org/10.1080/2159676x.2018.1506498>
- Mendelson, R. A., & Stabile, C. (2019). Emotional Intelligence: What does it look like in education leadership? *New Directions for Teaching and Learning*, 2019(160), 11–17.
<https://doi.org/10.1002/tl.20361>
- Mérida-López, S., Bakker, A. B., & Extremera, N. (2019). How does emotional intelligence help teachers to stay engaged? Cross-validation of a moderated mediation model. *Personality and Individual Differences*, 151, 109393. <https://doi.org/10.1016/j.paid.2019.04.048>
- Mocanu, M., & Sterian, M. (2013). Emotional intelligence and teacher's changing roles. *Euromentor Journal - Studies about Education / Euromentor Journal - Studies about Education*, 02, 118. <https://www.ceeol.com/search/article-detail?id=294458>
- Mosca, C. K. (2019). The relationship between emotional intelligence and clinical teaching effectiveness. *Teaching and Learning in Nursing*, 14(2), 97–102.
<https://doi.org/10.1016/j.teln.2018.12.009>
- Morrison, M., & Morrison, J. (2016). Emotional intelligence and the childbirth educator. *International Journal of Childbirth Education*, 31(3), 19–22.
https://scholarworks.waldenu.edu/sn_pubs/80
- Neubauer, B. E., Witkop, C. T., & Varpio, L. (2019). How phenomenology can help us learn from the experiences of others. *Perspectives on Medical Education*, 8(2), 90–97.
<https://doi.org/10.1007/s40037-019-0509-2>
- Omid, A., Haghani, F., & Adibi, P. (2016). Clinical teaching with emotional intelligence: A teaching toolbox. *Journal of Research in Medical Sciences*, 21(1), 27.
<https://doi.org/10.4103/1735-1995.181983>
- Ondrejka, D. (2014). *Affective teaching in nursing: Connecting to feelings, values, and inner awareness*. Springer Publishing.
- Öznacar, B., Yilmaz, E., & Güven, Z. (2017). The relationship between teaching styles and emotional intelligence of teachers. *International Journal of Economic Perspectives*, 11(1), 570-576.
https://www.researchgate.net/profile/Zuhal_Gueven/publication/321157904_The_relationship_between_teaching_styles_and_emotional_intelligence_of_teachers/links/5fb8420aa6fdcc6cc654a00f/The-relationship-between-teaching-styles-and-emotional-intelligence-of-teachers.pdf

- Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2013). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health and Mental Health Services Research*, 42(5), 533–544. <https://doi.org/10.1007/s10488-013-0528-y>
- Parnell, R. B., & Onge, J. L. S. (2015). Teaching safety in nursing practice: Is emotional intelligence a vital component? *Teaching and Learning in Nursing*, 10(2), 88–92. <https://doi.org/10.1016/j.teln.2014.11.001>
- Patti, J., Holzer, A. A., Brackett, M. A., & Stern, R. (2015). Twenty-first-century professional development for educators: a coaching approach grounded in emotional intelligence. *Coaching: An International Journal of Theory, Research and Practice*, 8(2), 96–119. <https://doi.org/10.1080/17521882.2015.1061031>
- Petrides, K. V., Mikolajczak, M., Mavroveli, S., Sanchez-Ruiz, M.-J., Furnham, A., & Pérez-González, J.-C. (2016). Developments in trait emotional intelligence research. *Emotion Review*, 8(4), 335–341. <https://doi.org/10.1177/1754073916650493>
- Quinlan, K. M. (2016). How emotion matters in four key relationships in teaching and learning in higher education. *College Teaching*, 64(3), 101–111. <https://doi.org/10.1080/87567555.2015.1088818>
- Rasiah, R., Turner, J. J., & Ho, Y. F. (2019). The impact of emotional intelligence on work performance: Perceptions and reflections from academics in Malaysian higher education. *Contemporary Economics*, 3, 269. <https://go.gale.com/ps/anonymous?id=GALE%7CA611171033&sid=googleScholar&v=2.1&it=r&linkaccess=abs&issn=20840845&p=AONE&sw=w>
- Raut, A., & Gupta, S. (2019). Reflection and peer feedback for augmenting emotional intelligence among undergraduate students: A quasi-experimental study from a rural medical college in central India. *Education for Health*, 32(1), 3–10. https://doi.org/10.4103/efh.efh_31_17
- Reid, A.-M., Brown, J. M., Smith, J. M., Cope, A. C., & Jamieson, S. (2018). Ethical dilemmas and reflexivity in qualitative research. *Perspectives on Medical Education*, 7(2), 69–75. <https://doi.org/10.1007/s40037-018-0412-2>
- Roth, C. G., Eldin, K. W., Padmanabhan, V., & Friedman, E. M. (2019). Twelve tips for the introduction of emotional intelligence in medical education. *Medical Teacher*, 41(7), 746–749. <https://doi.org/10.1080/0142159x.2018.1481499>
- Savel, R. H., & Munro, C. L. (2016). Emotional intelligence: For the leader in us all. *American Journal of Critical Care*, 25(2), 104–106. <https://doi.org/10.4037/ajcc2016969>
- Schneider, W., Mayer, J., & Newman, D. (2016). Integrating hot and cool intelligences: Thinking broadly about broad abilities. *Journal of Intelligence*, 4(1), 1. <https://doi.org/10.3390/jintelligence4010001>
- Shah, V. H., & Shah, P. P. (2019). How to use emotional intelligence as a career catalyst: The x-factor of success for trainees and faculty in gastroenterology and hepatology. *Gastroenterology*, 157(2), 289–292. <https://doi.org/10.1053/j.gastro.2019.05.009>
- Smallidge, D., Puglisi, N., Patenaude, K., Boyd, L., & Vineyard, J. (2019). Emotional intelligence as a predictor of dental hygiene clinical teaching effectiveness. *Journal of Dental Education*, 83(3), 359–366. <https://doi.org/10.1053/j.gastro.2019.05.009>
- Sonnino, R. (2016). Health care leadership development and training: progress and pitfalls. *Journal of Healthcare Leadership*, 19–29. <https://doi.org/10.2147/jhl.s68068>

- Sorsa, M. A., Kiikkala, I., & Åstedt-Kurki, P. (2015). Bracketing as a skill in conducting unstructured qualitative interviews. *Nurse Researcher*, 22(4), 8–12. <https://doi.org/10.7748/nr.22.4.8.e1317>
- Squires, A., Sadarangani, T., & Jones, S. (2019). Strategies for overcoming language barriers in research. *Journal of Advanced Nursing*, 76(2), 706–714. <https://doi.org/10.1111/jan.14007>
- Srinivasacharlu, A. (2019). Continuing professional development (CPD) of teacher educators in 21st Century. *Shanlax International Journal of Education*, 7(4), 29–33. <https://doi.org/10.34293/education.v7i4.624>
- Sung, H. Y. (2015). Emotional intelligence and sociocognitive skills in collaborative teaching and learning. *New Directions for Teaching and Learning*, 2015(143), 61–77. <https://doi.org/10.1002/tl.20136>
- Tench, R. (2016). Emotional intelligence: An essential leadership trait for educators. *The William & Mary Educational Review*, 4(1), 4–6. <https://scholarworks.wm.edu/wmer/vol4/iss1/2/>
- Theofanidis, D., & Fountouki, A. (2018). Limitations and delimitations in the research process. *Perioperative Nursing*, 28(3), 155–162. https://www.spnj.gr/articlefiles/volume7_issue3/pn_sep_73_155_162b.pdf
- Tschannen-Moran, M., & Carter, C. B. (2016). Cultivating the emotional intelligence of instructional coaches. *International Journal of Mentoring and Coaching in Education*, 5(4), 287–303. <https://doi.org/10.1108/ijmce-02-2016-0008>
- Valente, S., Monteiro, A. P., & Lourenço, A. A. (2018). The relationship between teachers' emotional intelligence and classroom discipline management. *Psychology in the Schools*, 56(5), 741–750. <https://doi.org/10.1002/pits.22218>
- Vasileiou, K., Barnett, J., Thorpe, S., & Young, T. (2018). Characterizing and justifying sample size sufficiency in interview-based studies: systematic analysis of qualitative health research over a 15-year period. *BMC Medical Research Methodology*, 18(1), 1–18. <https://doi.org/10.1186/s12874-018-0594-7>
- Victoroff, K., & Boyatzis, R. (2013). What is the relationship between emotional intelligence and dental student clinical performance? *Journal of Dental Education*, 77(4), 416–426. <https://pubmed.ncbi.nlm.nih.gov/23576587/>
- Wu, Y., Lian, K., Hong, P., Liu, S., Lin, R.-M., & Lian, R. (2019). Teachers emotional intelligence and self-efficacy: Mediating role of teaching performance. *Social Behavior and Personality: An International Journal*, 47(3), 1–10. <https://doi.org/10.2224/sbp.7869>
- Yusof, R., Ishak, N. M., Zahidi, A. M., Abidin, M. H. Z., & Bakar, A. Y. A. (2014). Identifying emotional intelligence competencies among Malaysian teacher educators. *Procedia - Social and Behavioral Sciences*, 159, 485–491. <https://doi.org/10.1016/j.sbspro.2014.12.411>

APPENDICES

Appendix A

Demographic Survey and Informed Consent



Dear Colleagues,

My name is Marleen Azzam and I am a doctoral student pursuing a degree from the Doctorate of Health Sciences Program at the University of Bridgeport, Connecticut. In partial fulfillment of this degree, I am requesting your participation in a survey examining *clinical dental hygiene educators' perceptions, experiences, and attitudes in regard to emotional intelligence in the clinical dental hygiene educational setting.*

The purpose of your participation in this research is multifocal: to help the researcher gain a deeper understanding of how emotional intelligence is used in the clinical dental hygiene setting, to understand clinical dental hygiene instructors' perceptions of emotional intelligence, and to determine if emotional intelligence training professional development training is needed. You were selected as a possible participant due to your position as a dental hygiene program clinical educator at an accredited entry-level associate and/or entry-level bachelor's degree dental hygiene program within the United States and your familiarity with the clinical dental hygiene teaching environment. Your opinion and perspectives will provide valuable insights and a deeper

understanding surrounding the topic of emotional intelligence use in the clinical teaching setting in accredited dental hygiene programs.

There will be no direct or monetary benefit from participating in this study. Taking part in this research study is voluntary. If you do choose to participate in this study you can withdraw your consent and discontinue participation at any time without prejudice. Your decision to participate will have no impact on your current or future relations with the University. Your decision to participate will not affect your relationship with Marleen Azzam. You may skip or refuse to answer any question for any reason. If you choose not to participate there is no penalty to you and you will not lose any benefits that you are otherwise entitled to receive. You are free to withdraw from this research study at any time, for any reason. If you choose to withdraw from the research there will be no penalty to you and you will not lose any benefits that you are otherwise entitled to receive. There are no physical, emotional, or social risks associated with this research beyond what one would experience in their everyday life. The anticipated benefit of your participation in this study is that your response will add to the limited body of research surrounding emotional intelligence in dental hygiene programs. This information will provide an expansion of knowledge and potential guidance for dental hygiene education programs.

The procedure involves obtaining electronic consent by having the participant electronically click agree or disagree that the potential participant is consenting to participate. Signatures of participants will not be obtained or collected. In addition, after obtaining electronic consent the participant will complete an online survey that will be administered through SurveyMonkey® that will take approximately 10 minutes and asks your interest in participating in a follow-up

interview to discuss your thoughts on emotional intelligence in the clinical dental hygiene setting. If you agree to an interview, you will be asked for your name, your email address and/or phone number as a means to contact you to schedule an interview, however, your name, email address, phone number and/or program will not be part of the final report to ensure anonymity.

The survey questions will ask demographic information and if you would be interested in participating in a follow-up interview so that the researcher can gain a deeper understanding surrounding the topic of emotional intelligence use by clinical dental hygiene educators in an accredited dental hygiene program. The demographic information collected will not be linked to an individual's interview responses. The demographic information for this study will be collected and analyzed for the purpose of pre-screening participants to ensure a cross section of participants are interviewed, in addition to creating a generalized demographic profile of the participants in the study as a whole which will not be linked to participants' individual interview responses. Only a subset of subjects will be selected for interview. The researcher will randomly select 25% of the total sample of ~30 people to have ~8 interviews. This will completely avoid bias and be a representative cross section of the total group.

The information collected in this study will be kept anonymous in the final report. All demographic information and all data will be stored in a password protected electronic format. To help protect your confidentiality, the final report will not contain information that will personally identify you. The only identifying marker used in the study will be for demographic purposes. The results of this study will be used for scholarly purposes only which includes publication in professional journals and presentation at professional conferences. No reference

will be made in oral or written reports that could link you to the study. In addition, the results of this study and may be shared with University of Bridgeport representatives.

After completing the survey, should you agree to an interview, each participant will be assigned a pseudonym to be used in the data collection process to avoid linking responses to participants. No personal identifiers such as individual participant name or the name of the institutional employer will be used in any reports or publications resulting from the study. The institutional research site name will also be anonymized. The demographic surveys and interview responses will be completely de-identified by having email addresses removed from the collected data and using pseudonyms for interview responses when the data that is collected is transcribed and analyzed for themes as per the methodological process of coding.

The interview process will involve a one-on-one interview with the principal investigator via telephone using audio-only. In addition, since only telephone interviews will be used, subjects are encouraged to take the interview call in a safe place such as at home or in their office alone with the door closed. All audio recordings will be destroyed as soon as de-identified transcripts are made.

A series of questions will be asked of you that pertain to emotional intelligence in the clinical dental hygiene setting of potential clinical dental hygiene instructor candidates of a dental hygiene program. There are no right or wrong answers as your responses are based on your personal lived experiences and viewpoints. The interview should take between 30-60 minutes of your time and will be digitally recorded for transcription purposes using NVivo encrypted

software and services. To avoid any identifying links, demographic data information such as age range, gender, years of experience in total participant has as clinical dental hygiene instructor, how long participant has been employed in their current clinical educator position how many hours per week does the participant teach each semester in the clinical teaching setting, and if the dental hygiene program at the study site offer emotional intelligence faculty development training courses will not be linked to specific participants responses (survey and interview) in the data set or during dissemination (presentations/publications).

All demographic survey data and any notes will be secured in a locked office filing cabinet for three years in which only the researcher will have access to. All audio recordings will be destroyed as soon as de-identified transcripts are made. Each participant in the study will be asked not to discuss their enrollment in this qualitative study with anyone as well as not to disclose any non-participant names. Accidental disclosure of participant and non-participant names in recordings or transcripts will be handled by omitting certain aspects of research data that contain any accidental disclosure of participant names in recordings or transcripts in the research in order to protect participant identities and preserve confidentiality. The demographic surveys and interview responses will be completely de-identified by having email addresses removed from the collected data and using pseudonyms for interview responses when the data that is collected is transcribed and analyzed for themes as per the methodological process of coding.

There will be no direct or monetary benefit from participating in this study. There are no risks or costs greater than in everyday life associated with being a research participant in this study.

The anticipated benefit of your participation in this study is your response will add to the limited body of research regarding emotional intelligence and its use by clinical dental hygiene educators in dental hygiene programs which will provide an expansion of knowledge for dental hygiene education programs.

If you have questions about the study please contact the primary researcher, Marleen Azzam, by calling 516-647-3741 or via email at maazzam@my.bridgeport.edu. You may also contact Dr. Mark Pitcher, Director of Health Sciences Inter-Professional Research, IRB Administrator at irb@bridgeport.edu.

This research has been approved by the University of Bridgeport Institutional Review Board

Follow the link below that says “begin survey now” to complete the survey.

<https://www.surveymonkey.com/r/23LFJLC>

Thank you for valuable contribution to this research as it is greatly appreciated.

Sincerely,

Marleen Azzam

Marleen Azzam RDH, MSDH

Doctor of Health Sciences Student

University of Bridgeport, College of Health Studies

Email: maazzam@my.bridgeport.edu

Phone: 516-647-3741

Dr. Mark Pitcher

Director of Health Sciences Inter-Professional Research

IRB Administrator

irb@bridgeport.edu.

This research has been reviewed according to University of Bridgeport IRB procedures for research involving human subjects.

SURVEY

1. ELECTRONIC CONSENT: Please select your choice below.

Clicking on the "agree" button below indicates that:

- you have read the above information
- you voluntarily agree to participate
- you are at least 25 years of age

If you do not wish to participate in the research study, please decline participation by clicking on the "disagree" button.

- agree
- disagree

Section 1: Demographics

Please answer the following demographic questions:

2. What is your gender?

- Male
- Female
- Other
- Prefer not to answer

3. What is your age range?

- 25-35
- 36-45
- 46-55
- 56 and over

4. How many years of experience in total do you have as clinical dental hygiene instructor?

- 0 to 3 years
- 4 to 6 years

- 7 to 11 years
- 12 or more years

5. How long have you been employed in your current clinical educator position at “The Educational Establishment”?

- 0-3 years
- 4-6 years
- 7 or more years

6. Approximately, how many hours per week do you teach each semester in the clinical teaching setting at “The Educational Establishment”?

- 3-4 hours per week
- 5-7 hours per week
- 8-10 hours per week
- 11- 15 hours per week

7. Does your dental hygiene program offer emotional intelligence faculty development training courses?

- Yes
- No
- Not sure

Section 2: Interview

Please answer the following questions:

8. Would you be interested in participating in a brief telephone audio-only interview at a mutually agreeable time?

- Yes
- No
- Maybe

9. May I contact you to discuss scheduling an interview day and time?

- Yes
- No
- If **Yes**. Please provide the following:

Phone: _____

Email: _____

Appendix B

Semi-structured Interview Questions

1. Please describe in your own words your understanding of the term emotional intelligence.

*After question one, the researcher will commence with a brief description of the term emotional intelligence before preceding to question two.

2. Do you feel the concept of emotional intelligence is important in the educational setting?

a. Why or why not?

3. How do you feel the clinical environment plays a role on emotions?

- On faculty
- On students

4. What is the perceived value of emotional intelligence as an educator interacting with students in the clinical educational setting?

5. Will an emotionally intelligent instructor impact and/or help student success?

a. Why or why not?

6. How could the use of emotional intelligence by clinical educators provide teachable moments for students about the concept of professionalism in the healthcare professions?

7. How do clinical educators in dental hygiene currently use the concept of emotional intelligence in the clinical educational setting?

8. How could a professional development program focusing on emotional intelligence help clinical instructors when interacting with students in the clinical educational setting?

9. May I contact you if I have any follow-up questions?

Appendix C

Interview Protocol Sheet

Research Project: *A Qualitative Phenomenological Study on The Lived Experiences of Dental Hygiene Clinical Instructors on Emotional Intelligence: A Single Case Study*

Date of Interview:

Start time:

End time:

Participant:

Position held:

Years in the position:

Pseudonym Name Assigned:

Interview Procedure

Introduce myself: My name is Marleen Azzam and I am a registered dental hygienist and doctoral student from the Doctorate of Health Sciences Program at the University of Bridgeport in Connecticut.

Thank the participant for agreeing to be interviewed: I want to thank you for participating in this study, for agreeing to this interview today, and I greatly appreciate your time.

State purpose of the study: The purpose of the study is to help the researcher gain a deeper understanding of how emotional intelligence is used in the clinical dental hygiene setting, to understand clinical dental hygiene instructors' perceptions of emotional intelligence.

What will be done with the data to protect the confidentiality of the interviewee: To preserve participant anonymity you will be assigned a pseudonym name to be used in the data collection process to avoid linking responses to participants. No personal identifiers such as individual participant name or the name of the institutional employer will be used in any reports or publications resulting from the study. The institutional setting name will also be anonymized by being given the name, “The Educational Establishment”. Each participant in the study will be asked not to discuss their enrollment in this qualitative study with anyone as well as not to disclose any non-participant names. The principal researcher is the only individual who will have access to participant recordings and data files collected in the study.

The estimated duration of the interview: 30-60 minutes

Explain the interview process: The interview will take place using telephone audio-only. There are no right or wrong answers and you have the right to end your participation in the interview at any time without penalty. The audio of the interview will be recorded and transcribed at a later date for thematic analysis.

Do you have any questions about the interview?

Turn on digital audio recorder

Begin interview

1. Please describe in your own words your understanding of the term emotional intelligence.

*After question one, the researcher will commence with a brief description of the term emotional intelligence before preceding to question two.

2. Do you feel the concept of emotional intelligence is important in the educational setting?

a. Why or why not?

3. How do you feel the clinical environment plays a role on emotions?

- On faculty
- On students

4. What is the perceived value of emotional intelligence as an educator interacting with students in the clinical educational setting?

5. Will an emotionally intelligent instructor impact and/or help student success?

a. Why or why not?

6. How could the use of emotional intelligence by clinical educators provide teachable moments for students about the concept of professionalism in the healthcare professions?

7. How do clinical educators in dental hygiene currently use the concept of emotional intelligence in the clinical educational setting?

8. How could a professional development program focusing on emotional intelligence help clinical instructors when interacting with students in the clinical educational setting?

9. May I contact you if I have any follow-up questions?

Thank you for the generous donation of your time and participation in this interview.