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MASTER OF ARTS IN NURSING

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PERSONALITY, EMOTIONAL INTELLIGENCE, AND ITS RELATIONSHIP TO CARING SELF-EFFICACY AMONG EMERGENCY DEPARTMENT STAFF NURSES OF AN ACUTE CARE HOSPITAL IN LONDON, UNITED KINGDOM

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02 January 2024

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Biographical Sketch

John Carlo Estrevencion is a nurse specializing in adult emergency nursing and currently practicing in the United States. He's currently finishing his Master's degree in Nursing, major in Adult Health Nursing at the University of the Philippines – Open University. He obtained his Bachelor's degree in nursing graduating *cum laude* in 2010 at Emilio Aguinaldo College – Dasmariñas, and graduated *1st Honorable Mention* from Dasmariñas National High School – Main (now Dasmariñas Integrated High School) under the Special Science Curriculum (SSC) in 2006. He passed the Philippine Nursing Licensure Examination (PNLE) in 2010 and started to practice nursing in 2011 and has been practicing emergency nursing since 2012. In the Philippines, he previously worked as an emergency nurse at Our Lady of the Pillar Medical Center in Imus, Cavite from 2011 to 2014 and at the Philippine General Hospital in Manila from 2014 to 2017. He passed his nursing licensure in the United Kingdom under the Nursing and Midwifery Council and worked as an Accident & Emergency staff nurse and eventually senior staff nurse at University College London Hospital from 2017 to 2022. He obtained his nursing license in the United States under the State of New York in 2020 and eventually moved to the United States in 2022, currently practicing as an adult emergency nurse at New York-Presbyterian Weill-Cornell Medical Center.

John Carlo's initial exposure working in an emergency room a decade ago made him interested in emergency nursing and has stayed in the specialty since. He earned his Certification in Emergency Nursing (CEN) while in the Philippines in 2016 and was the first emergency nurse with the said internationally recognized certification working at the University of the Philippines - Philippine General Hospital, the designated

National University Hospital of the country. He maintained that certification and proceeded to be certified in trauma nursing (Trauma Certified Registered Nurse or TCRN) in 2020. He is dedicated to deliver competent, safe and compassionate care to emergency patients and their families. His core competencies include critical-care and decision making, focused and holistic emergency care, leading and supporting teams, and evidenced-based practice. He's currently working on his certification for Critical-Care Nursing.

His interest in nursing research mostly surrounds currently pressing issues in emergency nursing like staff well-being and engagement, psychiatric emergencies, and ED throughput. He is also interested in evidence-based practice and would like to engage in future research and quality improvement projects that will focus in closing the gap between evidence-based research and bedside patient care in the emergency department. He is currently affiliated with the Emergency Nurses Association, New York State chapter and an international member of the Society for Trauma Nursing in the United States.

Acknowledgement

This thesis was the culmination of my years of study in UPOU. This endeavor was especially dear to me as I believe this experience made me a better nurse for my patients. This experience greatly increased my knowledge to care for patients in the emergency department. This would not have been possible without the special people around me during this period.

First of all, I would like to offer this endeavor to the Almighty who granted me the gift of life which made this experience possible.

Secondly to my family – Nanay, Tatay in heaven, and my brothers; they have always been there when I started my graduate studies and supported me juggling studies and work when I started this journey.

Thirdly, to the nursing staff of the Emergency Services Division of University College London Hospital (UCLH), especially to Senior Sister Harriet Walton and Senior Charge Nurse Adrian Carlos Alcala and the entire *ED Pinoy Mafia* for allowing me to conduct my study in the hospital and for being supportive throughout the data gathering process.

Fourthly, to the Faculty of Management and Development Studies MAN program especially to Asst. Prof. Queenie Ridulme for her untiring support since I started as a local student up to being an offshore student. Asst. Prof. Ridulme really helped a lot to ensure that I will finish this program and I am really thankful for the multiple chances she gave me throughout my time in the program. I really learned a lot as a nurse that I know I will apply to my patients and share to my nurse colleagues.

Lastly, I'd like to acknowledge all emergency nurses who have dedicated a significant portion of their life to the profession to care for patients during the most difficult times of their lives. Emergency nurses have always been vital and that's

tested through time even before the latest pandemic. To all emergency nurses, *Excelsior!*

Dedication

This thesis is especially dedicated to my parents and brothers, who molded me to the person I am and greatly influenced the kind of nurse I am today. Also, to the whole nursing staff of the Emergency Services Division of University College London Hospital for their participation in this study as this will not be possible without them; to my FMDS-MAN professors through the years; and to the emergency nurses around the world who continue to be dedicated amidst the trials we face, before and after the pandemic, to care for people in the most difficult time of their lives. *Mabuhay* emergency nurses!

Abstract

Nurses have long since recognized the special roles of their colleagues working in then-called “first aid rooms” or “emergency rooms”. The role of these nurses is difficult yet critical to patient care as they are in the front lines, face different cases of varying acuity with continuous prioritizations, and treat patients across the lifespan, from the youngest to oldest. Emergency nursing is a unique specialty with unique challenges including increasing workplace violence, the opioid crisis, psychiatric health issues, understaffing, overcrowding, and the recent COVID-19 pandemic. The ability to commit to certain attainments and expectations amidst present and/or perceived challenges is governed by the concept of self-efficacy, a product of social learning theory by Dr. Albert Bandura. Looking into this concept and its relationship to individual ED nurses’ personality and emotional intelligence is an attempt to bridge the gap in knowledge, trying to understand what is unique among emergency nurses’ commitment to provide emergency care to patients in an extremely challenging environment and in the most critical moments of their lives.

This study described ED nurses caring efficacy using the Caring Self-Efficacy scale and its relationship to ED nurses’ personality using the Big Five Inventory and global emotional intelligence with the Schutte Self-Report Emotional Intelligence Test. Through total enumeration, 52 ED nurses from University College London Hospital in the UK participated in the study after the approval of UPOU Ethics Review Board. Data were then collected, collated, and interpreted using descriptive statistical methods, point-biserial correlation, Kendall’s Tau-b, and Pearson’s correlation with multiple linear regression.

Results of the study showed that UCLH ED nurses who are majority female (f=35) and has 1 to 3 years of experience (f=23), their personality profile showed high in agreeableness (M=4.2), average in conscientiousness (M=3.9), openness to experience (M=3.7), and extraversion (M=3.3), and low in neuroticism (M=2.6). These ED nurses also have average global emotional intelligence and average caring self-efficacy. Pearson's product moment correlation showed a moderate positive correlation between agreeableness and caring-self efficacy (r=.522) and was deemed the most significant personality dimension among others (p<.01). The ED nurses' global emotional intelligence also indicated a significant moderate positive correlation to caring self-efficacy (r=.407, p<.01).

Emergency nurses of UCLH were deemed primarily compassionate, kind, and empathetic. This showed that among other personality traits, these helped ED nurses to commit to providing emergency care for patients amidst the challenges they face in the ED. Emotional intelligence, which is considered an important predictor for workplace productivity, also showed a significant relationship to caring self-efficacy. As ED nurses improve and develop their ability to reflect on their own emotions and understand the emotions of their patients, the more they're able to provide quality emergency nursing care to patients steadfastly.

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Chapter I

THE RESEARCH PROBLEM

Background of the Study

Nurses have long since recognized the special roles of their colleagues working in then-called “first aid rooms” or “emergency rooms”. The role of these nurses is difficult yet critical to patient care as they are in the front lines, face different cases of varying acuity with continuous prioritizations, and treat patients across the lifespan, from the youngest to oldest. The Emergency Nurses Association in the US was formed in 1970 and it was first formally recognized as a specialty in the United States by the American Nurses Association in 2011. In the UK, the Royal College of Nursing first published an emergency nursing competency framework for newly qualified nurses working in the emergency department in 2017. In the Philippines, the Philippine Emergency Nurses Association, which was formed in 2020, was the first emergency nursing specialty registered with the Securities and Exchange Commission in 2023.

These recognitions send a message to the nursing field and the community, that emergency nursing is a unique specialty with unique challenges, and that emergency nurses are committed to achieve and maintain high standards of care and always adhere to patient safety. Through the years, challenges Emergency Nurses face remains ever present if not greater. These includes increasing workplace violence, the opioid crisis, psychiatric health issues, understaffing, overcrowding, and the recent COVID-19 pandemic. With millions of ED visits across hospitals in the world (139 million in the US for 2021 alone), a question comes to mind, how can these nurses continue to care for their patients?

Hence, the call for resilience of emergency nurses is louder than before. In a qualitative directed content analysis by Tubbert (2016), it was discussed that "resiliency may be adapted and fostered in emergency nurses to guide future workplace stress reduction and adaptation techniques". This ability to bend without breaking, to cope and adapt to stressful situations and trauma, may be possible with a "can do" attitude.

The concept of self-efficacy emerges to explain what influences this "can do" attitude. A product of social learning theory by Albert Bandura (1977), self-efficacy" is concerned with people's belief in their capabilities to produce given attainments" and it differs in the areas in which it is cultivated and levels at which it is developed within people's given pursuit. In other words, self-efficacy affects how an individual in each situation, with stressor present or not, feel, think, and act. Self-efficacy can be considered as an overriding concept that affects the emergency nurses' ability and commitment to deliver high standards of care amidst difficulties.

Interestingly, emergency nurses are considered a different breed with regards to personality. A small study in Australia assessed the personality of emergency nurses. Kennedy et al., (2014) have concluded that emergency nurses are more extraverted, open to experience, and scored high in terms of excitement-seeking and competence, a personality profile that is different from the norm. In addition, emotional intelligence among these nurses starts to stir its way in relation to patient outcomes. According to Codier & Codier (2017), emotional intelligence in nursing, though further studies are required, have abilities that improves patient safety and outcome through improved communication, conflict resolution, and individual and team performance. So far, there are no studies conducted to assess the relationship of emotional intelligence and

personality trait, to self-efficacy in nursing care.

Having these concepts in mind, this proposal would like to describe the state of self-efficacy in nursing care among emergency nurses and personal factors like personality and emotional intelligence. To better understand the role that these factors play in emergency nurses' self-efficacy, this endeavor intends to assess the relationship between these concepts to bridge the gap in knowledge. This is an interesting area of research as it might give leverage for emergency nurses to understand what is intrinsic to them and how it affects their delivery of care and tap an area of knowledge that might influence improvement in patient outcomes.

Statement of the Problem

This study sought to answer the following questions:

1. What is the profile of the respondents in terms of sex and years of experience?
2. What is the characteristic of the respondents' personality dimensions?
3. What is the level of emotional intelligence of the respondents?
4. What is the level of caring-self efficacy of the respondents?
5. Is there a relationship between the respondents' profile and their perceived caring self-efficacy?
6. Is there a relationship between emergency nurses' personality dimensions and perceived caring self-efficacy?
7. Is there a relationship between emergency nurses' emotional intelligence and perceived caring self-efficacy?

Objectives of the Study

The general objective of this research was to determine the relationship between emergency nurses' demographic profile, personality, and emotional intelligence, to their caring self-efficacy. The study aimed to assess the personality of emergency nurses using the Big Five Inventory (BFI), emotional intelligence using the Schutte Self-Report Emotional Intelligence Test (SSEIT), self-efficacy in emergency nursing using the Caring Efficacy Scale (CES) and determine their profile in terms of sex and years of professional experience in the emergency department.

Significance of the Study

This study would contribute to the field of nursing based on three (3) perspectives: nursing knowledge, professional practice, and patients/community.

This study was an attempt to relate the concepts of personality and emotional intelligence to caring self-efficacy. This undertaking would fill the gap in knowledge between these factors in nursing practice. Numerous literatures in psychology have dealt with the study of personality traits and affect. In nursing, a particular study engaged in developing a tool to determine self-efficacy to provide nursing care. The connections between these concepts in human psychology and nursing practice are not fully explored. This would bring about new discoveries in the role of the self (personality and emotions) and its relationship to a belief system of capability performing actions that are central to the nursing profession, which is caring.

In addition, the results of the study; to whichever direction it will be, would serve as a basis for professional practice improvement. Once possible correlations between

personality traits, emotions and caring self-efficacy are established, emergency nurses as individuals can investigate themselves; examine their own thoughts, actions and feelings and understand its connections to their commitment to care for patients. This will also enable them to reflect on their performance which would be related to better patient outcomes. Nurse managers may also benefit from the study as it will guide them with hiring nurses who possess the right attribute in terms of personality, emotional adeptness, motivation, and efficacy, to be assigned in the emergency department.

More importantly, the benefit of this study goes to the patients and the community overall, especially within the study locale. The study aimed to relate emergency nurses' efficacy to care with internal factors that can be managed, improved, and modified. As high-level efficacy leads to efficiency of the nurse to provide care and it is expected that better patient outcomes will also increase. Consistently upholding behaviors which are compassionate will ensure a sound patient experience aiding the process of healing. Having this newly understood concept could be disseminated throughout the community, hopefully affecting greater number of professionals to exponentially improved outcomes for emergency patients on a larger scale.

Scope and Limitation of the Study

Study respondents was composed of registered nurses assigned in the emergency department of University College London (UCLH) NHS Foundation Trust, London, United Kingdom. The study included foundation staff and emergency nurses; the latter having completed their Royal College of Nursing (RCN) Emergency Nurse Level 1 competency. In UCLH, these were Band 5 and 6 nurses. The basis for this was that these were the group of nurses within the trust that works with patients at the

bedside, like leading teams within areas in the department such as the resuscitation bay, rapid assessment & treatment area (RAT), and major illnesses area. Exclusions based on this purpose were emergency charge nurses (Band 6/7) since their scope of duty are managerial, emergency nurse practitioners (Band 7), advance clinical practitioners (Band 8a/8b), nursing associates and nursing assistants (Band 3/4).

In terms of limitations, the study results would not be generalizable to nurses in a greater population, not limited to specialty and geographical location. The personality dimensions and emotional intelligence results would not be comparable to results of the general population, as well. The correlational results would also be limited to emergency nurses in UCLH. These considerations in sampling were brought about by the constraints from the recent COVID-19 pandemic, especially in the United Kingdom.

Chapter II

THEORETICAL BACKGROUND

Review of Literature

This included relevant studies discussing the concepts of challenges in emergency nursing, self-efficacy and its origin, role of self-efficacy in performance, self-efficacy in nursing, personality, personality in nursing, emotional intelligence, and emotional intelligence in nursing. The purpose of this review is to situate the study in terms of existing literature, to find the gaps in knowledge, and to serve as a basis for conceptual framework. Most of the sources were gathered from OpenAthens portal to access databases such as the Cumulative Index to Nursing and Allied Health Literature (CINAHL), PubMed, and MEDLINE using Boolean operators. Searched words were emergency and nurse and challenge, emergency nurse and barriers, self-efficacy and performance, self-efficacy and emergency nursing, emergency nursing and personality, and emergency nurse and emotional intelligence.

Emergency nursing and its unique challenges

The Board of Certification for Emergency Nursing (BCEN) in the United States conducted a large Nursing Workforce Survey to assess the top ten challenges in emergency nursing. In partnership with the Emergency Nurses Association (ENA), Society of Trauma Nurses (STN), Air & Surface Transport Nurses Association (ASTNA), and MedEvac Foundation International; emergency, transport, and trauma nurses were surveyed to assess the biggest challenges they face in line of duty. The ten most frequent challenges were nurse to patient ratio, burnout, unprepared new nurses, wages/recruitment/retention, stress and coping with grief, workplace violence, lack of leadership skills from leaders, increased business mindset of employers, low

budget/insufficient resources, and lack of experienced nurses. Healthcare workers who are taking care of patients are the most asset an organization has. These issues should be addressed to protect the welfare of these professionals thus ensuring safe and quality patient care (Schumaker, 2020).

Considering the recent pandemic, which has greatly shown the world the exceptional role of nurses, emerging novel infectious diseases are one of the challenges an emergency nurse face. Nurses are one of the healthcare professionals first seen when patients come to the hospital. Lam, et al (2020) explored emergency nurses' perceptions when appraising the threat brought about by emerging novel infectious diseases. Based on their study, these novel infectious diseases pose a challenge to emergency nurses because first, they are new. Resource organizations are still trying to figure out what they are and how they affect society. The severity of such evolving disease is also of great concern, including proximity of the outbreak (in terms of distance from the hospital), complexity of the social situation, and the level of response of the local or national government. The recent COVID19 pandemic highlights this challenge. Emergency nurses must treat patients while constantly adjusting to evidence of care that is changing daily.

In addition, emergency nurses also provide special psychiatric care for patients in crisis. According to Ngune, et al (2020), ED nurses play a significant role in caring for patients who self-harm. These include the nurses' level of comfort, the perceived role in care, barriers to providing care, and lack of education and training. Managing holistic care of patients who are present with suicidal tendencies is complicated as it involves different aspects of human needs, from physiological to economic and social care needs. Given the fast-paced care in the emergency department, ED nurses must

balance efficiency and personalized care to patients with special care needs.

Also, one of the direct effects of these challenges are the retention of emergency nurses. It will be difficult to provide efficient emergency care with shortage in manpower. According to McDermid, et al (2020), aggression and violence toward nurses, critical incidents, and the work environment itself were the top reasons why emergency nurses leave their job. According to the study's findings, these elements raise workplace stress levels, burnout, compassion fatigue, and PTSD, which raises turnover rates for businesses.

Furthermore, challenges for ED nurse can also be unique based on the setting. Dekeseredy, et al (2019) specifically focused on the experiences of emergency rural nurses that can contribute to development of work-related mental health (MH) issues. These challenges include lack of resources, anxiety working outside the scope of practice, issues related to patient privacy, and caring for young trauma patients. According to this study, these can contribute to MH issues like compassion fatigue and burnout. This shows that hurdles for emergency nurses exist across different healthcare settings.

In summary, emergency care is unique as patients come with different medical conditions, varying in acuity and complexity of needs. In many hospitals and acute care settings, an emergency department is one of the main portals of entry of patients. The department acts as a safety net for patients being admitted ensuring they receive time-sensitive interventions, and for those who are being discharged warranting they receive appropriate guidance to care for themselves. On top of local and national support these nurses need, ED nurses must utilize what is within them to maintain efficient quality service that will aid them in overcoming these challenges. These

challenges usually bring out what is in the nurse as a person, into committing to getting the job done.

The Concept of Self-Efficacy

Even with pressure and urgency in the department, emergency nurses are challenged to get things done based on a set standard. This section of the literature explores the concept of efficacy as a personal factor and how it relates to nursing practice. Sources on the concept of self-efficacy date to more than four decades ago. Given their importance, these sources will be included in this review.

According to Bandura (1977), in completing achievements or tasks, individuals rely on their perceived capability, and this is mediated by their self-efficacy. Since individuals have varying pursuits in life, they adapt different ways into which they foster their self-efficacy, and the level at which they develop it. The four major sources of self-efficacy according to Bandura (1977) includes actual performance, which speaks of the actual performance of the task; vicarious experiences, which talks of the experience of others and how one sees them as a model; social persuasion, the act of verbal urges and positive regards from others, and lastly; somatic and emotional states, relating to the physical condition or reaction of the person to the task and feelings of anxiety, fear, or stress.

Self-efficacy is the belief in one's capacity to influence one's own motivation, actions, and social surroundings (Carey & Forsyth, 2009). Furthermore, these authors explained that self-efficacy impacts a vast aspect of the human experience, and how individuals approach each objective, how much effort each gives to attain a goal, and the possibility of executing actions to achieve that goal. In the bedside of a busy ER, it is worth investigating whether ED nurses find themselves efficacious in performing

their job in the department given the number of challenges they face in every shift.

Self-efficacy in Nursing

There are several studies that explored self-efficacy in nursing although the concept was mostly used in the field of education, especially in terms of academic achievement. Its use in nursing education will also be included in this section.

According to Jiang, et al (2020), the lack of self-efficacy may cause failure in coping with stress and workload in midwives. A modest degree of self-efficacy was associated with easy work burnout in a study examining the connection between self-efficacy and burnout among Chinese midwives.

Looking into core competencies of emergency nurses, Li, et al (2020) explored its relationship to several factors such as stress, demographic profile, nursing position, and self-efficacy. The study found out that general self-efficacy is correlated with nurses' competency and that higher core-competencies are needed to deliver better nursing care.

To establish a structural model associated with clinical performance among Korean nursing students, Mi & Sue (2019) explored its relationship to emotional intelligence, problem solving ability, and self-efficacy. The result showed that problem solving ability, emotional intelligence as a personal factor, and self-efficacy have direct relationship to clinical performance among these students. This suggested that self-efficacy should be considered when developing nursing curriculum.

With regards to the care of cognitively impaired elderly patients in pain, Fry, et al (2015) explored ED nurses' perception on the role of confidence, reflexivity, and self-efficacy to manage this complex situation in an emergency setting. The authors

highlighted that confidence and self-efficacy are important in this instance due to the complexity of the need of older patients. Therefore, self-efficacy along with other factors mentioned, should be developed, and valued among ED nurses.

In another study, it was found out that there is a positive correlation between nursing task performance and self-efficacy. Jo and Sung (2018) investigated the effects of role conflict, self-efficacy, and resilience on emergency nurses' nursing task performance. Aside from the previously indicated positive association, it was shown that self-efficacy was the most important factor influencing task performance among emergency nurses.

To review, a person's perception of capability in performing a desired task is a factor of its completion. Being efficacious plays an important role in achieving the standard output required of the person. Self-efficacy was initially conceptualized in education, however; it also found its importance in the workplace. Nursing is not an exemption and given the challenges faced by emergency nurses, understanding efficacy will help to bridge the gap between the nurse and the factors affecting the completion of the desired task.

Personality

Personality, in this study, is one of the independent variables comprising the personal factor affecting self-efficacy. Considering that personality differs from individuals, exploring this concept will show how self-efficacy varies as well. The aim of this review is to describe the different personality dimensions, and to highlight the role of variation in personality dimensions in nursing practice.

Individual variances in distinctive patterns of thinking, feeling, and behavior are

referred to as personality. Personality research focuses on two major areas. The first is studying individual variations in specific personality traits, such as friendliness or impatience. The other is comprehending how the many components of a person interact as a whole (American Psychological Association, 2020).

Personality Dimensions

Personality is a complex concept in psychology. There have been numerous studies in personality and there are different ways to assess it. This section shows the concept of personality dimensions relevant to this study.

There is abundant literature that focus on the measurement or observation of personality trait. The development of such tools may have been made since the proliferation of personality psychology. However, John & Srivastava (1999) argued that “what personality psychology lacked was a descriptive model, or taxonomy, of its subject matter. One of the central goals of scientific taxonomies is the definition of overarching domains within which large numbers of specific instances can be understood in a simplified way.”

Science has now reached an early consensus on a generic taxonomy of personality traits, known as the "Big Five" personality dimensions, after decades of research. These categories were created from examinations of natural-language expressions individuals use to describe themselves and others, rather than from any specific theoretical standpoint. Rather of replacing all prior systems, the Big Five taxonomy performs an integrative role by representing the different and distinct personality systems in a single framework (John, Naumann, & Soto, 2008).

The description of domains which may define personality traits have been studied

decades ago. The Big Five Taxonomy was introduced to describe the most common and overarching traits, made of five domains, which could determine the personality of the individual. These domains were determined from rigorous studies of variables of known researchers in the field of personality psychology/ psychology. John & Srivastava (1999) further explained that there are five replicable, broad dimensions of personality, and they can be summarized by the broad concepts of Extraversion, Agreeableness, Conscientiousness, Neuroticism, and Openness to experience... the Big Five structure captures, at a broad level of abstraction, the commonalities among most of the existing systems of personality descriptions and provides an integrative descriptive model for personality research.

Personality in Nursing

This section of the literature review explores personality dimensions or profiles, and how these relate to nurses or nursing practice.

In an article by Shimmin (2015) entitled “Match made in nursing: Where does personality fit?”, different traits of nurses were described. The article described the personality of an emergency nurse as “able to function under pressure and assertive.” This article gave a picture of how the nursing community described their emergency colleagues.

Interestingly, Drach & Srulovici (2019) mapped the personality profile of what they would call as an accountable nurse, and its relationship to missed nursing care. Using the concept of personal accountability as a mediating variable, personality was assessed to predict its level. The study showed that openness to experience, conscientiousness, agreeableness, and neuroticism are related to personal accountability. A higher level of personal accountability decreases the chances of

missing significant nursing care. Therefore, the study has profiled an “accountable nurse” as having these dominant dimensions of personality.

Hung-Yan & Po (2016) explored the relationship among personality, intercultural communication, and cultural self-efficacy in nursing students. The study showed the personality profile of a future nurse able to transcend self-efficacy across culture. The prominent dimension was agreeableness. Also, agreeableness, openness to experience, and conscientiousness were found to be positively correlated to intercultural communication.

In relation to burnout, Adriaenssens, De Gucht, & Maes (2015) reviewed the determinants and prevalence of burnout in emergency nurses. The systemic review included work-related and individual determinants to burnout. Among the individual determinants of burnout, personality characteristics were considered. They have found out that personality profile is predictive of burnout level.

Furthermore, Kennedy, Curtis & Waters (2014) described nurses who are likely to stay in their job, using personality dimensions. In the study understanding the relationship between ED nurses’ personality and workforce decision, possible impacts to retention were identified. Emergency nurses were described to score high in extraversion, openness to experience, and agreeableness. The study concluded that identifying these dimensions when hiring new nurses can help lower attrition rates.

To summarize, personalities differentiate nurses from each other, as they are different as a person. This difference can be considered as a contributing factor to varying nursing performance, and in this study, self-efficacy. Several literatures described the profile of a nurse in terms of personality and how it relates to their field of specialty, accountability, transcultural self-efficacy, burnout, and retention. There

were no literature describing the personality profile of emergency nurses and its relationship to their caring self-efficacy.

Emotional Intelligence

According to APA (2015), It is a type of intelligence defined as the ability to perceive, appraise, and express emotions, to use emotions to facilitate thinking, to understand and analyze emotions, to effectively use emotional knowledge, and to regulate one's emotions to promote both emotional and intellectual growth accurately and appropriately.

Emotional Intelligence in Nursing

This section of the literature review will focus on another personal factor, emotional intelligence, and its role in emergency nursing and nursing practice.

Given the pressure of the emergency department, Codier & Codier (2015) explored the role of emotional intelligence in emergency nursing. In their article, chronically high emotional labor is ever present in emergency nursing. Because of this, emotional intelligence is important for emergency nurses to enhance patient safety, patient and family experience in an emergency, teamwork, and interdisciplinary care. The four important emotional abilities were identifying emotions, using emotions for reasoning, understanding emotions, and managing emotions.

A published personal anecdote of a trauma nurse calls for emotional intelligence in trauma nursing. Holbery (2015) detailed her experience not as a nurse but as a relative of a trauma patient. She explained how, based on her observation at the bedside, the trauma team lacks emotional intelligence dehumanizing her husband to just being treated as a CT scan report with a lacerated leg. Her experience highlights

the gap between emergency trauma care and emotional intelligence.

In addition, Raeissi, et al (2019) explored the association between emergency nurses' communication abilities and emotional intelligence. Considering the importance of communication as a behavioral skill, the study would like to explore factors that affect effective communication. The study showed a significant relationship between emotional intelligence and communication skills. It was concluded that emotional intelligence should be assessed when hiring emergency nurses.

Furthermore, Geun & Park (2019) further investigated the role of emotional intelligence, communication, and nursing productivity. The study explored the relationship between emotional intelligence and communication in the organizational commitment on productivity among Korean nurses. Based on the discussion, emotional intelligence is significantly related to nursing productivity and identifying this aspect of intelligence, along with other general characteristics, provides an opportunity for nurse leaders to recognize their relationship to nursing productivity.

On the other hand, Fujino, et al (2015) considered the relationship of emotional intelligence and years of experience to nursing performance. The study result showed a positive relationship between emotional intelligence and nursing performance. A high level of emotional intelligence suggests that nurses are committed to continuous learning, active in improving their skills, and gain specialization licenses. The study suggested that improving emotional intelligence should start from school so nurses could improve their performance in the future.

In summary, emotional intelligence is an important factor to consider in nursing practice, especially in emergency care. It can be deduced that emotional intelligence

is a factor in emergency care that has been neglected in favor of the fast-paced environment. Understanding and managing emotions improves nursing productivity, communication within patient, families and teams, enhances patient safety, and elevates quality of service to a higher degree. Also, emotional intelligence keeps the focus of nursing care accounts to humanizing care to patients, healing them holistically. There has been no literature that explored the relationship between emotional intelligence and caring self-efficacy among emergency nurses.

Synthesis

The challenge, excitement, and fast-paced flow in the emergency department has created unique types of nurses. Emergency nurses are called to rise above these challenges and are expected to produce quality patient care. Getting things done efficiently is the outcome expected of these nurses. This perceived ability to perform the task required, despite the challenges ahead, describes a person's self-efficacy. These nurses, as individuals, have something distinctive in them that may affect their self-efficacy, which are the personal factors of personality and emotional intelligence.

There were some literatures that made use of personality dimensions in relation to nursing care. Studies have profiled the dimensions commonly observed among nurses showing exemplary performance. Emotional intelligence was also investigated within nursing practice. Literatures have also shown that emotional intelligence may enhance patient safety, communication, and teamwork among the disciplines.

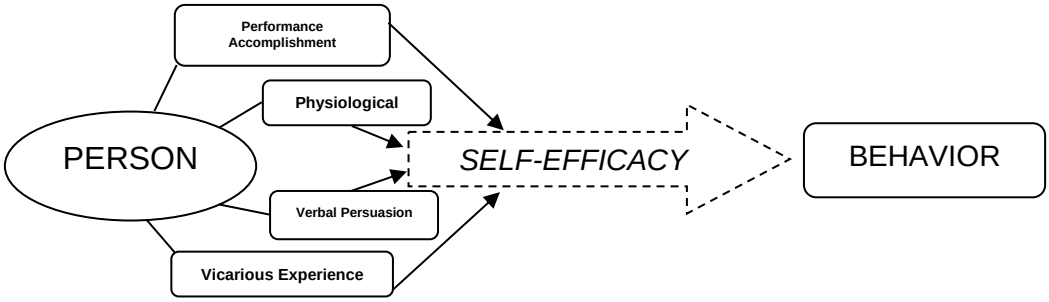
However, in the review of literature, there were no studies conducted that explored on the relationship between these two personal factors and the caring self-efficacy specific emergency nursing. The concept of self-efficacy has been explored with other factors such as communication, burnout, and performance. This identified gap in

literature can be a source of knowledge that would help in the future to guide nurse managers and enhance patient care.

In conclusion, identifying the relationship of personality and emotional intelligence considers the emergency nurse, as a whole person. Emergency nursing as a specialty can be a rich source of knowledge involving these concepts, given the unique role nurses perform within this field. This is a new and holistic approach in exploring caring self-efficacy and would help to understand the role of the self in the commitment to perform quality, efficient nursing care.

Theoretical Framework

Figure 1. Self-Efficacy and Behavior



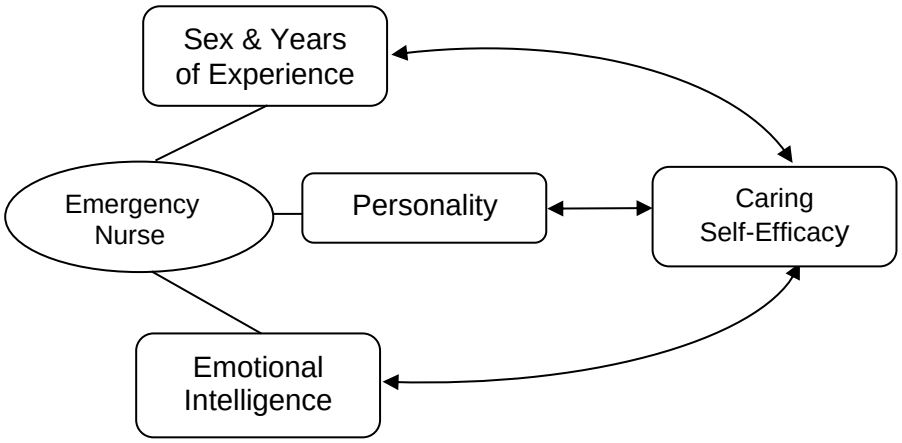
The theory of self-efficacy was proposed by Albert Bandura, the proponent of social learning theoretical concepts, in 1977. Bandura proposed the concept as a theory that would help to explain changes and drivers to behavior. The concept of self-efficacy explains why people continue to pursue performing a particular action even though there are expected challenges that would come up in the completion of a task. Levels of self-efficacy explains what coping mechanism a person will use over apprehension from performing the task, the amount of effort to be used, and to whether the same decision to perform will be carried out in the future, given that the same obstacle or task is present.

According to Bandura (1977), self-efficacy has four major sources or influences. Self-efficacy is influenced by actual accomplishments from previous performances, observation of the experiences of others, verbal persuasion from other people who are deemed accomplished or reliable on the task, and state of bodily function.

This concept of self-efficacy was used by Dr. Carolie Coates to develop the caring efficacy scale in 1997. The theory was a fit to understand nurses' choice of executing caring behaviors during nursing encounters as it focuses on the efficacy of performing a particular task. The "can do" attitude that self-efficacy explains investigates specific forms of activities or performance more than a generalized field of knowledge or science.

Conceptual Framework

Figure 2. Relationship of Independent Variables to Caring Self-Efficacy Among Emergency Nurses



The figure above shows the visual relationship between the proposed variables, that is; the age and years of experience of emergency nurses, their personality and emotional intelligence; to their caring self-efficacy.

This visual framework is founded on the implicit theory that the self is crucial in anticipating task competence. The aspects involving the self in this sense are the person's personality and emotional intelligence. The demographic profile of the nurse; sex, and years of experience is also considered in this framework. This illustration gives a picture on the aim of the study to understand the possible relationship of these variables to caring self-efficacy.

Moreover, the literature presented supported the indications for determining caring self-efficacy of emergency nurses. Given the constant challenges in the specialty, understanding the concepts that contribute to the accomplishment of tasks are worth investigating. The framing of these concepts aid in the development of the study hypotheses.

Operational Definition of Terms

The following salient terms were defined based on their application to the study:

- **Emergency nurse** - Based on the definition by the RCN National Curriculum and Competency Framework, these nurses are usually Band 5 or 6, who had their preceptorship and has achieved their Level 1 competencies. These nurses are registered in the Nursing and Midwifery Council, UK.
- **Foundation Staff Nurse** – Based on the definition by the RCN National Curriculum and Competency Framework, a registered nurse who has not yet attained the competences of an emergency nurse and is either freshly qualified or new to emergency nursing. Typically, they would be Band 5.

- **Caring Self-Efficacy** - One of the variables of the study, the Caring Self-Efficacy (CES) was developed by Dr. Carolie Coates. It was intended to gauge a person's self-assurance in (or sense of effectiveness over) their capacity to demonstrate compassion and build compassionate relationships with patients. Watson's theory of transpersonal human care from nursing and Bandura's self-efficacy theory (1977) from the field of social psychology provide the basic theoretical foundation for the scale.
- **Demographic Profile** - One the study variables referring to attributes of ED nurses in terms of age and years of experience. Age will refer to the chronological age of the nurse while years of experience refer to the actual professional experience of the nurse at the emergency room/department of the current institution/hospital he/she is employed at. The respondents will be asked to fill the information in the questionnaire.
- **Personality** - An independent variable, personality is defined by the American Psychological Association (APA) (2015), as individual differences in characteristic patterns of thinking, feeling, and behaving. The dimensions of personality will be measured specifically using the Big Five Inventory (BFI) published by John & Srivastava (1999), which is composed of 44-items that aims to measure the variable of the following personality dimensions: Extraversion, Agreeableness, Conscientiousness, Neuroticism, and Openness.

- **Emotional Intelligence** - An independent variable defined by APA (2015) as a subset of intelligence that deals with the capacity to accurately and appropriately perceive, assess, and express feelings; to use emotions to support cognitive processes; to comprehend and analyze feelings; to make effective use of emotional knowledge; and to control one's emotions in order to foster both intellectual and emotional development. This will be measured using the Schutte's Self-Report Emotional Intelligence Test (SSEIT), a 33-items questionnaire used to determine characteristic, or trait emotional intelligence published by Schutte, Malouff, and Bhullar (2009).

Hypotheses

The study aimed to investigate the relationship of personality, emotional intelligence, and demographic profile, to caring self-efficacy of emergency nurses. The following alternative hypotheses were formulated to guide the direction of inquiry.

1. Sex and years of experience emergency nurses will be significantly related to their caring self-efficacy.
2. Personality dimensions of emergency nurses will be significantly related to their perceived self-efficacy.
3. Emotional intelligence of emergency nurses will be significantly related to their perceived self-efficacy

Chapter III

RESEARCH METHODOLOGY

Research Design

The study followed a non-experimental, descriptive correlational research design.

The design is based on the aim of describing the respondents' personality dimensions and emotional intelligence and determining possible significant relationships existing between these to the caring self-efficacy of the respondents. Respondents were emergency department staff nurses in University College London Hospital (UCLH) NHS Foundation Trust, London, United Kingdom. The researcher submitted a letter of permission to the department charge nurse and / or clinical practice facilitators (CPFs) prior to data gathering. Once approval was given, the researcher informed the respondents directly. Briefing, consent acquisition, distribution, and completion of the research tool was facilitated online. The responses were tallied and were subjected to appropriate statistical treatment with the assistance of a statistician, to answer the research questions.

Sampling Technique

Respondents were UCLH emergency department staff nurses. The study utilized a non-probability, total enumeration sampling design. The sampling design was determined due to the imposed restrictions by the pandemic at the time of data gathering among acute care hospitals in London, United Kingdom. The sample was based on the actual number of emergency department staff nurses on the current roster, which was requested from the ED nursing management team. The number of

samples was decided based on the inclusion criteria which included foundation staff and emergency nurses, the latter having completed their Royal College of Nursing (RCN) Emergency Nurse Level 1 competency. In UCLH, these respondents were Band 5 and 6 nurses. Based on the list provided by the clinical practice facilitator (CPF) of UCLH-ED, there were a total of 64 eligible staff nurses for the study. The study excluded nursing assistants/associates, deputy charge, and charge nurses.

Research Setting

The study was conducted in an acute hospital in London, United Kingdom namely, University College London Hospital (UCLH) NHS Foundation Trust. It is one of the first designated foundation trusts and one of the busiest hospitals in North London. In partnership with University College London (UCL), UCLH was named by Newsweek 2020 as the 2nd best hospital in the United Kingdom and 44th in world rankings. University College London Hospital was officially opened by Her Majesty the Queen in October 2005 and since offered vast inpatient and outpatient services, from emergency, stroke, cancer care, critical care to specialties like neurology, rheumatology, orthopedics, ENT, and urology, among others.

The UCLH emergency department sees around 140,000 patients annually and is considered a trauma unit within north London. Considering the vast services provided by the institution and the significant amount of patient visits it receives in the ED, respondents from this hospital will be a rich source of information that will fulfill the aim of the study. Due to the current restrictions brought about by the COVID-19 pandemic especially in the UK and for convenience, respondents will only include nurses within this hospital.

Data Collection

Procedure

Questionnaires were used to gather data. Due to the recent pandemic and in accordance with local restrictions, the information about the study and the questionnaire were sent electronically. Prior to data collection, the proposal was subjected to the approval of the University of the Philippines – Open University Institutional Research Ethics Committee (UPOU- IREC). The UPOU-IREC Chair is being held by Asst. Prof. Ria Valerie Cabanes and can be contacted through the UPOU-IREC office. The contact information should the respondent wish to contact them, will be provided in the informed consent form. Data gathering commenced once approval was awarded.

Thereafter, the researcher communicated to the senior nursing management team of the UCLH emergency department to request approval for data collection, which was then approved. The senior nursing management team was asked for the total number of staff nurses working in the emergency department. The clinical practice facilitator of UCLH-ED provided the information and there was a total of 64 eligible staff nurses based on the inclusion criteria. The researcher oversaw the recruitment of respondents. From total enumeration, the number of respondents was derived based on the inclusion criteria. The researcher approached the prospective respondents personally or via electronic mail, whichever was convenient, for an informal invitation. The invited respondents were then sent a message through their official work email to formally invite them to take part in the study. The electronic invitation included an attached link for the consent form and questionnaire. Among 64 ED nurses, only 52 or 81.25% consented to participate.

The researcher subscribed to a third-party, EU General Data Protection Regulation (GDPR)-compliant provider to facilitate data gathering. The informed consent form was presented to the respondent, with a prompt to electronically sign the form prior to answering the questionnaire. The questionnaire took less than 20 minutes to answer. The respondents were informed that the extent of their involvement to the study was limited to providing responses to the questionnaires only. In compliance with EU-GDPR and the Philippine Republic Act 10173 – Data Privacy Act of 2012, the researcher ensured that the process followed general data privacy principle. The responses were sent back to the researcher through a secure, encrypted connection, and were collected anonymously and coded. In terms of demographic profile, it only included those that are related to the study. The researcher did the data gathering within four weeks.

The data was saved on the researcher's password-protected personal PC. This equipment is only accessible to the researcher. The data is being retained only for as long as necessary for the fulfillment of the study and for other legitimate business related to the study's review and potential publication. The data is being stored for a maximum of 5 years at the time of collection. Once the data has reached the maximum time of storage or as the researcher deemed necessary, the data will be permanently deleted from the device as a manner of disposal.

Research Instrument

The following instruments will be used in the study to measure the variables of interest:

Personality: Big Five Inventory

The Big Five Inventory (BFI) is a 44-item questionnaire that aims to measure the variable of personality dimensions. The following dimensions according to Goldberg (1993) are extraversion, agreeableness, conscientiousness, neuroticism, and openness to experience. These five factors are also abbreviated as OCEAN in some literatures. The tool was obtained from a published document by John & Srivastava (1999) that is open source.

Reliability*.* In U.S. and Canadian samples, the alpha reliabilities of scales range from 0.75 to 0.90 and average of 0.85 (John & Srivastava, 1999).

Validity. Validity evidence includes substantial convergent and divergent relations with other Big Five instruments as well as with peer ratings. De Young (2006) analyzed a large community data set with BFI self-reports and BFI ratings by three peers; however, he [De Young] did not report validity correlations between self-reports and the aggregated peer ratings. Data was therefore re analyzed and it was found that validity correlations of 0.67 for Extraversion, 0.60 for Openness, 0.52 for Neuroticism, 0.48 for Agreeableness, and 0.47 for Conscientiousness, averaging 0.55. The sizes of these convergent correlations are even more impressive given that the {absolute} hetero-trait, hetero-method discriminant correlations average 0.09, and 19 of the 20 correlations were below 0.20 with only one reaching -0.21 (John & Srivastava, 1999).

Emotional Intelligence: Schutte's Self-Report Emotional Intelligence Test

The Schutte's Self-Report Emotional Intelligence Test (SSEIT) was made by Schutte, Malouff, & Bhullar (2009), and the instrument is composed of 33 items.

According to Schutte, Malouff, & Bhullar (2009), the Assessing Emotions Scale attempts to assess characteristics, or trait emotional intelligence. The researcher emailed Dr. Nicola Schutte and was given permission to use the tool.

Reliability. Internal Consistency alpha (Cronbach's alpha): 0.90. The mean alpha across samples is 0.87 (Schutte et al., 2009).

Test-retest reliability. Two-week test-retest reliability was 0.78 (Schutte et al., 2009).

Convergent Validity. The scale was correlated with other emotional intelligence assessment tools namely, EQ-i and MSCEIT. The relationship between Assessing Emotions Scale and the EQ-i was substantial, at *r=0.43,* while the relationship between Assessing Emotions Scale and MSCEIT, although statistically significant, was not strong at *r=0.18* (Schutte et al., 2009).

Divergent Validity. The Assessing Emotions Scale was found not to be associated with scores on the Marlowe-Crowne Social Desirability Scale. Correlations with the *Big Five Inventory a*lso revealed that the Assessing Emotions Scale is relatively distinct from the latter instrument (Schutte et al., 2009).

Use in Nursing Research. Emotional Intelligence has been linked to nursing practice based on published literatures. Ilievová, Juhásová, and Baumgartner (2013) conducted a study to evaluate the amount of emotional intelligence and analyze it in connection to elderly patients in terms of its grasping as a feature, ability, and emotional self-efficacy. The study made use of SSEIT to assess global emotional intelligence. Emotional self-efficacy for geriatric patients (ESE-GP) was customized for the study. In the discussion, it was revealed that the global emotional intelligence

utilizing the SEIS has a moderate relationship with the ESE-GP based on a significant difference of 0.469 with a p-value of <0.001. The study concluded that “emotional intelligence has an impact on social and communication skills, which are a precondition of effective nursing care.”

Distinction Between the Big Five Inventory and Schutte’s Self-Report Emotional Intelligence Test

Since both trait and emotion contribute to the totality of human self, the distinction between the two areas of assessment should be delineated. Schutte, Malouff, & Bhullar (2009) mentioned in their study that according to several authors, “studies have examined the relationship between scores on the Assessing Emotions Scale and the Big Five Dimensions (Extraversion, Agreeableness, Conscientiousness, Neuroticism, and Openness, seem to underlie many characteristic traits.” It was further added in their paper that “ideally, measures of other psychological constructs such as emotional intelligence are relatively distinct from these major dimensions of personality.”

Self-Efficacy: Caring Efficacy Scale

The Caring Efficacy Scale (CES) is a tool developed by Carolie Coates in 1997. The tool was made to measure the ability of the nurse in committing with performing caring behaviours. It was assumed that the nurse has the ability, cognition, and attitude to perform caring behaviours, but differs in the magnitude of commitment one puts into it. The current instrument consists of 30 items (both self-report and supervisor format) on a 6-point Likert-type scale. The researcher emailed Dr. Carolie Coate and was given permission to use the tool.

Cronbach's alpha. The tool has three (3) forms. Form A (original 46 item tool) has an alpha of 0.85 while Form B has 0.88 and Form C (short version) has 0.84, respectively.

Validity. Content validity was tested against theory (Bandura's Theory of Self-Efficacy) and Watson's carative factors. There was a significant positive correlation between clinical evaluation tool (alpha 0.85 and 0.95) and CES.

Plan for Data Analysis

Analysis and interpretation of the results was based on authors' instruction included in the publication of the instruments and through personal electronic correspondence. Upon gathering of the data, assistance was sought from Dr. Victor Hafalla Jr., a statistician from the University of Baguio. Once data gathering commenced, the researcher submitted the proposal and the raw data collected to Dr. Hafalla to assist with the correlation questions. The researcher did the statistical treatment for the first four questions of the research objective.

Big Five Inventory (BFI)

The analysis of the questionnaire will be based on the instructions given by the author. The tool is a five-point Likert scale with a score of 1 for disagree strongly to a 5 for agree strongly. The 44-items will be grouped according to the five factors of the instrument. These factors are: Extraversion (which include items 1, 6R, 11, 16, 21R, 26, 31R, and 36); Agreeableness (with items 2R, 7, 12R, 17, 22, 27R, 32, 37R, and 42); Conscientiousness (items 3, 8R, 13, 18R, 23R, 28, 33, 38, and 43R); Neuroticism (items 4, 9R, 14, 19, 24R, 29, 34R and 39) and; Openness (items 5, 10, 15, 20, 25, 30, 35R, 40, 41R, and 44). Items with "R" beside them denotes reverse-scored items.

The interpretation of the results will be based on the findings within the set of samples used, or “local norms”. Since the respondents of the study belong to a specific group of population, it cannot be compared with the “norms” generated from populations used by the author. And as suggested by the author with using the instrument in such circumstances, the result should be interpreted relative to the answers of the respondents at hand. The mean scores of each personality dimensions were then computed and interpreted using the following scale: a score of 1 to 1.9 is very low, 2 to 2.9 is low, 3 to 3.9 is average, 4 to 4.9 is high; and a score of 5 is very high. The mean scores of each statement in the BFI was also taken to give depth to the interpretation of the result.

Schutte’s Self-Report Emotional Intelligence Test (SSEIT)

The tool is a five-point Likert scale with a score of 1 for disagree strongly to a 5 for agree strongly. The instrument was available online for public use and permission was granted by the primary author, Dr. Schutte, via personal electronic correspondence. All scores of the 33-items questionnaire will be summarized, however; coding in reverse the item numbers 5, 28 and 33, and then summing all items. Values can range from 33 to 165, with higher values indicating more typical emotional intelligence, according to Schutte et al (2009). Malouff (2014), one of the authors of the instrument, across many large samples the mean score is 124 with a standard deviation of 13. This means that scores below 111 are considered unusually low EI, and scores above 137 are considered unusually high, respectively. The mean scores of each statement in the SSEIT were also identified to give depth to the discussion.

Caring-Efficacy Scale (CES)

The instrument was lifted from a published electronic book by Dr. Jean Watson entitled Assessing and Measuring Caring in Nursing and Health Sciences. Additional permission was granted by Dr. Coates through personal electronic correspondence. The tool used is the 30-item questionnaire. As instructed by Dr. Coates in some correspondence with the researcher regarding scoring instructions, the 6-point Likert scale from strongly disagree to strongly agree will be scored as follows; -3 = 1, -2 = 2, -1 = 3, +1 = 4, +2 = 5 and +3 = 6. Items 1, 8, 12, 13, 15, 16, 17, 20, 21, 23, 24, 26, 27, 29, and 30, which is half of the scale, will be reverse scored. The scale score for an individual is an average of their responses on the 30 items. The mean score will be gathered and interpreted using the following scale: 1 to 2 is low; 3 to 4 is average; and 5 to 6 is high. The higher the score, the higher the caring self-efficacy. The mean scores of each statement in the CES were also tabulated to give depth to the discussion.

Data Management

The following statistical tests were used to answer the statement of the problem. The analysis of the appropriateness of the statistical measures is based on Satikov & Whittaker (2013) and on the professional opinion of Dr. Hafalla.

Table 1

Data Management

Research Objectives	Level of Measurement	Statistical Tool / Scoring
To determine the demographic profile of the respondents in terms of: a. **Sex; &** b. **Years of Experience**	Nominal	Frequency Distribution Percentage
To determine the personality traits of the respondents using the Big Five Inventory questionnaire.	Nominal	Mean (for each personality dimensions and each statement in the BFI) Standard Deviation
To determine the emotional intelligence of the respondents using the Schutte's Self-Report Emotional Intelligence Test**.**	Nominal	Frequency distribution Standard deviation Mean (for each statement in the SSEIT)

To determine the level of caring self-efficacy of the respondents.	Nominal	Frequency Distribution Mean (for efficacy score and each statement in the CES) Standard Deviation
To determine the significant relationship between the respondents' demographic profile and their caring self-efficacy.	Nominal and Continuous (Sex and Caring Self-Efficacy) Ordinal and Continuous (Years of experience and caring self-efficacy)	Boxplot & Point Biserial Correlation (Sex and Caring Self-Efficacy) Scatterplot & Kendall's Tau-b (Years of experience and caring self-efficacy)
To determine the significant relationship between personality trait and level of caring self-efficacy of the respondents.	Continuous	Pearson's correlation and Multiple Linear Regression

To determine the significant relationship between emotional intelligence and level of caring self-efficacy of the respondents.	Continuous	Pearson's correlation and Scatterplot with Regression Line

Ethical Considerations

Principle 1: Compliance with Protocol

The investigator, as a member of the UPOU community, will comply with the guidelines for conducting research as stipulated in the Research Ethical Guidelines of the University. Hence, formal approval of the Institutional Research Ethics Committee prior to any forms of data gathering will be sought prior.

Principle 2: Informed Consent

Recruitment. The researcher was the one who recruited the respondents for the study. The researcher got in touch with the respondents through their respective work emails that was used across the hospital for formal correspondence. The informed consent form was provided prior the questionnaire and the respondents provided their name, as a form of electronic signature, if they wish to participate in the study. The respondents were advised that their participation in the study was limited to delivering their responses to the questionnaire; that their participation was voluntary, and that they might withdraw at any time during the study.

Risks. The study posed a very low risk to the respondents. However, given that the respondents needed to assess oneself to provide their response to the questionnaire, it might trigger emotional and / or psychological stress. In this unlikely event, the

researcher will provide aide by assisting the respondent to seek the psychological well-being service of the hospital. Through this service, the researcher will help the respondent to get a professional help with managing their feelings and handling the handling of stress / traumatic experience. No respondents reported any of this and needed the said service.

The researcher did not provide any monetary compensation for such unlikely event but was open to give assistance to the respondent to seek professional help. For services outside the hospital, the National Health Service provides free mental-health services across the country and the respondent can access this through self-referral. There were no anticipated expenses for the participant on such events, unless they opt for consultation from a private practitioner.

Benefits. The respondents neither received any remuneration with their participation in the study nor needed to pay anything to the researcher to participate. The respondent can potentially gain an understanding of their personality dimensions, emotional intelligence and caring self-efficacy while answering the questionnaires through introspection.

Principle 3: Openness and Integrity

In line with this principle, the investigator always upheld professionalism during the study. The IREC was informed if there were important aspects of the study that cannot be fully disclosed to the respondents. The investigator reassured the respondents, and the respective hospital, will be given data that contains the result of the study if they would like to have a copy for their reference. There were no conflicts of interest on the part of the investigator that would compromise the interpretation of the results.

Principle 4: Protection from Harm

The investigator made sure that any physical, physiological, or psychological harm to respondents, and others who may be directly and/or indirectly involved in the study, was minimized. The respondents were duly briefed prior to data collection. The activity entailed very low risk on the part of the investigator and neither the respondents nor it granted any form of remuneration to the respondents for participating.

Principle 5: Confidentiality

The investigator recognized the need to maintain anonymity of information pertaining to the respondents. Third-party, EU GDPR – compliant provider to facilitate data gathering. The data were collected by the researcher anonymously through a secured, encrypted connection.

Principle 6: Professional Codes of Practice and Ethics

The investigator will respect the rights of the respondents during the data collection process and comply with the nurses' code of conduct and ethical principles. There is no conflict of interest from the primary investigator or the emergency department of the University College London Hospital NHS Foundation Trust.

Chapter IV

RESULTS AND DISCUSSIONS

Results

This section includes the presentation of the data gathered using appropriate statistical tools. These were then collated, analyzed, and interpreted to answer the study problems posited.

Distribution of Data based on the Respondents' Sex and Years of Experience

The researcher arranged the data in terms of sex and years of experience using frequency distribution. The frequency and percentage were used to assess the trend among these demographic profiles.

Table 2

Demographic Profile

Profile	Frequency	Percentage (%)
Sex		
Male	17	32.69
Female	35	67.30
Years of Experience		
Less than 1 year	8	15.38
1 to 3 years	23	44.23
3 to 5 years	11	21.15
5 to 10 years	6	11.54
More than 10 years	4	7.69

The table above shows the frequency distribution of scores according to the respondents' sex. Out of 52 respondents, 35 or 67.30% were females and the remaining 17 or 32.69% were males. Based on this result, there were more female emergency nurses than males among the respondents. The result is somehow consistent with the latest data from the NMC in the United Kingdom. The latest

statistics from the NMC states that nurses in the UK are split in gender with female nurses accounting for 89%, and the remaining 11% are men (Farrah, 2022).

In addition, the table above shows the frequency distribution of scores according to the respondents' years of experience. Among 52 ER nurses, most has 1 to 3 years or experience (23 or 44.23%), followed by those with 3 to 5 years of experience (11 or 21.15%). Eight ER nurses or 15.38% has less than a year of experience and 6 or 11.54% has 5 to 10 years. Among the respondents, only 4 or 7.69% has more than 10 years of experience.

Based on this finding, it can be interpreted that most of the respondents are considered competent nurses based on Benner's Novice to Expert Model (Ozdemir, 2019).

Personality Dimensions of the Respondents using the Big Five Inventory

The researcher collected and collated the data and the mean score for each personality dimension. The mean score is interpreted as follows: a score of 1 is very low, 2 is low, 3 is average, 4 is high; and a score of 5 is very high. To provide more insight into the respondents' personality dimensions, each characteristic in the Big Five Inventory that corresponds to each dimension is tabulated with their respective mean scores to see which characteristic within each dimension is more prominent among the respondents. This was based on a 5-point Likert scale with 1 for strongly disagree to 5 for strongly agree.

Table 3

Characteristic of the Respondents' Personality Dimension

Personality Dimension	Mean Score	Standard Deviation
Openness to Experience	3.7	0.61
Conscientiousness	3.9	0.56

Extraversion	3.3	0.60
Agreeableness	4.2	0.24
Neuroticism	2.6	0.53

Table 4

Mean Scores of each characteristic in the Big Five Inventory

Personality Dimension		Mean Score	Standard Deviation
OPENNESS TO EXPERIENCE			
Item No.	Characteristic		
5	Is original, comes up with new ideas	3.5	1
10	Is curious about many different things	4.23	0.78
15	Is ingenious, a deep thinker	3.85	0.83
20	Has an active imagination	4.81	0.86
25	Is inventive	3.69	0.88
30	Values artistic, aesthetic experiences	4.23	0.85
35	Prefers work that is routine	3	1.24
40	Likes to reflect, play with ideas	3.98	0.83
41	Has few artistic interests	3.25	1.27
44	Is sophisticated in art, music, or literature	3.54	1.07
CONSCIENTIOUSNESS			
Item No.	Characteristic		
3	Does a thorough job	4.38	0.66
8	Can be somewhat careless	2.63	1.14
13	Is a reliable worker	4.62	0.72
18	Tends to be disorganized	2.44	1.24
23	Tends to be lazy	2.48	1.26
28	Perseveres until the task is finished	4.33	0.73
33	Does things efficiently	4.44	0.64
38	Makes plan and follow through with them	3.92	0.93
43	Is easily distracted	2.98	1.16
EXTRAVERSION			
Item No.	Characteristic		
1	Is talkative	3.69	1.14
6	Is reserved	3.42	1.16
11	Is full of energy	3.73	1.16
16	Generates a lot of enthusiasm	3.79	1.07
21	Tends to be quiet	3.4	1.26
26	Has an assertive personality	3.77	1.10
31	Is sometimes shy, inhibited	3.38	1.21
36	Is outgoing, sociable	3.81	1.21
AGREEABLENESS			

Item No.	Characteristic		
2	Tends to find fault with others	2.35	1.17
7	Is helpful and unselfish with others	4.32	0.71
12	Starts quarrel with others	1.69	1.09
17	Has a forgiving nature	4.12	0.96
22	Is generally trusting	4.21	0.87
27	Can be cold and aloof	2.79	1.29
32	Is considerate and kind to almost everyone	4.37	0.71
37	Is sometimes rude to others	2	1.03
42	Likes to cooperate with others	4.46	0.67
	NEUROTICISM		
Item No.	Characteristic		
4	Is depressed, blue	2.19	2.19
9	Is relaxed, handles stress well	3.77	0.81
14	Can be tense	3.06	1.04
19	Worries a lot	3.21	1.16
24	Is emotionally stable, not easily upset	3.88	0.98
29	Can be moody	3.13	1.33
34	Remains calm in tense situations	4.09	0.80
39	Gets nervous easily	2.87	1.21

The different dimensions of personality based on the Big Five Inventory are composed of several facets and trait adjectives correlated to them. Firstly, ED nurses scored high in terms of agreeableness (M=4.2, SD=0.24) which includes trusting, straightforward, altruistic, compliant, modest, and tender-minded characteristics (John & Srivastava, 1999). The Nursing and Midwifery Council (NMC) in the United Kingdom expects all registered nurses to treat people as individuals and always upholding their dignity by treating them with kindness, respect, and compassion (NMC Code, 2023). It is likely that ED nurses in UCLH uphold these values which would explain their level of agreeableness. In addition, ED nurses scored higher in terms agreeableness as they gave high scores on the positive characteristics under this dimension.

Under this dimension, most ED nurses gave the highest score to being cooperative with others (M=4.46, SD=0.67) followed by being considerate and kind to

almost everyone (M=4.37, SD=0.71). The NMC Code (2023) highlights cooperation with the multidisciplinary team as part of the code of practicing effectively. Also, the National Curriculum and Competency Framework for Emergency Nursing (2017) in the UK emphasizes that in terms of good nursing practice, ED nurses should contribute to effective team working.

This is exemplified based on the set-up and current culture observed among ED nurses in UCLH. Nurses working in the main ED bay (Majors) uses a buddy-system wherein they cover each other who is adjacent to them based on room assignments. These nurses cover each other's breaktime and offers a helping hand when one needs assistance. It has been the culture in UCLH ED to always ask if someone needs help. Also, the ED nurse leading the main bay supervises these nurses and offers additional assistance when necessary and deals with patient-flow issues, so nurses taking care of patients in the main ED can focus primarily on their patient's needs. The department also assigned mid-shift nurses working from 10 am to 10 pm, to assist with transferring patients to the floor and offer additional hands when busy during hand-over period at the end of the day shift. In other areas of the ED like the Rapid Assessment and Treatment (RAT) area and Resuscitation (Resus) bay, nurses and healthcare assistants are assigned to work as a team. Each member of the team covers each other during breaks, as well. In the RAT area were all patients triaged to the main ED were routed to establish focus assessment, initial diagnostics, and treatment; one nurse is assigned to lead, and other nurses and healthcare assistants work together as a team to ensure efficiency as this is the usual area of bottleneck in the patient flow. In the 4-bed Resuscitation Bay, ED nurses assigned to the area have all their hands on deck when someone needs urgent resuscitation to achieve time-sensitive targets that improve patient survivability in life and limb-threatening emergencies.

Emergency nurses also scored high in terms of being helpful and unselfish (M=4.32, SD=0.71), trustworthy (M=4.21, SD=0.87), and forgiving (M=4.12, SD=0.96). Nurses in general have been considered as trustworthy professionals. In the United States for example, nurses were the most trusted professionals of 2023 (Gallup Poll, 2023). Helping each other is demonstrated in cooperation and collaboration.

Following is conscientiousness (M=3.9, SD=0.56), which includes a sense of competence, organization, dutifulness, achievement, self-discipline, and deliberation (John & Srivastava, 1999). On average, emergency nurses rated themselves as a reliable worker (M=4.62, SD=0.72) and efficient in their job (M=4.44, SD=0.64). In the field of emergency nursing where critical decisions were made every time to deliver life and limb saving care, these facets are highly valuable. Emergency nurses in the UK are expected to competently change their work rate in response to the clinical situation's urgency or the demands of the emergency care setting (Royal College of Nursing, 2017). In UCLH ED, certain areas of care are task-oriented and a good example of this is the Rapid Assessment and Treatment (RAT) area. The aim of RAT is to provide early senior assessment of undifferentiated “majors” patients. (NHS England, 2012). When patients were seen in this area, a provider does a rapid, focused assessment on patients and initial panel of diagnostics and treatments are ordered. Most of the time, nurses and healthcare assistants assigned in RAT approach patients to carry-out this task in an efficient manner. This includes completing risk-assessment, ECG-taking, peripheral intravenous (PIV) access insertion and blood sampling, and initiation of treatment mostly for hydration with intravenous (IV) fluids and pain relief. This is also an important area where initiation of specific treatment commences like administration of dual antiplatelet therapy for patients with high risk for myocardial infarction or broad-spectrum antibiotics for

patients with sepsis.

Efficiently carrying-out tasks is valuable in this area as all patients triaged to the main bay comes here first. It is a 6-bed area which usually operates with more than 10 patients at a given time sometimes reaching 20 patients, so bottlenecking in the patient flow is common in this area when tasks are not quickly carried-out. In the emergency department of UCLH, this is the busiest area. Emergency departments also operates on high volumes especially during patient surges. University College London Hospital ED accommodated a total of 11,526 patients in the department in the month of August 2022 alone (NHS England, 2022), when this study was conducted. This is also why UCLH ED nurses, based on their responses, do their best until tasks are completed (M=4.33, SD=0.73) as task completion allows for efficient patient flow, experience, and service in the department.

Emergency nurses scored average in terms of openness to experience (M=3.7, SD=0.61), and most regarded themselves as having an active imagination (M=4.81, SD=0.86), followed by curiosity in many things (M=4.23, SD=0.78) and valuing artistic and aesthetic experiences (M=4.23, SD=0.85). Creativity and curiosity have important space in nursing as this has brought innovations to enhance delivery of care. Efforts to improve patient care and flow in the ED is one of the ongoing challenges of emergency departments. The UCLH ED has clinical governance meetings that cover this function. Clinical governance is a mechanism in the NHS that holds NHS organizations accountable for continuously improving the quality of their services and ensuring high standards of care by establishing an environment in which excellence in clinical care can thrive (NHS England, 2023). During these meetings, ED nurses were encouraged to share any new ideas that they believe will improve patient care in

the department. Openness to new ideas, an active imagination, not always thinking in routine, and reflection aids in this endeavor. Speaking of innovation, Anita Dorr, one of the founders of the Emergency Nurses Association in the United States, was the nurse who made the first prototype of the modern crash cart used in the emergency departments today (NYSENA, 2023). The concept of nursing as an art is likely still inculcated among UCLH ED nurses hence an average result in this dimension.

With UCLH ED nurses also scoring average in terms of extraversion (M=3.3, SD=0.60), nurses scored higher in terms of being outgoing and sociable (M=3.81, SD=1.21) and enthusiastic (M=3.79, SD=1.87) under this dimension. As evidenced by the value ED nurses gave to cooperation, collaboration and team-working, this explained why socialization, being outgoing and enthusiasm is important among ED nurses. Interestingly, ED nurses also regarded themselves as average in terms of being assertive (M=3.77, SD=1.10), having full energy (M3.73, SD=1.16), and being talkative (M=3.69, SD=1.14). The emergency department is a highly stressful area and the demands among ED nurses can be physically, emotionally, and psychologically exhausting. The respondents scored average in being energetic to carry-out their task in such highly demanding area. Furthermore, meaningful and useful contacts between patients and healthcare providers are an essential and practical component of a pleasant patient experience (Blackburn, Ousey & Goodwin, 2018). There is a constant interaction between ED nurses and patients in the emergency department. Emergency nurses communicates throughout the nursing process. Patients in the ER are mostly concerned about their current situation and visits are often stressful to patients. Patients wait in the waiting room, and constant communication is important to update them for the reason of their wait to improve their experience in the ER.

Lastly, the respondents scored low in terms of neuroticism (M=2.6, SD=0.53). According to John & Srivastava (1999), a less neurotic personality means that one is more emotionally stable and less anxious, hostile, depressed, self-conscious, impulsive, and vulnerable. The positive characteristic under this dimension is opposite to the personality as this is regarded as a negative trait. The positive characteristic of remaining calm under tense situations (M=2.19, SD=0.80) scored low as most of the respondents regard themselves as less neurotic. In the United Kingdom, emergency nurses are expected to understand concepts such as human factors and team resource management, situational awareness, and error theory by identifying stress and/or stressful situations for themselves and others and identifying individual coping mechanisms for dealing with stress (Royal College of Nursing, 2017). Having been exposed to life-threatening and traumatic patient situations, ED nurses were able to practice calmness, presence of mind, and situational awareness. However, it is also common among ED nurses to feel worried and anxious. Research of 415 nurses working in emergency and intensive care units at public hospitals in Addis Abeba found that these nurses had a higher degree of anxiety symptoms than the general population of nurses working in other medical settings (Belayneh et al., 2021).

Level of Emotional Intelligence of the Respondents based on the Schutte's Self-Report Emotional Intelligence Test

The data were collected from the respondents to assess the level of their emotional intelligence. The score varies from 33 to 165, according to Schutte et al (2014), with higher levels indicating stronger typical emotional intelligence. According to Malouff (2014), the mean score across numerous big samples is 124, with a standard deviation of 13. This means that EI values less than 111 are considered

exceptionally low, whereas EI levels greater than 137 are considered extremely high. The frequency distribution of the respondents' scores will be based on this, as will the subsequent interpretation. The mean scores and standard deviation of each statement in the SSEIT were also tallied to provide depth to the discussion.

Table 5

Characteristic Emotional Intelligence of Emergency Nurses

Level of Emotional Intelligence	Frequency (f)	Percentage (%)
Unusually High	20	38.46
Average	27	51.92
Unusually Low	5	9.62

Table 6

Mean Score of each statement in the SSEIT

Item No.	Statement	Mean Score	Standard Deviation
1	I know when to speak about my personal problems to others.	4.06	1.02
2	When I am faced with obstacles, I remember times I faced similar obstacles and overcame them.	4.31	0.83
3	I expect that I will do well on most things I try.	3.9	0.89
4	Other people find it easy to confide in me.	4.1	0.82
5	I find it hard to understand the non-verbal messages of other people.	2.27	1.12
6	Some of the major events of my life have led me to re-evaluate what is important and not important	4.5	0.85
7	When my mood changes, I see new possibilities.	3.71	0.89
8	Emotions are one of the things that make my life worth living	3.87	0.96
9	I am aware of my emotions as I experience them.	4.23	0.83
10	I expect good things to happen.	4.13	0.87
11	I like to share my emotions with	3.23	1.17

	others		
12	When I experience a positive emotion, I know how to make it last.	3.98	0.77
13	I arrange events others enjoy.	3.58	1.19
14	I seek out activities that make me happy.	4.5	0.61
15	I am aware of the non-verbal messages I send to others.	3.98	0.92
16	I present myself in a way that makes a good impression on others.	4.23	0.71
17	When I am in a positive mood, solving problems is easy for me.	4.38	0.69
18	By looking at their facial expressions, I recognize the emotions people are experiencing.	4.27	0.66
19	I know why my emotions change.	4.06	0.80
20	When I am in a positive mood, I am able to come up with new ideas.	4.19	0.67
21	I have control over my emotions.	4.02	0.93
22	I easily recognize my emotions as I experience them.	4.27	0.70
23	I motivate myself by imagining a good outcome to tasks I take on.	4.21	0.72
24	I compliment others when they have done something well.	4.67	0.51
25	I am aware of the non-verbal messages other people send	4.94	0.60
26	When another person tells me about an important event in his or her life, I almost feel as though I experienced this event myself.	3.71	1.07
27	When I feel a change in emotions, I tend to come up with new ideas.	3.52	0.92
28	When I am faced with a challenge, I give up because I believe I won't fail.	1.92	1.04
29	I know what other people are feeling just by looking at them	3.63	0.91
30	I help other people feel better when they are down.	4.04	0.74
31	I use good moods to help myself keep trying in the face of obstacles.	4.27	0.63
32	I can tell how people are feeling by listening to the tone of their voice.	4.12	0.76
33	It is difficult for me to understand why people feel the way they do.	2.62	1.11

The table above shows the frequency distribution of scores of the respondents in terms of emotional intelligence. Most of the emergency nurses (F=27 or 51.92%) scored average emotional intelligence. Twenty or 38.46% of the respondents scored unusually high and a small number of 5 or 9.62% of the nurses, have unusually low emotional intelligence.

Emergency nurses scored themselves as being aware of the non-verbal cues other people send to them (M=4.94, SD=0.60) the highest. According to the NMC's practice guideline for UK nurses, nurses must be able to communicate clearly, use a variety of verbal and nonverbal communication strategies, and respect cultural sensitivities in order to better understand and respond to people's personal and health needs (NMC Code, 2023). Also, nonverbal communication is important in establishing a therapeutic relationship with patients as the skill to encode and decode this makes one successfully relate to people. In addition, nonverbal communication is the primary tool for communicating emotions (University of Montevallo, 2023). As UCLH ED nurses deal with distressed patients constantly, it is important for them to be sensitive not just to what patients say but also to the non-verbal cues they exhibit. This form of communication can be particularly important for their care.

In addition, UCLH ED nurses were able to regulate their own emotions and the emotions of people around them. Emergency nurses were able to compliment other people when they have done something well (M=4.67, SD=0.51), seek out activities that makes them happy (M=4.5, SD=0.61), re-evaluate the importance of things based on major events they experience in life (M=4.5, SD=0.85), and were able to easily solve problems when they are in a positive mood (M=4.38, SD=0.69). An emotionally intelligent nurse can identify and manage their own emotions; the emotions of others

they are interacting with; has an accurate understanding of their own strengths and weaknesses and strives to improve them; maintains professional demeanor and serves as a role-model; able to manage themselves effectively in emotionally charged situations; listens actively; explains decisions to others; able to build trust with others; acknowledges others' feelings; and provides direct and constructive feedback (ENA, 2018). With the varying emotions in a highly stressful environment, UCLH ED nurses were able to relate to their patients and their colleagues through their ability to regulate their own emotions. This also allows ED nurses to understand how the emotions of people around them can affect their ability to provide care. That is why it is important for UCLH ED nurses to recognize these situations to not lose focus on their jobs.

Furthermore, UCLH ED nurses highlights their ability to remember similar obstacles they faced when they currently experience one (M=4.31, SD=0.83), acknowledge emotions as they occur (M=4.27, SD=0.70) and present themselves in a professional manner (M=4.23, SD=0.71). Emotional Intelligence is the single most important predictor of performance in the workplace (Emergency Nurses Association, 2018). In addition, Codier & Codier (2015) mentioned the important role of EI among emergency nurses as it contributes to patient safety, patient and family experience in an emergency, teamwork, and interdisciplinary care. To establish a caring relationship, UCLH ED nurses can delve into their own experience that allows them to be empathetic towards their patients. It is also important for patients to trust nurses in this trying time, that's why UCLH ED nurses presents themselves in a manner that positively impresses patients.

Lastly, the study respondents have average to unusually high emotional intelligence due to their ability to connect with their patients. This stress that

emergency nurses encounter may come from all directions, from the patients they're taking care off, their own nursing colleagues, pressure from medical providers, and from the hospital administration. These nurses must constantly struggle on the demands the specialty has brought to them. Because of these situations, ED nurses should be cognizant in handling and regulating their own emotions and the emotions of others.

Caring Self-Efficacy of Emergency Nurses

The perceived self-efficacy of emergency nurses to provide emergency nursing care is measured using the Caring Efficacy Scale (CES). The scale score of each respondent is the average of their responses in the 30-item questionnaire and scores based on a 6-point Likert scale, with higher score corresponding to higher caring self-efficacy. The discussion also includes the mean scores on each statement in the Caring Efficacy Scale from the respondents to add depth.

Table 7

Caring Self-Efficacy Score of Emergency Nurses

Caring Efficacy	Frequency (f)	Percentage (%)
High	19	36.54%
Average	33	63.46%
Low	0	0%

Table 8

Mean Scores of each statement in the CES

Item No.	Statement	Mean Score	Standard Deviation
1	I do not feel confident in my ability to express a sense of caring to my clients/patients.	1.94	1.29
2	If I am not relating well to a client/patient, I try to analyze what I can do to reach him/her.	4.67	1.06
3	I feel comfortable in touching my clients/patients	5	1.01

	in the course of caregiving.		
4	I convey a sense of personal strength to my clients/patients.	4.9	1.09
5	Clients/patients can tell me most anything and I won't be shocked.	4.79	1.27
6	I have an ability to introduce a sense of normalcy in stressful conditions.	4.92	0.93
7	It is easy for me to consider the multi-facets of a client's/patient's care, at the same time as I am listening to them.	4.96	0.86
8	I have difficulty in suspending my personal beliefs and biases in order to hear and accept a client/patient as a person.	2.69	1.52
9	I can walk into a room with presence of serenity and energy that makes clients/patients feel better.	4.88	0.83
10	I am able to tune into a particular client/patient and forgot my personal concerns.	4.83	1.01
11	I can usually create some way to relate to most clients/patients.	5.19	0.60
12	I lack confidence in my ability to talk to clients/patients from backgrounds different from my own.	2.01	0.92
13	I feel if I talk to clients/patients on an individual personal basis, things might get out of control.	2.08	0.74
14	I use what I learn in conversations with clients/patients to provide more individualized care.	5.25	0.69
15	I don't feel strong enough to listen to the fears and concerns of my clients/patients.	2.06	1.0
16	Even when I'm feeling self-confident about most things, I still seem to be unable to relate to clients/patients.	2.58	1.35
17	I seem to have trouble relating to clients/patients.	2.1	1.21
18	I can usually establish a close relationship with my clients/patients.	4	1.39
19	I can usually get patients/clients to like me.	4.83	0.94
20	I often find it hard to get my point of view across to patients/clients when I need to.	2.67	1.28
21	When trying to resolve a conflict with client/patient, I usually make it worse.	2.25	1.08
22	If I think a client/patient is uneasy or may need some help, I approach that person.	4.88	0.98
23	If I find it hard to relate to a client/patient, I'll stop trying to work with that person.	2.56	1.42
24	I often find it hard to relate to clients/patients from a different culture than mine.	2.23	1.37
25	I have helped many clients/patients through my ability to develop close, meaningful relationships.	4.4	1.18
26	I often find it difficult to express empathy with	2.21	1.14

	clients/patients.		
27	I often become overwhelmed by the nature of the problem patients/clients are experiencing.	2.23	1.04
28	When a client/patient is having difficulty communicating with me, I am able to adjust to his/her level.	4.75	0.89
29	Even when I really try, I can't get through to difficult clients/patients.	2.67	1.37
30	I don't use creative or unusual ways to express caring to my clients/patients.	3.04	1.41

The table above shows that among the 52 respondents, 33 or 63.46%, had an average caring efficacy. The remaining 19 or 36.54% of the respondents had a caring efficacy interpreted as high and none of them scored low.

The idea of caring-self efficacy seeks to comprehend and analyze nurses' belief in their ability to exhibit a caring orientation (a fundamental principle of nursing) and develop a caring connection (Watson, 2002). This is exemplified by the ED nurses' responses on the Caring-Efficacy Scale. Emergency nurses of UCLH use what they learn in conversations to provide individualized care (M=5.25, SD=0.69), find it easy to create a way to relate to their patients (M=2.1 (reverse-score), SD=0.60), feel confident in their ability to express a sense of caring to their patients (M=1.94 (reverse-score), SD=1.29), and feel comfortable to use touch in their course of caregiving (M=5, SD=1.01). This reflects that UCLH ED nurses value patient-oriented care and the essence of establishing a caring relationship in the performance of their duties. Emergency nurses of UCLH adheres to the NMC Code of Practice (2023) for UK nurses which includes prioritizing patients by being able to listen to people and respond to their preferences and concerns. According to the NMC Code (2023), this can be accomplished by taking into account how much persons receiving care desire to be involved in decisions regarding their own health, well-being, and care. Furthermore, the UK government ensures that everyone has the right to adequate

care and treatment that matches their requirements and represents their preferences (Department of Health and Social Care UK, 2023). Emergency nurses of UCLH always upholds the code set forth by the NMC. In a stressful area like the emergency department, it is imperative that ED nurses build a certain level of therapeutic relationship with patients to connect with their needs. The community surrounding UCLH is also diverse, and it's important for ED nurses to be cognizant of the cultural differences and needs of each patient population to ensure an individualized care for patients. Accommodations on the care patients receive were also provided as permitted by their culture and/or religious needs.

In addition, UCLH ED nurses are confident enough to listen to their patients' fears and concerns (M=2.06 (reverse-score), SD=1.0), doesn't have trouble relating to their patients (M=4.9, SD-1.21) and patients with different culture from their own (M=2.23 (reverse-score), SD=1.37). The respondents were also able to adjust their level of communication with patients when they have difficulty communicating (M=4.75, SD=0.89). Interactions between patients and healthcare providers that are meaningful and instructive are an essential and pragmatic component of a pleasant patient experience (Blackburn, Ousey & Goodwin, 2018). The emergency department deals with patient communication all the time. The emergency department of UCLH dealt with more than 11,000 patients of different backgrounds during the month when this study was conducted. It is important for ED nurses to communicate with their patients to fulfil their duties. In stressful situations, patients constantly ask questions, and it is an important role of ED nurses to serve as patient-advocates. One of the most essential duties of nurses is to ensure that when patients participate in their care, they have the opportunity to ask questions and receive sufficient information to make an informed decision. Since the department serves a diverse community, UCLH for

example have a language line available 24/7 to serve as professional interpreters for patients to ensure that communication is clear.

Furthermore, UCLH ED nurses built their confidence in performing emergency care to patients amidst the chaos of the ED. The respondents were able to introduce a sense of normalcy (M=4.92, SD=0.93), convey a sense personal strength to their patients (M=4.9, SD=1.09), make patients feel better with a presence of serenity and energy (M=4.88, SD=0.83), and usually make patients like them (M=4.88, SD=0.94). According to Valdez & Fontenot (2023), Being a patient or family member in an emergency situation can elicit a wide range of emotions, including dread, worry, suspicion, and a sense of loss of control. As emergency departments a usually chaotic, it is necessary that healthcare providers within this setting can set a system to ensure that the sickest are seen first to prevent harm to life and/or limb. In the setting of UCLH ED, patients walking-in and being offloaded by ambulances were triaged using the Manchester Triage System to ensure that those with the highest acuity were seen first. Communication also plays an important role in this situation. Emergency nurses in UCLH were expected to properly communicate with patients in a calm manner to ensure that correct and important information were taken even under stress-inducing situations. The emergency department of UCLH also has different areas like the Urgent Treatment Center, Rapid Assessment and Treatment Area, Majors, and Resuscitation Bay to ensure that patients were properly segregated within the department based on their acuity. Having these specific designations allow streamlining in the provision of care and order within the department.

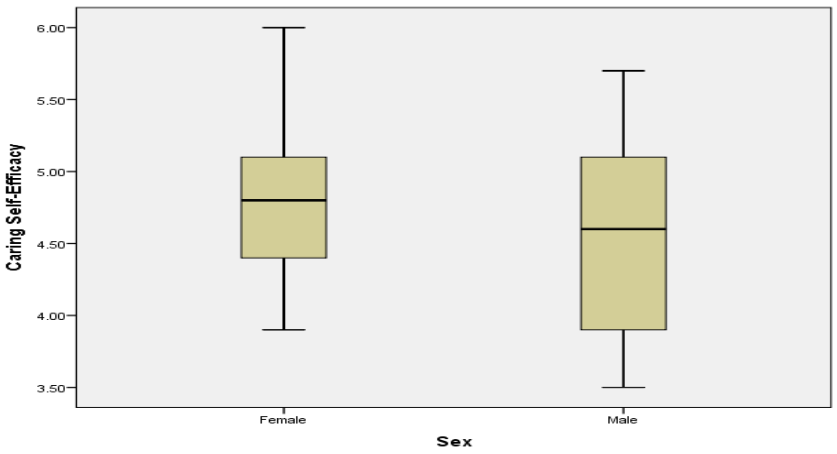
Self-efficacy affects nursing task and clinical performance, confidence, and coping with stress and burn-out. Self-efficacy represents the “can do” attitude of ER

nurses, considering the many hurdles in patient care that they encounter. Li, et al (2020) noted that general self-efficacy is correlated with nurses' competency. Competent nurses are important in the field of emergency nursing as critical decisions that have huge impact to patients' lives are made within the specialty.

Relationship between the Demographic Profile and Perceived Caring Self-Efficacy among Emergency Nurses

This section will discuss the relationship between the respondents' sex and years of experience to their perceived caring self-efficacy. Between sex and the CES, point biserial correlation was used since sex is a dichotomous data whereas the CES is continuous data. Caring self-efficacy here was not categorized into low, average, and high so as not to lose information in the data. For years of experience and caring self-efficacy, Kendall's Tau-b was used since years of experience is an ordinal data whereas Caring Self-Efficacy is continuous. Caring Self-Efficacy scores here were not categorized as well for the reason stated previously.

Figure 3. Boxplot of Sex and Caring Self-Efficacy of Emergency Nurses



Results of the boxplot on CES scores comparing between male and female

emergency nurses indicates nearly identical ranges; however, with different average values and quartile points. Further, female respondents indicated slightly higher average caring self-efficacy score than their male counterparts.

Table 9

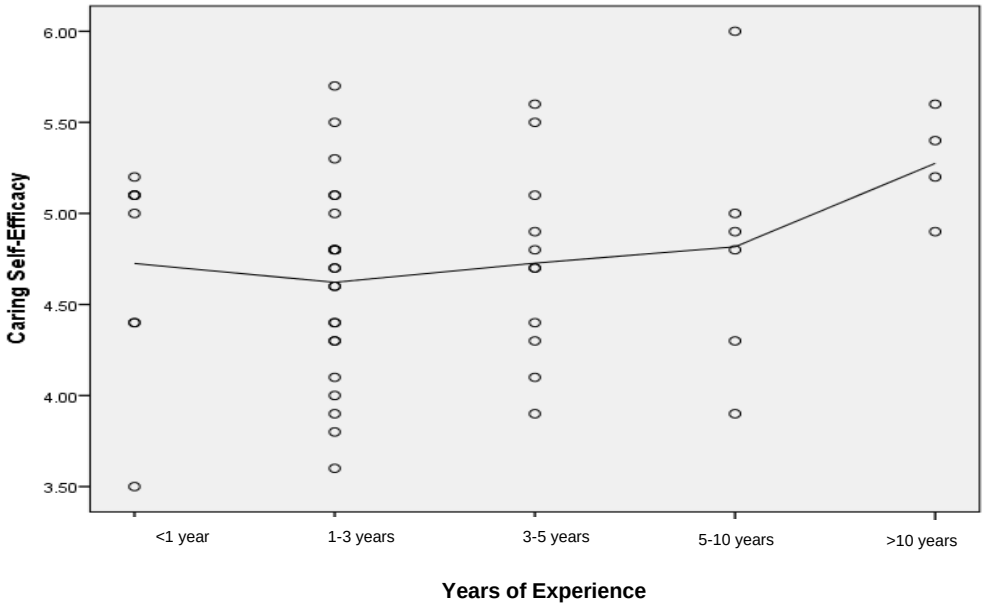
Point Biserial Correlation between Sex and Caring Self-Efficacy of Emergency Nurses

Caring Self-Efficacy	Sex
Pearson Correlation (r_{pb})	-0.226
Sig. (2-tailed)	0.107
N	52

Results of the statistical analysis on the relationship between sex and caring self-efficacy using point biserial coefficient indicated a weak negative correlation (r_{pb} = -.226). Moreover, the correlation was deemed not significant (p>.05). According to the findings of the statistical studies, there is a weak negative association between caring self-efficacy and sex. In the study, even though there is a wider range of caring efficacy scores among the male ER nurses, it is not significantly related. There is no significant data that suggest that male ER nurses has higher caring self-efficacy compared to female ER nurses.

The data between sex and caring-self efficacy among nurses I one of the gaps this study would like to understand. To note, in a study among Indonesian nurses aimed to find the relationship between self-efficacy using a general efficacy scale and the nurses' characteristics, there was a significant relationship between self-efficacy and sex, and that male nurses have higher self-efficacy compared to female nurses (Hindayani et al, 2019). In contrast, Al-Rabeei's (2020) study of Yemeni nurses found no significant association between caring self-efficacy and respondents' demographic factors, including gender.

Figure 4. Scatterplot between Years of Experience and Caring Self-Efficacy of Emergency Nurses



The result of the scatterplot comparing caring self-efficacy scores and years of experience of ER nurses indicated a positive association, however, with a slight decrease in the self-efficacy scores of those with 1-3 years of experience. This might be due to the increasing responsibility realized by ER nurses as they progress from the novice phase. Competent nurses may have the confidence and competence to anticipate patients' needs; but, they may lack the quickness and flexibility required for practice reflection and feedback (Ozdemir, 2019). This might affect their perception of performing a task in emergency situations. Emergency nurses in UCLH overtime improve their perception of caring self-efficacy, as based on the graph, there is a steady increase in the average self-efficacy scores of those with 1 to 3 years of experience up to those with more than 10 years of experience.

Table 10

Correlation between Years of Experience and Caring Self-Efficacy

Caring Self-Efficacy	Years of Experience
Correlation coefficient (T_b)	0.117
Sig. (2-tailed)	0.280
N	52

Results of the statistical analysis on the relationship between years of experience and caring self-efficacy using Kendall's Tau-b indicated a weak positive relationship (T_b = .117). However, the relationship was deemed not significant (p>.05).

As previously showed in the scatterplot, the pattern of increasing self-efficacy scores as years of experience increases justifies the positive relationship, albeit weak and not significant. In a study by Al-Rabeei (2020) which explored the relationship between years of experience and caring self-efficacy (p=0.007), it was found that there is a weak relationship between the two variables while concluding that those with longer work length has higher self-efficacy. In contrast, Reid et al (2017) found that though self-efficacy and years of experience is deemed significant, a proportion of nurses in Australia reported a downward trend in self-efficacy scores as years of experience progresses. For UCLH ED nurses however, it follows that ED nurses with the longest years of experience exhibit higher efficacy to provide a care and establish a caring relationship with patients.

Relationship between Personality Dimensions and Caring Self-Efficacy

For the relationship between personality dimensions and caring self-efficacy, multiple linear regression model (MLRM) analysis with preliminary correlation analysis between the Big-Five Inventory (BFI) categories and the Caring Efficacy Scale (CES) score was used. One of the conditions of the use of MLRM is that the independent

variables (personality) must have a linear relationship with the dependent variable (caring self-efficacy), hence the preliminary correlation analysis was done using Pearson's product moment correlation. Results of the preliminary correlation analyses using Pearson's product moment correlation coefficient and MLRM is given in the table below.

Table 11

Pearson's Product Moment Correlation between Personality Dimensions and Caring Self-Efficacy

	Personality Dimensions									
	Openness		Conscientiousness		Extraversion		Agreeableness		Neuroticism	
	r	*p*-value	r	*p*-value	r	*p*-value	r	*p*-value	r	*p*-value
Caring Self-Efficacy	.090	.524	.262	.060	.261	.062	.522**	.000	-.165	.243

**. Correlation is significant at the 0.01 level

Preliminary bivariate correlation analysis between the respondents measures on the personality dimensions and their caring self-efficacy suggested a very weak positive correlation between Openness to Experience and caring self-efficacy (r=.090), weak positive correlation between Conscientiousness and caring self-efficacy (r=.262), weak positive correlation between Extraversion and caring self-efficacy (r=.261), moderate positive correlation between Agreeableness and caring self-efficacy (r=.522) and a weak negative correlation between Neuroticism and caring self-efficacy (r=-.165). Further results indicated that only the correlation between agreeableness and caring self-efficacy was deemed significant (p<.01).

Agreeableness, Conscientiousness, Extraversion and Openness to Experience all have positive relationship to caring self-efficacy. Though the strength of the relationship differs from each dimension, it can be deduced that caring self-efficacy increases with higher levels on these domains. John & Srivastava (1999) noted the traits or adjectives associated with these following domains. Firstly, agreeable people were trust-worthy, straightforward, altruistic, compliant, modest, and tender minded. Secondly, conscientious people were competent, orderly, dutiful, achievers, self-disciplined, and deliberate, while extroversion described someone as gregarious, assertive, active, excitement-seeking, emotionally positive, and warm. Lastly, those with openness to experience are curious, imaginative, artistic, has wide interests, excitable, and unconventional.

Results of the MLRM suggested that only agreeableness is a significant independent variable of the model ($t=.454$, $p<0.01$), indicative of a significant relationship to caring self-efficacy. Furthermore, its coefficient of 0.482 is the highest among the unstandardized beta coefficients which indicates that it could only be the sole predictor for caring self-efficacy. This suggests that caring self-efficacy can be significantly predicted by agreeableness alone and postulates that it is a necessary trait for self-efficacy among ER nurses.

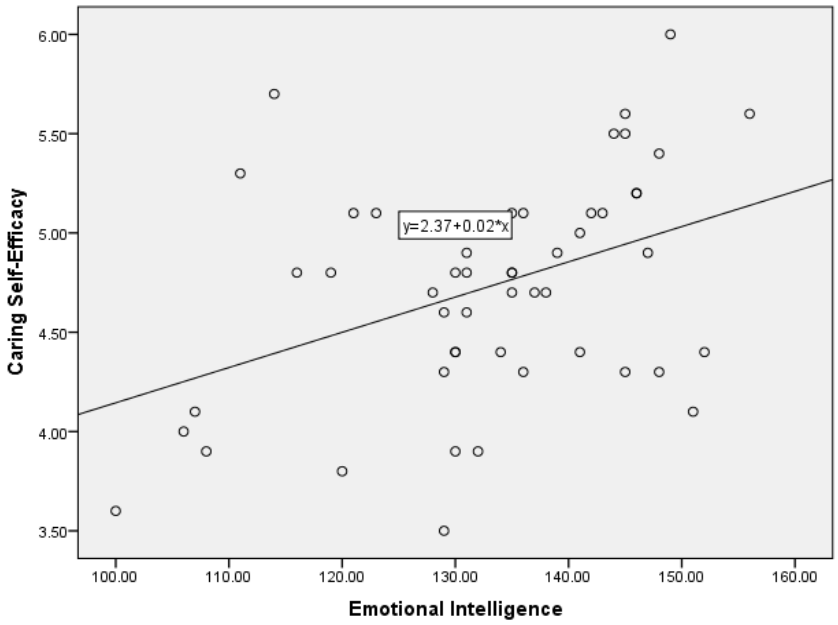
The adjectives compassionate, empathetic, and caring are some of the terms that people have associated to nursing for many years. The Nursing and Midwifery Council of the UK states that it is paramount for UK registered nurses to prioritize people by putting their interest first, and this can be achieved by treating them with kindness, respect, and compassion, among others (NMC Code, 2023). The NMC code is central to good nursing practice for all emergency nurses (Royal College of

Nursing, 2017). According to John & Srivastava (1999), a profile of a person high in agreeableness shows the facets of being honest, forthright, altruistic, compliant, modest, and tender-hearted. With agreeableness having significant relationship with caring self-efficacy and deemed a sole predictor for it, a personality profile founded in compassion, empathy, and cooperation enables UCLH ED nurses to perceive themselves as capable of rendering emergency care to patients regardless of the hurdles that they usually encounter in the emergency setting. This shows that UCLH ED nurses' "can do" attitude is highly associated with their compassion, empathy, and care to patients. This further exemplifies how these traits are central to the nursing profession. This can also be attributed why the public regard nurses as trustworthy professionals for almost two decades (Gallup Poll, 2023). As supported by the study of Hung-Yan & Po (2016), agreeableness is the most prominent personality trait of a future nurse who's able to transcend self-efficacy across culture. Also in Australia, ER nurses scored higher in agreeableness ($p=.001$), extraversion ($p<.001$), and openness to experience ($p<.001$) than the population norms. (Kennedy, Curtis & Waters, 2014). This most probably explains why caring self-efficacy among ER nurses in this study is highly related to their agreeableness.

Relationship between Emotional Intelligence and Caring Self-Efficacy

For the relationship between the respondents' emotional intelligence and caring self-efficacy, Pearson's correlation was used because caring efficacy scores are not categorized into low, average, and high, raw average was used as indicated in the data.

Figure 5. Emotional Intelligence and Caring Self-Efficacy Scatterplot with Regression Line and Equation



Plot of the data considering emergency nurses' emotional intelligence and caring efficacy scores indicated a positive direction. This shows that as emotional intelligence of UCLH ED nurses increases, their caring self-efficacy increases, as well. Emergency nurses who are emotionally intelligent can carry-out the task given to them regardless of the challenges they might face, increasing their productivity. Hence, ED nurses are more productive when their emotional intelligence is high (Geun & Park, 2019).

Table 12

Pearson's Correlation between Emotional Intelligence and Caring Self-Efficacy

	Emotional Intelligence	
	r	*p*-value
Caring Self-Efficacy	.407**	.003

**Correlation is significant at .01 level

Results of the correlation analysis using Pearson indicated a significant moderate positive correlation between Emotional Intelligence and Caring Self-Efficacy

(r=.407, p<.01).

As ED nurses' global emotional intelligence goes higher, their confidence to provide care and establish a caring relationship in the emergency department increases as well, regardless of the adversities they usually encounter in the floor. Emotional intelligence has shown effectivity in the workplace in terms of performance and accomplishing various goals and objectives in life (OU Online, 2020) and is significantly related to nursing productivity (Geun & Park, 2019). In relation to stressors in the emergency department as a challenge, emergency nursing involves high emotional labour for nurses as it's a profession where burnout is common and there's a direct and consistent relationship with people. Being able to effectively perceive and manage their emotions and of others, people with high emotional intelligence can curb work-related stress and burnout (Codier & Codier, 2015).

Considering caring self-efficacy as a metric of performance, emotional intelligence plays a vital role as it is the single most significant predictor of performance in the workplace (ENA, 2018). Emergency nurses' perception to be able to efficiently provide emergency care to patients is promoted by their sense of emotional wellness, and at the same time, they are effective in managing the emotions they receive from their patients. According to Valdez and Fontenot (2023), addressing emotional safety in health care necessitates health care providers providing person-centered treatment while also protecting the patient's dignity and respect. Furthermore, this sort of patient safety is concerned with preventing mental injury and instilling feelings of "safety." Emotional intelligence allows ED nurses to humanize their patients while providing life and/or limb-threatening care.

Chapter V

CONCLUSION AND RECOMMENDATIONS

Summary of Findings

Emergency nursing is a truly challenging specialty. There are lots of hurdles that is unique in the practice of emergency nursing, from constraints due to patient volumes to prioritizing time-sensitive interventions necessary to save someone's life and/or limb. With the constant pressure on emergency nurses, it is worth investigating other factors within the self, that affects how individual nurses perceive their capability in performing life-saving tasks. Concepts within the realm of psychology starts to make its way through nursing research to gain understanding on the role of the self and its different facets, to find ways on how to improve it to gain productivity and ensuring patient care and safety. Self-efficacy which originated in the field of education and learning, has now been associated with the nursing profession to understand perceived capability to perform caring tasks considering the challenges that can be encountered. In understanding this, it is necessary to explore personality dimensions and abilities to regulate emotions, as these are important drivers to explain actions and make connections to patients.

In terms of personality, emergency nurses scored high in agreeableness; average in conscientiousness, openness to experience and, extraversion; and low in neuroticism. This makes kindness, compassion, and empathy at the core of their personality. Emergency nurses have average perceived caring self-efficacy. The personality dimensions apart from neuroticism were positively related to caring self-efficacy, with agreeableness as the most significant and considered to be a pivotal factor that drive ER nurses' perceived capability to provide care. Emergency nurses

are driven by their own compassion, kindness, and empathy to provide emergency nursing care to their patients amidst the challenges and difficulties they perceive to face. Demographic characteristics like sex and years of experience were found to have no significant relation to caring self-efficacy; however, data shows that longer length of service is directly proportional to the perceived self-efficacy in providing emergency nursing care. Ability to perceive and regulate emotions is important to predict performance among nurses. Emergency nurses have average to unusually high emotional intelligence, and it is significantly related to their perceived caring self-efficacy. As global emotional intelligence increases among ER nurses, so as their "can do" attitude in terms of providing emergency care. This supports the notion that emotional intelligence is a necessary predictor in assessing performance in the workplace.

The role of the self and ability to regulate and perceive emotions is important to understand why emergency nurses are a unique breed of nurses. It takes a lot to be able to work in a care setting that is constantly challenged with limitless patient volumes, varying acuity from the deadliest to the most benign, and the necessity for efficient provision of care that one small slip-up can cost someone's life. Apart from setting-up policies and guidelines to ensure that effective and safe practice is upheld, exploring the part that personality and emotional intelligence among emergency nurses play to drive self-efficacy, is a worthy endeavor. At the end of the day amidst all the chaos of the ER, it's the nurse's inner voice that will declare something as "I can do it!" that will ultimately turn to "I will do it!".

Conclusion

The following conclusions were derived from the problem statement of the study.

1. There are more female than male emergency department (ED) nurses in University College London Hospital (UCLH), United Kingdom. In addition, most nurses have 1 to 3 years of experience in the ED.
2. The ED nurses of UCLH scored high in terms of agreeableness, average in openness to experience, conscientiousness, and extraversion, and low in neuroticism.
3. Most ED nurses of UCLH have average global emotional intelligence.
4. Staff nurses of UCLH ED perceived themselves as having an average level of perceived caring self-efficacy in providing emergency care to patients.
5. There is no significant relationship between ED nurses' demographic characteristics and their caring self-efficacy. Male ED nurses in UCLH have higher caring self-efficacy scores, and length of experience is directly proportional to caring self-efficacy after 3 years.
6. Agreeableness is the only personality dimension that is indicative of a significant relationship to caring self-efficacy among UCLH ED nurses.
7. There is a significant relationship between global emotional intelligence and the perceived caring self-efficacy among UCLH ED nurses. Caring self-efficacy is directly proportional to emotional intelligence.

Recommendations

Based on the study results, the following recommendations were made to continually provide safe and efficient emergency nursing care to patients.

For emergency nurses

In exploring the role of the self and regulations of emotions, it is paramount that nurses themselves are self-aware how their own personality and emotional intelligence affects their perceived efficacy to provide nursing care. In the greater scheme of things, any improvement aimed towards the nursing staff is for the benefit of their patients. As the study shows how ED nurses were highly compassionate and empathetic, it is important for ED nurses to understand that it's their altruism that drives them to commit to care even though the situation is challenging. Also, being able to regulate and understand their own emotions help in terms of productivity in the workplace.

For nurse administrators / managers in the Emergency Department

To ensure that emergency care is provided to patients and their families in the ED efficiently and safely, it is important to investigate the following factors that relates to ED nurses' "can do" attitude. The study shows that nurses with more experience in the ED develops a higher caring self-efficacy. Based on this, it is important to ensure that ED nurses' turnover is kept at a minimum. In addition, ED nurses show to have higher agreeableness which is significantly related to caring self-efficacy. Adding standardized personality tests during intake of new ED nurses can be valuable. Nurse managers / leaders of the ED should ensure that ED nurses are given opportunities to use this inner strength by providing collaborative opportunities, allowing them to develop leadership skills, setting a clear career-path, and provision of training opportunities for ED nurses to further enhance and develop agreeableness. In addition, the study has further solidified how emotional intelligence is important in understanding productivity in the workplace. With perceived caring self-efficacy being significantly related to higher global emotional intelligence, it is important for nurse

managers / leaders to ensure that ED nurses are given the opportunity to enhance and further increase emotional intelligence. This can be done through empathy training or workshops to further develop self-regulation of emotions, among others.

For future nurse researchers

1. To explore demographic characteristics, personality, emotional intelligence, and caring self-efficacy of different emergency departments from different acute care hospitals to have a better understanding on the relationship of these variables on a larger sample.
2. To conduct specific interventions that enhances certain personality dimension and abilities to regulate emotions and assess how perceived caring self-efficacy is affected by such interventions.
3. To explore and describe the study variables in other specialties in nursing that can be highly challenging like critical-care units and medical-surgical units, among others.
4. To explore other factors that may affect caring self-efficacy as a metric of productivity in emergency nursing, like burnout, stress, and coping abilities.
5. To conduct further studies that focus on the role of the self, human behavior, and regulation of emotions of nurses in the delivery of efficient and safe nursing care to patients.

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Appendices

Appendix A. Research Tools

Schutte's Self-Report Emotional Intelligence Test (SSEIT)

Directions: Each of the following items asks you about your emotions or reactions associated with emotions. After deciding whether a statement is generally true for you, use the 5-point scale to respond to the statement. Please circle the "1" if you strongly disagree that this is like you, the "2" if you somewhat disagree that this is like you, "3" if you neither agree nor disagree that this is like you, the "4" if you somewhat agree that this is like you, and the "5" if you strongly agree that this is like you. There is no right or wrong answer. Please give the response that best describes you.

Disagree Strongly	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree Strongly
1	2	3	4	5

1. I know when to speak about my personal problems to others.
   1 2 3 4 5

2. When I am faced with obstacles, I remember times I faced similar obstacles and overcame them.
   1 2 3 4 5

3. I expect that I will do well on most things I try.
   1 2 3 4 5

4. Other people find it easy to confide in me.
   1 2 3 4 5

5. I find it hard to understand the non-verbal messages of other people.
   1 2 3 4 5

6. Some of the major events of my life have led me to re-evaluate what is important and not important.
   1 2 3 4 5

7. When my mood changes, I see new possibilities.
   1 2 3 4 5

8. Emotions are one of the things that make my life worth living.
   1 2 3 4 5

9. I am aware of my emotions as I experience them.
   1 2 3 4 5

10. I expect good things to happen.
    1 2 3 4 5

11. I like to share my emotions with others.
1 2 3 4 5

12. When I experience a positive emotion,
I know how to make it last.
1 2 3 4 5

13. I arrange events others enjoy.
1 2 3 4 5

14. I seek out activities that make me happy.
1 2 3 4 5

15. I am aware of the non-verbal messages I send to others.
1 2 3 4 5

16. I present myself in a way that makes a good impression on others.
1 2 3 4 5

17. When I am in a positive mood, solving problems is easy for me.
1 2 3 4 5

18. By looking at their facial expressions, I recognize the
emotions people are experiencing.
1 2 3 4 5

19. I know why my emotions change.
1 2 3 4 5

20. When I am in a positive mood, I am able to come up with
new ideas.
1 2 3 4 5

21. I have control over my emotions.
1 2 3 4 5

22. I easily recognize my emotions as I experience them.
1 2 3 4 5

23. I motivate myself by imagining a good outcome to
tasks I take on.
1 2 3 4 5

24. I compliment others when they have done something well.
1 2 3 4 5

25. I am aware of the non-verbal messages other people send.
1 2 3 4 5

26. When another person tells me about an important event in

his or her life, I almost feel as though I experienced this event myself.
1 2 3 4 5

27. When I feel a change in emotions, I tend to come up with new ideas.
1 2 3 4 5

28. When I am faced with a challenge, I give up because I believe I will fail.
1 2 3 4 5

29. I know what other people are feeling just by looking at them.
1 2 3 4 5

30. I help other people feel better when they are down.
1 2 3 4 5

31. I use good moods to help myself keep trying in the face of obstacles.
1 2 3 4 5

32. I can tell how people are feeling by listening to the tone of their voice.
1 2 3 4 5

33. It is difficult for me to understand why people feel the way they do.
1 2 3 4 5

Caring Efficacy Scale (CES)

Instructions: When you are completing these items, think of your recent work with patients/clients in clinical settings. Circle the number that best expresses your opinion.

Rating Scale:

Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree
-3	-2	-1	+1	+2	+3

	Strongly Disagree					Strongly Agree
I do not feel confident in my ability to express a sense of caring to my clients/patients.	-3	-2	-1	+1	+2	+3
If I am not relating well to a client/patient, I try to analyse what I can do to reach him/her.	-3	-2	-1	+1	+2	+3
I feel comfortable in touching my clients/patients in the course of caregiving.	-3	-2	-1	+1	+2	+3
I convey a sense of personal strength to my clients/patients.	-3	-2	-1	+1	+2	+3
Clients/patients can tell me most anything and I won't be shocked.	-3	-2	-1	+1	+2	+3
I have an ability to introduce a sense of normalcy in stressful conditions.	-3	-2	-1	+1	+2	+3
It is easy for me to consider the multi-facets of a client's/patient's care, at the same time as I am listening to them.	-3	-2	-1	+1	+2	+3
I have difficulty in suspending my personal beliefs and biases in order to hear and accept a client/patient as a person.	-3	-2	-1	+1	+2	+3
I can walk into a room with presence of serenity and energy that makes clients/patients feel better.	-3	-2	-1	+1	+2	+3
I am able to tune into a particular client/patient and forgot my personal concerns.	-3	-2	-1	+1	+2	+3
I can usually create some way to relate to most clients/patients.	-3	-2	-1	+1	+2	+3
I lack confidence in my ability to talk to clients/patients from backgrounds different from my own.	-3	-2	-1	+1	+2	+3
I feel if I talk to clients/patients on an individual personal basis, things might get out of control.	-3	-2	-1	+1	+2	+3

I use what I learn in conversations with clients/patients to provide more individualized care.	-3	-2	-1	+1	+2	+3
I don't feel strong enough to listen to the fears and concerns of my clients/patients.	-3	-2	-1	+1	+2	+3
Even when I'm feeling self-confident about most things, I still seem to be unable to relate to clients/patients.	-3	-2	-1	+1	+2	+3
I seem to have trouble relating to clients/patients.	-3	-2	-1	+1	+2	+3
I can usually establish a close relationship with my clients/patients.	-3	-2	-1	+1	+2	+3
I can usually get patients/clients to like me.	-3	-2	-1	+1	+2	+3
I often find it hard to get my point of view across to patients/clients when I need to.	-3	-2	-1	+1	+2	+3
When trying to resolve a conflict with client/patient, I usually make it worse.	-3	-2	-1	+1	+2	+3
If I think a client/patient is uneasy or may need some help, I approach that person.	-3	-2	-1	+1	+2	+3
If I find it hard to relate to a client/patient, I'll stop trying to work with that person.	-3	-2	-1	+1	+2	+3
I often find it hard to relate to clients/patients from a different culture than mine.	-3	-2	-1	+1	+2	+3
I have helped many clients/patients through my ability to develop close, meaningful relationships.	-3	-2	-1	+1	+2	+3
I often find it difficult to express empathy with clients/patients.	-3	-2	-1	+1	+2	+3
I often become overwhelmed by the nature of the problem patients/clients are experiencing.	-3	-2	-1	+1	+2	+3
When a client/patient is having difficulty communicating with me, I am able to adjust to his/her level.	-3	-2	-1	+1	+2	+3
Even when I really try, I can't get through to difficult clients/patients.	-3	-2	-1	+1	+2	+3
I don't use creative or unusual ways to express caring to my clients/patients.	-3	-2	-1	+1	+2	+3

Big Five Inventory (BFI)

Here are several characteristics that may or may not apply to you. For example, do you agree that you are someone who likes to spend time with others? Please mark under the number next to each statement to indicate the extent to which you agree or disagree with that statement.

Disagree strongly 1	Disagree a little 2	Neither agree nor disagree 3	Agree a little 4	Agree strongly 5

I see Myself as Someone Who...

1	2	3	4	5	
					Is talkative
					Tends to find fault with others
					Does a thorough job
					Is depressed, blue
					Is original, comes up with new ideas
					Is reserved
					Is helpful and unselfish with other
					Can be somewhat careless
					Is relaxed, handles stress well
					Is curious about many different things
					Is full of energy
					Starts quarrels with others
					Is a reliable worker
					Can be tense
					Is ingenious, a deep thinker
					Generates a lot of enthusiasm
					Has a forgiving nature
					Tends to be disorganized
					Worries a lot
					Has an active imagination
					Tends to be quiet
					Is generally trusting
					Tends to be lazy
					Is emotionally stable, not easily upset

1	2	3	4	5	
					Is inventive
					Has an assertive personality
					Can be cold and aloof
					Perseveres until the task is finished
					Can be moody
					Values artistic, aesthetic experiences
					Is sometimes shy, inhibited
					Is considerate and kind to almost everyone
					Does things efficiently
					Remains calm in tense situations
					Prefers work that is routine
					Is outgoing, sociable
					Is sometimes rude to others
					Makes plans and follows through with them
					Gets nervous easily
					Likes to reflect, play with ideas
					Has few artistic interests
					Likes to cooperate with others
					Is easily distracted
					Is sophisticated in art, music, or literature

Appendix B. Certificate of Ethical Approval

	UP OPEN UNIVERSITY Institutional Research Ethics Committee		
	CERTIFICATE OF ETHICAL APPROVAL	REC Form No.	4C
		Version No:	01
		Date of Effectivity:	

18 February 2022

This is to certify that the following protocol and related documents have been granted approval by the UP Open University Institutional Research Ethics Committee (UPOU-IREC).

The UP Open University Institutional Research Ethics Committee (UPOU IREC) is the body that implements the university policy of overseeing the ethical soundness of the institutional research produced, including any research conducted by faculty members, students, REPS, and staff. All institutional research proposals must undergo ethics review and shall gain certification clearance from the UPOU IREC.

The committee operates according to Philippine Health Research Ethics Board (PHREB) guidelines and regulations.

REC Protocol No.	2021-0001_MAN		
Principal Investigator(s)	John Carlo Estrevencion		
Title	Personality, emotional intelligence, and their relationship to caring self-efficacy among emergency nurses in University College London Hospital NHS Foundation Trust, London, United Kingdom		
Document Type	Study Protocol		
Protocol Version No.	03	Version Date	February 10, 2022
Other Documents	1. Approval forms duly signed by technical panel after thesis proposal 2. Endorsement from Program Chair to IREC Chair 3. Registration and application form and Review Checklist 4. Application For Ethics Review Of A New Protocol (2B) 5. Study protocol assessment form 6. Ethics Assessment Form (Health or Non-health)		

	UP OPEN UNIVERSITY Institutional Research Ethics Committee		
	CERTIFICATE OF ETHICAL APPROVAL	REC Form No.	4C
		Version No:	01
		Date of Effectivity:	

	a. Non-Health related assessment form 7. Informed consent form checklist 8. Informed Consent Form 9. Study protocol/Research Proposal (Chapters 1-3 and references) 10. CV of the Principal Investigator 11. Resubmission Form		
Type of Review	☑ ~~Expedited~~ ☐ Full Board Meeting Date:	Duration of Approval from Date to:	18 February 2022 - 18 February 2023

UPOU-IREC Chair	Signature	Date
RIA VALERIE D. CABANES		18 February 2022

Appendix C. Request to Conduct a Survey

RE: Request to conduct a survey to ED nursing staff

WALTON, Harriet (UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST) <harriet.walton@nhs.net>
Fri 04/03/2022 9:40 AM

To:ESTREVENCION, John Carlo (UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST) <johncarlo.estrevencion@nhs.net>

Cc:SWIFT, Anna (UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST) <anna.swift5@nhs.net>

Dear JC ,

Hope you are well

I would be happy for you to complete this study and I would be very interested in the results.

I wish you all the best with your survey,.

Best wishes
Harriet

Harriet Walton
Senior Nurse, Emergency Department, UCLH
Mobile 07908 864 668

From: ESTREVENCION, John Carlo (UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST)
Sent: 03 March 2022 12:04
To: WALTON, Harriet (UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST)
Subject: Request to conduct a survey to ED nursing staff

Good day Harriet,

I am writing to you to request for your permission for me to conduct a survey to our ED nursing staff. I am currently enrolled in a graduate program in the Philippines, taking my master's degree in nursing. This research activity is part of my requirement for the degree.

My study is entitled "Personality, Emotional Intelligence and their relationship to Caring Self-Efficacy among Emergency Department Nurses in University College London Hospital NHS Foundation Trust, London, United Kingdom." My target respondents are our band 5 and 6 ED nurses, excluding DCNs, CNs, and HCAs/Associates. I will personally make the request to our respective staff and their participation is completely voluntary. The staff who will participate will do the survey online, which will take approximately 10 minutes.

I assure that the privacy and confidentiality of their responses will be maintained. The survey is personal and professional in nature. In terms of their nursing experience, it will only ask about their perception of self-efficacy and will not include any information or practice that is particular to UCLH. Since it is online, they can also do it at home, and I will make sure that this activity will not directly affect their work in the department. The survey service provider I'm going to use is also EU-GDPR compliant. This study was also awarded with a certificate of approval from the Ethics Review Board of my university, I have attached the certificate in this email for your reference.

I am hoping that you will consider this request. This will greatly help me in my study about the matter and hopefully add to current knowledge gaps in nursing science. I am also more than willing to share with the department the result of this study once it is done upon your request.

Thank you very much,

Appendix D. Curriculum Vitae

John Carlo Estrevencion

BSN, RN, CEN, TCRN, CCRN

CAREER PROFILE

A registered nurse with 11 years of experience delivering competent, safe and compassionate emergency nursing care for patients and their families. **Core competencies** include critical-care and decision making, focused and holistic emergency nursing care, leading and supporting teams, effective communication and collaboration with the multi-disciplinary team (MDT), self-directed learning, professional development, trauma emergency, triaging, and evidence-based practice.

ACADEMIC BACKGROUND

Ongoing: M. A. in Nursing – major in Adult Health Nursing, University of the Philippines – Open University

Thesis: Personality, Emotional Intelligence, and its Relationship to Caring-Self Efficacy among Emergency Department Staff Nurses of an Acute Care Hospital in London, United Kingdom

B. S. in Nursing, Emilio Aguinaldo College – Dasmariñas

Cum Laude, Thesis: Coping Mechanisms of Breast Cancer Patients at the Philippine Foundation for Breast Care Incorporated (PFBCI) at East Avenue Medical Center, Quezon City, Philippines (unpublished)

PROFESSIONAL EXPERIENCE

Dec 2022 to Present: Adult Emergency Nurse, New-York Presbyterian Weill Cornell Medical Center, NY, USA

2021 to 2022: Senior Staff Nurse: Emergency Department, University College London Hospitals NHS Foundation Trust, London, UK

2017 to 2022: Staff Nurse: Emergency Department, University College London Hospitals NHS Foundation Trust, London, UK

2014 to 2017: Staff Nurse II: Department of Emergency Medicine, University of the Philippines – Philippine General Hospital, Manila, Philippines

2011 to 2014: Staff Nurse: Emergency Room, Our Lady of the Pillar Medical Center, Imus, Philippines

PROFESSIONAL CERTIFICATIONS, LICENSES AND AFFILIATONS

Trauma Certified Registered Nurse (TCRN), Board of Certification for Emergency Nurses

Certified Emergency Nurse (CEN), Board of Certification for Emergency Nurses

Trauma Nursing Core Course Provider (TNCC) – 8th Ed., Emergency Nurses Association

Basic Life Support, American Heart Association

Advance Cardiac Life Support, American Heart Association

Pediatric Advance Cardiac Life Support, American Heart Association

Member, Emergency Nurses Association, New York State chapter

Member, Society of Trauma Nurses

PROFESSIONAL REGISTRATIONS

Registered Nurse, Professional Regulations Commission, Philippines

Registered Nurse, The University of the State of New York, United States

Previously held registration: Registered Nurse, Nursing and Midwifery Council, United Kingdom