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Master of Arts in Nursing

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**EMOTIONAL INTELLIGENCE AND PSYCHOLOGICAL WELL-BEING
AMONG NURSES IN A PSYCHIATRIC HOSPITAL IN KUWAIT**

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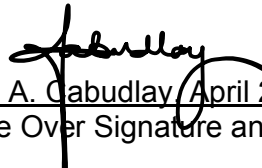
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The thesis attached hereto, entitled “**Emotional Intelligence and Psychological Well-being among Nurses in a Psychiatric Hospital in Kuwait,**” prepared and submitted by **MR. JAYSON A. CABUDLAY** in partial fulfillment of the requirement for the degree of **Master of Arts in Nursing** with specialization in **Nursing Administration** is accepted.


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APPROVAL SHEET

We, the members of the oral examination panel for **MR. JAYSON A. CABUDLAY** unanimously approved the thesis entitled “**Emotional Intelligence and Psychological Well-being among Nurses in a Psychiatric Hospital in Kuwait.**” The thesis attached hereto was defended on December 11, 2020, at UPOU Learning Center in Manila for the degree of **Master of Arts in Nursing** is hereby accepted.

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JAYSON A. CABUDLAY, RN

ABSTRACT

Emotional intelligence is the ability of an individual to recognize his or her own feelings, rationalize among those feelings as well as incorporate such feelings into thinking and actions. Psychological well-being is recognized as the capability to actively participate in work and to create important relationships with others, and to establish positive emotions. In today's practice, patients' care is not only confined to the physical ailment but also to the psychological and emotional needs of the patients, hence, the role of emotional intelligence and psychological well-being must be taken seriously, as nurses are confronted not only by the patients' emotions but also by their own.

This study aims to gain insight into the level of emotional intelligence and psychological well-being among nurses in a psychiatric hospital in Kuwait and to determine the significant relationship between the levels of emotional intelligence, psychological well-being and the profile of mental health nurses focusing on the field of caring.

Quantitative non-experimental descriptive correlational design was used, and the standardized questionnaires namely: Schutte Self-Report Emotional Test (SSRET) and Psychological Well-being Scale (PWBS) were used to gather data from 150 respondents. Results shows most of the surveyed respondents are male (58.7%), belongs to generation Y (23 – 38 years old) or the millennial age (65.3%). Mostly are married (90%), obtained a baccalaureate degree in nursing (74.7%). Majority are Indian national (66%) having 1 – 5 years of work experience (30%).

Pearson Product-Moment Correlation and chi square test were used to analyze the data. The results showed a high level of emotional intelligence of mental health nurses' and low score in almost all the subscale of PWB with a low overall mean score of 141.40 ($SD = 20.80$). The correlation results also showed that there is no significant positive correlation between emotional intelligence and psychological well-being. Further, the result of the chi-squared test showed that there is no statistically significant correlation between demographic profile and psychological well-being and emotional intelligence of mental health nurses in Kuwait.

Keywords: Emotional Intelligence, Psychological well-being, Demographic profile SSRET, PWBS, Staff Nurses

CHAPTER 1

THE RESEARCH PROBLEM

Background of the Study

In the nursing profession, nurse-patient interaction has always been central to nursing, where in the process of care, nurses have to constantly interact with the patients and other medical personnel. This interaction does not merely constitute pure conversation, instead it is a process which involves nurses' perception and understanding of patient's emotion and the utilization of this perception and emotions in order to facilitate thought in dealing with complex situation towards giving patients quality care. More so, in the field of psychiatric nursing, since nurses in this field care not only for medically ill patients but also for mentally challenge patients, it poses more pressure and challenges for the nursing staff which in turn produces professional stress and affects the nurses' psychological well-being. Psychological well-being is defined as the capability to actively participate in work and to create important relationships with others, and to establish positive emotions.

The concept of human wellbeing is ambiguous by nature that it cannot be quantified. As postulated by McGillivray et al. in 2007, there is no unanimity around a single universally accepted definition of wellbeing, but there is general agreement that at the core, wellbeing includes the presence of positive moods and emotions such as contentment, happiness; the absence of negative emotions such as depression and anxiety; satisfaction with life; fulfillment and positive functioning (Diener et al, 2009). However, there are also some factors that can affect the psychological well-being of the nurses such as the Emotional intelligence.

Emotional intelligence is defined as the ability to monitor one's own and others' feelings and emotions, to discriminate among them and to use this information to guide

one's thinking and actions. (Salovey and Mayer, 1990) Thus, it is important to understand that emotional intelligence is not about the victory of the hearts over the head, but instead it is the unique intersection of both. In today's practice, patients' care is not only confined to the physical ailment but also to the psychological and emotional needs of the patients, hence, the role of emotional intelligence must be taken seriously, as nurses are confronted not only by the patients' emotions but also by their own.

Anne (2004), by a literature review concludes that the modern day demands of nursing depends on the skills of emotional intelligence to achieve a patient centered care. There is no doubt that Emotional intelligence in nursing leads to more positive attitudes, greater adaptability, improved relationships, and increased orientation towards positive values (Kristin and Elisabeth, 2007). A clear relation between emotional intelligence and adaptive success has also been detected in nurses caring for people with mental retardation.

Emotional intelligence can be seen ubiquitously at work in different circumstances especially within health care environments. After all, hospitals can be a place of great stress. Emotions amongst its workers and patients can possibly run through high and it can be visible through the interactions between the staff and the patients. And as psychiatric health nurse practitioner in KCMH, such dilemma is tangible when one is taking care of a patient who has bipolar mood disorder type 1, personality disorder and even patient's relatives who relentlessly nags and asked for something impossible that can really get under your skin and test your patience. It is also apparent when difficult news needs to be conveyed to patients and their families. Thus, members of a team often have to control their emotions and work together to achieve their goals.

In Kuwait, correlational studies on emotional intelligence and psychological health have been done in 191 undergraduate students of psychology at the University of Kuwait by Alkhhadher, O. (2007). The result showed that men scored higher than women in managing emotions and self-motivation. However, studies on the possible correlation between emotional intelligence and psychological well-being of mental health nurses in the Arab region, particularly in Kuwait, have not been widely studied; considering that most of the health care provider of mentally challenge patients comes from a different cultural background.

(Dusseldorp et al, 2011) examined the level of intelligence among 98 Dutch nurses in Netherlands where the mean level of emotional intelligence of this sample of professionals were found to be statistically significant. Female nurses score significantly higher than men on the subscale's empathy, social responsibility, interpersonal relationship, emotional self-awareness, self-actualization, and assertiveness. On the other hand, no correlations are found between years of experience, age, and emotional intelligence. This study also shows that nurses in psychiatric care, indeed score above average in the emotional intelligence required to cope with the amount of emotional labor involved in daily mental health practice.

In line with this, it is worth mentioning that over the past two years, there has been a significant increase in the number of resigned and AWOL nursing staff at KCMH. Also, there has been number of complaints of physical abuse among nurses towards their mentally ill patients. In a research conducted by (Salanova et al., 2011); (Xantopoulou et al, 2009) shows that poor psychological well-being has always been associated with increased turnover. In addition and in line with the development of poor psychological well-being, apparently, there has been confessions from the nursing staff of KCMH on the absence of morale support from the management, especially in times

when staff are confronted with problems which involves the patients, patient's family and even personnel from other departments; as they tend to sanction and lean against the side of the nurses without due process, either by cutting their night allowance or transferring staff to other department like OPD that doesn't have night allowance. Indeed, management support towards its workers is crucial either to the development or decrease in their health and well-being. As postulated by (Kohll, A., 2017) employees need a manager's support to create a thriving culture of wellness and sustainable behavior change.

Furthermore, studies have shown that culture also influences emotion in various ways, as it inhibits how emotions are felt and expressed in a given cultural context. Since majority of the respondents are Indians, the possibility on the development of one's emotional intelligence differs and can be related to an individual's culture, as people in a certain culture are motivated and tend to behave in certain ways, so that they will feel and experience the emotional state or response that are considered to be ideal in their culture (Tsai, J.L., 2007).

Thus, this research is aimed to gain insight into the level of emotional intelligence and psychological well-being among nurses in a psychiatric hospital in Kuwait and to determine the significant relationship between the levels of emotional intelligence, psychological well-being and the profile of mental health nurses focusing on the field of caring, and to understand the impact that emotional intelligence has on the well-being of nurses in the workplace, as a better understanding of these variables may allow identification of strategies and can provide valuable insights to the management of this institution with regards to the management and handling of their employees specifically the nurses, so as to further improve the working conditions of these nurses with resulting benefits on the quality nursing care.

Statement of the Problem

Knowledge around emotional intelligence originated in the 1990s research regarding thoughts, emotions, and abilities. Overtime, the concept of emotional intelligence has evolved and has been ubiquitously used and considered the concept within professions such as business, management, education and within the last 10 years has gained traction within the nursing practice.

In Kuwait, although correlational studies on emotional intelligence and psychological health have been done in 191 undergraduate students of psychology at the University of Kuwait by Dr. Othman Alkhhadher, of which 98 men and 93 women, where men scored higher than women in managing emotions and in self-motivation. However, studies on the possible association between emotional intelligence and psychological well-being among mental health nurses has not been widely studied in the Arab region especially in Kuwait, considering that the health care giver of these mentally challenge patient comes from different cultural perspective.

Emotional intelligence indeed plays a vital role in an individual's personal life and organization's performance. Literature suggest that emotional intelligence can be a tool for controlling job stress and enhance psychological well-being. This study is an earnest attempt to unfold the results in the best possible way to determine the level of EI and PWB among these mental health nurses and to ascertain if there's a significant relationship between the levels of emotional intelligence and psychological well-being and demographics among nurses in a psychiatric hospital in Kuwait., which in turn can serve as the basis for any future researchers who would want to pursue this study through whatever intervention they might be applying to these nurses' base on the result of this study. Moreover, based on the findings of this study, strategies to improve the

working conditions of the nurses were proposed for the development of quality nursing care.

Objectives of the Study

The general purpose of this study was to gain insight into the level of emotional intelligence and psychological well-being among nurses in a psychiatric hospital in Kuwait and to specifically answer the following questions:

1. To identify the profile of nurses such as; age, sex, civil status, nationality, educational attainment and years of experience.
2. To determine the level of emotional intelligence of mental health nurses in a psychiatric hospital in Kuwait?
3. To determine the level of psychological well-being of mental health nurses in a psychiatric hospital in Kuwait?
4. To determine if there is a significant relationship between the levels of emotional intelligence and psychological well-being of mental health nurses in a psychiatric hospital in Kuwait?
5. To determine if there is a significant relationship between the levels of emotional intelligence and profile of mental health nurses in a psychiatric hospital in Kuwait in terms of: age, sex, civil status, nationality, educational attainment and years of work experience.
6. To determine if there is a significant relationship between the levels of psychological well-being and profile of mental health nurses in a psychiatric hospital in Kuwait in terms of: age, sex, civil status, nationality, educational attainment, and years of work experience.

Significance of the Study

The results gathered from the study consisted of remarkable significance in supporting the psychological health of the nurses. As such, the findings of this research would prove significant and beneficial to the following:

a. Nurses – There was considerable indication which shows that the mental health of a person is a key aspect affecting their ability to do their jobs with excellence. The results of this study would help them determine their Emotional Intelligence practices and to find ways to enhance or change their previous practices. The government has an accountability to guarantee that the healthcare systems are in the best conditions. This can be attained by establishing mental health-promoting workplace, which is a means of forming and relating all the vital mechanisms which form the mental health of the medical personnel. This study would give the nurses a fresh perspective into how their emotional intelligence can be enhanced and their psychological wellbeing be promoted.

b. Nursing administration – This study would be used as a basis for identifying and implementing strategies to improve the working conditions of the nurses. Administrators have to lead the way in establishing nation-based coordinating working groups and identifying key divisions and staff to develop the culture that enhances mental wellbeing. The results may suggest the types of future remediation and action programs that the hospitals may need to enhance their management practices and policies. The findings can also serve as the basis on how to significantly improve EI and promote social wellbeing among nurses.

c. Patient – As the patients go to the medical facilities, they come with self-assurance that they would be given a safe and quality experience. Research has shown

that Patient experiences are interconnected with emotional intelligence. Developing the emotional intelligence makes the nurse provide a more optimistic outlook, stronger relationships, and greater adaptability. High emotional intelligence is therefore crucial in the world today to satisfy the expectations of patient-centered medical care, thereby leading to an increase in the general patient satisfaction.

d. Future researcher – The result of this study could serve as their basis for their future studies. This would provide an improved understanding of this matter in the nurses' mental health which may allow further researcher to have a basis and foundation in the identification of the strategies and formulate policies to expand the working situations for these nurses and enable them to make decisions, handle their patients better, strengthen relationships and mental well-being and will have a significant impact on the productivity of patient treatment.

Scope and Limitation of the Study

The scope of the study were the staff nurses currently working at Kuwait Center for Mental Health, specifically those who worked in casualty department, acute and sub-acute ward, rehabilitation ward, geriatric ward, forensic ward, pediatric ward and VIP ward. The limitation of this study is the possibility that the respondents might have provided a positive response on the questionnaires in favor of the institution, which in one way or the other affected the reliability of the study. It was minimized by assuring the participant's anonymity and confidentiality. Another limitation is the limited time being allocated for this study, as the administration of the hospital had only given a short period of time to conduct the said research.

Furthermore, the fact that there is less study done on Emotional Intelligence and Psychological well-being among nurses in the Arab region especially in Kuwait, is

another factor that contributes to the limitations of this study, as there was less related literature done in the region found to correlate with the study. In addition to the limitations, the researcher also recognizes the possibility of financial constraint, as this study was independently and solely done by the researcher.

CHAPTER 2

THEORETICAL BACKGROUND

Review of Related Literature

Nursing by definition, is to care for someone. However, it is not enough to simply provide quality medical care. While the practical and rational aspects of nursing is fulfilled when giving care, the emotional aspect cannot just be ignored. Thus, it is imperative that nurses should seek ways to nurture and fulfill both the emotional and psychological aspect as well, as research shows that increasing emotional intelligence and psychological well-being does not only benefit the patients, but also nurses themselves stand to also benefit in several ways.

Emotional Intelligence

Knowledge around emotional intelligence originated in the 1990's from research regarding thoughts, emotions and abilities. Its concept has evolved over the last two decades. However, the understanding and uses of it remains unclear and despite that it has been a widely considered concept within the professions such as business and education and management.

Initially, emotional intelligence was introduced by Salovey and Mayer in the 1990's, where it was suggested that individual's ability to reason varies, which then led the other discipline to believe that Emotional Intelligence are a set of skills or resources that can be thought to enhance coping thereby promoting well-being (Schutte et al., 2007; Martins et. al., 2010; Sánchez- Álvarez et al. 2016).

Since the arrival of EI in the early 1900s it was characterized in several various ways. Mayer (1997), suggest that EI refers to the collection of skills that describe how the emotive experience and knowledge of people differ. In addition, EI is described as

the capacity of perceiving and transmitting emotion, integrating emotion with feelings in thinking, understanding, reasoning, and controlling the emotion of oneself. Goleman (1998) defined EI as the ability to control one's passion and perseverance, and the capacity to inspire oneself. In addition, Bar-On (1997) describes EI as an exhibition of non-cognitive competences, skills, and abilities that affect one's capacity to handle the environmental pressures and anxieties.

In addition, Baron (2000) defined EI as a collection of emotive and social awareness and skills which impacts one's general capability to gather manage emotions efficiently. EI consists of five major fields of accountability: intrapersonal and interpersonal abilities, flexibility, anxiety control and common attitude (Cherniss, 2000). This was further supported by Goleman (2002) who claimed that EI classification presents structure which consists of four parts: relationship management, self-consciousness, and self-management.

Further, a child mental health expert, Shahana Knight shares her insight in BBC regarding the importance of recognizing ones' emotion. She then cited that being able to recognize ones' emotion helps us figure out how a situation makes us feel, which then helps us make a decision whether we want to be in that situation or not and allows us to figure out what we do and don't want in life. In her sharing, Knight had also emphasized that recognizing ones' emotion also helps one to feel and realize that you are more in control of how you feel and helps one develop a sense of purposefulness and ownership of ones' life. This is further supported by a review of article done by (Brosch, T., et al, 2013) where it shows that emotion helps determine how we perceive our world, organize our thoughts, and make important decision.

Moreover, EI describes an individual's capacity to control and monitor their own emotions and to communicate with others (Mayer, 1995). Within his influential theory called social intelligence, Thorndike (1920) carried out the term EI. The hypothesis of social intelligence suggested a person's capability to cope with wise relations, among others. This theory of social intelligence was increasingly recognized by Gardner (1983) by splitting the notion into interpersonal and intrapersonal dimension in his principle of multiple intelligence. Before Goleman (1995) introduced the theory of EI, Salovey and Mayer (1988) discovered the utmost importance of understanding and manipulating their own emotions. They developed a theoretical framework that highlighted four aspects, such as understanding, applying, knowing, and controlling emotions internally and when communicating with the outside world.

Furthermore, Goleman (1995) claimed that EI principle is integrated into the concept of ability and a varied model. It was considered as a capacity of understanding and a way of obtaining absolute information. Mixed model emphasizes how mental and behavior elements involve the overall well-being.

Also, examinations of the mechanisms of the mind by the neuroscientist Antonio Damasio concluded that a facet of the method of feeling and logic are essential for self-control (Damasio, 1996). Moreover, (Frijda, 1988) described feelings as a fundamental aspect of human life. Emotions, according to (Mcshane, 2003), mental and physical experiences encountered in connection to inner thoughts, individual or experiences that arouses a broad state of enthusiasm for survival action. According to (Stone, R., 2020) feelings or emotions evolved in every human being for the purpose of alerting us to everyday threats to our survival. They feed us with a quick judgement about whether something is good or bad for us, which helps us motivate to take actions accordingly.

Likewise, (Salovey, 1994) indicated that the capacity of feelings to develop an essential connection with an individual's behavior, which makes up variations in how he/she communicates with the world. It also signifies changes with the intellect which influences the precision, effectiveness, and performance of managing processes with which he/she relates with the world.

Additionally, Emotional Intelligence is the capability of a person to understand emotions and purposefully manage them. It includes a set of skills related to the emotional processing and this involves the capability to perceive accurately, appraise and express emotion; the capability to assess and or generate feelings when they facilitate thinking, the capability to understand emotions and emotional knowledge, and the capability to regulate emotion to promote emotional and intellectual growth (Mayer and Salovey, 1997). In the recent research, one of the extensive topics being done is the significance and benefits of emotional intelligence for an individual. As noted by Schutte et al., (2007), emotional intelligence has largely been associated with happiness and well-being of an individual.

High emotional intelligence is thought to be related to the good physical and mental health in a person. On the contrary, low emotional intelligence has been associated with violence, use of unregulated and dangerous drugs and involvement in crime (Martins et al. 2010). According to Patricia Young, (2020) people with low EI can be due to lack empathy and people who lack empathy were probably raised in families who were avoiding getting in touch with their feelings and even condemned others for feeling their emotions. Some may have learned to shut down their feelings in their early lives that they closed off their hearts and certainly can't relate or feel other people's feelings. Experts believe that knowing and recognizing your wants, needs and feelings

is important and healthy, but not at the expense of overlooking the wants, needs and feelings of others.

This argument was further supported by Miranda (2002) who believed that in deciding in a stable emotion is very important, for it leads a person to face predicaments or problems, situations and responsibilities that can't handle by just intellect alone. The thing is, if it is hard to control your emotions, it may distress the will's discernment of what is good and bad. Therefore, learning your emotion could prevent or minimize of being impulsive person. Also, it helps build social connections, regulates ones' emotions, and promote a helping behavior. (Cherry, K., 2020)

In line with this, Bar-On (2006) believed that emotion is a combination or merging of mental ability and personality traits. It is a blend of cognitive and personality aspects. That is why in his model of Emotional Intelligence where the five subscales or five facets of skills, abilities, and facilitators are namely adaptability, interpersonal, intrapersonal, stress management, and general mood. That is why he believed that emotional intelligence is a key component of success no matter where a person is.

Indeed, emotion is significant factor of success and it shows values in our lives. That is why emotion is integral part to healthy and successful personal relationship. Emotion is a critically very important to success and survival. By this, Caruso explained that the emotion contains data and information about certain individual, to other people all over the world. Emotion assists an individual to think carefully and make decision wisely. He also believed that emotion is not like a cage of chicken, emotion can be understood by just giving time to listen the pattern our emotion shouting about. Since emotion contains information, a person must be remained open to his feelings, no matter how painful the situation or condition is (Carusso, 2000). According to an article

by the mayo clinic staff (Jan, 2020) Positive thinking doesn't mean that you keep your head in the sand and ignore life's less unpleasant situation. Positive thinking means that you are able to approach less pleasant situations in a more positive and productive way. You think the best is going to happen and not the worst.

Being positive in life is indeed beneficial not only for ones' physical health but also for ones' mental health. As for Sasson (2020) being positive helps one in achieving success in life and that positivity awakens happiness. That if you adopt a positive frame of mind, you become happy, as happiness does not come for an external cause but from within. Further, he also sighted that being positive increases ones' motivation to succeed and achieve more than one has ever expected, and if one adopts a positive attitude and think positive, one will have a better understanding of oneself and increases ones' self-esteem.

Additionally, Emotional Competencies are not inborn talents, but emotion can learn by just working it out and enhancing or developing continuously to achieve outstanding performance. In addition, individuals are born with general emotional intelligence that determines the potential for learning emotional competencies. In addition, Goleman accounted that emotional intelligence as a wide array of competencies and skills that trigger the leadership performance to work out, consist of five areas such as the self-awareness, self-regulation, social skill, empathy, and motivation (Goleman, 1995).

In the light of the definitions and literatures on the importance of EI, it was evident that emotional intelligence is indeed a social awareness skill which impacts one's general capability to gather manage emotions efficiently. EI is also essential for an individual to control and monitor their own emotions and to communicate with others.

Furthermore, studies have shown that culture also influences emotion in various ways. It inhibits how emotions are felt and expressed in a given cultural context, as people in a certain culture are motivated and tend to behave in certain ways, so that they will feel and experience the emotional state or response that are considered to be ideal in their culture (Tsai, 2007).

Evidently, within the last ten years Emotional Intelligence has emerged across several disciplines and has gained traction within nursing practice (Angelina, 2017). Emotional intelligence to some extent is relatively a new concept in the field of nursing and the role of emotions in the formation of nursing professionals has been scarcely studied.

Moreover, nurses are professionals who have close contact with those in their care and therefore, they need to be more sensitive to the needs and emotions of their patient, thus emotional intelligence plays a significant role to allow nurses to develop and improve therapeutic relationship to positively impact the quality of care received by their patients and families and to better manage stress. (Akerjordet & Severinsson, 2007), insist that emotional intelligence brings positive attitudes among nurses resulting in better relationships with patients. Additionally, the performance of the nurse has direct implications on the effectiveness of the treatment and the wellbeing of the patient and leads to a more patient centered care by nurse professionals (McQueen, 2004).

As noted by Kooker et al. (2007), the study on the correlation between emotional intelligence and nursing is still in its early stage, with the earliest English peer-reviewed journal published in 2002. From then on, researchers started to develop interest in the value of emotional intelligence as a means to enhance different aspects of nursing

including practice (Codier, et al. 2009; McQueen, 2004; Smith, et al. 2009), leadership (Akerjordet & Severinsson, 2010) and education (Allen, et al. 2012).

Moreover, some have associated emotional intelligence with improved nursing performance (Lewis, et al., 2017; El-Sayed & -Zeiny, 2014), in that practicing these soft skills may influence stress levels, reduces anxiety, and promote efficient communication in various healthcare domains (Lewis et al. 2017). Furthermore, (Freshman & Rubino, 2002) found that there is an increase in job-related performance, productivity, and leadership in healthcare organizations, when emotional intelligence interventions are improved in the workplace. In an article entitled “How emotional intelligence affects work success”, which was published by Louie (2014) a question as to why emotions have such powerful impact on our behavior and professional performance has been raised and it was best answered that the main reason and one that might not be expected, is that even the decisions we believe are rational still have a strong emotional element. As mark Creamer of the University Consulting Alliance explains, what makes our decision a portion of emotional versus rational is that we decide 100 percent of everything emotionally and then hours, weeks, or months underpinning these decisions with logical justifications. In fact, if you can learn how to process the power of your emotions and use them to enhance your thought processes and decision making, the result can be positive. Thus, having said that, emotional intelligence appears to be important regardless of whatever profession you are in.

The studies conducted by (Kooker et al., 2007), (Akerjordet & Severinsson, 2010), (Allen, et al., 2012), (Lewis, et al., 2017), (El-Sayed & -Zeiny, 2014), (Lewis et al., 2017), (Freshman & Rubino, 2002) and (Louie, K., 2014) were relevant to the present study since they provided sufficient background on the relationship of EI with

the nursing field and job performance. On the other hand, the present study only investigated the relationship between nurses' EI and wellbeing.

The results of a study conducted by (Martins et al., 2010) demonstrated a powerful association among EI self-report capacity and mixed EI self-report and health gauges. Nevertheless, a mild association among wellbeing and performance established EI scores was found. Furthermore, proof indicates that a low EI score relates negatively with depression, hence helping to reduce the capability to recognize and control feelings, abilities correlated with the prefrontal cortex. In addition, a survey conducted by (Sawaya et al., 2015) found that individuals with depressive disorder are unable to interpret and control feelings and engage in positive social connections.

Conversely, (Zeidner et al., 2012) concluded that cognitive skills have a vital part to play in fostering healthy feelings plus wellbeing. Specifically, persons with high IE are more credible to establish and sustain relations, increasing their personal health (Lopes et al., 2005) While utilizing additional effective approaches to cope like articulating feelings and emotions, rather than avoidance (Matthews et al., 2006). A person seems to have less emotional pain, more positive results when faced with a challenging condition (Gohm et al., 2005), and can maintain greater confidence and efficiency, lessening the effect of undesirable events (Salguero et al., 2015). Additionally, life fulfillment may be linked with EI, additionally, as specified in a research conducted by (Mayer et al., 1999), where the Multifactor Emotional Intelligence Scale has found a low to moderate relationship among life fulfillment and EI. This link has been established in recent studies (MacCann et al., 2016).

In the study of Mondal (2012) the nature and scope of EI amongst Burdwan District teachers in West Bengal (India) secondary schools were analyzed. A total of

300 teachers in both urban and rural areas in India were included in this study. The findings showed that few demographic factors including the teachers' age, gender, education, and teaching experience, were significant to the teacher's level of EI and some were found not to have a significant relationship.

Tarasi (2012) similarly examined the link of EI and its five components. The results showed that there was a positive and significant relationship that exists between EI and job contentment, between the elements of social skills, compassion and eagerness, well-being, and job contentment. The study distinguished that the job realization can be improved by educating and enhancing the individual's EI, and by providing amenities and meeting their needs.

In a study done by Mafuzah, M & Juraifa, J. (2015) among 212 teachers in 6 secondary schools in Keda, Malaysia, where it analyses the relationship between emotional intelligence and teachers' performance. Result shows that emotional intelligence have a greater impact on teachers' job performance. Therefore, the author recommended that organizations should develop training programs in improving emotional competencies of their workers as well as their workers. And that, organizations should recognize the importance of emotional intelligence in developing a high-performing workforce.

In the study of Akmal Moh'd et al (2013), "The Influence of Emotional Intelligence to Academic Achievement", he investigated the influence of emotional intelligence to academic achievement among the students of Education Faculty, University Technology Mara. The researchers used questionnaires to draw out the information from the said variables. The study disclosed the results that Emotional Intelligence is a significant and positive predictor of students' academic achievement.

Moreover, in the study of Malik (2016) entitled “Effect of Emotional Intelligence and Work Performance among medical staff in Pakistan”, the researchers aimed to identify if emotional intelligence is a predictor of work performance. The researcher concluded that the relationship between the mentioned variables were weak. The researcher explained further that emotional measurement and assessment techniques were not strong predictor of one’s work performance.

Chamundeswari et al, (2015) also studied about the “Emotional Intelligence, work environment and work performance”. The study revealed that there was a significant correlation between emotional intelligence, work environment, and work performance.

In the study “Emotional Intelligence and work effectiveness among nurses in Kanyakumari District”, (Deepa et al., 2013), aimed to find the relationship of emotional intelligence and work performance of hospital staff. The researchers used of self-made Trait Emotional Intelligence Questionnaire Short Form (TEIQueSF) and work performance. The researchers used multiple statistical solutions like t-test, ANOVA and Pearson Coefficient Correlation. The researchers concluded that there is no significant difference between emotional intelligence and work effectiveness among nurses in Kanyakumari District.

Emotional Intelligence and Effective Leadership is a researched study of Fakhra Batool (2013). This study aimed to explore the relationship between emotional intelligence and effective leadership to evaluate the emotional control of the working class in the public and private sector of Pakistan. The researcher conducted a survey for 50 different participant who are considered professional. The researcher used SPSS software to analyze the collected data. Moreover, the researcher concluded that there

is a positive and significant relationship between leadership style and emotional intelligence.

In the study of Leila Karimi et al (2013), “Emotional rescue: the role of emotional intelligence and emotional labor on well-being and job-stress among community nurses”. The study aimed to investigate the extent where emotional intelligence and emotional labor are associated with well-being and job-stress among the group of Australian community nurses. On the other hand, the researchers used a cross-sectional quantitative research design. The researchers used survey to obtain the results to the said variables. The study concluded that Emotional Intelligence plays a moderating role in experiencing stress in work.

In the study of (Talebinejad et al, 2012), “The Relationship between Emotional Quotients, Socioeconomic Status and Work Performance: A case study of Iranian Medical Staff”. The researchers examined the relationship between emotional quotient (EQ) and socioeconomic status and their effect on the performance of medical staff. The researchers, based on data analysis and statistical calculations, they revealed that there was a significant relationship between the staffs’ emotional intelligence, socioeconomic status, and work performance.

The researchers, (Malik et al, 2016), and (Deepa et al., 2013), concluded on their studies that emotional intelligence was not a predictor of work and academic performance. They considered emotion intelligence, based on their findings and results, is a weak variable to predict one’s work effectiveness. On the hand, there were researchers like (Chamundeswari et al, 2015), (Fakhra B., 2013), (Karimi et al, 2013), (Akmal Mohd et al, 2013), and (Talebinejad et al, 2012) concluded on their research

that emotional intelligence had significant relationship to work performance, work environment, leadership style, in moderating stress in work, socioeconomic status.

Magulod (2017) aimed to determine in his study “Creativity Styles and Emotional Intelligence of Filipino Nurses: A Search of Congruity” the relationship of the said variables. The researcher used correlational research design and two standardized instruments relating to the two variables of his study. The researcher determined that there was a significant relationship between emotional intelligence and creativity styles of Filipino Nurses.

In the study of Bance et, al. (2016) “Exploring Emotional Intelligence and Work Performance of Filipino Outstanding Health Workers”, there researchers used correlation statistic to generate relationships among the subscales of Emotional Quotient-inventory and the work performance through performance rating. The researchers used Pearson’s correlations. The study concluded that emotional intelligence is a strong predictor of work performance. Specifically means, that emotional intelligence and the five scales (intrapersonal, interpersonal, general mood, stress management, and adaptability) were related to work performance.

In the study of Maiquez et al., (2015) “Predictive Ability of Emotional Intelligence and Adversity Quotient on Work Performance of USC Nurses”. The researchers intended to study the factors such as emotional intelligence and adversity quotient as predictors of work performance. The researchers used Assessing Emotional Scale (AES) to determine the Emotional intelligence. Thus, the researchers concluded that emotional intelligence is insignificant related to work performance.

In the study of Lanuang et al, (2009) “Emotional Intelligence and Work Performance among hospital managers”, they aimed to correlate the Emotional

Intelligence and work Performance of the managers. Moreover, the researcher used comparative research design to figure out the difference of the two-group's emotional intelligence and work performance. The researchers found out that emotional intelligence is significantly related to the work performance of the participants.

The researchers used emotional intelligence as a predictor of academic performance like (Mohd et al., 2013), while (Magulod, 2017) used emotional intelligence as a predictor of creativity style and (Mondal, 2012) with demographic factors on their findings. Moreover, (Lanuang et al., 2009), (Maiquez et al., 2015), (Bance et al., 2016), (Mafuzah, M & Juraifa, J., 2015), (Tarasi, 2012), (Zeidner et al., 2012), (Martins et al., 2010), (MacCann et al., 2016) studied the relationship of EI with wellbeing and job performance. They concluded that emotional intelligence is a significant related to work performance and creative style while (Maiquez et al, 2015) found out that emotional intelligence is insignificant related to work performance.

Psychological Wellbeing

The concept of human wellbeing is ambiguous by nature that it cannot be quantified. As postulated by McGillivray et al. in 2007, there is no unanimity around a single universally accepted definition of wellbeing, but there is general agreement that at the core, wellbeing includes the presence of positive moods and emotions such as contentment, happiness; the absence of negative emotions such as depression and anxiety; satisfaction with life; fulfillment and positive functioning (Diener et al, 2009).

In simple terms, wellbeing can be described as judging life positively and feeling good (Veenhoven, 2008); wellbeing relates to “the degree to which a person experiences a sense of wellness” (Deci et al., 2008); and wellbeing focuses on the level of happiness, an individual's perspective of life, and life satisfaction (Landa et al., 2010).

In the light of the aforementioned definitions of psychological wellbeing, it was evident that wellbeing refers to inter- and intraindividual levels of positive functioning that can include one's relatedness with others and self-referent attitudes that include one's sense of mastery and personal growth. It also reflects dimensions of affect judgments of life satisfaction.

In line with this, nursing staff constitute the largest group of employees in the healthcare industry and they play a crucial role in the quality of care provided (Giallonardo et al. 2010). However, nursing staff experience the lowest levels of job engagement and the highest levels of burnout in comparison to other professional healthcare groups. Psychological well-being is an essential aspect for nurses', as due to psychological well-being of nursing staff will affect the patient care, patient-nurse relationship, and health of other health personnel. Thus, in view of the above statement, it is imperative to conduct more research focusing on the psychological well-being among mental health nurses, as most studies on psychological well-being among nurses have focused on general nursing specialties and relatively less attention have been given to nurses working in psychiatric units. A better understanding of these factors in mental health nursing may allow identification of strategies to improve the working conditions for these nurses with resulting benefits for the quality of nursing care. As postulated by (Seligman and Csikszentmihalyi, 2000) in line with positive psychology and to ensure a satisfied work force and the retention of employees, psychological well-being at work has been identified as an important consideration for business, management, and care providers.

Moreover, according to Khamisa et al. (2013) high levels of work-related stress, burnout and poor health is common within the nursing profession. This may be due to

long working hours and frequent direct, personal and emotional contact with their patients that characterizes nursing work. Moreover, poor psychological well-being of employees has also been associated with increased turnover (Salanova et al., 2011; Zantopoulou et al., 2009).

The presented literature above illustrates the importance of psychological wellbeing in the nursing profession. Indeed, nurses play a crucial role in the healthcare industry. However, nurses around the globe experience the lowest levels of job engagement and the highest levels of stress as compared to other fields of profession. Psychological well-being is then a vital facet for nurses since their psychological well-being may affect patients-care.

WHO (2020) self-help approach for managing distress and coping with adversity has shown to be safe and effective in a trial involving South Sudanese women living in Uganda. The results of the study, published in *The Lancet Global Health* today, indicate that guided self-help could be a promising strategy to address the vast gap in mental health support in humanitarian response situations. Additionally, in an article done by Mann (2018), found that people with a best friend at work are seven times more likely to be engaged with their job. Also, Shin & Lee (2016) found that the degree of cohesion among friends had a positive impact on the level of job stress experiences by nurses and concluded that life information support from their friendship network was the primary positive contributor to control job stress.

(Malinauskas, 2020) conducted a study on “The Relationship between Emotional Intelligence and Psychological Well-Being among Male University Students: The Mediating Role of Perceived Social Support and Perceived Stress”. This study aimed to examine the subject of emotional intelligence (EI), which has received increased

attention from scholars over the past few decades. The study utilized a quantitative longitudinal approach to attain the objective of understanding the correlation between EI and psychological well-being. A sample consisting of only male students was sought in this study in a process that was guided by specific criteria. The study reveals that students' EI correlates positively with perceived social support and well-being at each time and across times. Negative relations are found between perceived stress and well-being at each time and across times. Results and findings reported in this study reveal that perceived social support partially mediates the longitudinal association between EI and well-being. Specifically, perceived stress does not mediate the longitudinal association between EI and well-being.

(Gemeay. 2018) conducted a study on the "Relation between Emotional Intelligence, Personal Meaning and Psychological Well-being among Nursing Students". This study aimed to assess the relationship between emotional intelligence, personal meaning and psychological well-being among nursing students. A cross-sectional descriptive design was utilized in this study. The study was conducted at the College of Nursing, King Saud University. A representative sample 50% of the registered students were randomly selected using a simple random sampling method. Four tools were used to collect data for the current study. A Socio-demographic and academic data questionnaire, Emotional Intelligence Scale and Personal Meaning Scale and Psychological Well-being Scale. The current the study verified that there was a significant statistical relation between student's psychological well-being and their age. Also, there were significant statistical differences between student's emotional intelligence, personal meaning, and the students' grades. While there was no significant statistical relationship between student's wellbeing and their academic grade level. It was concluded that there were significant statistical differences between student's

emotional intelligence, personal meaning, and the students' grades. While there was no significant statistical relationship between students' wellbeing and their academic grade level. In relation to statistical relation between student's psychological well-being and their age, also according to American psychological association, across generations, survey says that our ability to manage stress and achieve healthy lifestyle varies by age. Furthermore, managing director of human resource solutions provider Randstad in Malaysia and Singapore – Jaya Dass says millennials are more stressed out because they generally have to meet higher expectations, both on personal and professional as well. In addition, she further stress and pointed out that most of the millennials are often taxed with the responsibilities of providing and emotional support for both their parents and children, which can be often overwhelming for theses age group. She further labeled these group as the new sandwich generation, taking after generation X (39 -50 years old). (theedgemarket.com, 2020)

In a study done by (Aryan & Kathuria, 2017) to some young employees in some IT companies in India, it was suggested that at present times, developing a positive psychological well-being for the whole workforce both the employees or employers must be a basic issue to deal with, as enhancing the psychological well-being of the employee results in benefits for both the individual employee and the organization. However, some organizations neglect this factor and this can be a factor for the development of poor psychological well-being among the employee, and this can be transparent when no one from any of the employee in an organization is able to speak up their mind. In an article done by (Tansey, L., 2020) entitled “Why employees don’t speak up and how to fix it”, she had enumerated numerous inhibiting factors that makes an employee difficult to speak up. Some of those are: *Fear of retaliation* which is the typical top-ranked reason why employees don’t speak up within business organization. Second is *Belief*

nothing will happen and this is when employees perceived that their concern is not heard or addressed. Third is the *Degree of hierarchy* which does not exist only in all societies but also a factor into every organization. Fourth is the *Culture of no bad news* where often bad news becomes unacceptable in an organization and the fifth one is *Incentives not aligned with speaking up*, where employees who speak up can be seen as troublesome and more often than not receives little to no recognition or reward.

Indeed, investment in psychological well-being pays dividend to both the employer and the employee. Employer get benefitted in the form of improved outcomes and improved productivity, loyalty, dedicated work force and for the employees - longer happier lives and greater satisfaction. In fact, many studies and research have shown that there is relationship between level of psychological well-being in workplace and business outcome for organizations. As (Cropanzo & Wright, 1999) did a considerable research on the relationship between psychological well-being and performance at work, it was found out that positive and happy people have better physical and mental outcomes and behavior and they are more resilient in the face of hardship, have strong immune systems and lives a happier life. On the other hand, (Radzi, 2016) found that being complacent and feeling too comfortable with your present roles and responsibilities is related to poor psychological well-being, as this can be a sign of career stagnation. Further, she believes that when one does not feel the need to progress and acquire new skills, you are in fact denying your own potential, and this would hold you back from advancing further in your career.

The study conducted by Malinauskas (2020) and Gemeay (2018) were relevant to the present study since they also tackled about the relationship between Emotional Intelligence and Psychological Well-Being. Moreover, the study made by (Aryan, R. &

Kathuria, D., 2017) was also connected to the present study since it also aimed to enhance the Psychological Well-Being of its participants. On the other hand, (Cropanzo & Wright, 1999) determined the relationship of social wellbeing with work performance.

In this regard, different studies note the existence of a positive correlation between emotional intelligence and social well-being. Henceforth, research shows that emotional intelligence abilities imply a skill that allows nurses to guide their thoughts and ponder over their emotions, helping them to improve their well-being levels. These studies suggest that important interventions may be performed to promote psychological wellbeing, enhancing emotional intelligence through specific training.

Research clearly shows the grim situation surrounding mental health. Globally, suicide is the second most common cause of death among individuals. An astounding 80% of persons with serious mental disorders in developing countries do not receive any appropriate treatment. And the costs are great: people with severe mental illnesses die 20 years earlier and economic estimates put the direct and indirect cost of mental ill-health at over 4% of GDP worldwide. Nevertheless, in Africa and Western Pacific, more than a half of the countries have no mental health policy.

The United Nations system has made global efforts to raise awareness about mental health and well-being and to eradicate biased views. Recent efforts include the first-ever United Nations Expert Group Meeting on Mental Well-being, Disability and Development hosted by UN DESA and UNU-IIGH in Kuala Lumpur in 2013; the UN Expert Group Meeting on Mental Well-being, Disability and Disaster Risk Reduction convened in Tokyo by UNU, UN DESA and other partners in November; and the Panel Discussion on Mental Well-being, Disability and Development held at the UN Headquarters in New York in December 2014.

A number of resolutions that address the issue of mental health were adopted, such as “Addressing the socioeconomic needs of individuals, families and societies affected by autism spectrum disorders, developmental disorders and associated disabilities”, and the adoption of the Convention on the Rights of Persons with Disabilities (CRPD) in 2006.

Despite all the efforts, international society still needs to strengthen its efforts if it is to truly acknowledge the importance of mental health and well-being. What is needed is (1) to ensure inclusion of mental health in the post-2015 development agenda, other global priorities and beyond and (2) to integrate mental well-being as a key indicator of sustainable development through United Nations processes including resolutions and inter-agency collaborations.

Demographic Profile

While substantial research has taken place regarding Emotional intelligence (EI) and Psychological well-being (PWB), very few studies have taken place to study the effect of Demographic variables such as age, gender, nationality, civil status and educational attainment on EI and PWB. In a study done by (Harper, G. and Jones Schenk, J., 2014) to professional nurses within several clinical specialty areas, including medical-surgical, critical care, obstetrics, pediatrics, and behavioral health nursing, in six hospital community in 2 different state – California and Texas respectively, found that successful staff nurses tend to have average or above average levels of Emotional intelligence, indicating that they demonstrate skills that enable them to function well in navigating relationships in work and life. However, empathy among these nurses tends to decline with age, a concerning finding for the caring profession of nursing. Research to investigate how empathy evolves over time and what factors may positively or

negatively influence empathy in nurses is needed. Additionally, in a study done by (Namdar, H. et al, 2008) on assessing emotional intelligence and its relationship with demographic factors of nursing students in Tabriz, also suggested that there was no significant relation between emotional intelligence score and sex, education, and students' interest in nursing. However, there was a significant relation between emotional intelligence score and the students' satisfaction of their family socio-economic status.

In a study entitled “The Effects of Gender, Family satisfaction and economic strain on Psychological Well-being” conducted by (Mills, et, 1992) where only married respondents were considered for the survey (n= 197). It was found that husbands had higher Psychological Well-Being than wives. Using Radloff's Psychological Well-being Scale the authors suggested that further research need to be done to validate why wives score higher on the Psychological Well-Being Scale. Female participants scored significantly higher in two of the sub-scales of PWB, i.e., Positive Relationship with Others and Purpose in Life, whereas Male participants scored higher in Autonomy. There were no significant differences in the other sub-scales of PWB (Perez, 2012). Another study entitled “Gender differences in aspects of Psychological Well-Being” where a meta-analysis on a multicultural sample (n= 378) was done, the participants were asked to complete 13 scales measuring various aspects of PWB. Females scored higher on expression of affect, somatic symptoms, and religious well-being, whereas Males scored higher on physical self-concept, automatic thoughts (positive), constructive thinking, cognitive flexibility, total self-concept, and fortitude. (Roothman, Kirsten, & Wissing, 2003)

Moreover, in a study done by (Panahi et al., 2013) entitled Correlation of Psychological Well-being amongst Graduate Students in Malaysia, Females were

reported to have higher level in psychological well-being and dimensions including positive relationship with others, self-acceptance, purpose in life, and autonomy than males, but there was no significant difference in personal growth and environmental mastery. Employed and unemployed students were different only in autonomy in which, employed students were more independent. In addition, married students had higher scores in overall psychological well-being, autonomy, positive relationship, purpose in life, and self-acceptance than single students. However, students did not differ in psychological well-being in terms of family size and race. Conversely, in a study done by (Khumalo, et al., 2011) result showed that age and gender is not significant to the psychological well-being of the 459 male and female African sample in the northwest province of Africa.

Synthesis

The role of emotions in the formation of nursing professionals has been scarcely studied. However, research has shown that emotions play an important role in a profession that requires not only technical expertise but also psychologically oriented care, knowledge about oneself and emotions in nursing would be crucial for further development and growth of the profession. As noted by (Bolton, 2001; Mann & Cowburn, 2005; Gray, 2009) emotional intelligence is thought to be fundamental in nursing and as supplemented by (Chou et al. 2012; Grandey et al., 2012) nurses have sustained an intensive contact with patients and are required to deliver compassionate care often under challenging interpersonal conditions. They are not only supposed to regulate their own emotional reactions to practice, but also to alleviate the fear and distress of their patients (Strazdins, 2000). Moreover, engaging in skills associated with emotional intelligence can be a source of satisfaction when performed for philanthropic reasons (Bolton, 2004), but it can also threaten the wellbeing of healthcare workers

(Mann & Cowburn, 2005). A good example of this was cited by (Donoso, et al. 2015) where daily diary research suggests that nurses who have difficulty managing the emotional requirements of the job, tend to report increased levels of negative affect, emotional exhaustion, and general fatigue.

As mentioned earlier, emotional intelligence is important for nurses. It has become an important facet in nursing practice in recent years, as sensitivity to mood and emotions are an integral part of care and should not be taken for granted from how we think and act as professionals. Ultimately, emotional intelligence promotes much more than simply awareness of emotions, it allows for nurses to be more equipped to provide quality care and support to their patients, families, and colleagues as well. (Sharif et al., 2013) have discussed in their study that training in emotional intelligence had a good effect on the overall health of nurses. In addition, (Por, et. Al., 2011) believes that emotional intelligence in nursing is a protective factor against stress and has a facilitative factor for health. As mentioned by the author, nurses who possess emotional intelligence are more in control of their emotions and develop more effective coping strategies against stress, which result to improved well-being.

Theoretical Framework

Within the field of nursing, (Fawcett, 1984) mentioned that in the earlier years, nursing conceptual frameworks have functioned as models that tackle the concepts and values of nursing. They were utilized to organize the nursing program curricula. In the recent years, qualitative researchers interpret research results with the use of nursing theory frameworks. These relationships are complementary and help cultivate the advancement of nursing science in this era of theory utilization (McCrae, 2012).

For this study, the Health Promotion Model (HPM) was used. This model was developed by Nola J. Pender, this model was designed as a complementary counterpart to the models of health protection. The model defines health as a positive dynamic state of health and not merely the absence of disease. It is directed towards increasing an individual's level of well-being and described the various multi-dimensional nature of person, as they are consistently interacting within their environment to pursue optimal levels of health.

The model was created following Pender's work examining health promoting and preventative behaviors. The health promotion model claims that each individual's characteristics and life experiences have a direct impact on their actions and decisions regarding their health (Butts & Rich, 2018, p.446). Health is not defined solely as the absence of disease but the state of well-being. Pender's health promotion model has been revised since its first creation and has had significant influence on the work of other theorists (Butts & Rich, 2018).

Pender's health promotion model concentrates on three major categories: individual characteristics and experiences, behavior-specific cognitions and affect and lastly, the behavioral outcomes (Butts & Rich, 2018). The first category explores the concept that each individual has his or her own set of characteristics and experiences, which in turn help shape their actions (Butts & Rich, 2018). Pender emphasized that one's past actions have a direct link to whether they would partake in future health-promoting behaviors (Butts & Rich, 2018). Personal attributes and habits can also be a barrier to health-promoting behaviors.

The second category involves the behavior-specific cognitions and affect which have a direct impact on the individual's motivation for change (Butts & Rich, 2018).

Nurses' interventions can be tailored to these variables to assist in forming positive changes. Variables include the observed benefits and barriers to the action, self-worth, and the activity-related result. The third category is the behavioral outcome (Butts & Rich, 2018). The start of the outcome begins with the person committing to taking the steps necessary to make a change. During this phase, the individual must be supported with barriers addressed in order to produce a positive health-promoting behavior (Butts & Rich, 2018). The goal of the health promotion model is to stimulate a behavioral change that results in a positive health outcome.

Major concepts in Pender's health promotion model include the person, their environment, health, and nursing (Butts & Rich, 2018). The person is the central focus of the model. The person's experiences and attributes have a direct impact on future actions and decisions (Butts & Rich, 2018). One must assess the learned behaviors gained from our family and community environments. These learned behaviors influence the individual's ability to participate in health-promoting behaviors (Butts & Rich, 2018). The environment includes the person's physical, social, and economic conditions. A healthy environment is free of toxins, has economic stability, and allows access to resources that promote healthy living (Butts & Rich, 2018). How one defines health has a direct impact on the promotion of well-being and prevention of disease. Through motivation the individual can prevent illness and promote healthy behaviors (Butts & Rich, 2018). To foster positive health-promoting behaviors the nurse must consider the individual's self-worth, benefits for the change, environmental control, and any potential barriers to change.

Major assumptions of the health promotion model stress that the individual is in control of shaping and sustaining their health behaviors within their environment. In order for a behavioral change to occur and be maintained it must be self-initiated (Butts

& Rich, 2018). One must consider the individual's previous behavior and characteristics that can have a direct influence on future health-promoting behavior. Perceived personal value or benefit, as well as self-worth can be a driving focus to achieve participation (Butts & Rich, 2018). A strong indication for commitment to health-promotion behavior can be achieved when others in their environment support and display the behavior.

The simplicity of the health promotion model enables it to be easily adapted in the community health setting (Butts & Rich, 2018). Nurses will then have a chance to improve their well-being and prevent disease. Due to its ease of use, the health promotion model is a valuable tool in the field of nursing research (Butts & Rich, 2018). The use of Pender's Health Promotion Model in the literatures explored display how it can positively affect and improve health behaviors. Today the value of healthy lifestyles and behaviors holds even higher significance as health insurance becomes out of reach for many individuals' due to rising costs.

With nursing profession being characterized as highly demanding and stressful job, this study is set to determine the reasons why individuals opted to remain in the field. Also, this study aims to explore how emotional intelligence helps nurses maintain their overall well-being at work.

Healthcare providers share the common goal in improving the health and well-being of patients, but they should also look into their own psychological well-being. The concepts of the promotion of health are essential to the nursing profession. Pender's Health Promotion model serves as a tool for nurses to plan their behavioral modification interventions to ensure the improvement and prevention of unhealthy behaviors. This model assists in the achievement of optimum health promotion for the nurses.

Hence, Pender's health promotion model is appropriate for this study. The aim of this research is to determine the emotional intelligence and psychological well-being of mental health nurses in psychiatric hospital in Kuwait and to determine if there is a significant relationship between nurses' demographics into the development of nurses' emotional intelligence and psychological well-being, associated to health promotion.

In conclusion, the researcher believes that the theoretical framework and Penders' health promotion model is suitable for this research for several reasons. Firstly, this model is directed towards improving one's well-being. As we know, health professionals, such as nurses, are individuals who works hard in improving the lives of those in their care and in their own health outside their profession. Secondly, nurses represent the interpersonal environment, which is one of the areas of this model that illustrates how the nurses' behavior influences patients' decision-making especially when considering health promotion. Additionally, the researcher feels that this model is flexible and can be geared towards individuals, specific groups, families, healthcare populations or the community (McEwen & Wills, 2011).

Conceptual Framework

The research would analyze the Profile, EI and psychological well-being of selected Nurses in Psychiatric Hospital in Kuwait and whether these variables are linked to each other to suggest an action strategy that could improve working conditions of the nurses for the development of quality nursing care. The concept of this study is best understood through the illustration of Figure 1.

Figure 1. Emotional Intelligence and Psychological Well-being among Nurses in a Psychiatric Hospital in Kuwait.

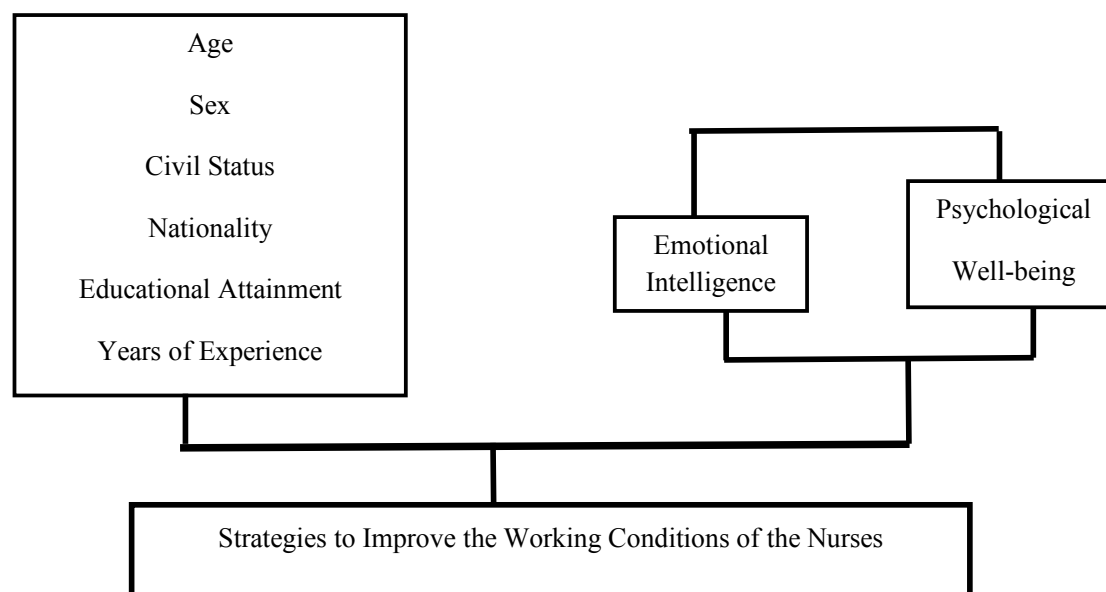


Figure 1 illustrates the relationship of nurses' emotional intelligence and Psychological Well-being as well as the relationship to these two variables with the demographic profile of the participants. It likewise highlights the intent of the researcher to use the Health Promotion Model (HPM) to examine the nurses' health behaviors.

Pender's health promotion model concentrates on three major categories: individual characteristics and experiences, behavior-specific cognitions and affect and lastly, the behavioral outcomes. In the present study, the participants' profile, EI and social well-being will be analyzed using the major concepts in Pender's health promotion model.

Operational Definition

Emotional Intelligence – is the level of nurses' ability to assess and manage their own feelings and of others. Participants were asked to complete the Schutte self-report emotional test (SSEIT) this is self-administered questionnaire on emotional intelligence. SSEIT has four sub scales which includes emotion perception, utilizing emotions, managing self-relevant emotions, and managing others' emotions.

Mental Health Nurse – a professional who takes care of the mentally ill patients.

Psychological well-being – it is the combination of feeling good and functioning effectively.

Demographic profiles – information on the mental health nurses' age, sex, civil status, nationality, educational attainment and years of experience.

KCMH – Kuwait Center for Mental Health, it is an institution in Kuwait who takes care of the mentally ill patients.

EI – Emotional Intelligence

PWB – Psychological well-being

RPWB – Ryff's model of psychological well-being

SSEIT – Schutte self-report emotional test

Null Hypotheses

1. There is no significant relationship between the nurses' EI and psychological well-being.
2. There is no significant relationship between the nurses' EI and demographic profile.
3. There is no significant relationship between the nurses' psychological well-being and demographic profile.

CHAPTER 3

RESEARCH METHODOLOGY

RESEARCH DESIGN

Correlation was utilized as the design of this research. Descriptive correlational research is concerned with establishing relationships between two or more variables in the same population or between the same variables in two populations (Leedy & Ormrod, 2010).

Fraenkel & Wallen, (2003) stated that this design aimed to evaluate and describe the existing relationships between variables. There was an evaluation and description on the degree to which the students' motivation may relate to the students' attitudes and how motivation and attitudes could be linked to the listening, speaking, reading, and writing difficulties the students encountered in learning French.

For these reasons, the researchers chose the above stated research design and administered a survey questionnaire instrument to assess the emotional intelligence and psychological wellbeing among nurses in a psychiatric hospital in Kuwait and if it has a significant relationship to their psychological well-being.

Study Population

The target population for this study were the staff nurses working at Kuwait Center for Mental Health, specifically those working at the casualty, acute, sub-acute, geriatric, rehabilitation, pediatric, forensic and VIP wards assigned to provide health care services to all psychiatric cases of all ages. Exclusions of this study are those who are working in OPD and administration.

Sampling Technique

The simple random sample was employed in this study in order to select a representative sample. Through this method, it ensures that each member of the population has an equal chance of being selected and it was meant to be an unbiased representation of a group.

To collect a simple random sample, the initial step is that a list of all currently employed nurses in casualty, acute, sub-acute, geriatric, rehabilitation, pediatric, forensic and VIP wards at Kuwait center for mental health was obtained by the researcher and a table of random numbers were then generated and used to select and organized a homogenous sample or respondents that does not differ much by age, sex, nationality and educational level; as heterogeneous population might pose a risk of creating a biased sample if demographic differences are not taken into consideration.

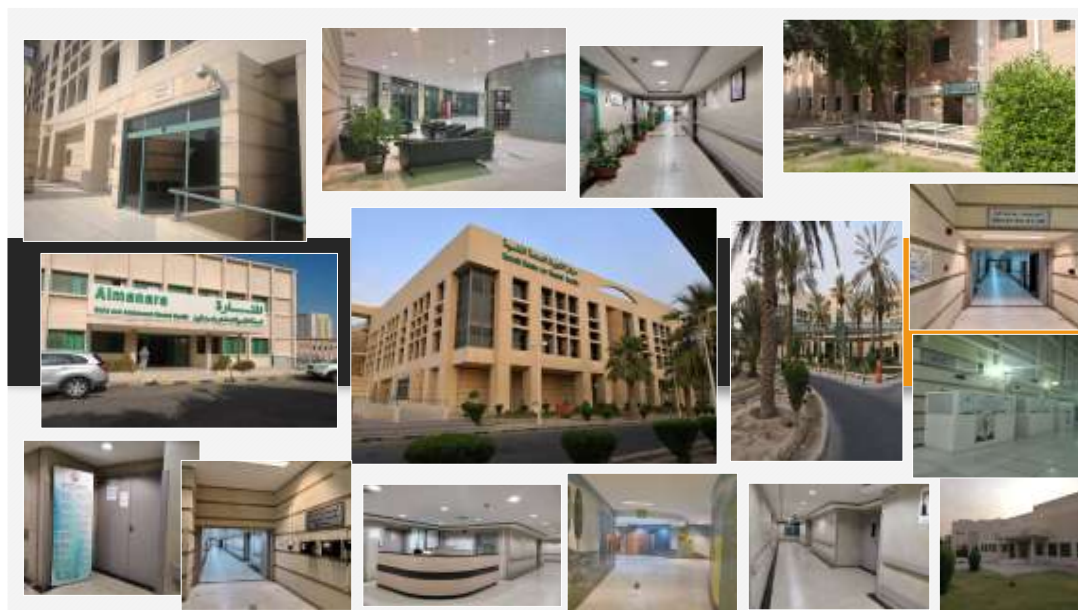
To determine the ideal sample size and power in this study, the researcher employed the G power with 0.80 power and α 0.05 level of significance and medium effect size at 0.30 (Cohen, 1969). Sample size is a total of 150 respondents, including the 19 attritions; the power generated was 96%. This means the sample size of 150 respondents have 96% chance of detecting a relationship between demographic profile, emotional intelligence, and psychological well-being amongst nurses in psychiatric hospital in Kuwait.

According to (Buchner et al, 1997) G power is an excellent freeware program that allows high-precision power and sample size analyses. It computes power values for given sample sizes, effect sizes, and alpha levels (post hoc power analyses), sample sizes for given effect sizes, alpha levels, and power values (a priori power

analyses), and alpha and beta values for given sample sizes, effect sizes, and beta alpha ratios (compromise power analyses).

Research Setting

Figure 2. The physical set up of Kuwait Center for Mental Health



The study was conducted at Kuwait Center for Mental Health, specifically at the casualty, acute, sub-acute, geriatric, rehabilitation, pediatric, forensic and VIP wards. KCMH has a 672-bed capacity with 28 wards, classified into 8 units namely, Forensic psychiatry, Rehabilitation, Geriatric Psychiatry, Acute, Sub-acute, Pediatric psychiatry, Observation/Casualty and VIP's ward/unit. It is the only regional referral Center for Psychiatric cases for all ages in the whole state of Kuwait.

Kuwait Center for Mental Health has a total of 430 nurses, (excluding those who are working in OPD and administration), assigned to provide health care services to all psychiatric cases of all ages. Therefore, it was valuable to explore the level of emotional intelligence and psychological well-being among nurses in a psychiatric

hospital in Kuwait, as this could possibly allow and open doors for further research in identification of strategies and formulate policies to improve the working conditions for these nurses and enable them to make decisions, manage their patients more effectively, improve relationships and psychological well-being, and positively impacts the quality of care received by the patients and their family.

Data Collection & Management

First, the participants were asked to complete a questionnaire regarding individual characteristics and ward assignment. The questionnaire covered items regarding the participants themselves, such as age, sex, nationality, civil status, educational attainment, number of years of experience, and the current ward assignment. Data was collected from October to December and it was conducted in every ward included in the inclusion criteria set by the researcher. Data collection lasted at about 15 - 30 minutes for the participants to answer the questionnaire at any place in the hospital convenient to them.

Prior to the commence of the actual survey, distribution of a sealed envelope containing the introduction letter and informed consent which occurred over 1- 2 weeks. The introduction letter described the surveys and requested the respondents to sign the informed consent. When the surveys were completed, the respondents placed them back in a plain envelope and the researcher personally collected it. Participants had the right to leave from the study at any time they want. All information gathered was then stored in a personal memory card, where only the researcher has access to it and destroyed following the completion of the report, so as to maintain confidentiality of the respondents.

Research Instrument

Since the previous study related to this research was conducted in other country, a pre-testing of the instruments or pilot study was needed, to see the difference and compare the outcome from one country to another. The researcher utilized a questionnaire to gather all the data needed for the research. The questionnaire was composed of three parts. The first part is with regards to the demographics of the nurses then followed by the second and third part which deals on the emotional intelligence and psychological well-being of the nurses, respectively.

As to the demographic questionnaire, since it was developed by the researcher, a pilot testing using a criterion sample of 8 Staff Nurses representing the 8 units in Kuwait Center for Mental Health was conducted. The participants in the pilot testing were not part of the actual study population. Staff Nurses were voluntarily informed about the aim of the study.

Participants were asked to complete the self-administered questionnaires containing set of questions regarding socio demographic data, unit assignment, and the number of years of experience in psychiatric nursing.

With regards to the emotional intelligence, the Schutte self-report emotional test (SSEIT) was utilized in order to determine the level of emotional intelligence among nurses in a psychiatric hospital in Kuwait. SSEIT has four sub scales which includes emotion perception, utilizing emotions, managing self-relevant emotions, and managing others' emotions. SSEIT was structured from the EI model developed by Salovey and Mayer in 1990. It includes a 33 item self-report using a 1 (strongly agree) to 5 (strongly disagree) scale for responses. Each sub-test score was graded and the added together to give the total score for the participants. This scale ranged from 33

to 165, and high scores indicating as high EI of the person and vice-versa. The mean and standard deviation of the total subscale score were computed in order to describe the level of emotional intelligence of mental health nurses in a psychiatric hospital in Kuwait. Note that Q5, Q28, and Q33 were reversed scored when the subscale scores were computed. The mean and standard deviation of the overall emotional intelligence score were also computed in order to describe the level of emotional intelligence of mental health nurses. The higher the mean, the higher the emotional intelligence. The high mean score per subscale indicate a high level of intelligence regarding that subscale. The high overall mean score indicates a high level of emotional intelligence of mental health nurses. The small standard deviation indicates a small variation of subscale scores between nurses. The mean and standard deviation of the individual Emotional Intelligence questions were also computed to see where the nurses scored high or low in. (Score per question ranges from 1 – Strongly Disagree to 5 – Strongly Agree). *(Note that the highest score per subscale is as follows: Perception of Emotion – 50, Managing Own Emotion – 45, Managing Others' Emotion – 40, and Utilization of Emotion – 30. The highest score the overall Emotional Intelligence Scale is 165.)*

As to the psychological well-being, Ryff's psychological well-being scale (RPWB) version (1989) was employed for this research. Psychological well-being scale was made up of 42 items which measures six factors or subscale such as; autonomy, environmental mastery, personal growth, positive relation with others, purpose in life and self-motivation. The mean and standard deviation of the individual Psychological Well Being questions were also computed to see where the nurses scored high or low in. It is rated on a 6-point Likert scale, using 1 (strongly agree) to 6 (strongly disagree) for the response.

Scores are added all together to get the final degree of agreement in the 6 subscales. Ryff established these items on the basis of theoretical discussion about the needs, motives, and attributes that characterize a person with good mental health.

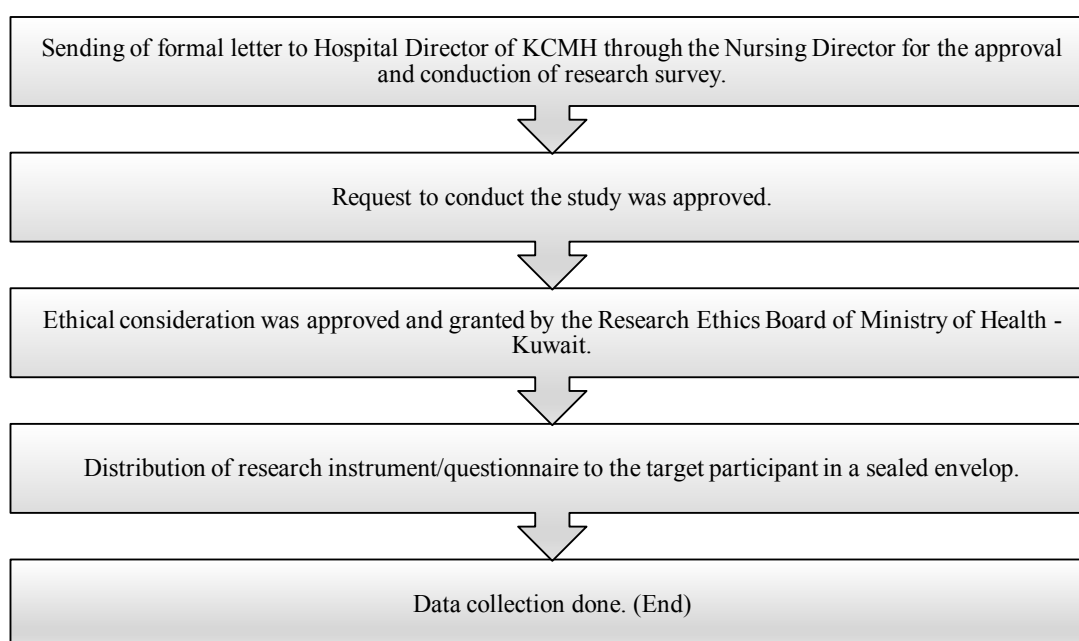
A higher score indicates a high level in their subscale. The low mean score ($M= 21.41$, $SD= 4.74$) in the Autonomy subscale may indicate that the nurses are concerned about the expectations and evaluations of others, rely on judgments of others to make important decisions, or conform to social pressures to think and act in certain ways. The low mean score ($M= 23.79$, $SD= 5.86$) in the Personal Growth subscale may indicate that the nurses have a sense of personal stagnation, lack sense of improvement or expansion over time, may feel bored and uninterested with life, or feel unable to develop new attitudes or behaviors. The low mean score ($M= 22.86$, $SD= 4.59$) in the Positive Relations with Others subscale may indicate that the nurses have few close, trusting relationships with others, find it difficult to be warm, open, and concerned about others, are isolated and frustrated in interpersonal relationships, or not willing to make compromises to sustain important ties with others. The low mean score in the Self-Acceptance subscale may indicate that the nurses feel dissatisfied with self, disappointed with what has occurred in past life, troubled about certain personal qualities, or wish to be different than what he or she is. The high mean score ($M= 24.39$, $SD= 5.59$) in the Environmental Mastery subscale may indicate that the nurses have a sense of mastery and competence in managing the environment; control complex array of external activities, can make effective use of surrounding opportunities, or are able to choose or create contexts suitable to personal needs and values. The high mean score ($M= 26.54$, $SD= 4.86$) in the Purpose in Life subscale may indicate that the nurses have goals in life and a sense of directedness, feel that there is meaning to present and past life, hold beliefs that give life purpose or have

aims and objectives for living. The small standard deviation indicates a small variation of dimension scores between nurses.

(Note that the highest score per subscale is 49, and those whose score is greater than 24 is considered a high scorer. The highest score for the Psychological Well Being Scale is 294.)

Procedure

Figure 3. Flowchart for data gathering procedures



After determining the eligible respondents of this study, a formal letter requesting for a consent to conduct the study was formally addressed and submitted accordingly to the Hospital Director of KCMH through the nursing director and/or assistant nursing director for staff development unit. A cover letter explaining the purpose of this research supplemented the informed consent packet in the first step of the distribution process. All potential respondents received an invitation to participate in the nursing research study. The introduction letter to the research outlined the focus

and purpose of the surveys, explained the confidentiality and anonymity of the research, and outlined the target numbers of participants, and the estimated time to complete the survey. Respondents were then requested to sign the informed consent.

Prior to the commence of the actual survey, ethical consideration was permitted and granted by the Research Ethics Board of Ministry of Health - Kuwait with REBH/Approval no: 2019/1173-Protocol Amendment. And since the researcher utilized a standardized questionnaire developed by the other author, approval, or consent to use the questionnaire were formally asked accordingly through email. Furthermore, since some of the respondents were Arabic nationals and were not well verse in English, appropriate translation of the questionnaire was properly and comprehensively done. A pre-testing of the instruments or pilot study was also done, so as to see the difference and compare the outcome from one country to another, as previous studies were done mostly in other country and so as to check on the reliability and validity of the study. For the collection of data, the researcher met the participants personally in their respective wards or unit of assignment and after the rapport has been established and getting of participants' consent has been taken, the researcher administered three questionnaires such as demographic sheet, emotional intelligence, and psychological well-being and instructions were carefully given. When all respondents were done with their questionnaires, they were thanked by the researcher for their kind cooperation. Scoring of the responses was done according to the manuals described for each questionnaire, and tabulation of the data was done carefully for its analysis. SPSS 16 was used for analysis of data.

When the surveys were completed, the respondents placed them back in a plain envelope and the researcher personally collected it. The participants were also

informed that they could leave from the study at any time they want. All information gathered was then stored in a personal memory card, where only the researcher has access to it and destroyed it following the completion of the study, so as to maintain confidentiality of the Respondent.

Plan for Data Analysis

Statistical analysis was done using software of IBM SPSS version 23. Descriptive statistics was used to examine the characteristics of the study population and the variables examined in these analyses included is the KCMH Staff socio demographic profile such as age, sex, civil status, nationality, educational attainment, and years of experience, age, sex, nationality, educational background, number of years of experience in psychiatric nursing.

In order to test the hypothesis, the researcher utilized Pearson's r (correlational) to determine if there is a significant relationship between Emotional intelligence and Psychological well-being among nurses in psychiatric hospital in Kuwait. In addition, Pearson's r correlation was used to determine the strength (from 0 as none to 1 as perfect correlation) and direction (positive meaning direct correlation; or negative meaning inverse correlation) of the association between the emotional intelligence and psychological well-being among nurses in a psychiatric hospital in Kuwait.

Furthermore, Pearson's coefficient was used to determine the strength of the association between the emotional intelligence, psychological well-being and demographic profile among nurses in a psychiatric hospital in Kuwait. Furthermore, Pearson's coefficient was used to evaluate whether there is a linear relationship between two variables. It can be positive or negative relationship, as long as it is significant. If there is no linear relationship between the variables, then null hypothesis

should be retained. In addition, Chi Square test was used to test the relationship between categorical variables or sometimes called nominal variable. Categorical variables are one that has two or more categories, but there is no intrinsic ordering to the categories such as gender, nationality, civil status etc.

Ethical Considerations

As to the ethical considerations of this research, to assure the participants' safety and protection during research process, the necessary documents and papers were secured and observed.

The participants were thoroughly oriented on the purpose and procedures to be done in the course of the study. The detailed procedures of the data collection were explained to them with the best of the ability of the researcher. The participants were also given an opportunity to ask questions about the study, and all the questions asked by the participants were answered correctly and dealt with appropriately by the researcher before asking for their consent to take part.

Each participant was given a copy of the informed consent document together with the instrument and cover letter assuring the privacy, anonymity and confidentiality of the data were incurred. Permission to conduct this study was permitted and granted by the Research Ethics Board of Health, Ministry of Kuwait. REBH/Approval no: 2019/1173-Protocol Amendment.

CHAPTER 4

RESULTS AND DISCUSSIONS

The presentation, analysis and interpretation of data gathered from the respondents to answer the problems raised in the study are shown in this chapter.

Table 1: Socio-Demographic Profile of the participants (n = 150).

Characteristics	Frequency	Percentage
Sex		
Male	88	58.7%
Female	62	41.3%
Age		
Baby Boomer (60 y/o and up)	2	1.3%
Gen X (39-59 y/o)	50	33.3%
Millennial (23-38 y/o)	98	65.3%
Civil Status		
Single	10	6.7%
Married	135	90.0%
Separated/Divorced	4	2.7%
Widow/Widower	1	.7%
Educational Attainment		
Certificate in Nursing	3	2.0%
Diploma in Nursing	32	21.3%
BS Nursing	112	74.7%
Master in Nursing	3	2.0%
Nationality		
Filipino	21	14.0%
Indian	99	66.0%
Indonesian	11	7.3%
Egyptian	12	8.0%
Jordanian	4	2.7%
Syrian	1	.7%
Pakistan	2	1.3%
Experience		
6 – 12 months	8	5.3%
1 – 5 years	45	30.0%
6 – 10 years	41	27.3%
11 – 15 years	38	25.3%
16 – 20 years	10	6.7%
More than 20 years	8	5.3%

Table 1 illustrate the distribution of the demographic data of the participants. A total of 150 nurses were selected based on the established criteria/inclusion. From the 150 respondents in this study, 58.7% (n=88) were male and 41.3% (n=62) were female. Few are in the baby boomer age group (60 y/o and up) with only 1.3% (n=2) followed by the Gen X ages 39-59 y/o with 33.3% (n=50) and more are represented by the Millennials (23-38 y/o) with 65.6% (n=98).

Majority of the participants are BSN graduate 74.7% (n=112) and less participants from the certificate nursing graduates 2.0% (n=3) and Master in Nursing graduates 2.0% (n=2.0).

The result shows that most of the respondents are married 90.0% (n=135) while 6.7% (n=10) are single and 2.7% (n=4) are separated/divorced and one respondent (.7%) is widow.

Among the 150 participants, the result shows that majority are Indians 66% (n=99). Others are from other nationality. Significantly, only one Syrian national (.7%) participated in the study.

Based on the findings, 30.0% (n=45) or majority of the respondents are with 1 – 5 years of work experience while a smaller number of respondents are from nurses with 6 – 12 months and more than 20 years of work experience, as both are with 5.3% (n=8) respectively. 6.7% (10) of the respondents are from the group of nurses having 16 – 20 years of experience.

Table 2: Mean rating score of the Emotional Intelligence of mental health nurses in psychiatric hospital in Kuwait.

Item No.	Question	Mean	Standard Deviation
Perception of Emotion			
5	I find it hard to understand the non-verbal messages of other people.	3.41	1.21
9	I am aware of my emotions as I experience them.	4.3	1.06
15	I am aware of the non-verbal messages I send to others.	4.17	1.06
18	By looking at their facial expressions, I recognize the emotions people are experiencing.	4.15	.97
19	I know why my emotions change.	4.17	1.05
22	I easily recognize my emotions as I experience them.	4.24	1.01
25	I am aware of the non-verbal messages other people send.	4.01	.99
29	I know what other people are feeling just by looking at them.	3.33	1.18
32	I can tell how people are feeling by listening to the tone of their voice.	3.83	.97
33	It is difficult for me to understand why people feel the way they do.	3.15	1.13
Overall Mean & Standard Deviation		37.64	5.87
Managing Own Emotions			
2	When I am faced with obstacles, I remember times I faced similar obstacles and overcame them.	4.2	1.18
3	I expect that I will do well on most things I try.	4.02	1.10
10	I expect good things to happen.	4.43	1.14
12	When I experience a positive emotion, I know how to make it last.	4.13	1.01
14	I seek out activities that make me happy.	4.29	1.13
21	I have control over my emotions.	3.89	1.18
23	I motivate myself by imagining a good outcome to tasks I take on.	4.24	.99
28	When I am faced with a challenge, I give up because I believe I will fail.	4.08	1.20

31	I use good moods to help myself keep trying in the face of obstacles.	4.13	1.10
Overall Mean & Standard Deviation		35.25	6.20
Managing Others' Emotions			
1	I know when to speak about my personal problems to others.	4.29	1.25
4	Other people find it easy to confide in me.	3.45	1.21
11	I like to share my emotions with others.	3.69	1.07
13	I arrange events others enjoy.	3.86	1.13
16	I present myself in a way that makes a good impression on others.	4.11	1.08
24	I compliment others when they have done something well.	4.47	1.09
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.	3.72	1.04
30	I help other people feel better when they are down.	4.32	1.01
Overall Mean & Standard Deviation		31.91	5.87
Utilization of Emotion			
6	Some of the major events of my life have led me to re-evaluate what is important and not important.	4.22	1.18
7	When my mood changes, I see new possibilities.	3.57	1.16
8	Emotions are one of the things that make my life worth living.	3.94	1.08
17	When I am in a positive mood, solving problems is easy for me.	4.5	.93
20	When I am in a positive mood, I am able to come up with new ideas.	4.37	1.03
27	When I feel a change in emotions, I tend to come up with new ideas.	3.63	1.15
Overall Mean & Standard Deviation		24.23	4.61
Grand Total Mean & Standard Deviation:		129.02	20.76

Table 2 shows the mean scores of the level of EI of mental health nurses in psychiatric hospital in Kuwait, its scores of individual subscale items, and the overall

mean score. The individual score items were tabulated to find out where the staff nurses scored high or low in.

On an average, staff nurses perceived to have a favorable level of emotional intelligence in all the five subscales of Schutte self-report emotional intelligence test with an overall composite score of 129.02 ($SD= 20.76$). The result of standard deviation is not widely dispersed with the mean score which indicates that the responses were closely related.

The nurses also have a relatively high mean score in most subscales, which suggests a high level of EI in terms of the following: perception of emotion ($M= 37.64$, $SD= 5.87$), managing own emotions ($M= 35.25$, $SD= 6.20$), and managing others' emotions ($M= 31.91$, $SD= 5.87$). On the other hand, the subscale of utilization of emotion ($M= 24.23$, $SD= 4.61$) got the lowest mean score among all the subscales, yet still in a favorable EI level score.

Perception of Emotion

As for the first subscale of EI which is the **Perception of emotion**, item no. 22 "*I easily recognize my emotions as I experience them*" ($M= 4.24$, $SD= 1.01$) gets the highest mean score, indicates that nurses in Kuwait center for mental health is having a full awareness of themselves and are good at noticing how they feel and can calm themselves down, adjust their behavior and are able to do well in life. Recognizing ones' emotion and learning to manage it is indeed beneficial in nurturing and developing ones' emotional intelligence. In fact, a child mental health expert, Shahana Knight shares her insight in BBC with regard to the importance of recognizing ones' emotion. She then cited that being able to recognize ones' emotion helps us to figure out how a situation makes us feel, which then helps us make a decision whether we want to be in that

situation or not and allows us to figure out what we do and don't want in life. Further, recognizing ones' emotion also helps one to feel and realize that you're more in control of how you feel and helps one develop a sense of purposefulness and ownership of ones' life. In her sharing, Knight had also emphasized that recognizing ones' feelings, helps one to acknowledge the need and importance of seeking help from others to guide and support them in understanding how to calm down.

In addition, recognizing ones' feelings help one to survive. According to Stone, (2020) feelings or emotions evolved in every human being for the purpose of alerting us to everyday threats to our survival. They feed us with a quick judgement about whether something is good or bad for us, which helps us motivate to take actions accordingly. Contrary to item 22, item no. 33 "*It is difficult for me to understand why people feel the way they do*" ($M = 3.15$, $SD 1.13$) gets the lowest mean score among the 10 items under the subscale of **Perception of emotion**. Empathy is the ability to share and understand the emotions of others. It helps build social connections, regulates ones' emotions, and promote a helping behavior. (Cherry, 2020)

According to Patricia Young, (2020) people who lack empathy were probably raised in families who were avoiding getting in touch with their feelings and even condemned others for feeling their emotions. Some may have learned to shut down their feelings in their early lives that they closed off their hearts and certainly cannot relate or feel other people's feelings.

The low mean score in item no. 33 can be attributed to the majority of the respondents who falls under the millennials age group ($n = 98$, 65.3%). Speculations as to why millennials seem to lack empathy has come in variation but the most common is the "Me Generation" theory, where these generation has always been taught through

television shows or any other social media platform to put themselves first. However, some experts feel that this is too much of a good thing. Experts believe that knowing and recognizing your wants, needs and feelings is important and healthy, but not at the expense of overlooking the wants, needs and feelings of others. Other theory believes and point out that the reason why “GenMe” seems to lack of the basic empathy as compare to the previous generation is that millennials have been desensitized by violent media content, where violence has been depicted as part of daily life, from the nightly news to daily television shows and movies.

Managing Owns or One's Emotions:

In the subscale of EI, **Managing owns emotions**, item no. 10 *“I expect good things to happen”* ($M= 4.43$, $SD= 1.14$) gets the highest mean score and could be a good indication on the high EI level of nurses in KCMH, as they are able to keep the positivity within them amidst adversity. Indeed, some studies shows that optimism and pessimism play a vital role and can affect ones' overall health and well-being, and positive thinking usually comes with optimism which is a key factor for stress management. According to an article written by the mayo clinic staff (Jan, 2020) Positive thinking doesn't mean that you keep your head in the sand and ignore life's less unpleasant situation. Positive thinking means that you are able to approach less pleasant situations in a more positive and productive way. You think the best is going to happen and not the worst.

Being positive in life is indeed beneficial not only for ones' physical health but also for ones' mental health. In fact, in an article written by (Sasson, 2020) on why one should think positively, he elaborated that being positive helps one in achieving success in life. In that article, he further elaborated that positivity awakens happiness. That if you

adopt a positive frame of mind, you become happy, as happiness doesn't come for an external cause but from within. Further, he also sighted that being positive increases ones' motivation to succeed and achieve more than one's ever expected, and if one adopts a positive attitude and think positive, one will have a better understanding of oneself and increases ones' self-esteem. In addition, apart from having a better health, positive thinking according to Sasson helps one improve relations towards other people.

The high mean score on item no.10 can also perhaps be attributed to the number of respondents, as majority of them are married ($n= 135, 90.0\%$) and as most of them have personally experienced how positivity or being positive in life had positively affect their married life. In an article written by Smith (2017) entitled "How a positive attitude will help your marriage succeed", she articulates that successful marriages don't happen by accident. They happen when both parties are committed to creating a positive and nurturing attitude towards each other. As such, she stressed out that if you cultivate positive attitude towards your spouse, your relationship will be closer and your marriage will become a place you want to retreat.

In addition, high percentage of item no. 10 in the second subscale of EI can also be associated to the age bracket where most of the respondents came from, which is the millennials 23 – 38y/o ($n= 90, 65.3\%$). According to some research, millennials may be the most optimistic generation to date. This is further supported by the research done by (Smith, T. & Nichols, T., 2015) where the latter had pointed out that more than anything, millennials are confident. This confidence come from their trust and optimism (Guha, 2010; Kowske, Rasch & Wiley 2010). On the other hand, (Kaifi et al., 2012) believe that a generation's confidence was fostered and molded by previous generations.

Significantly, item no. 3 *“I expect that I will do well on most things I will try”* got the lowest mean score ($M= 4.02$, $SD= 1.10$) under the subscale of **Managing own emotions**, but this isn't a bad indicator, as this only shows how optimistic nurses in KCMH when it comes to dealing with their lives. As most of the respondents are from the millennial side, the result is supported by the study done (Smith, t & Nichols, T., 2015), as they found that millennials are more and known to be achievement focused. Most of them have the need not only to do well, but to excel and surpass all goals and aspirations (Kaifi et al., 2012; Kowske et al., 2010).

Moreover, this can also be related as to how millennials have been raised. Millennials have been raised to believe that we can accomplish anything. Our parents, teachers and adults who have been a part of our lives, have drilled it into our heads that “if you believe you can achieve it, you probably can”.

Managing Others Emotion

It is not uncommon as we interact with others for individuals to become emotional or defensive in the moment. When this occurs, it is important to remember that their reaction says more about them than it does about you. Thus, **managing others emotion** is one such full foundation skill covered in all description of emotional intelligence and comes in the next subscale in SSEIT. In this subscale, item no. 24 *“I complement others when they have done something well”* took the highest mean score of ($M= 4.47$, $SD= 1.09$) among the 8 items in this subscale, which could be a positive indicator on the EI level of KCMH nurses, as it depicts confidence and maturity on the part of the nurses. According to some expert, it takes a certain amount of self-confidence to be able to give a compliment and accept that the compliment has nothing to do with oneself. Such maturity among the respondents can possibly be associated to

their marital status, as most of the respondents are married ($n= 135$, 90.0%) and through the years in their married life, they have seen and recognized how important it is to be appreciative with each other especially to their spouse. According to Smith (2019) as much as we like to receive compliments, it is equally important for one to be willing to give them. Not only will these little acts of recognition benefit the receiver but the giver as well. Indeed, a sincere compliment can create a feeling of appreciation and positivity that both parties will enjoy.

Although item no. 4 “*other people find it easy to confide in me*” got the least mean score ($M= 3.45$, $SD= 1.21$) under the **managing others emotion** subscale, its score still falls on the average score and would mean that most of the respondents are trustworthy, as they are authentic and consistent. One possible reason why most of the respondents finds that it is easier for other people to confide to them is because they share the same social identity, which can be religion, nationality, roles like motherhood and fatherhood or even interest in life.

Utilization of Emotion:

Utilization of Emotion comes the last subscale under Schutte self-report emotional intelligence test and much have been said and written about how to manage and control your emotions. To start understanding your emotion, one should ask yourself with these two questions; first is, how do I feel and second is how do I know. One must also remember that you can't control other people, but you can always control how you react to them. Aristotle once said, “anybody can become angry – that is easy, but to be angry with the right person and to the right degree and at the right time and for the right purpose, and in the way – that is not within everybody's power and is not easy”.

In the subscale of utilization of emotion, item no. 20 *“When I am in a positive mood, I am able to come up with new ideas”* scores the highest having the mean score ($M= 4.37$, $SD=1.03$) respectively. The high score in this subscale is further supported by the research done by (Clore, Gaspar, & Garvin, 2001); (Fiedler, 1988); (Kaufmann, 2003); (Schwarz, 2002) and (Schwarz & Clore, 2003) where it is postulated that positive affect facilitates ideation of unconventional thoughts that are helpful for solving the problem at hand, assisted by expansive and divergent thinking.

Furthermore, the high mean score of item no. 20 can be associated to the myriad numbers or ways on how to uplift ones' mood that this modern world has to offer, one of a few is the easy access to the internet world. According to the association for psychological science (2010) people who actually watch feel-good and funny clips on the internet at work aren't necessarily wasting time but is taking the advantage of the latest psychological science which is putting themselves in a good mood so they can think creatively.

Conversely, item no. 7 *“when my mood changes, I see new possibilities”* got the least mean score of ($M=3.57$, $SD= 1.16$) yet still a favorable score though. In an article review done by Brosch, T., et al, 2011, it was stressed that emotion determines how we perceive our world, organize our thoughts, and make important decision. Thus, the score obtained in this subscale only reflects how emotions affects ones' thinking.

The result of the study is further supported by Zeidner et al. (2012) who concluded that EI have a vital part to play in fostering healthy feelings plus wellbeing. Specifically, persons with high EI are more credible to establish and sustain relations, increasing their personal health (Lopes et al., 2015).

Table 3: Mean rating score of the Psychological Well-Being of mental health nurses in psychiatric hospital in Kuwait

Item No.	Question	Mean	Standard Deviation
Autonomy			
1	"I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people."	5.97	1.20
10	"I tend to worry about what other people think of me."	4.62	2.07
13	"My decisions are not usually influenced by what everyone else is doing."	5.14	1.80
21	"I judge myself by what I think is important, not by the values of what others think is important."	5.78	1.75
24	"I tend to be influenced by people with strong opinions."	3.07	1.97
35	"I have confidence in my opinions, even if they are contrary to the general consensus."	5.57	1.48
41	"It's difficult for me to voice my own opinions on controversial matters."	4.19	2.00
Overall Mean & Standard Deviation		21.41	4.74
Environmental Mastery			
3	"In general, I feel I am in charge of the situation in which I live."	6.16	1.21
12	"I have difficulty arranging my life in a way that is satisfying to me."	4.59	1.99
15	"The demands of everyday life often get me down."	4.89	1.89
23	"I have been able to build a living environment and a lifestyle for myself that is much to my liking."	5.92	1.30
26	"I do not fit very well with the people and the community around me."	5.6	1.81
36	"I am quite good at managing the many responsibilities of my daily life."	6.21	1.29
42	"I often feel overwhelmed by my responsibilities."	3.6	1.99
Overall Mean & Standard Deviation		24.39	5.59
Personal Growth			
2	"For me, life has been a continuous process of learning, changing, and growth."	6.72	.80
5	"I am not interested in activities that will expand my horizons."	4.83	2.17

14	"I gave up trying to make big improvements or changes in my life a long time ago."	4.94	2.24
17	"I think it is important to have new experiences that challenge how you think about yourself and the world."	6.05	1.27
25	"I do not enjoy being in new situations that require me to change my old familiar ways of doing things."	3.97	2.09
28	"When I think about it, I haven't really improved much as a person over the years."	4.89	2.10
37	"I have the sense that I have developed a lot as a person over time."	6.08	1.29
Overall Mean & Standard Deviation		23.79	5.86
Positive Relations with Others			
4	"People would describe me as a giving person, willing to share my time with others."	5.96	1.10
7	"Most people see me as loving and affectionate."	5.75	1.28
16	"I have not experienced many warm and trusting relationships with others."	5.42	1.85
18	"Maintaining close relationships has been difficult and frustrating for me."	5.3	1.99
27	"I know that I can trust my friends, and they know they can trust me."	6.25	1.15
30	"I often feel lonely because I have few close friends with whom to share my concerns."	4.72	2.25
38	"I enjoy personal and mutual conversations with family members and friends."	6.63	.86
Overall Mean & Standard Deviation		22.86	4.59
Purpose in Life			
6	"I enjoy making plans for the future and working to make them a reality."	6.37	1.14
9	"I live life one day at a time and don't really think about the future."	5.09	1.99
20	"I have a sense of direction and purpose in life."	6.27	1.50
29	"Some people wander aimlessly through life, but I am not one of them."	5.75	1.87
32	"I don't have a good sense of what it is I'm trying to accomplish in life."	5.89	1.59
33	"I sometimes feel as if I've done all there is to do in life."	4.23	2.03
39	"My daily activities often seem trivial and unimportant to me."	5.72	1.80

Overall Mean & Standard Deviation		26.54	4.86
Self-Acceptance			
8	"In many ways, I feel disappointed about my achievements in life."	5.00	2.12
11	"When I look at the story of my life, I am pleased with how things have turned out."	5.86	1.38
19	"My attitude about myself is probably not as positive as most people feel about themselves."	4.70	2.14
22	"In general, I feel confident and positive about myself."	6.43	.878
31	"When I compare myself to friends and acquaintances, it makes me feel good about who I am."	5.65	1.60
34	"I feel like many of the people I know have gotten more out of life than I have."	4.59	2.00
40	"I like most parts of my personality."	5.95	1.15
Overall Mean & Standard Deviation		22.4	4.74
Grand Total Mean & Standard Deviation:		141.40	20.80

Table 3 shows the mean scores of the level of PWB of mental health nurses in psychiatric hospital in Kuwait, its scores of individual subscale items and the overall mean score. The individual score items were tabulated to find out where the staff nurses scored high or low in.

On an average, staff nurses perceived to have a low level of psychological well-being in almost all subscales of Ryffs' model of psychological well-being (RPWB), except in the subscale of environmental mastery and purpose in life with an overall composite score of 141.40 ($SD= 20.80$).

Autonomy:

As for the first subscale of RPWB which is **Autonomy**, item no. 1 *"I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people"*

scores the highest ($M= 5.97$, $SD= 1.97$) which only shows that nurses in KCMH are not able to speak up their mind, as majority have reported that most of the time they felt that their sentiments are not being heard or given recognition whenever they try to, and believed that no action will be taken or done, as such, for them speaking up is not at all valued and not worth the effort.

It has also been reported by the majority of the respondents that whenever you try to be opinionated, everyone turns their back on you and you'll appear to be the bad person in the end. In an article done by Tansey, L. (2020) entitled "Why employees don't speak up and how to fix it", she had enumerated numerous inhibiting factors that makes an employee difficult to speak up. Some of those are: *Fear of retaliation* which is the typical top-ranked reason why employees don't speak up within business organization. Second is *Belief nothing will happen* and this is when employees perceived that their concern is not heard or addressed. Third is the *Degree of hierarchy* which does not exist only in all societies but also a factor into every organization. Fourth is the *Culture of no bad news* where often bad news becomes unacceptable in an organization and the fifth one is *Incentives not aligned with speaking up*, where employees who speak up can be seen as troublesome and more often than not receives little to no recognition or reward.

Contrary to item no. 1, item no. 24 "*I tend to be influenced by people with strong opinions*" got the least score ($M= 3.07$, $SD= 1.97$) under subscale autonomy and this can be related to the fact that the staff in KCMH are not able to speak up their mind because of the aforementioned reasons. Another reason perhaps can be related to the level of confidence of most of the respondents, as according to some experts it takes some confidence to be the one to be in opposition to anything. Furthermore, another factor why most the respondents are easily influenced by others' strong opinion is

perhaps because most of the respondents belongs to the millennial group and most of them have a smaller number of work experience. Moreover, social influence can also be a factor why one is easily influence as according to experts it is a human nature that we try to conform and please others. In the case of the respondents, they tend to be influence and conform by the requests of people who are seen as holding of authority either to please them or be away from any problems.

Environmental Mastery:

Environmental mastery as emphasized by Ryff, (1989) is the ability to choose or change the surrounding context using physical or mental actions as well as being able to control events. In this subscale, item no. 36 *“I am quite good at managing the many responsibilities of my daily life”* scored the highest ($M= 6.21$, $SD= 1.29$). Note that this item was reverse scored when the subscale was computed which means that the nursing staff at KCMH is having difficulty in dealing and managing with the many responsibilities and stressors in their daily life, perhaps because most of the respondents are from the millennial age group 23-38 Y/O ($M= 98$, $SD= 96.0\%$) and most of them are married ($M= 135$, $SD= 96\%$). A few years ago, the American Psychological Association’s annual survey found that millennials in the US were the most stressed-out generation and says they are not managing it well (2012).

This statement was further supported by the Malaysian Mental Health Association President Dr. Andrew Mohanraj, where he cited that being more connected and ironically more isolated from the real world, being exposed to cyber bullying, with little opportunity for real interaction or having limited actual interaction places a negative impact on one’s ability to handle stressful situation. Furthermore, Jaya Dass – managing director of human resource solutions provider Randstad in Malaysia and Singapore

says that millennials are the most stressed-out generation because they generally have to meet higher expectation, as most of them are also starting or raising a family while being at the active wealth accumulation stage to become more financially dependent (theedgemarkets.com, February 2020).

Significantly, item no. 42 *“I feel often overwhelmed by my responsibilities”* got the least score ($M = 3.6$, $SD = 1.99$) under the subscale of **Environmental mastery** and this could be related to the majority of the respondents which is the millennials 23-38 Y/O ($M = 98$, $SD = 96.0\%$). According to American psychological association, across generations, survey says that our ability to manage stress and achieve healthy lifestyle varies by age. In the survey done *“Stress in America”*, younger Americans report experiencing the most stress with the least relief. They reported higher stress levels than older generations and they say they are not managing it well. In addition, findings show all generations believe that the higher level of stress they experienced than they believe is rather healthy, but the matures ones are the closest to bringing their stress levels in line with their perception of a healthy stress level. Compare to the 0.7 points of matures’ (67 years and above) stress levels and their perception of a healthy stress, millennials have notably scored higher than the latter with 1.4 points (APA, 2012).

Furthermore, managing director of human resource solutions provider Randstad in Malaysia and Singapore – Jaya Dass says millennials are more stressed out because they generally have to meet higher expectations, both on personal and professional as well. In addition, she further stress and pointed out that most of the millennials are often taxed with the responsibilities of providing and emotional support for both their parents and children, which can be often overwhelming for theses age group. She further labeled these group as the new sandwich generation, taking after generation X (39 -50 years old) (theedgemarket.com, February 2020).

Personal Growth

As for the next subscale, **Personal growth** item no. 2 “For me, life has been a continuous process of learning, changing and growth” has scored the highest ($M = 6.72$, $SD = .80$). Note that this item was reverse scored when the subscale was computed which means that the nursing staff at KCMH shows personal stagnation and no continuous growth or advancement in their profession, because base from my observation and base from the respondents’ statement, no regular and no formal trainings or conference related to professional advancement has been given to nurses and whenever there is, only a few is able to avail it. More often than not, the one who is able to avail it are the ones who is close to the one who arrange the schedule for such conference and trainings. Not to mention the absence of stressed debriefing among the staff whenever the staff encountered a stressful event or experience during their duty hours, such as in an event of patients’ escape or patient who committed suicide during their shift. The presence of partiality and inequality especially when giving recognition and reward to the staff is perhaps another reason for their career stagnation. According to an article “*Nurse: are you experiencing a career stagnation?*” by Radzi, (2016), career stagnation is a phase in one’s career where there is no progress of growth. There are many possible reasons for career stagnation but the two major reasons are related to individual and interpersonal factors and stagnation as a result of organizational conditions. Individual factor is when there is a lack of confidence in one’s capabilities which may prevent one from making smart and appropriate choices throughout their nursing career, while interpersonal factor can be in the form of social expectations such as playing two different roles and commitment simultaneously. On the other hand, organizational factors are lack of socializations, support and mentoring from the administrations.

In line with item no. 2, item no. 25 *“I do not enjoy being in new situations that require me to change my old familiar ways of doing things”* got the lowest mean score ($M= 3.97$, $SD= 2.09$) in this subscale which also represent career stagnation among nurses at KCMH. According to Radzi (2016) being complacent and feeling too comfortable with your present roles and responsibilities can also be a sign of career stagnation. Further, when one does not feel the need to progress and acquire new skills, you are in fact denying your own potential, and this would hold you back from advancing further in your career.

Positive Relation with Others

In the fourth subscale **Positive relation with others**, item no. 38 *“I enjoy personal and mutual conversations with family members and friends”* scored the highest ($M= 6.63$, $SD= .86$). Note that this item was reverse scored when the subscale was computed which means that the nursing staff at KCMH apparently doesn't spend much time to personally talk and interact with their family members and friends, perhaps because most of the respondents are living alone on their own and away from their families. Another reason could also be the time difference between Kuwait and the country where their families and friends are coming from. In addition, different and opposite working schedule between the respondents and their friends is also a factor for the absence of personal interaction and conversation between two parties. Furthermore, the absence or less interest in engaging themselves to a more personal talking and interaction towards their families and friends can be related to the age group of the respondents, as most of the respondents are the millennials ($n= 98$, 65.3%). Research suggested that mobile phones were increasingly undermining personal interactions and millennials spend too much time in their cellphones. According to a

recent study by Experian, millennials spend 14.5 hours in a typical week texting, talking, and accessing social media in their smartphone more than any other generations.

According to research texting is the preferred form of communication for the millennials and they give more attention to their phones than the actual people at the dining table.

As to lowest score in the subscale **Positive relation with others**, Item no. 30 “*I often feel lonely because I have few close friends with whom to share my concerns*” has the least mean score ($M= 4.72$, $SD= 2.25$) perhaps because most of the respondents came from different age group, nationality, and has different interest in life. Nursing can be a stressful profession, with long hours and high levels of activity and responsibility. Although family, friends and other healthcare colleagues can provide a sympathetic ear, nobody really understands what a nurse does like a nurse, says Benjamin Evans – President of the New Jersey State Nurses Association. (Minority Nurse – January 2019).

In a study done by Shin & Lee (2016) they found that the degree of cohesion among friends had a positive impact on the level of job stress experiences by nurses and concluded that life information support from their friendship network was the primary positive contributor to control job stress.

Additionally, in a study done by Gallup (2018) found that people with a best friend at work are seven times more likely to be engaged with their job.

While most study suggest that friendship at work helps alleviate job stress, a survey carried out by the graduate job board Milkround.com among 2,016 people found that most millennials or more than half (65%) of those aged 25 to 34 struggles to make

friends at work compare to less than a quarter (23%) of their baby boomer colleagues, and had identified barriers to forming a friendship., one of those is the social anxiety, where 24% of under 25s surveyed claimed they were more likely to feel anxious about meeting a new colleague. This episode of starting a new job and meeting a new people can be overwhelming and cause retreat within ourselves. Other factor includes the work-related stress which does not only affects us physically but could also affect our mood and behavior and poses a negative impact on our interactions with colleagues. Low self-esteem or confidence has also been linked to excess stress which can further affects one's ability to effectively communicate with others and form friendship in the first place. According to the study, younger employees are more susceptible to such exacerbating factors compared to those at the opposite end of the age spectrum. Kenny, E. (2020)

In addition, the low score under this subscale can be related to the marital status of most of the respondents as most of the respondents are married. In a study conducted by Sarkisian, N. & Gerstel, N. (2015), the result shows that singles have more friends and are better at maintaining their friendship than married people, as married couples tend to spend majority of their time with their partner and often leave friendship behind.

Purpose in Life

As to subscale no. 6 – **Purpose in life**, item no. 6 *“I enjoy making plans for the future and working to make them a reality”* got the highest mean score ($M= 6.37$, $SD= 1.14$)._Note that this item was reverse-scored when the subscale was computed which means that the nursing staff experiences the opposite and may indicate that the nurses may have low morale or no motivation of moving forward and improving their craft,

perhaps because of the absence of morale support from the administration in their desire to grow professionally and the absence of equal treatment among the staff, as they are bound in a work culture of whoever is close to the ones in power gets the recognition and priority. In a study done by Shaban, et, al (2017) among 295 Jordanian employees' productivity and competitiveness in an industrial company, it shows that low productivity and loss of competitiveness are outcomes of low morale and low motivation and had recommended that management should work on increasing productivity by increasing employees' satisfaction through re-engineering systems and processes and providing incentives, education and trainings. In addition, studies show that low morale can be attributed to many factors such as job insecurity and lack of fair compensation policy. Further, according to Zeynep & Huckman (2008) Low morale also causes employees to lose interest, especially when managers do not appreciate their efforts and the task performed.

As to the lowest mean score, item no. 33 *"I sometimes feel as I've done all there is to do in life"* got the least one ($M = 4.23$, $SD = 2.03$) and this could be related to career stagnation and low motivation that nurses experienced due to the absence of continuous and intensive upgrading of nursing knowledge and skills equally offered by the administration to nurses through regular seminars and conference. The absence of solid morale support from the administration can also be a factor for being complacent and not having the initiative and will to further improve in their craft, as less appreciation and recognition is given to nurses. Instead, more unjust complains are thrown towards the nurses and other departments tend not to cooperate well with the nursing department, which eventually leads to low morale and causes low motivation and career stagnation. As postulated by Radzi (2016) being complacent and feeling too comfortable with your present roles and responsibilities can be indicator of career

stagnation. Further, when one does not feel the need to progress and acquire new skills, you are in fact denying your own potential, and this would hold you back from advancing further in your career.

Self-acceptance

As to the last subscale **Self-acceptance**, the overall low mean score may indicate that the nurses feel dissatisfied with self, disappointed with what has occurred in past life, troubled about certain personal qualities, or wish to be different than what he or she is.

Self-acceptance is crucial to mental health. The absence of ability to unconditionally accept oneself can lead to a variety of emotional difficulties, including uncontrolled anger and depression (Carson, 2006). In this subscale, item no. 22 *“In general, I feel confident and positive about myself”* got the highest mean score ($M=6.43$, $SD=.878$). Note that this item was reverse scored when the subscale was computed which means that the nursing staff at KCMH experienced the opposite and may indicate of not being confident and positive about themselves and this could be attributed to the absence of administrative support relevant to their professional growth, through continuous education, trainings, seminars and conference. In a study done by Valizadeh (2014) she said that the professional self-confidence in nurses develops in two phases. First, they gain theoretical knowledge and critical thinking in academic and practicum environment necessary to support decision making, and in the second phase, they consolidate their evidence-based learning in clinical and academic environments which creates a feeling of ownership and a sense of attachment to the workplace.

Other factor that can affect the nurses' confidence could be the smaller number of work experience in psychiatric set up, as most of the respondents have around 1 – 5

years of experience (n= 45, 30%). In a study done by Makarem et al. (2019) among 192 clinical nurses in a medical sciences university in Iran, results showed that the professional confidence score of clinical nurses with work experience 10 – 20 years was significantly higher than those with less than ten years (mean difference = -4.25, $p=0.019$).

Item no. 34 *“I feel like many of the people I know have gotten more out of life than I have”* got the lowest mean score ($M= 4.59$, $SD= 2.00$) and it can be related to the staff's level of confidence, perhaps due to the absence of morale support from the administration especially when the staff is confronted with issues that involves other department and almost all responsibilities are being thrown to nurses even if it's not listed in their job description. The absence of continuous education or updates in nursing knowledge and skills through a comprehensive and regular seminars, workshop and conference can also be a factor on the low level of confidence among these nurses. As postulated by Shahin, Y. (2015) confidence is being in the state that makes you feel that you can achieve what you want on life without thinking of others' approval. It is a state that makes you a leader of your own rather than a follower of others, where you are able to accept your own success and stop comparing yourself to others.

Other factors for the low mean score of this item can be related to majority of the respondents as most of the respondents are the millennial 23 – 38 years old (n= 98, 65.3%).

Table 4: Correlation between emotional intelligence and psychological well-being of nurses in psychiatric hospital, Kuwait, (2020).

	Psychological Well Being	
	<i>Pearson's r</i>	<i>p-value</i>
Emotional Intelligence	- .088	.283

Table 4 shows the significant relationship of level of EI and PWB of mental health nurses in psychiatric hospital in Kuwait.

At 5% level of significance there is evidence to conclude that there is **NO** statistically significant correlation between overall scores of psychological well-being and the emotional intelligence of nurses ($r = -.088$, $p = .283$), as only with p-value less than or equal to 0.05 are considered significant. This means, the increase or decrease in the psychological well-being of nurses do not significantly relate to the increase or decrease of their emotional intelligence score.

The result of the study was contradicting the claim of Garcia (2018) that EI and PWB are associated inversely. The lower the EI score, the greater the PWB. It was also indicated that a high degree of EI plays a significant role in protecting the PWB of individuals. Although the results indicate no significant relationship between emotional intelligence and psychological well-being, studies show that a higher emotional intelligence can lead to a higher psychological well-being (McVay et.al., 2001).

Pearson's r correlation was used to determine the strength (from 0 as none to 1 as perfect correlation) and direction (positive meaning direct correlation; or negative meaning inverse correlation) of the association between the emotional intelligence and psychological well-being among nurses in a psychiatric hospital in Kuwait. Furthermore, Pearson's r correlation was used for the researcher to find a linear relationship between two variables. It can be positive or negative relationship if it is significant. If there is no

linear relationship between the variables, then null hypothesis should be retained. Pearson's r can be used in a casual as well as associative research hypothesis but it cannot be used with an attributive research hypothesis because it is univariate.

Table 5: Association between emotional intelligence and socio-demographic profile of nurses in psychiatric hospital, Kuwait, (2020).

Average Score of Emotional Intelligence * Demographic Profile	Chi-square Test	
	Value	Coefficients p-value
Age	69.671	.994
Sex	62.98	.121
Civil Status	100.52	1.00
Nationality	324.39	.892
Educational Attainment	171.54	.145
Years of Experience	253.12	.522

Table 5 illustrates the Chi-square coefficients and corresponding p-values for testing the relationship between level of EI and Demographic profile of mental health nurses in psychiatric hospital in Kuwait, to determine whether there was a significant association between the two variables at 5% level of significance.

Pearson's coefficient was used to determine the strength of the association between the emotional intelligence and demographic profile among nurses in a psychiatric hospital in Kuwait. Furthermore, Pearson's coefficient was used to evaluate whether there is a linear relationship between two variables. It can be positive or negative relationship, as long as it is significant. If there is no linear relationship between the variables, then null hypothesis should be retained. In addition, Chi Square test was used to test the relationship between categorical variables or sometimes called nominal variable. Categorical variables are one that has two or more categories, but there is no intrinsic ordering to the categories such as gender, nationality, civil status etc.

At 5% level of significance, there is insufficient evidence to show that the demographic profile (age, sex, civil status, nationality, educational attainment, and years of experience) is associated with the emotional intelligence of the mental health nurses in Kuwait. In this study, the demographic profile of the nurses does not affect their emotional intelligence.

This finding is further supported by the study done by Namdar et al (2008) on assessing emotional intelligence and its relationship with demographic factors of nursing students in Tabriz, where it shows no significant relation between emotional intelligence score and sex, education, and students' interest in nursing. Furthermore, even though many studies found significant differences based on gender, other research could not find these differences (Gunkel., et al, 2013; Kumar & Munjandy 2012). This is because gender roles are connected thereby placing both men and women in a similar circumstance which may see them adapt more or less the same (Marengo & Chinyamurindi, 2018).

According to Jorfi et al. (2011), employee work experience is positively related to emotional intelligence meaning that emotional intelligence increases with the number of years one has served in a profession. However, in a study done by Sergio et al. (2015) amongst call center employees in the middle east, Iran, Pakistan, Russia, India, and Philippines, he asserted that work tenure, which translate to work experience, has no significant relationship with the emotional intelligence (Marengo & Chinyamurindi, 2018). These findings are supported by the study done by Dusseldorp et al., (2011) where his result shows no correlations between years of experience and age on the one hand and emotional intelligence on the other hand.

In most of the social study, nationality has been found related to emotional intelligence. However, in a quantitative analysis of the relationship between emotional intelligence and nationality research done by Hossein (2015) amongst some leaders, the result showed no significant differences in the trait emotional intelligence and the nationality of the interviewed leaders.

Ganaprakasam (2018) stated that that there was a significant association among emotional intelligence and psychological health. Additionally, he suggested that individuals with low psychological health score are found to have suicidal tendencies. This shows the important idea of the EI to resolve suicidal tendencies and improve psychological health among individuals. Hence, consideration should be given to planning effective strategies to enhance the emotional competencies.

Table 6: Coefficients (p-values) of the Chi-square test between level of PWB and Demographic Profile of mental health nurses in psychiatric hospital Kuwait, (2020).

Average Score of Psychological Well Being * Demographic Profile	Chi-square Test	
	Value	p-value
Age	93.31	.994
Sex	73.30	.225
Civil Status	191.85	.550
Nationality	356.68	1.00
Educational Attainment	198.61	.415
Years of Experience	348.03	.182

*p-values less than or equal to 0.05 are considered significant

Table 6 shows the Chi-square coefficients and corresponding p-values for testing the relationship between the level of PWB and Demographic Profile of mental health nurses in psychiatric hospital in Kuwait, to determine whether there was a significant association between the two variables at 5% level of significance. Chi Square test was used to test the relationship between categorical variables or sometimes called nominal variable. Categorical variables is one that has two or more categories, but there is no intrinsic ordering to the categories such as gender, nationality, civil status and etc.

At 5% level of significance, there is insufficient evidence to show that the demographic profile (age, sex, civil status, nationality, educational attainment, and years of experience) is associated with the psychological well-being of the mental health nurses in Kuwait. In this study, the demographic profile of the nurses does not affect their psychological well-being.

The result of this study which shows no significant relationship between demographic profile and psychological well-being of nurses in a psychiatric hospital in Kuwait is similar to the study done by Khumalo, et al (2011) which showed that age and gender is not significant to the psychological well-being of the 459 male and female African sample in the northwest province of Africa.

Opposite to the result of this study and to the previous research done, demographic variables are often important determinants of well-being (Addal et al., 2014; Ngoo et al., (2015). Some literature supports the notion that demographic variables play an impact in an organization in many ways. Mandu, et al., (2014) showed that demographics such as age, race and educational status influenced turnover intentions. Moreover, in a study done by Panahi, S. et al., (2013) amongst graduate student in Malaysia, females were reported to have higher well-being and dimensions including positive relationship with others, self- acceptance, purpose in life, and autonomy than males. In addition, married students had higher scores in overall psychological well-being than single students.

CHAPTER 5

SUMMARY, CONCLUSION AND RECOMMENDATIONS

Summary

This study aims to gain insight into the level of emotional intelligence and psychological well-being among nurses in a psychiatric hospital in Kuwait and to determine the significant relationship between the levels of emotional intelligent, psychological well-being and the profile of mental health nurses focusing on the field of caring. This research also aims to understand the impact that emotional intelligence has on the well-being of nurses in the workplace, as a better understanding of these factors may allow identification of strategies and can provide valuable insights to the management of this institution on how to manage their employees specifically the nurses properly and effectively, so as to improve the working conditions of these nurses with resulting benefits on the quality nursing care.

The focus in research on emotional intelligence and psychological well-being to date has been done on various professionals. However, little is known about emotional intelligence and psychological well-being in mental health nurses, especially in the Arab region. Hence, the study was conducted. Data were collected with the Schutte self-report emotional test and Ryff's Psychological well-being scale within a descriptive correlational research design. The most noticeable findings of this study were as follows:

1. Most of the surveyed respondents are male (58.7%), belongs to generation Y (23 – 38 years old) or the millennial age (65.3%). Mostly are married (90%), obtained a baccalaureate degree in nursing (74.7%). Majority are Indian

national (66%) with 1 – 5 years of work experience (30%) and some having 6 - 10 years of work experience (27.3%) while others are with 11- 15 years of work experience (25.3%).

2. The mean and standard deviation of the overall emotional intelligence score were computed in order to describe the level of emotional intelligence of nurses in psychiatric hospital in Kuwait. Staff nurses were reported to have a score of above average emotional intelligence in all the subscale with an overall EI mean score of 129.02 ($SD = 20.76$). Staff nurses scores highest among the subscale of perception of emotion ($M = 37.64$, $SD = 5.87$) and lowest on the subscale of utilization of emotion ($M = 24.23$, $SD = 4.61$). The high overall mean score indicates a high level of emotional intelligence of mental health nurses, which is required to cope with the emotional labor involved in daily mental health practice. The small standard deviation indicates a small variation of subscale scores between nurses. Emotional intelligence as previously defined is the ability to accurately identify your own emotions as well as those of others and being able to utilize and apply them to a various task, such as thinking and problem-solving. With a high level of EI in the workplace, staff are able to incorporate different human emotions and will collaborate better with others which eventually makes the workplace a happier environment for everyone.

3. As for the psychological well-being, the highest score per subscale is 49, and those whose score is greater than 24 is considered a high scorer. The highest score for the Psychological Well Being Scale is 294. In this study, staff nurses were reported to have a low score in almost all the subscale of PWB such as; Autonomy ($M = 21.41$, $SD = 4.74$), Personal growth ($M = 23.79$, $SD = 5.86$),

Positive relation to others ($M = 22.86$, $SD = 4.59$) and Self-acceptance ($M = 22.4$, $SD = 4.74$) with a low overall mean score of 141.40 ($SD = 20.80$). The low overall mean score indicates a low level of psychological well-being of mental health nurses and the small standard deviation indicates a small variation of subscale scores between nurses. World Health Organization (WHO) defines health as a “state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. Subsequently, psychological well-being (PWB) reflects more than the mere absence of psychological distress, such as anxiety or depressive symptoms. Observational and experimental research also suggest PWB relates to a higher future level of employment and work retention as well as greater social support later. (Trudel-Fitzgerald et al., 2019). Likewise, other studies manifested that low levels of PWB are associated with greater likelihood of clinical depression 10 years later, after controlling for baseline traditional risk factors and psychological distress (Teismann et al., 2018).

4. At 5% level of significance, there is insufficient evidence to show that the overall score of psychological well-being is associated with the emotional intelligence of the mental health nurses ($r = -.088$, $p\text{-value} = .283$). In this study, the increase or decrease in the psychological well-being of nurses is not significantly related to the increase or decrease in their emotional intelligence score.

Although the results indicate no significant relationship between emotional intelligence and psychological well-being, studies show that a higher emotional intelligence can lead to a higher psychological well-being (McVay, Madill and Fielding, 2001)

5. Using Chi-square tests to determine the significant association between the two variables at 5% level of significance per profile: Age ($r = 69.671$, $p\text{-value} = .994$), Sex ($r = 62.98$, $p\text{-value} = .121$), Civil Status ($r = 100.52$, $p\text{-value} = 1.00$), Nationality ($r = 324.39$, $p\text{-value} = .892$), Educational attainment ($r = 171.54$, $p\text{-value} = .145$), Years of experience ($r = 253.12$, $p\text{-value} = .522$). In this study, the demographic profile of the nurses does not affect their emotional intelligence.

6. There was no statistically significant correlation between demographic profile and the psychological well-being of the mental health nurses, as only with $p\text{-value}$ less than or equal to 0.05 are considered significant. Age ($r = 93.31$, $p\text{-value} = .994$), Sex ($r = 73.30$, $p\text{-value} = .225$), Civil Status ($r = 191.85$, $p\text{-value} = .550$), Nationality ($r = 356.68$, $p\text{-value} = 1.00$), Educational attainment ($r = 198.61$, $p\text{-value} = .415$), Years of experience ($r = 348.03$, $p\text{-value} = .182$). In this study, the demographic profile of the nurses does not affect the psychological well-being of mental health nurses in Kuwait.

Conclusion

The findings of this study indeed have contributed a new and valuable insight into the level of the emotional intelligence and psychological well-being among nurses in psychiatric hospital in Kuwait that can be utilized as a basis in the identification of strategies to improve the working conditions of these nurses and provide a valuable insight to the management of this institution in order to further enhance and help improve the well-being of nurses with resulting benefits on the quality of nursing care rendered to its care recipient.

In conclusion, this research study is unique because it is the first to study the relationship between emotional intelligence and psychological well-being among nurses

in Kuwait especially in Kuwait Center for Mental Health, - the one and only tertiary referring hospital in the region for any psychiatric cases. As mentioned earlier, emotional intelligence is important for nurses, as nurses who possess emotional intelligence are more in control of their emotions and develop more effective coping strategies against stress, which result to improved well-being. Furthermore, the study identified no significant relation between emotional intelligence (EI) and Psychological well-being (PWB), as well no significant relation was found between EI, PWB and demographics of the nurses, which means that EI has no effect on the increase and decrease of psychological well-being of the nurses in psychiatric hospital in Kuwait and same goes with the demographics of the nurses, perhaps because of the different cultural background of these nurses. Although the results indicate no significant relationship between emotional intelligence and psychological well-being, studies show that a higher emotional intelligence can lead to a higher psychological well-being (McVay et al., 2001). Thus, further investigation or study on the correlation of EI to other aspect of well-being such as social and intrapersonal, job satisfaction and culture is recommended.

The main aim of the study is to gain insight into the level of emotional intelligence and psychological well-being among nurses in a psychiatric hospital in Kuwait and to determine the significant relationship between the levels of emotional intelligence, psychological well-being, and the profile of mental health nurses.

Recommendations

Nurse Practitioner & Administrator

Nursing staff indeed constitute the largest group of employees in the healthcare industry and plays a crucial role in the quality of care provided to the patient. Thus, in

view of the above statement, it is imperative and beneficial to conduct more research focusing on the emotional intelligence and psychological well-being among mental health nurses, especially in this institution (KCMH) as this is the only psychiatric center in Kuwait, and as most studies done on psychological well-being among nurses have focused on general nursing specialties and relatively less attention has been given to nurses working in psychiatric center.

Furthermore, the result of this study recommends the management of Kuwait Center for Mental Health to establish a mental health-promoting workplace for the nurses to feel energize and uplifted by their work environment, which is a means of forming and relating all the important mechanism to further help form the mental health of these nurses, and would give the nurses a new perspective into how their emotional intelligence can be enhance further and the psychological well-being be promoted. Ways of promoting mental-health in the workplace can include giving stress debriefing or resilience training to nurses where it will help them adapt to stressors more effectively especially in times of crisis such as losing a patient from a suicide incident in the ward or from any escape-related incident. In addition, administrative support should always be readily available for nurses as they face problems among the patients and their families. Other ways to consider is to promote and enhance self-awareness and emotional intelligence through series of training programs such as developing positive emotion-focused strategy, where through this strategy it will help them reflect on problems and stressors effectively and eventually will help promote the well-being of these nurses.

The findings of this study also suggest and recommend for a type of future remediation and action programs that the hospitals may need to enhance their management practices and policies.

Educator

Results and the information from this study can be used for educating nurses on the importance of emotional intelligence and psychological well-being especially in dealing with various stress that they may regularly encounter in their daily lives especially in dealing with their patients. Details from this study can also be utilized in educating nurses on the effect of emotional intelligence and psychological well-being on their work performance and decision-making process especially when confronted with difficult situations.

Patients

Through the findings of this study, patient's well-being is ensured and well taken care of. Further, the low psychological well-being among nurses will help determine if there's relation and effect in caring for these patients, as some abuse among some staff towards the patient has been reported.

Researcher

Ensuring health workers' psychological well-being is critical to sustaining their availability and productivity. Thus, the result of this study recommends that further study should be implemented to explore more on the impact of low psychological well-being among nurses in psychiatric hospital in Kuwait in relation to their work performance, and to determine the possible intrinsic and extrinsic factors that could have contributed to their low score.

Further research using the result of this study, several psychological interventions/measures can be developed in order to enhance the psychological well-being among nurses in Kuwait Center for Mental Health.

As to the emotional intelligence of nurses, the high overall mean score indicates a high level of emotional intelligence of nurses in psychiatric hospital in Kuwait, which is indeed imperative to cope with the amount of emotional labor involve in their daily mental health practice. The above average score in the emotional intelligence among nurses recommends to further investigate possible implications which higher or lower subscale score of emotional intelligence level may have on the quality of care rendered, quality of the therapeutic nurse-patient relationship and the manner of coping with situations characterized by a great amount of emotional labor such as in dealing with suicidal and patients potential for escape. Furthermore, since the study found that emotional intelligence has no significant correlation on the nurses PWB, the researcher recommends further investigation or study on the correlation of emotional intelligence and other aspect of well-being such as socio and intrapersonal relationship towards others, job satisfaction and culture, as some people might have high EI and low PWB but might be high and good in other aspect of well-being. In addition, some research also suggests that although emotions are known as universal phenomena, most researchers believe that the way in which they are being experienced, expressed, perceived, and regulated can be influenced by a cultural norm. (Zahra et al; 2013). Other recommendation can be related to PWB and other factors that can possibly have an impact or effect on the increase or decrease of the nurses PWB.

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Appendix A
INFORMED CONSENT

Date: _____

Dear Participants,

Greetings!

You are cordially invited to participate in a research study to be conducted by Mr. Jayson A. Cabudlay at Kuwait Center for Mental Health, entitled "Emotional Intelligence and Psychological well-being of Mental Health Nurse in Psychiatric Hospital in Kuwait". The purpose of this study is to gain insight into the level of emotional intelligence and psychological well-being of mental health nurses in psychiatric hospital in Kuwait and to determine the significant relationship between the levels of emotional intelligent, psychological well-being and the profile of mental health nurses focusing on the field of caring, and to understand the impact that emotional intelligence has on the well-being of nurses in the workplace, as a better understanding of these factors may allow identification of strategies to improve the working conditions of nurses in this institution with resulting benefits for the quality nursing care.

Your participation in this research project is completely voluntary. You may decline at any time you want without providing reasons and it will not affect your right by any means. Your responses will be confidential and no one other than the researcher will know your individual answers to this questionnaire.

If you agree to participate in this research, please answer the questions on the questionnaire as best as you can. It should take approximately 15 – 30 minutes to complete. Once done with the questionnaire, the researcher will personally collect it from the respondents.

If you have any questions about this research, feel free to ask me in person or email me at jaysoncabudlay@yahoo.com

Thank you for your assistance in this important endeavour.

Sincerely yours,

Jayson A. Cabudlay.

Appendix B
LETTER TO THE KCMH DIRECTOR OF NURSING

Date: _____

Ms. Hind Mohammed

Nursing Director

THRU: Mr. Madhukar Nambiar

Head of Staff Development Unit

Kuwait Center for Mental Health

Sulibekhat - Jamal Abdalnasser St.

P.O Box: 5 – Postal Code 13001

Re: REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN KCMH

Dear Mr. Madhukar,

Greetings!

I am writing to request permission from your good office to conduct a research study at your respected institution. I am currently enrolled in the masters' degree program at the University of the Philippines, Philippines, and am in the process of writing my Master's thesis. The study is entitled "Emotional Intelligence and Psychological well-being of Mental Health Nurse in Psychiatric Hospital in Kuwait".

I hope that you will allow me to recruit 120 staff nurses from this institution to anonymously complete a questionnaire (copy enclosed). Interested staff, who volunteer to participate in this study, will be given a consent form to be signed by them (copy enclosed) and returned to the primary researcher at the beginning of the survey process.

If approval is granted, staff participants will complete the survey in their respective ward during their break time or anytime when they are free. The

survey process should take no longer than 30 minutes. The survey results will be pooled for the thesis project and individual results of this study will remain absolutely confidential and anonymous. Should this study be published, only pooled results will be documented. No costs will be incurred by either your institution or the individual participants.

Your approval to conduct this study will be greatly appreciated. I will follow up with a telephone call next week and would be happy to answer any questions or concerns that you may have at that time. You may contact me at +965-66713903 or email me at jaysoncabudlay@yahoo.com

If you agree, kindly sign below and return the signed form in the enclosed self-addressed envelope. Alternatively, kindly submit a signed letter of permission on your institution's letterhead acknowledging your consent and permission for me to conduct this survey/study at your institution. Thank you very much for taking time into this matter.

Sincerely,

Jayson A. Cabudlay

Appendix C
CONSENT TO THE AUTHOR OF THE PWB SCALE

Date: _____

Carol D. Ryff Ph.D.

Pennsylvania State University
Hilldale Professor, Department of Psychology
Director, Institute on Aging
cryff@wisc.edu
<http://psych.wisc.edu/staff/ryff-carol/>

Re: REQUEST FOR PERMISSION TO USE PSYCHOLOGICAL WELL-
BEING

SCALE VERSION 1989

Dear Dr. Ryff,

Greetings!

I understand that you are the author of Psychological well-being scale which was published on 1989 and has been widely used by the many researchers over the years in determining the level of psychological well-being of their respective participants.

I am writing you this letter to personally to ask your permission to use the said psychological well-being scale in my masteral thesis entitled ““Emotional Intelligence and Psychological well-being of Mental Health Nurse in Psychiatric Hospital in Kuwait”.

The purpose of using the psychological well-being scale is to help me determine the level of psychological well-being of mental health nurses and to determine if there is a significant relationship between the psychological well-being and the demographics of the mental health nurses in psychiatric hospital in Kuwait.

If you do not control the copyright of the said material, I would appreciate any contact information you can give me regarding the proper rights holder. Otherwise, your permission confirms that you hold the right to grant the permission requested here.

If you agree to this request as set out above, please sign the permission form below and return this signed letter in the self-addressed return envelope I have provided. A duplicate copy of the letter is enclosed for your records.

If you would like any other information, please contact at
jaysoncabudlay@yahoo.com.

Sincerely yours,

Jayson A. Cabudlay

Appendix D
**CONSENT TO THE AUTHOR OF SCHUTTE SELF-REPORT EMOTIONAL
TEST**

Date: _____

Nicola Schutte Ph.D.

Associate Professor of Psychology

Faculty of Medicine and Health; School of Psychology

University of New England - New South Wales, Australia

+61 2 67733779

nschutte@une.edu.au

Re: REQUEST FOR PERMISSION TO USE SCHUTTE SELF-REPORT
EMOTIONAL TEST

I understand that you are the author of Schutte Self-Report Emotional Test which has been widely used by the many researchers over the years in determining the level of emotional intelligence of their respective participants.

I am writing you this letter to personally to ask your permission to use the said schutte self-report emotional test in my masteral thesis entitled ““Emotional Intelligence and Psychological well-being of Mental Health Nurse in Psychiatric Hospital in Kuwait””.

The purpose of using the schutte self-report emotional test is to help me determine the level of emotional intelligence of mental health nurses and to determine if there is a significant relationship between the emotional intelligence and the demographics of the mental health nurses in psychiatric hospital in Kuwait.

If you do not control the copyright of the said material, I would appreciate any contact information you can give me regarding the proper rights holder. Otherwise, your permission confirms that you hold the right to grant the permission requested here.

If you agree to this request as set out above, please sign the permission form below and return this signed letter in the self-addressed return envelope I have provided. A duplicate copy of the letter is enclosed for your records.

If you would like any other information, please contact at jaysoncabudlay@yahoo.com.

Sincerely yours,

Jayson A. Cabudlay

Appendix E
MOH-KUWAIT RESEARCH ETHICS BOARD APPROVAL



دولة الكويت
وزارة الصحة
وكيل الوزارة المساعد لشئون التخطيط والجودة



المرجع : ٤٤٠٧
التاريخ : ٢٠١٩/١٠/٣١

السيد الفاضل / د. وكيل الوزارة
تحية طيبة وبعد،،،،،

الموضوع / تسهيل مهمة الباحث / جاسون اجوندانج كابودلاي
(رقم البحث 2019/ 1173)

تحت عنوان:

**Emotional Intelligence and psychological well-being of Mental
Health Nurse in Psychiatric Hospital in Kuwait**

يرجى التفضل بالإحاطة بأن اللجنة الدائمة لتنسيق البحوث الطبية والصحية المشكلة بموجب القرار الوزاري رقم 207 لسنة 2012 قد أوصت باجتماعها الحادي والستين (9 / 2019) المنعقد يوم الثلاثاء الموافق 29 / 10 / 2019 بالموافقة (بعد تعديل الملاحظات) على إجراء البحث رقم (2019 / 1173) المقدم من الباحث / جاسون اجوندانج كابودلاي بتاريخ 2019/10/10 تحت عنوان:

**Emotional Intelligence and psychological well-being of Mental
Health Nurse in Psychiatric Hospital in Kuwait**

وذلك بعد أن قامت اللجنة استنادا للقرار الوزاري رقم 207 لسنة 2012 والتعميم الصادر من السيد / وكيل الوزارة برقم 156 لسنة 2012 باستطلاع آراء الجهات ذات العلاقة بموضوع البحث حيث رد السيد / وكيل الوزارة المساعد للشئون القانونية بالكتاب رقم 740 بتاريخ 2019/10/20 (متضمنا بعض الملاحظات) وقام الباحث بإجراء التعديلات وتمت الموافقة عليها كما تم استطلاع رأي السيدة / مدير إدارة الخدمات التمريضية بالكتاب رقم 4090 بتاريخ 2019/9/26.

المرجع : ٤٤٠٧
التاريخ : ٢٠١٩/١٠/٣١

ويتم البحث من خلال استخدام إستبيان لجمع البيانات من المستهدفين بالدراسة حسب بروتوكول البحث (مدة البحث سنة واحدة).
ولا يتضمن البحث إجراء أي تجارب طبية أو إعطاء أدوية أو أخذ عينات حيوية.

يرجاء التفضل بالاطلاع والتوجيه بما ترونه مناسباً نحو اعتماد توصية اللجنة والموافقة على مخاطبة الجهات ذات الصلة بموضوع البحث (السادة / مدراء المناطق الصحية / السيدة د. مدير مركز الكويت للصحة النفسية) بهذا الشأن للعمل على تسهيل مهمة الباحث لإجراء البحث.

مع مراعاة التزام الباحث بالمحافظة على حقوق المشاركين بالبحث بالخصوصية وسرية المعلومات وعدم تداولها خارج إطار البحث والحصول على الإقرار المستنير Informed Consent من المشاركين بالبحث والتنسيق مع رؤساء الأقسام التي ستجري بها الدراسة وفقاً للضوابط المنظمة لذلك. وتفضلوا بقبول فائق الاحترام،،،،،

الدكتور / محمد جاسم الخشتي
الوكيل المساعد لشئون التخطيط والجودة
رئيس اللجنة الدائمة لتنسيق البحوث الطبية والصحية

يعتمد،،

حسب النظم

وكيل وزارة الصحة

٢٠١٩/١٠/٣١
وكيل الوزارة المساعد لشئون
التخطيط والجودة

٢٠١٩/١٠/٣١
وكيل الوزارة المساعد لشئون
التخطيط والجودة

2

Appendix F

STAFF DEMOGRAPHIC QUESTIONNAIRE

Nursing Staff Demographic Questionnaire

Instruction: You are requested to select the most appropriate choice given and place a tick mark (✓) in the bracket provided against following item.

Name: _____

Ward: _____

Date: _____

Signature: _____

1. **Age:**

25-30	[]	
30-35	[]	
35-40	[]	
More than 40		[]

2. **Sex:**

Male	[]	
Female		[]

3. **Civil Status:**

Single	[]	
Married	[]	
Separated/Divorced		[]
Widowed/Widower	[]	

4. **Nationality:**

Filipino	[]	
Indian		[]
Indonesian	[]	
Egyptian	[]	
Jordanian	[]	
Syrian		[]
Pakistan	[]	
Sudanese	[]	

5. **Educational Attainment:**

Certificate in Nursing	[]	
Diploma in Nursing	[]	
BS Nursing	[]	
Masters in Nursing	[]	

6. **Years of Work Experience:**

6 – 12 months	[]	
---------------	---	---	--

1 – 5 years	[]	
6 – 10 years		[]
11 – 15 years		[]
16 – 20 years		[]
more than 20 years		[]

APPENDIX G

SCHUTTE SELF-REPORT EMOTIONAL TEST

Schutte Self-Report Emotional Test

Name: _____

Ward: _____

Date: _____

Signature: _____

Instructions: 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.

- 1 – Strongly disagree
- 2 – Somewhat disagree
- 3 – Neither agree nor disagree
- 4 – Somewhat agree
- 5 – Strongly agree

1. “I know when to speak about my personal problems to others.”

(1) Strongly disagree **(2)** Somewhat disagree **(3)** Neither agree nor disagree
(4) Somewhat agree **(5)** Strongly agree

2. “When I am faced with obstacles, I remember times I faced similar obstacles and overcame them.”

(1) Strongly disagree **(2)** Somewhat disagree **(3)** Neither agree nor disagree
(4) Somewhat agree **(5)** Strongly agree

3. “I expect that I will do well on most things I try.”

(1) Strongly disagree **(2)** Somewhat disagree **(3)** Neither agree nor disagree
(4) Somewhat agree **(5)** Strongly agree

4. “Other people find it easy to confide in me.”

(1) Strongly disagree **(2)** Somewhat disagree **(3)** Neither agree nor disagree
(4) Somewhat agree **(5)** Strongly agree

5. "I find it hard to understand the non-verbal messages of other people."

(1) Strongly disagree **(2)** Somewhat disagree **(3)** Neither agree nor disagree
(4) Somewhat agree **(5)** Strongly agree

6. "Some of the major events of my life have led me to re-evaluate what is important and not important."

(1) Strongly disagree **(2)** Somewhat disagree **(3)** Neither agree nor disagree
(4) Somewhat agree **(5)** Strongly agree

7. "When my mood changes, I see new possibilities."

(1) Strongly disagree **(2)** Somewhat disagree **(3)** Neither agree nor disagree
(4) Somewhat agree **(5)** Strongly agree

8. "Emotions are one of the things that make my life worth living."

(1) Strongly disagree **(2)** Somewhat disagree **(3)** Neither agree nor disagree
(4) Somewhat agree **(5)** Strongly agree

9. "I am aware of my emotions as I experience them."

(1) Strongly disagree **(2)** Somewhat disagree **(3)** Neither agree nor disagree
(4) Somewhat agree **(5)** Strongly agree

10. "I expect good things to happen."

(1) Strongly disagree **(2)** Somewhat disagree **(3)** Neither agree nor disagree
(4) Somewhat agree **(5)** Strongly agree

11. "I like to share my emotions with others."

(1) Strongly disagree **(2)** Somewhat disagree **(3)** Neither agree nor disagree
(4) Somewhat agree **(5)** Strongly agree

12. "When I experience a positive emotion, I know how to make it last."

(1) Strongly disagree **(2)** Somewhat disagree **(3)** Neither agree nor disagree

(4) Somewhat agree **(5)** Strongly agree

13. "I arrange events others enjoy."

(1) Strongly disagree **(2)** Somewhat disagree **(3)** Neither agree nor disagree

(4) Somewhat agree **(5)** Strongly agree

14. "I seek out activities that make me happy."

(1) Strongly disagree **(2)** Somewhat disagree **(3)** Neither agree nor disagree

(4) Somewhat agree **(5)** Strongly agree

15. "I am aware of the non-verbal messages I send to others."

(1) Strongly disagree **(2)** Somewhat disagree **(3)** Neither agree nor disagree

(4) Somewhat agree **(5)** Strongly agree

16. "I present myself in a way that makes a good impression on others."

(1) Strongly disagree **(2)** Somewhat disagree **(3)** Neither agree nor disagree

(4) Somewhat agree **(5)** Strongly agree

17. "When I am in a positive mood, solving problems is easy for me."

(1) Strongly disagree **(2)** Somewhat disagree **(3)** Neither agree nor disagree

(4) Somewhat agree **(5)** Strongly agree

18. "By looking at their facial expressions, I recognize the emotions people are experiencing."

(1) Strongly disagree **(2)** Somewhat disagree **(3)** Neither agree nor disagree

(4) Somewhat agree **(5)** Strongly agree

19. "I know why my emotions change."

(1) Strongly disagree **(2)** Somewhat disagree **(3)** Neither agree nor disagree

(4) Somewhat agree **(5)** Strongly agree

20. "When I am in a positive mood, I am able to come up with new ideas."

(1) Strongly disagree **(2)** Somewhat disagree **(3)** Neither agree nor disagree
(4) Somewhat agree **(5)** Strongly agree

21. "I have control over my emotions."

(1) Strongly disagree **(2)** Somewhat disagree **(3)** Neither agree nor disagree
(4) Somewhat agree **(5)** Strongly agree

22. "I easily recognize my emotions as I experience them."

(1) Strongly disagree **(2)** Somewhat disagree **(3)** Neither agree nor disagree
(4) Somewhat agree **(5)** Strongly agree

23. "I motivate myself by imagining a good outcome to tasks I take on."

(1) Strongly disagree **(2)** Somewhat disagree **(3)** Neither agree nor disagree
(4) Somewhat agree **(5)** Strongly agree

24. "I compliment others when they have done something well."

(1) Strongly disagree **(2)** Somewhat disagree **(3)** Neither agree nor disagree
(4) Somewhat agree **(5)** Strongly agree

25. "I am aware of the non-verbal messages other people send."

(1) Strongly disagree **(2)** Somewhat disagree **(3)** Neither agree nor disagree
(4) Somewhat agree **(5)** Strongly agree

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) Strongly disagree **(2)** Somewhat disagree **(3)** Neither agree nor disagree
(4) Somewhat agree **(5)** Strongly agree

27. "When I feel a change in emotions, I tend to come up with new ideas."

(1) Strongly disagree **(2)** Somewhat disagree **(3)** Neither agree nor disagree
(4) Somewhat agree **(5)** Strongly agree

28. "When I am faced with a challenge, I give up because I believe I will fail."

(1) Strongly disagree **(2)** Somewhat disagree **(3)** Neither agree nor disagree
(4) Somewhat agree **(5)** Strongly agree

29. "I know what other people are feeling just by looking at them."

(1) Strongly disagree **(2)** Somewhat disagree **(3)** Neither agree nor disagree
(4) Somewhat agree **(5)** Strongly agree

30. "I help other people feel better when they are down."

(1) Strongly disagree **(2)** Somewhat disagree **(3)** Neither agree nor disagree
(4) Somewhat agree **(5)** Strongly agree

31. "I use good moods to help myself keep trying in the face of obstacles."

(1) Strongly disagree **(2)** Somewhat disagree **(3)** Neither agree nor disagree
(4) Somewhat agree **(5)** Strongly agree

32. "I can tell how people are feeling by listening to the tone of their voice."

(1) Strongly disagree **(2)** Somewhat disagree **(3)** Neither agree nor disagree
(4) Somewhat agree **(5)** Strongly agree

33. "It is difficult for me to understand why people feel the way they do."

(1) Strongly disagree **(2)** Somewhat disagree **(3)** Neither agree nor disagree
(4) Somewhat agree **(5)** Strongly agree

Appendix H
PSYCHOLOGICAL WELL-BEING SCALE

Psychological Well-Being Scale

Name: _____

Ward: _____

Date: _____

Signature: _____

Instructions: Please rate and circle one response below each statement to indicate how strongly you agree or disagree with the 42 statements using the 7-points scale. 1 being strongly agree and 7 as strongly disagree.

1. "I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people."

(1) Strongly agree (2) Somewhat agree (3) A little agree (4) Neither agree or disagree

(5) A little disagree (6) Somewhat disagree (7) Strongly disagree

2. "For me, life has been a continuous process of learning, changing, and growth."

(1) Strongly agree (2) Somewhat agree (3) A little agree (4) Neither agree or disagree

(5) A little disagree (6) Somewhat disagree (7) Strongly disagree

3. "In general, I feel I am in charge of the situation in which I live."

(1) Strongly agree (2) Somewhat agree (3) A little agree (4) Neither agree or disagree

(5) A little disagree (6) Somewhat disagree (7) Strongly disagree

4. "People would describe me as a giving person, willing to share my time with others."

(1) Strongly agree (2) Somewhat agree (3) A little agree (4) Neither agree or disagree

(5) A little disagree (6) Somewhat disagree (7) Strongly disagree

5. "I am not interested in activities that will expand my horizons."

(1) Strongly agree (2) Somewhat agree (3) A little agree (4) Neither agree or disagree

(5) A little disagree (6) Somewhat disagree (7) Strongly disagree

6. "I enjoy making plans for the future and working to make them a reality."

(1) Strongly agree **(2)** Somewhat agree **(3)** A little agree **(4)** Neither agree or disagree

(5) A little disagree **(6)** Somewhat disagree **(7)** Strongly disagree

7. "Most people see me as loving and affectionate."

(1) Strongly agree **(2)** Somewhat agree **(3)** A little agree **(4)** Neither agree or disagree

(5) A little disagree **(6)** Somewhat disagree **(7)** Strongly disagree

8. "In many ways I feel disappointed about my achievements in life."

(1) Strongly agree **(2)** Somewhat agree **(3)** A little agree **(4)** Neither agree or disagree

(5) A little disagree **(6)** Somewhat disagree **(7)** Strongly disagree

9. "I live life one day at a time and don't really think about the future."

(1) Strongly agree **(2)** Somewhat agree **(3)** A little agree **(4)** Neither agree or disagree

(5) A little disagree **(6)** Somewhat disagree **(7)** Strongly disagree

10. "I tend to worry about what other people think of me."

(1) Strongly agree **(2)** Somewhat agree **(3)** A little agree **(4)** Neither agree or disagree

(5) A little disagree **(6)** Somewhat disagree **(7)** Strongly disagree

11. "When I look at the story of my life, I am pleased with how things have turned out."

(1) Strongly agree **(2)** Somewhat agree **(3)** A little agree **(4)** Neither agree or disagree

(5) A little disagree **(6)** Somewhat disagree **(7)** Strongly disagree

12. "I have difficulty arranging my life in a way that is satisfying to me."

(1) Strongly agree **(2)** Somewhat agree **(3)** A little agree **(4)** Neither agree or disagree

(5) A little disagree **(6)** Somewhat disagree **(7)** Strongly disagree

13. "My decisions are not usually influenced by what everyone else is doing."

(1) Strongly agree **(2)** Somewhat agree **(3)** A little agree **(4)** Neither agree or disagree

(5) A little disagree **(6)** Somewhat disagree **(7)** Strongly disagree

14. "I gave up trying to make big improvements or changes in my life a long time ago."

(1) Strongly agree **(2)** Somewhat agree **(3)** A little agree **(4)** Neither agree or disagree

(5) A little disagree **(6)** Somewhat disagree **(7)** Strongly disagree

15. "The demands of everyday life often get me down."

(1) Strongly agree **(2)** Somewhat agree **(3)** A little agree **(4)** Neither agree or disagree

(5) A little disagree **(6)** Somewhat disagree **(7)** Strongly disagree

16. "I have not experienced many warm and trusting relationships with others."

(1) Strongly agree **(2)** Somewhat agree **(3)** A little agree **(4)** Neither agree or disagree

(5) A little disagree **(6)** Somewhat disagree **(7)** Strongly disagree

17. "I think it is important to have new experiences that challenge how you think about yourself and the world."

(1) Strongly agree **(2)** Somewhat agree **(3)** A little agree **(4)** Neither agree or disagree

(5) A little disagree **(6)** Somewhat disagree **(7)** Strongly disagree

18. "Maintaining close relationships has been difficult and frustrating for me."

(1) Strongly agree **(2)** Somewhat agree **(3)** A little agree **(4)** Neither agree or disagree

(2) A little disagree **(6)** Somewhat disagree **(7)** Strongly disagree

19. "My attitude about myself is probably not as positive as most people feel about themselves."

(1) Strongly agree **(2)** Somewhat agree **(3)** A little agree **(4)** Neither agree or disagree

(5) A little disagree **(6)** Somewhat disagree **(7)** Strongly disagree

20. "I have a sense of direction and purpose in life."

(1) Strongly agree **(2)** Somewhat agree **(3)** A little agree **(4)** Neither agree or disagree

(5) A little disagree **(6)** Somewhat disagree **(7)** Strongly disagree

21. "I judge myself by what I think is important, not by the values of what others think is important."

(1) Strongly agree **(2)** Somewhat agree **(3)** A little agree **(4)** Neither agree or disagree

(5) A little disagree (6) Somewhat disagree (7) Strongly disagree

22. "In general, I feel confident and positive about myself."

(1) Strongly agree (2) Somewhat agree (3) A little agree (4) Neither agree or disagree

(5) A little disagree (6) Somewhat disagree (7) Strongly disagree

23. "I have been able to build a living environment and a lifestyle for myself that is much to my liking."

(1) Strongly agree (2) Somewhat agree (3) A little agree (4) Neither agree or disagree

(5) A little disagree (6) Somewhat disagree (7) Strongly disagree

24. "I tend to be influenced by people with strong opinions."

(1) Strongly agree (2) Somewhat agree (3) A little agree (4) Neither agree or disagree

(5) A little disagree (6) Somewhat disagree (7) Strongly disagree

25. "I do not enjoy being in new situations that require me to change my old familiar ways of doing things."

(1) Strongly agree (2) Somewhat agree (3) A little agree (4) Neither agree or disagree

(5) A little disagree (6) Somewhat disagree (7) Strongly disagree

26. "I do not fit very well with the people and the community around me."

(1) Strongly agree (2) Somewhat agree (3) A little agree (4) Neither agree or disagree

(5) A little disagree (6) Somewhat disagree (7) Strongly disagree

27. "I know that I can trust my friends, and they know they can trust me."

(1) Strongly agree (2) Somewhat agree (3) A little agree (4) Neither agree or disagree

(5) A little disagree (6) Somewhat disagree (7) Strongly disagree

28. "When I think about it, I haven't really improved much as a person over the years."

(1) Strongly agree (2) Somewhat agree (3) A little agree (4) Neither agree or disagree

(5) A little disagree (6) Somewhat disagree (7) Strongly disagree

29. "Some people wander aimlessly through life, but I am not one of them."

(1) Strongly agree (2) Somewhat agree (3) A little agree (4) Neither agree or disagree

(5) A little disagree (6) Somewhat disagree (7) Strongly disagree

30. "I often feel lonely because I have few close friends with whom to share my concerns."

(1) Strongly agree (2) Somewhat agree (3) A little agree (4) Neither agree or disagree

(5) A little disagree (6) Somewhat disagree (7) Strongly disagree

31. "When I compare myself to friends and acquaintances, it makes me feel good about who I am."

(1) Strongly agree (2) Somewhat agree (3) A little agree (4) Neither agree or disagree

(5) A little disagree (6) Somewhat disagree (7) Strongly disagree

32. "I don't have a good sense of what it is I'm trying to accomplish in life."

(1) Strongly agree (2) Somewhat agree (3) A little agree (4) Neither agree or disagree

(5) A little disagree (6) Somewhat disagree (7) Strongly disagree

33. "I sometimes feel as if I've done all there is to do in life."

(1) Strongly agree (2) Somewhat agree (3) A little agree (4) Neither agree or disagree

(5) A little disagree (6) Somewhat disagree (7) Strongly disagree

34. "I feel like many of the people I know have gotten more out of life than I have."

(1) Strongly agree (2) Somewhat agree (3) A little agree (4) Neither agree or disagree

(5) A little disagree (6) Somewhat disagree (7) Strongly disagree

35. "I have confidence in my opinions, even if they are contrary to the general consensus."

(1) Strongly agree (2) Somewhat agree (3) A little agree (4) Neither agree or disagree

(5) A little disagree (6) Somewhat disagree (7) Strongly disagree

36. "I am quite good at managing the many responsibilities of my daily life."

(1) Strongly agree (2) Somewhat agree (3) A little agree (4) Neither agree or disagree

(5) A little disagree (6) Somewhat disagree (7) Strongly disagree

37. "I have the sense that I have developed a lot as a person over time."

(1) *Strongly agree* **(2)** *Somewhat agree* **(3)** *A little agree* **(4)** *Neither agree or disagree*

(5) *A little disagree* **(6)** *Somewhat disagree* **(7)** *Strongly disagree*

38. "I enjoy personal and mutual conversations with family members and friends."

(1) *Strongly agree* **(2)** *Somewhat agree* **(3)** *A little agree* **(4)** *Neither agree or disagree*

(5) *A little disagree* **(6)** *Somewhat disagree* **(7)** *Strongly disagree*

39. "My daily activities often seem trivial and unimportant to me."

(1) *Strongly agree* **(2)** *Somewhat agree* **(3)** *A little agree* **(4)** *Neither agree or disagree*

(5) *A little disagree* **(6)** *Somewhat disagree* **(7)** *Strongly disagree*

40. "I like most parts of my personality."

(1) *Strongly agree* **(2)** *Somewhat agree* **(3)** *A little agree* **(4)** *Neither agree or disagree*

(5) *A little disagree* **(6)** *Somewhat disagree* **(7)** *Strongly disagree*

41. "It's difficult for me to voice my own opinions on controversial matters."

(1) *Strongly agree* **(2)** *Somewhat agree* **(3)** *A little agree* **(4)** *Neither agree or disagree*

(5) *A little disagree* **(6)** *Somewhat disagree* **(7)** *Strongly disagree*

42. "I often feel overwhelmed by my responsibilities."

(1) *Strongly agree* **(2)** *Somewhat agree* **(3)** *A little agree* **(4)** *Neither agree or disagree*

(5) *A little disagree* **(6)** *Somewhat disagree* **(7)** *Strongly disagree*

APPENDIX I
CURRICULUM VITAE



Kuwait Center for Mental Health
Ward 44 – VIP/Transition Ward
P.O. Box 4081, Safat 13048
State of Kuwait
Phone: (+965) 6671-3903
Email: jaysoncabudlay@yahoo.com

JAYSON A. CABUDLAY, RN

Career Objective To obtain a permanent position as a Registered Nurse in a Health Care facility where I can utilize my nursing education, trainings and long years of nursing experience as well as my interpersonal skills to provide the highest level of comfort and care to patients.

Education University of the Philippines Open University
June, 2012 up to present (Thesis ongoing)
Master of Arts in Nursing (Major in Adult Health Nursing)

Notre Dame of Jolo College - Jolo, Sulu Philippines

Year Graduated: 2001
Bachelor of Science in Nursing

Professional Qualifications/ Registered Nurse (RN)
License and Affiliations The Board of Registered Nurse
Professional Regulation Commission (PRC)
Manila, Republic of the Philippines
August 02, 2001
ID No: 0341883

International English Language Testing System (IELTS) Exam Passer
British Council Kuwait
February 28, 2019
Band Score: 7.0

Philippine Nurses Association (PNA)
Member, 2001 up to present

Highlights of Qualification Thrive in a challenging and dynamic field of Nursing with 18 continuous years of nursing experience. A Registered Nurse, exceptionally adept in developing a good nurse-patient interpersonal relationship, a decision maker, well organized, resourceful and works well independently. Naturally creative, responsible and has a strong sense of organization and planning skills.

Seminars/Trainings **“Innovation & Development in Nursing”**

Attended Jumeirah Messilah beach Hotel
January 29 – 30, 2020

“Promoting Concepts of Early Detection of Cancer Workshop”

Palliative Care Center

MOH-Kuwait
April 11, 2017

BLS Certified

License No.: 7d8d9ebadf0d

Dasman Clinical Skills Centre, Dasma Kuwait
Valid until: February, 2021

“Sakit ay Iwasan, Wastong Kaalaman ang Paraan”

U.P Open University Headquarters

Los Banos, Laguna - Philippines
April 20, 2016

“Healthcare Safety Practices: Updates on Global Nursing Care – Evolving and Emerging Nursing Roles”

U.P Philippine General Hospital
Sentro Oftalmologico Jose Rizal Hall – Pedro Gil, Malate - Philippines
April 23, 2015

“A Seminar on the Role of Clinical Pathways in Improving Patient Outcomes”

Philippines Nurses Association Auditorium – F. Benitez Street, Malate Manila - Philippines
April 20, 2015

NYS Child Abuse: Identification and Reporting

Presented by the New York State Nurses Association
New York State Provider Identification: 10087
11 Cornell Road, Latham, NY 12110-1499
Contact Hours; 2 – Online
October 02, 2014

NYS Infection Control Training

Presented by the New York State Nurses Association
New York State Provider Identification: 10087
11 Cornell Road, Latham, NY 12110-1499

Contact Hours; 2 – Online
October 07, 2014

Ward Management Course

Ministry of Health Kuwait
Department of Nursing Superintendence of Planning and Training
Al-Sabah Region, Kuwait
February 29 – April 05, 2012

**International Conference for Snoring and
Obstructive Sleep Apnea “A Multidisciplinary approach”**

The Palms Hotels
November 9 - 11, 2008

**The 4th Kuwait Critical Care Conference in conjunction with
The 3rd International Pan-Arab Critical Care Medicine
Congress**

Courtyard Marriot Hotel
November 4 - 8, 2008

Nursing Staff Effectiveness Training

St. Luke's Medical Center Philippines
JCI A accredited
August 06 up to September 19, 2002

Employment History **Kuwait Center for Mental Health**

Ministry of Health – Kuwait
Ward 44 – VIP, Covid19 Ward & Transitional Ward
Head Nurse (June 30, 2019 up to present)
48 hours/week

Kuwait Center for Mental Health

Ministry of Health – Kuwait
Ward 7 – Male Rehabilitation Unit
Head Nurse (January 14, 2018 – June 29, 2019)
48 hours/week

Kuwait Center for Mental Health

Ministry of Health – Kuwait
Ward 31 – Male Geriatric Unit
Head Nurse (June 5, 2016 – January 13, 2018)
48 hours/week

Kuwait Center for Mental Health

Ministry of Health – Kuwait
Ward 2 – Forensic Unit
Head Nurse (April, 2012 – June 4, 2016)

Staff Nurse (June 30, 2004 – March, 2012)
48 hours/week

Organization and Planning

- Assessing nursing needs of patients and making decisions regarding whether he or she must give the care or can delegate to other nursing personnel qualified to render the care.
- Using a system of time schedules and assignments to utilize the time of all nursing personnel effectively.
- Maintaining a bacteriologic and physical safety environment.
- Developing standards for patient's care and services and organizing people, facilities, and resources to provide the standards.

Administration and Coordination

- Utilizing the supplies and equipment to the benefit of patients.
- Developing a plan of care for patients and assigning personnel to give the care in terms of patient's needs abilities of nursing personnel.
- Teaching nursing personnel when new procedures are used and supervise their care of patients.
- Providing continuity in patient care and services in (hospital, clinics, and school health services) through a system of records and reports.
- Maintaining written evaluation for the work of nursing personnel, assistant nurses, hospital attendants.
- Assessing need for further instruction of nursing personnel and making recommendations to strengthen the nursing services.
- Coordinating the work of nursing personnel with medical and allied disciplines and with the administration processes in the organization.

Education and Guidance

- Maintaining attitude of teaching, learning, and guiding nursing personnel in their work with patients, visitors, and families.
- Developing a core of instruction around nursing measures in hospitals, persons in clinics, or students in school, who may have information which will contribute to health restoration and health maintenance.
- Identifying needs of nursing personnel for further instruction and making proposals for content of staff development program.
- Taking steps to advance her/his general and professional knowledge and encouraging staff to seek learning opportunities education.
- Working within a framework of supervision and guidance that encourages nursing personnel to contribute effectively to the nursing care and services programs for patients and contributes to the morale of the total group.

St. Luke's Medical Center

279 E. Rodriguez, Sr. Blvd.,
Cathedral Heights, Quezon City
1102, Philippines

Staff Nurse
 Annex 2-1st - Medical/Surgical Unit
 October 01, 2002 to January 30, 2004
 40 hours/week

- Assess nursing care needs of the patients.
- Plans for nursing intervention.
- Implements each intervention.
- Evaluates results of intervention.
- Gives medication and ensures meals are on time.
- Makes round daily, with the physician.
- Makes periodic rounds to her patients to ensure procedures and treatments are done.
- Direct and supervise the activity of the nursing aides.
- Records the medications and treatment given, vital signs and make an output.
- Ensures adequacy and right kind of supplies and equipment.
- Ensures equipment are functional and clean.
- Assumes responsibility for professional growth and development.
- Ensures that she has taken the entire In- House training program.
- Contributes to the educational programs of nursing students.
- Utilized the Hospital Information System.
- Adherence to the Hospital Infection Control standards.

Personal Profile	SEX	:	Male
AGE	:	40 Years Old	
DATE OF BIRTH	:	May 31, 1980	
CIVIL STATUS	:	Single	
NATIONALITY	:	Filipino	
HEIGHT	:	5 feet 5 inches	
WEIGHT	:	60 kgs / 132 lbs	
TIN	:	220-360-925-000	
SSS NUMBER	:	0033-7940036-7	
PHILHEALTH	:	19-025718915-9	

- Character Reference**
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