

Training Strategies and Its Effect on Nursing Teachers' Emotional Intelligence

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Abstract: Emotional Intelligence remains an important competency for nursing teachers to support and integrate into their various teaching strategies. **Aim of the study:** This study aims at identifying the effect of training strategies on the nursing teachers' emotional intelligence. **Design:** A Quasi experimental research design was used. **Setting:** This study conducted at Secondary Technical Nursing Schools affiliated to the ministry of health at El-Behira Governorate **Subjects:** Total study subjects included 120 nursing teachers. **Tools of data collection:** this study was collected by using Bar-On Emotional Quotient Inventory-Short. **Result:** Before implementing the training strategy minority of nursing teachers had satisfactory score in total emotional intelligence, there is a highly statistically significant improvement in all dimensions of emotional intelligence among nursing teachers throughout program phases. Total emotional intelligence of nursing teachers throughout the program phases increased obviously in post program phase. **Conclusion:** a minority of nursing teachers had high emotional intelligence level at preprogram phase. As observed, there was improvement in all emotional intelligence dimensions at post program phase. While some declines occurred in the follow up phase, the levels remained significantly high compared with preprogram phase. In addition, there were highly statistically significant differences among nursing teachers emotional intelligence levels throughout the program phases. Improving nursing teachers' emotional intelligence after implementation of training program.

Recommendations: enhance nursing teachers' participation in social and cultural activities, conduct training program about emotional intelligence strategies for nursing teachers in nursing schools.

Keywords: Emotional Intelligence, Nursing teachers, training program.

1. INTRODUCTION

Emotional Intelligence remains an important competency for nurse educators to support and integrate into their various teaching strategies. According to the literature, there is a strong lack of nurse educators being able to teach EI in nursing school (Waite & McKinney, 2016). Nurses are central team members of healthcare, which make them ideal candidates to help improve situation outcomes through teaching enhanced knowledge of self and social interactions. In nursing education, EI has been a trait found in students with high clinical competence, critical thinking, overall wellness, and conflict management skills (Ranasinghe et al. 2017).

Nursing teachers must teach EI and that further empirical evidence is necessary to identify the best EI competency teaching strategies, (Parnell & Onge, 2015). To be self-aware, a person must recognize his or her behaviors and how they affect others (Delmatoff & Lazarus, 2015). To develop therapeutic relationships, which are the cores of the nursing role, nurses must be able to understand themselves in the context of their environment (Fitzpatrick, 2016).

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First year nursing students had not yet experienced their nursing roles and the full extent of patient care, so the students were not aware of the emotional aspects of nursing that drive the need for EI. When integrating EI into their curriculums, nursing teachers should research different timelines, (*Orak, 2016*). Motivation, complex experiences, competence of the teachers, and relationships were the most influential factors in the teacher prioritizing reflection in the curriculum (*Karimi, 2017*).

The concept of emotional intelligence (EI) deals with the person ability to understand and express emotions constructively, the ability to understand others feelings and establish cooperative interpersonal relationships, it also deals with the ability to manage and regulate emotions in an effective manner, the ability to cope realistically with new situations and ability to be sufficiently optimistic, positive and self-motivated in order to set and achieve goals (*Kumah, 2016*).

Emotional intelligence is what we use when we empathize with our coworkers, have deep conversations about our relationships with significant others, and attempt to manage an unruly or distraught child. It allows us to connect with others, understand ourselves better, and live a more authentic, healthy, and happy life (*Ackerman, 2019*). Emotional Intelligence (EI) is the ability to observe one's own and other's thinking and actions. It embodies associate individual's ability to understand emotions accurately, appraise, and categorize them; the power to come up with feelings that facilitate thoughts; the ability to know emotion and regulate emotions to push emotional and intellectual growth (*Perkins, 2018*).

According to the BarOn model, emotional intelligence pertains to the emotional, personal, and social dimensions of general intelligence. Emotional intelligence involves abilities, competencies and skills related to understanding oneself and others, relating to peers and family members, and adapting to changing environmental situations and demands. BarOn model consists of five dimensions, Intrapersonal dimension, Interpersonal dimension, Stress Management dimension, Adaptability dimension, and General Mood dimension, (*Psychology Resource Centre.2018*). The training was outlined because it is a planned program or method designed to boost performance at the individual, cluster or structure level. Improved performance successively, implies that there are measurable changes in data, skills, perspective and/or social behaviors. It refers to transient teaching-learning experiences that take place throughout the operating at intervals the work setting (*Kainer, 2018*).

Significance of the Study

Today, emotional intelligence is probed as an important characteristic for building successful nursing teachers, enhancing nursing performance and reducing nurse burnout. However, in Egypt, few researches handled (EI). But still nursing teachers in Egypt nursing schools have no idea about emotional intelligence and its applications in their workplace. And this is contrasted to the international organizations that have incorporated emotional intelligence into their nursing teachers' development programs and some schools have added the training of emotional competencies to their curriculums. So Egypt nursing teachers need to become expertise in a broad range of skills and abilities that necessary for teaching and personal success to face many challenges. So, the present study will be carried out as an attempt to improve nursing teachers' emotional intelligence.

Aim of the study

This study aims at identifying the effect of training strategies on nursing teachers' emotional intelligence through:

- 1- Assessing nursing teachers' emotional intelligence before implementing the strategies.
- 2- Designing and implementing the strategies.
- 3- Assessing nursing teachers' emotional intelligence after implementing the strategies.

Research hypothesis

There is a change in the nursing teachers' emotional intelligence after implementation of the training program.

2. SUBJECTS AND METHODS

Research design:

A quasi experimental research design on one group with pre-post test was used to conduct this study.

Setting:

This study was conducted at 15 Secondary Technical Nursing Schools affiliated to the ministry of health at El- Behira Governorate (Damenhour Boys, Damenhour Girls, El- Mahmodia, Rashid, Kafr El-Dawar, El-DeIngat, Shoprakhit, El-Rahmania, Al-Tahrer, Abo Homos, Edko, Abo-El Matamer, Kom Hamada, Etai El- Barod, and Hosh-Aisa).

Subjects:

The subjects of this study included (120) nursing teachers. All available nursing teachers who are working in the nursing School at El-Behera Governorate from different degree classified as: technical (10), bachelor (100), and master (10).

Tool of data collection:

Data in this study was collected by using Bar-On Emotional Quotient Inventory-Short. This tool aimed to assess the emotional and social intelligence of nursing teachers. This tool developed by (Bar-On, 2002, Ahmed, 2016).

It includes of two parts:

Part 1: aimed at collecting data regarding demographic characteristics of the study subjects such as the name of the school, gender, age, marital status, educational level, previous attendance of training courses, and years of work experience.

Part 2: It was categorized into 51 items distributed across 5 domains

Scoring system

Nursing teachers' response was measured on a five-point likert scale ranging from (very seldom or not true for me) to (very often true for me or true for me). They scored 1 to 5 respectively. The scores of items were summed up and the total score was divided by number of the items, giving the mean score for the part. The scores were converted into a percentage score. Emotional intelligence was considered high if the percentage score was more than 75%, moderate level if the participant had a total score ranging from 60 to 75%, and low level if the participant had a total score less than 60%, (Eldidi, 2005).

Validity

Arabic forms were validated for the tool by translating to Arabic followed by reverse translation by another researcher back to English to ensure matching of the original and re-translated forms, both translations from English to Arabic and from Arabic to English were done by different professional translators independently and then matched by a third professional translator (Ahmed, 2016).

Reliability:

The reliability of the EI scale was conducted through testing its internal consistency using Cronbach alpha coefficient (0.711).

Pilot study

A pilot study was conducted to examine the applicability, clarity of language, test the feasibility of the designated tool, estimate the time needed to fill in the questionnaires by each participant and identifying potential obstacles and problem that may be encountered during the period of data collection. The pilot study was carried out on twelve nursing teachers who represent about 10% of total study sample. These twelve nursing teachers were included in the main study sample. Data obtained from the pilot study was analyzed, and no modifications were done. The time consumed for fulfilling the study tool was ranged between 20- 30 minutes.

Fieldwork

The actual field work of the study was started from 14th October, 2018 and completed on 21st November, 2018. The study was conducted throughout the following stages:

Phase 1: pre- planning stage:

The researcher introduced herself to the study subjects and explained the aim and nature of the study, then Pre-test questionnaire distributed to the study subjects. Each participant filled in the questionnaire sheet and backs it to the researcher to check each one to ensure its completeness. Before distributing the study questionnaires sheet components of this tool were explained to the participants in the study settings, the investigator presented during the time of filling up the study tool for any clarification. The study questionnaires were distributed three times throughout the training strategy phases: before the beginning of the training strategy (pre-test), at the end of the training strategy immediately (post-test), and three months after implementation of the training strategy (follow-up).

Phase 2: Training strategy planning stage :

According to the results of assessment in pre-test and based on the need and demands of the nursing teachers, a program was constructed by the researcher after reviewing the related literature. The time allowed for achieving the program was 48 hours: 26 theoretical and 22 practical. The researcher designed hand out for the emotional intelligence training strategy. The schedule was set and the place to carry out the training strategy was booked, after consultation with the schools director, and coordination with the head of Training and Development Center. The audiovisual aids as data show also booked.

Phase 3: Training strategy implementation stage:

The training strategy was implemented to the nursing teachers who working in Nursing School at Elbohera Governate. The training strategy took about twelve days. The total training strategy was 48 hours (six weeks, four hours/day) offered in two days weekly. The training strategy was extended for 1.5 month; started from 14th October, 2018 and was completed on 21st November, 2018. Each session conducted through four hours; two hours for theory and two hours for practice and started at 10.00 am to 2:00 pm. The training strategy was conducted in the Training and development center. The teaching methods used during the implementation of the training strategy were; lecture, discussion, role playing and practice session.

Phase 4: post training strategy evaluation:

Post-test was done immediately after implementing the training strategy for all the subjects using emotional intelligence questionnaire.

Phase 5: Follow up:

This stage performed three months after implementation of training strategy using the same data collection tool used in assessing nursing teachers' emotional intelligence. This tool was distributed to nursing teachers in their workplace to evaluate the effect of emotional intelligence training strategy on nursing teachers' effectiveness. It was done at the end of March 2019 for study subject.

Ethical considerations

Prior study conduction, ethical approval was obtained from the Scientific Research Ethical Committee of the Faculty of Nursing, Ain Shams University. The investigator met the schools director to clarify the aim of the study and take their approval. The researcher also met the study subjects to explain the purpose of the study and to obtain their approval to participate. They were reassured about the anonymity and confidentiality of the collected data, which was used only for the purpose of scientific research. The subjects' right to withdraw from the study at any time was assured.

Statistical Design:

Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables, and means \pm standard deviations for quantitative variables. Qualitative variables were compared using chi-square test. T-test was used for comparisons between two-independent quantitative variables. Paired t-test was used to compare between two

means in the same studied group pre and post intervention & between two means post intervention and during follow up phase. T-test and ANOVA test was used to identify significant differences perception between first line nurses' managers and their demographic characteristic. Pearson correlation co-efficient (r) was used for assessment of the inter-relationship among quantitative variables. In order to identify the independent predictor of emotional intelligence scores, multiple linear regression analysis was used. The confidence level chosen for the study was 95%. Statistical significance was considered at p value <0.05.

Table (1) demonstrates the socio demographic characteristics of of nursing teachers in the study subject. It shows that more than one third of the studied nursing teachers were in the age group (< 30) years with a mean age of (34.16 ± 8.27). Moreover, the majority of the nursing teachers were females (99.2%). Furthermore, a slightly more than four fifths were married (87.5%) and holding a BSc. Degree and almost more than half of the nursing teachers had a range of (1 - < 5) years of experience (53.1 %) with a mean of ± SD (6.53 ± 7.12). In relation to receiving a training course, all subjects of the study sample have not attended a previous training program regarding emotional intelligence.

Table (2) clarifies that the mean scores of intrapersonal dimension were high throughout the training program phases, while the mean scores of general mood were low throughout the training program phases. In addition, there were highly statistically significant differences regarding emotional intelligence dimensions among nursing teachers throughout the program phases.

Figure (1) displays that the total emotional intelligence mean scores percentage of nursing teachers throughout the program phases increased obviously in post program phase (63.29 ± 7.03) and the follow-up phase (62.98 ± 6.40) than that of the preprogram phase (59.64 ± 8.10), respectively.

Table (3) demonstrates that a minority of nursing teachers had high emotional intelligence level at preprogram phase. As observed, there was improvement in all emotional intelligence dimensions at post program phase. While some declines occurred in the follow up phase, the levels remained significantly high compared with preprogram phase. In addition, there were highly statistically significant differences among nursing teachers' emotional intelligence levels throughout the program phases.

Figure (2) demonstrates that a minority of nursing teachers had high emotional intelligent level at the preprogram phase. As observed, the nursing teachers' high emotional intelligent level at post program phase improved in all emotional intelligence dimensions with a minimal decrease in the follow-up phase.

Table (4) illustrates that there was a statically significant relation between the educational level and stress management dimension in the preprogram phase.

Table (5) shows that there were statically significant relations between years of experience and all the intrapersonal dimensions in the follow-up phase, adaptability dimension in pre intervention phase and post intervention phase, stress management dimension in follow up phase, and general mood dimension in pre intervention phase. Moreover, there was a statically significant relation between years of experience and total emotional intelligence in the pre-intervention phase.

Table (1): Distribution of the study sample socio-demographic characteristics and training (n = 120)

Items	No.	%
Age (years)		
<30	46	38.3
30 – 40	40	33.3
>40	34	28.3
Min. – Max.	24.0 – 50.0	
Mean ± SD.	34.16 ± 8.27	
Gender		
Male	1	0.8
Female	119	99.2
Marital status		
Married	105	87.5
Single	15	12.5

Educational level	6	5.0
Diploma	87	72.5
BSC. Degree	27	22.5
Master degree		
Attendance of training courses in emotional intelligence		
Yes	0	0.0
No	120	100.0
Years of experience		
<1	15	15.6
1 - <5	51	53.1
5 - <10	19	19.5
10 - <15	11	11.3
Min. – Max.	0.33 – 23.0	
Mean ± SD.	6.53 ± 7.12	

Table (2): Nursing teachers mean scores of total emotional intelligence throughout the training program phases (n = 120)

Dimensions of EI	Mean score				
	Pre	Post	Follow up	Paired sample test	
	Mean ± SD.	Mean ± SD.	Mean ± SD.	(p ₁)	(p ₂)
Intrapersonal	67.25 ± 11.90	72.94 ± 8.67	72.06 ± 8.46	<0.001*	<0.001*
Interpersonal	56.38 ± 13.29	62.52 ± 12.0	60.64 ± 12.20	<0.001*	<0.001*
Adaptability	57.25 ± 9.43	62.46 ± 7.33	61.63 ± 7.22	<0.001*	<0.001*
Stress Management	62.94 ± 15.76	69.95 ± 8.26	68.72 ± 7.85	<0.001*	<0.001*
General Mood	48.51 ± 11.97	56.18 ± 8.50	54.32 ± 7.46	<0.001*	<0.001*

p₁: p value for Paired t-test for comparing between pre and post

p₂: p value for Paired t-test for comparing between pre and follow up

*: Statistically significant at p ≤ 0.05

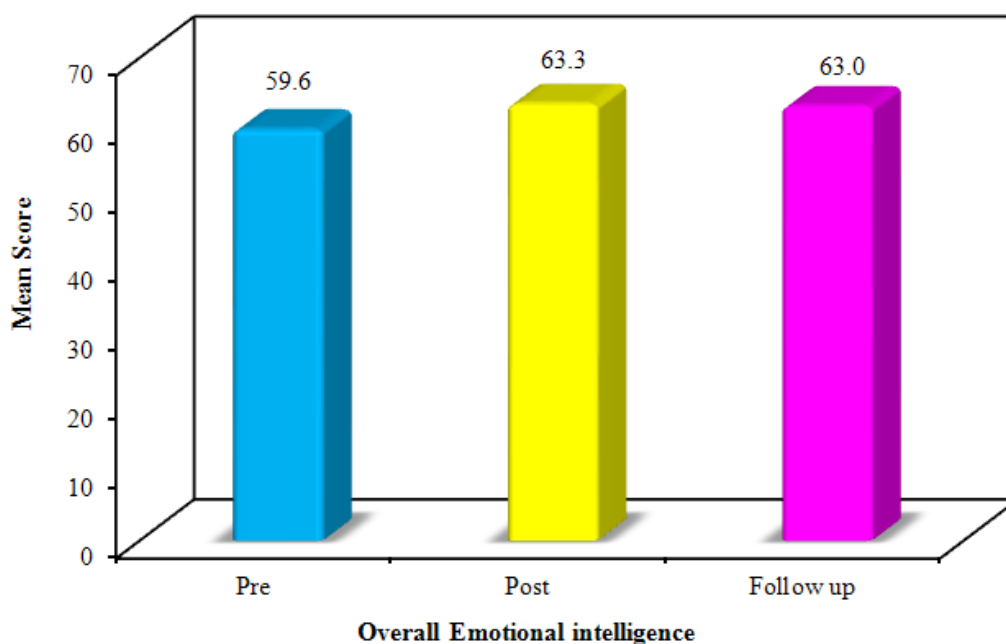


Figure (1): Nursing teachers mean scores of total emotional intelligence throughout the training program phases (n = 120)

Table (3): Nursing Teachers emotional intelligence levels throughout the training program phases (n = 120)

Dimensions of EI	Levels of EI	Intervention Phases						Friedman Fr test	P-value
		Pre		Post		Follow Up			
		No	%	No	%	No	%		
Intrapersonal	Low	67	55.8	59	49.2	63	52.5	5.527*	0.007*
	Moderate	46	38.3	45	37.5	47	39.2		
	High	7	5.8	16	13.3	10	8.3		
Interpersonal	Low	25	20.8	3	2.5	7	5.8	25.481*	<0.001*
	Moderate	71	59.2	75	62.5	74	61.7		
	High	24	20.0	42	35.0	39	32.5		
Adaptability	Low	71	59.2	54	45.0	58	48.3	6.118*	0.047*
	Moderate	44	36.7	59	49.2	55	45.8		
	High	5	4.2	7	5.8	7	5.8		
Stress Management	Low	45	37.5	18	15.0	22	18.3	28.340*	<0.001*
	Moderate	54	45.0	64	53.3	64	53.3		
	High	21	17.5	38	31.7	34	28.3		
General Mood	Low	96	80.0	80	66.7	54	45.0	37.209*	<0.001*
	Moderate	24	20.0	38	31.7	66	55.0		
	High	0	0.0	38	31.7	34	28.0		

Fr: Friedman test

p: p value for comparing between different parameters

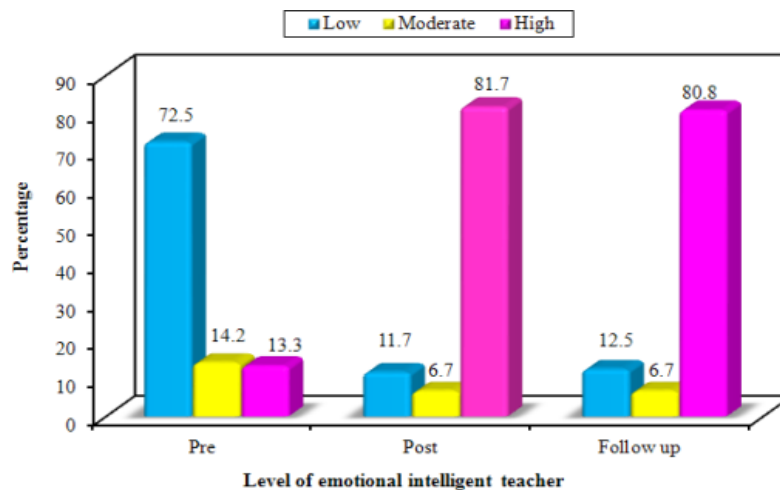


Figure (2): Level of an intelligent teacher throughout the training program phases.

Table (4): The relationship between nursing teachers' emotional intelligence and their educational level throughout the training program phases

Dimensions of EI	Educational level			F	p
	Diploma (n = 6)	BSC degree (n = 87)	Master degree (n = 27)		
	Mean ± SD.	Mean ± SD.	Mean ± SD.		
Intrapersonal					
Pre	58.71 ± 11.45	56.71 ± 13.83	54.80 ± 12.10	0.308	0.736
Post	65.91 ± 9.96	61.99 ± 12.60	63.47 ± 10.55	0.404	0.669
Follow Up	65.91 ± 9.96	59.54 ± 12.55	63.05 ± 11.16	1.453	0.238
Interpersonal					
Pre	62.50 ± 4.56	68.61 ± 11.79	63.89 ± 12.71	2.167	0.119
Post	76.39 ± 10.65	72.25 ± 8.12	74.38 ± 9.88	1.123	0.329
Follow Up	71.76 ± 11.58	71.78 ± 7.95	73.05 ± 9.59	0.233	0.793

Adaptability					
Pre	59.09 ± 2.49	57.24 ± 9.99	56.90 ± 8.63	0.131	0.877
Post	60.23 ± 3.73	63.22 ± 7.58	60.52 ± 6.79	1.708	0.186
Follow Up	60.23 ± 3.73	61.76 ± 7.45	61.53 ± 7.18	0.127	0.881
Stress Management					
Pre	67.19 ± 1.71	64.91 ± 14.02	55.67 ± 20.35	3.954*	0.022*
Post	68.75 ± 3.42	69.90 ± 8.80	70.37 ± 7.32	0.098	0.906
Follow Up	68.75 ± 3.42	68.50 ± 8.22	69.44 ± 7.47	0.147	0.863
General Mood					
Pre	53.13 ± 3.42	47.44 ± 12.13	50.93 ± 12.36	1.352	0.263
Post	58.33 ± 9.13	56.18 ± 8.67	55.71 ± 8.02	0.231	0.794
Follow Up	55.90 ± 7.02	54.02 ± 7.79	54.94 ± 6.57	0.293	0.746
Overall					
Pre	60.29 ± 1.07	59.0 ± 8.21	61.55 ± 8.49	1.041	0.356
Post	65.20 ± 7.52	63.03 ± 7.52	63.73 ± 5.19	0.33	0.720
Follow Up	65.20 ± 7.52	62.60 ± 6.68	63.73 ± 5.19	0.693	0.502

F: F for ANOVA test

p: p value for association between emotional intelligence dimensions and educational level

*: Statistically significant at $p \leq 0.05$

Table (5): The relationship between teachers' emotional intelligence and their years of experience throughout the training program phases

Dimensions of EI	Years of experience					F	p
	<1 (n = 15)	1 - <5 (n = 51)	5 - <10 (n = 19)	10 - <15 (n = 11)	15+ (n = 24)		
	Mean ± SD.	Mean ± SD.	Mean ± SD.	Mean ± SD.	Mean ± SD.		
Intrapersonal							
Pre	52.27 ± 15.46	55.88 ± 13.25	55.62 ± 14.50	61.36 ± 11.36	58.33 ± 11.74	0.905	0.464
Post	60.91 ± 10.63	63.50 ± 11.62	60.05 ± 15.51	61.36 ± 17.07	63.92 ± 7.53	0.453	0.770
Follow Up	60.91 ± 10.63	63.06 ± 11.43	54.43 ± 14.91	52.69 ± 15.17	63.92 ± 7.53	3.632*	0.008*
Interpersonal							
Pre	65.93 ± 10.83	66.45 ± 10.98	71.49 ± 15.43	65.91 ± 10.91	67.01 ± 11.96	0.738	0.568
Post	69.07 ± 7.49	71.90 ± 8.25	74.71 ± 5.55	73.74 ± 10.42	75.81 ± 10.57	1.862	0.122
Follow Up	69.07 ± 7.49	71.62 ± 7.96	74.71 ± 5.55	71.21 ± 10.49	73.15 ± 10.64	1.096	0.362
Adaptability							
Pre	53.03 ± 11.29	58.38 ± 7.96	62.20 ± 11.04	58.06 ± 8.94	53.22 ± 7.90	3.663*	0.008*
Post	60.15 ± 4.02	63.86 ± 7.0	61.24 ± 7.04	67.77 ± 8.25	59.47 ± 7.83	3.719*	*0.007
Follow Up	60.15 ± 4.02	62.43 ± 7.19	62.68 ± 7.40	62.81 ± 8.82	59.47 ± 7.83	1.027	0.396
Stress Management							
Pre	63.96 ± 7.91	66.85 ± 14.21	59.38 ± 18.95	56.53 ± 12.77	59.77 ± 19.51	1.788	0.136
Post	68.33 ± 5.13	69.36 ± 7.50	68.09 ± 9.58	69.60 ± 13.12	73.83 ± 6.88	1.823	0.129
Follow Up	68.33 ± 5.13	69.36 ± 7.50	69.41 ± 8.63	61.36 ± 8.06	70.44 ± 7.98	3.028*	0.020*
General Mood							
Pre	41.39 ± 13.50	52.66 ± 9.10	42.21 ± 12.84	40.91 ± 13.89	52.60 ± 9.42	7.230*	<0.001*
Post	55.56 ± 9.21	56.05 ± 6.93	6.93 ± 9.25	62.50 ± 13.27	55.21 ± 7.19	1.836	0.127
Follow Up	55.83 ± 6.96	54.49 ± 7.08	56.03 ± 6.44	51.33 ± 7.81	53.04 ± 8.99	1.032	0.394
Total emotional intelligence							
Pre	62.68 ± 7.19	59.96 ± 7.21	54.88 ± 9.49	58.73 ± 9.50	61.23 ± 7.57	2.586*	0.041*
Post	62.09 ± 4.88	63.39 ± 7.01	61.69 ± 5.83	66.40 ± 11.78	63.68 ± 6.29	0.913	0.459
Follow Up	62.09 ± 4.88	63.25 ± 6.78	61.69 ± 5.83	63.64 ± 8.14	63.68 ± 6.29	0.383	0.821

F: F for ANOVA test

p: p value for association between emotional intelligence dimensions and **Years of experience**

*: Statistically significant at $p \leq 0.05$

3. DISCUSSION

Teaching can be a stressful job. Poor working conditions, lack of sufficient administrative support, low levels of collegiality, low pay, and student behavioral problems all can contribute to negative emotions such as tension, hostility, depression, anger, nervousness, and frustration. Therefore, given the challenges that represent the stresses and the negative emotions that are involved, there is one possibility worth exploring. That is how emotional intelligence (EI) might relate to teacher well-being (*Ke Huang & Xianxuan Xu, 2019*).

It is important thus that nursing teachers themselves have knowledge of their own emotions and how they express such emotions in their practice, according to (*Leonard, L. 2017*). Emotional intelligence can be improved through training. As a universal construct across cultures, various EI and EI-related programs have been shown to improve outcomes for both teachers and students as well as the school system overall (*Keefer, Parker, & Saklofske, 2018*).

Hence, this study aimed at identifying the effect of training strategies on nursing teachers' emotional intelligence through assessing nursing teachers' emotional intelligence before implementing the training program, measuring nursing teachers' emotional intelligence level, designing and implementing the training program, and assessing nursing teachers' emotional intelligence after implementing the training program.

Accordingly, the results of this study showed that training had a significant effect in increasing emotional intelligence skills and its components on nursing teachers. Moreover, results also manifested a positive correlation between enhancement of Emotional intelligence skills and socio demographic characteristics.

The present study describes the socio-demographic characteristics of nursing teachers. It shows that more than one third of the studied teachers were less than thirty years. In addition, the majority of nursing teachers are females. Furthermore, slightly more than four fifths were married and held a BSc. Degree and about one third of the teachers had experience. In relation to receiving a training course, the entire study sample did not attend any previous training program regarding emotional intelligence.

This finding was supported by *Eiz-Elregal (2017)*. Results revealed that the characteristics of nursing teachers such as age and gender, more than half of them above 30 years old. This finding was supported by the study of *Salehi et al. (2016)* on assessing the relation between emotional Intelligence and quality of life among the nursing faculties in India. They found that about half of the nursing teachers were 30 –40 years old. Similarly, *in Eiz-Elregal (2017)* study, as regards gender, their study revealed that about three quarters of them were females. These results go in line with these of *Swamy et al. (2015)* who reported that the majority of the subjects were females. Again the study of *Eiz-Elregal (2017)*, concerning professional qualification of nursing teachers, reveals that about two thirds held a B Sc in Nursing.

The present study demonstrates that there is a statically significant relation between educational level and stress management dimension in preprogram phase. This may be related to the increase in the level of educational degree. The level of EI also increased among the teachers and optimized their emotional management and improved their reaction to stress situations.

This finding is supported by the study of *Arvind Hans, (2013)* who found a linear relationship between increasing educational degree and EI. It was inferred that with the increase in the level of educational degree, the level of EI also increased among the teachers.

Additionally, results of the studies conducted by *Pertegal-Felices, Jimeno-Morenilla& Sánchez-Romero, 2011*; demonstrated that emotional intelligence can be trained in higher education. Furthermore, they indicated that the university environment presents the ideal climate to optimize the emotional management that strengthens multiple learning experiences and improved reaction to stress situations.

In contrast, *Sudarshan Mishra Jakir, Hussain Laskar (2013)* found that “there does not exist significant difference in emotional intelligence of secondary and senior secondary teachers in relation to qualification variation” was accepted. From this it may be inferred that Graduate and Post-Graduate teachers do not differ in their emotional intelligence with regard to the qualification variation of students.

Moreover, **Greenberg (2002)** argued that emotionally intelligent teachers are less vulnerable to stress and might easily retrieve healthy information and action tendency within emotions, and avail themselves of this information to better react to stressors as well as to inspire adaptive action. **Kalita (2012)** reported that graduate teachers are equally effective as Post graduate teachers.

The present study reveals that there were statically significant relations between years of experience and the intrapersonal dimension in the follow-up phase, adaptability dimension in the pre intervention phase and post intervention phase, stress management dimension in the follow-up phase, and general mood dimension in the pre intervention phase.

*Likewise, there was a statically significant relation between years of experience and total emotional intelligence in the pre intervention phase. Because teachers with experience were facing different situations and made adaptation to find solutions to these situations, more experienced teachers are found to be more effective than less experienced teachers. This finding is supported by the study of **Kumar & Vijay Chechi (2014)** which indicated that teacher effectiveness of less and more experienced secondary school teachers is found significant.*

In contrast, **Sudarshan Mishra, 2013**, stated that “there does not exist significant difference in the emotional Intelligence of secondary and senior secondary teachers due to experience variation” was accepted. Accordingly, it may be inferred that experienced and inexperienced teachers do not differ in their emotional intelligence with regard to their teaching experiences variation.

In addition, **AmitKauts, 2014**, stated that “There is no significant difference between teacher effectiveness of secondary school teachers with more/Less experienced years of teaching experience”. Similarly, **Singh, 2014**, stated that “There is no significant difference in the emotional intelligence in high and low work experienced teacher educators "has retained. Moreover, **Arvind Hans, 2013**, indicated that there was no linear relationship between increase in work experience and EI. It was inferred that even with the increase in work experience the level of Emotional Intelligence did not increase among the private institution teachers.

*The present study displays that there were highly statistically significant relations between nursing teachers age, experience years and their total emotional level in post intervention phase, because older teachers experience less stress, have high emotional intelligence and are easily trained. This finding, supported by **Eiz-Elregal (2017)** study, revealed that a statistically significant relation exist between total emotional intelligence of nursing teachers and age regarding the relationship between age and emotional intelligence*

Furthermore, **Nikolaou and Tsaousis (2012)** found that older individuals score higher on emotional intelligence than younger ones. However, older individuals are more stressed than younger ones. According to **Mayer et al., (2003)**, elder persons get higher score compared to young ones in emotional intelligence test.

What's more, **Arvind Hans, 2013** indicated that emotional intelligence is higher among the teachers for all age groups. In contrast, the study conducted by **Farazmehr (2015)** revealed that young and old teachers do not differ from each other in terms of their EQ. Another finding is that less and more experienced teachers do not differ from each other in terms of their EQ.

Furthermore, **Sudarshan Mishra Jakir, Hussain Laskar (2013)** stated that “there does not exist significant difference in emotional intelligence of secondary and senior secondary teachers due to experience variation” was accepted. Accordingly, it may be inferred that experienced and inexperienced teachers do not differ in their emotional intelligence with regard to their teaching experiences variation. Also, **Farazmehr, (2015)** reported that there were no significant differences between young and old teachers and their total EQ. Likewise, there was no difference between years of teaching experience and total EQ.

Moreover, **Kalita (2012)** reported that teaching experience has no significant impact on EI teachers' effectiveness. Similarly, **Vijay Kumar, 2015**, has concluded that age does not affect the teaching effectiveness of teachers and teachers of high and low ages are equally effective. **Farazmehr, 2015**, reported that young and old teachers did not differ from each other in terms of their EQ. It was also clear that age did not correlate with teachers' job satisfaction. Findings also confirmed that there was no significant difference between less and more experienced teachers' EQ. Moreover, it was revealed that years of teaching experience did not correlate with teachers' job satisfaction.

4. CONCLUSION

In the light of the study findings, it concluded that, there were highly statistically significant differences regarding emotional intelligence dimensions among nursing teachers throughout the training strategy phases and there was markedly elevated in total emotional intelligence throughout training strategy phases. Minority of nursing teachers had high emotional intelligence level at preprogram phase. As observed, there was improvement in all emotional intelligence dimensions at post program phase. While some declines occurred in the follow up phase, the levels remained significantly high compared with preprogram phase. In addition, there were highly statistically significant differences among nursing teachers emotional intelligence levels throughout the training strategy phases. This finding confirms the research hypothesis which stated that nursing teachers' emotional intelligence will be improved after the implementation of emotional intelligence training strategy.

5. RECOMMENDATIONS

In the light of the results of this study finding, the following recommendations were suggested: -

- Design training programs for training on the level of emotional intelligence that help teacher to have a better quality of work and performance.
- The training of emotional intelligence in nursing teachers, is necessary because of growing complexity of the healthcare environment and increasing expectations of clients in today's competitive healthcare marketplace.
- Emotional intelligence concept should be incorporated into the nursing curriculum in order to promote growth of the teacher and student's emotional intelligence abilities needed to work with patients in different clinical settings.

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