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Effects of emotional intelligence training program on the levels of alexithymia, academic stress and hope among nursing college students

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Abstract--Background: Emotional intelligence is defined as a social strategy that enables an individual to comprehend his or her own emotions as well as those of others, to distinguish between them, to think about them, and to apply them. Emotional intelligence has long been linked to reduced stress and improved well-being. There has been a significant increase in the study of the relationship between

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emotional intelligence and job stress, as well as the relationship between emotional intelligence and mental and physical health functioning, since the early 2000s. However, no research has been done to link this characteristic to academic stress and hope. Aim: This study examines the effect of emotional intelligence training program on the levels of alexithymia, academic stress and hope among Nursing College Students. Method and Subject: All students enlisted in Nursing College were chosen and randomly assigned for two gatherings (Experimental and Control Groups). Each group was administered with 1.5-hour emotional intelligence training session per week. Results: The results show considerable variations in the experimental group compared to the control group in relation to the levels of alexithymia, academic stress and hope. Thus, emotional intelligence training has been more effective in dealing with academic stress, alexithymia and to generate hope among students.

*Keywords---*emotional intelligence, alexithymia, academic stress, hope.

Introduction

Emotional intelligence in nursing is a topic of great interest around the world. Emotional intelligence affects nurses' job and interactions with patients, according to international studies. Compassion and care are associated with it. (Stiglic, G et.al,2018) Emotional intelligence affects academic and professional success since it contributes to an individual's overall intelligence level. The majority of studies have revealed a positive link between emotional intelligence and student accomplishment. However, the research on the impact of students' emotional intelligence on student achievement has generated inconsistent results. (Alam, A., & Ahmad, M. 2018). Emotional intelligence plays a major role in academic stress of an individual. Increasing emotional intelligence has been connected with enhanced results in the management of academic performance (Lal, 2013). People with low levels of emotional intelligence have what is known as alexithymia, which is defined as the inability of an individual to name his feelings. Taylor, G. J., & Bagby, R. M. (2021). The high emotional intelligent person tends to possess a balance of healthy feelings like motivation, focus, fulfilment, peace of mind, awareness, balance, self-control, freedom, autonomy, contentment, appreciation, and desire. On the other hand, the low emotional intelligent person is likely to possess certain feelings like more loneliness, fear, frustration, guilt, emptiness, bitterness, and depression. Thus, by applying an intervention to improve emotional intelligence skills, the authors hypothesize that the possible relationship between emotional intelligence, alexithymia, academic stress and hope can be examined among students.

Review of literature Emotional Intelligence

Emotional intelligence is a range of key talents that includes the ability to process, regulate, comprehend, and manage one's own emotions, as well as those

of others. This is along with configuration in the mind and also the ability to understand, reason and control personal and interpersonal emotions or feelings (Kooker, et.al., 2007, Yilmaz, M., 2009. Karimi, L, et.al., 2015). The high emotional intelligent person tends to possess a balance of healthy feelings like motivation, focus, fulfilment, peace of mind, awareness, balance, self-control, freedom, autonomy, contentment, appreciation, and desire. Conversely, the low emotional intelligent person is likely to possess certain feelings like more loneliness, fear, frustration, guilt, emptiness, bitterness, depression, instability, lethargy, disappointment, obligation, resentment, anger, dependence, and failure. Moreover, educational achievement of students does not exclusively rely on general intelligence, but is also related to emotional intelligence.

The four primary factors that constitute emotional intelligence are self-awareness, self-management, social awareness along with a fourth factor which is management of relationships (Goleman and Daniel, 1998). Students' emotional intelligence and the classroom behaviour have a strong relationship. Low emotional intelligent students may have troubled relationships with their peers or may even show aggression (Aritzeta & Gartziaref, 2015). Academic success is linked to psychological elements such as emotional intelligence, motivation, anxiety, depression, and stress, according to studies. Emotional intelligence has been shown to be highly linked to academic success. At school, at home, and at work, emotional intelligence is critical for interpersonal and intrapersonal relationships. People with a high emotional quotient are predicted to progress through the assigned talents more rapidly and master a greater number of them. It is the ability to produce positive consequences such as joy, optimism, and academic and personal achievement. (Stankovska, G et.al ,2018). Thus, by applying an intervention to raise the level of emotional intelligence, the possible relationship between emotional intelligence, alexithymia, academic Stress and hope among students can be examined.

Academic Stress

Academic stress is a mental suffering associated with probable frustration and academic failure. Students face many academic demands like exams, responding to classroom questions, showing progress in skills and performance, understanding the teacher's lessons, compete with other students, satisfying the academic demands of the teachers and parents...etc. These aspects may strain existing assets of the students. Some students' stress levels may rise to extremely high levels, resulting in anxiety symptoms, particularly during test and examination periods. (Habibi, M. 2015). Academic expectations, according to research, are a key source of stress for students. While evidence suggests that these expectations are mostly imposed by parents, they can also be self-inflicted by students and enforced by lecturers. Despite the fact that education is a global concern and academic stress is a growing global problem, academic expectations continue to rise. (Bedewy, D & Gabriel, A., 2015).

Emotional intelligence plays a major role in the academic stress of an individual. Increasing emotional intelligence has been connected with enhanced results in the management of academic performance (Lal, 2013). The concept of emotional intelligence offers insight on anticipating effective factors in people's life, whether

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in education or in the workplace. People with greater emotional abilities, according to previous studies, are more effective in many facets of life, such as stress reactivity and stress regulation. Because students represent the future of society, this research looked into the link between emotional intelligence and academic stress. (Miri, M. R et.al,2013) Thus, by applying an intervention to raise the level of emotional intelligence, the possible relationship between emotional intelligence and academic stress among nursing students can be examined.

Alexithymia Construct

Alexithymia literally means "feeling without speech" or "lack of words for emotions," implying difficulties in vocally conveying emotions, as well as a restricted capacity for symbolization and a flat, colourless communication style. Other authors characterized alexithymia as "a cognitive and affective deficiency in the recognition and communication of emotions in some individuals". Alexithymic personalities have a cognitive style that is prone to passivity, reliance, and imitation, as well as a noticeable problem in language communication and emotion perception. Alexithymia is a dimensional construct or personality trait, not a categorical phenomenon: certain persons have alexithymic brain functional areas and/or alexithymic behavior that is exclusively tied to specific themes, feelings, and situations. The difficulty in emotion mentalization is evident in alexithymic subjects, prompting them to manage emotions through impulsive or obsessive behaviours, and demonstrate poor capacities to experience pleasant emotions such as joy, happiness, or love. (Di Lorenzo V. G., et.al, 2019)

People with low levels of emotional intelligence have what is known as alexithymia, the inability of an individual to name his feelings. Taylor, G. J., & Bagby, R. M. (2021). High alexithymic people face difficulties in exactly recognizing others' emotions through their facial expressions. Emotional intelligence makes an individual adequately express various emotions like fear, love, happiness...etc. at appropriate circumstances and time. It also empowers an individual to identify and react accordingly to others' expressions of emotions (Salovey and Caruso, 2000). The Toronto Alexithymia Scale-Revised was used to assess a group of 830 university students for emotional control deficiencies associated with alexithymia. Emotional regulation deficits, as seen in people with high levels of alexithymic characteristic, appear to present as chronically heightened subjective negative affect relative to autonomic activity, regardless of environmental demands. Connelly, M., & Denney, D. R. (2007). Thus, by applying an intervention to raise the level of emotional intelligence, the possible relationship between emotional intelligence and alexithymia among nursing students can be examined.

Academic hope

Academic hope can be described using a goal-setting framework. There are two key sources of academic hope: 1) Hope is fueled by the perception of successful agency in relation to the goal (a sense of success in achieving goals), and 2) hope is influenced by the perception of effective routes for goal achievement (a sense of being able to find or generate successful way to meet goals). Hope is defined as a cognitive set based on a reciprocally generated sense of effective (a) goal-directed

determination (agency) and (b) planning of means to fulfill goals (pathways) in classic texts. These two components have a mutually beneficial and reciprocal interaction. It literally means "where there is a will, there is a way." Those who have the desire can find a way. (Shegefti, N. S., & Samani, S, 2011). Hansen, M. J et.al (2014) concluded that academic hope is not a passing feeling, but rather a vital factor in ensuring that students develop long-term, successful, and intentional strategies for achieving desired educational outcomes.and social goals.

Persons with high hope are not affected by thoughts of failure and are able to face even adverse situations with a positive attitude. Hope minimizes the feelings of helplessness and stress, and improves happiness and the quality of life. Emotional intelligence and alexithymia constructs are independent; they overlap considerably and have strong inverse relationship (Parker et. al., 2001). Impact of psychoeducational training to improve alexithymia and general health is supported with evidence (Hatamzadeh et. al., 2012). There is an exceptional and complimentary effect on performance expectations such as hope, attributions and emotions (Stephanou et. al., 2012). Emotional intelligence and academic have strong positive relationship achievement among the students (Chamundeswari., et al., 2013). Emotional intelligence is an important forecaster of hope and the sense of humour was a significant forecaster for emotional intelligence (Batool et. al., 2014). There is no statistically significant difference in emotional intelligence and academic stress between boys and girls (Godati, 2015). Emotional intelligence and hope are positively related to satisfaction in life (Saricam et. al., 2015) but academic stress may have a significant effect. Low emotionally intelligent students reported high academic stress when compared to the high emotionally intelligent ones (Kauts et. al., 2016). There is no examination done on the effect of emotional intelligence training over alexithymia, hope and academic stress and consequently on educational achievement. Hence, this study aims to examine whether the level of alexithymia, academic hope and academic stress will be changed among college students if they were passed with a training session program on emotional intelligence.

Methodology

Aim of the Study

To study the effect of emotional intelligence training on the levels of alexithymia, academic stress and hope among College of Nursing's students.

Research Question

What are the effects of emotional intelligence educational training intervention on the levels of alexithymia, academic stress and hope among students at the College of Nursing?

Population

The study is conducted at Imam Abdulrahman Bin Faisal University.

Sample

The sample consists of 70 nursing students (Both males and females N = 70).

Design of study and Participants

The quasi-experimental plan was used to estimate the causal effect of an intervention on the target population. The subjects were randomly selected and enrolled in two gatherings (Experimental and Control group). Each group was provided with 1.5-hour emotional intelligence training session per week. A total of 6 weeks was used for the training sessions.

Tools

All the subjects were encouraged to fill the following questionnaires pre and post-training.

Socio-demographic and Academic Data Sheet

This tool consists of students' age, marital status, residence, current or previous exposure to emotional intelligence training, and final grade of the previous year.

Academic Expectations Stress Inventory (AESI)

In 2009, AESI was developed by Ang and Huan. It is comprised of 9-items in which students were requested to rate stress emerging from their expectations for self and that emerging from expectations for others. The AESI has two subscales which are expectations for Self (AESI Self: 4 items) and expectations for Guardians / Educators (AESI Others: 5 items). The obtained scores from the total scale and both factors were found to be internally consistent across the studies with Cronbach's alphas ranging between .74 and .90. The response format for the AESI is a Likert-type scale ranging from 1 (never true) to 5 (almost always true). Items were scored such that higher scores indicated greater perceived academic stress from these expectations.

The Academic Hope Scale

This scale was developed by Shorey and Snyder (2004). The scale consists of 9 items rated on an 8-point scale ranging from 1 (definitely false) to 8 (definitely true). This scale has 2 factors named: Agency defined as a cognitive set that is based on a reciprocally derived sense of successful goal-directed determination and pathways which mean planning of ways to meet goal. Items rated on an 8-point scale from 1: definitely false to 8: definitely true.

The Toronto Alexithymia Scale-20: TAS-20

This scale was developed by Bagby et al. in 1994. It is a 20-item self-report scale. It comprises three sub areas namely: Difficulty in Identifying Feelings, Difficulty in Describing Feelings, and Externally Oriented Thinking. This scale has proved good psychometric properties. It is translated to Arabic and was tested for its

content validity by Molla (2018). The total alexithymia score is the sum of responses to all 20 items, while the score for each subscale factor is the sum of the responses to that subscale. The TAS-20 uses cutoff scoring: equal to or less than 51 = Non-Alexithymia, Scores of 52 to 60 = possible Alexithymia. Scores of equal to or greater than 61 = Alexithymia.

Methods

An informed consent in written form was obtained from the undergraduate nurses prior to the data collection and confidentiality was maintained. A pilot study was conducted on 10 % of the subjects to ascertain the clarity and applicability of the study tools and to identify the obstacles that may be faced during data collection. The results of the pilot study revealed that the tools were clear and applicable. These subjects were excluded from the actual study.

Actual research Phase I (Participants' selection)

The experimental group's students were selected using simple randomization, which involved picking their names from a pool. They were ordered according to the order in which their names were pulled from the pool, with the first selected student from the pool being the first to begin data collection, followed by the second, and so on until the required number of students was reached.

Phase 2 (Emotional intelligence training intervention implementation)

Test group was given a session of emotional intelligence training for 1 hour and 30 minutes every week. A comparison between the experimental and control groups was done to identify the impact of the emotional intelligence training program on alexithymia as well as academic hope and stress among students at the College of Nursing. The study group's students were divided into two groups. The researchers met the students during their non-academic activity time in the first session. lecture, greeted them, allowed them to take their places, and introduced each student to the others. The students' spoken informed agreement to participate in the study was also obtained. Furthermore, the students were informed of the study's aim, given a brief and straightforward explanation of the training intervention, and were promised that all information would be kept confidential and used solely for the study's purposes. After that, the researchers went into great length explaining:

- Meetings which were to be held on a regular basis, with each session lasting a certain amount of time.
- Establishment of the training intervention's specific objectives.
- Grounded group dynamics rules, such as honesty and confidentiality.
- What to expect in terms of their own roles in the group, such as paying attention to each other.
- Each member's function in the group.
- At the end of each session, a homework assignment would be provided.

The researchers began each session by reviewing previous skill homework assignments and providing positive encouragement for students' efforts. The balance of the time was spent on describing the session's objectives, explaining why they are important, role acting by the researchers and students to practice the skill, and discussing specific ways to develop this skill with the students. Brainstorming, group discussion, and role acting were among the educational tactics employed in the training intervention. Each session included a detailed description, precise objectives, the importance of the skill to be taught, real-life examples, and the particular steps required to master the skill.

Preparation of the Program content

The content for the emotional intelligence training was developed by the researchers after a thorough review of the literature (Molla, 2018). It included systematic skills that have been taught in four sessions. Skills were taught gradually moving from a simple and basic to a more complex one. Students were introduced to pre-test assessment using I, II, III tools. This consumed about 10-15 minutes. Each session had started with reviewing the assignment given in the previous session. Then, positive reinforcement was provided for students' efforts. The rest of the time was dedicated to describe the objectives of the session, determine the logical reason and discuss with the students the specific steps to learn the skill. The educational strategies used in the training programme were:

- Brain storming
- Group discussion
- Role play

At the end of the training program, feedback and opinions about the program were collected from the students. Emotional intelligence training program was conducted for 90 minutes per week for a period of six weeks. A post-test was conducted for the study group after the training program by applying study tools II, III, IV on each student. With regard to the control group, the researchers had to wait until the implementation of the training program on the study group was completed. Then, a post-test was conducted for the students. A comparative study between the study and control groups was done to ascertain the usefulness of the training program on the levels of alexithymia, academic stress, hope and achievement among the students.

Results

Table 1 Comparison between the experimental and control groups according to the Sociodemographic data

Items		Control (n = 35)		Experimental (n = 35)		Test Sig. value)	of (P
		No.	%	No.	%		
Sex	Male	19	54.3	23	65.7	x2= 0.9	52
	Female	16	45.7	12	34.3	(0.329)	

Age (years)	Min. – Max.	19.0 - 22	2.0	19.0 - 23.0		t = 1.1	97
	Mean <u>+</u> SD.	20.17 <u>+</u> (0.71	20.40 <u>+</u> 0.88		(0.235)	
GPA	Min. – Max.	3.12 – 4.	60	3.12 - 4.60		t = 1.5	89
	Mean <u>+</u> SD.	3.77 <u>+</u> 0.	36	3.91 <u>+</u> 0.41		(0.117)	
Academic	1 st year	9	25.7	4	11.4	x2	=
level	2 nd year	14	40.0	13	37.1	3.160	
	3 rd year	12	34.3	18	51.4	(0.206)	
Previous	No	34	97.1	32	91.4	x2	=
exposure to	Yes	1	2.9	3	8.6	1.061	
emotional						(0.614)	
intelligence							
training							

*: Statistically significant at $p \le 0.05$

Table 1 shows the comparison between the experimental and control groups according to the socio-demographic data. It shows that there is no significant difference between experimental and control groups regarding the sex, age, GPA, academic level or previous involvement in workshops about emotional intelligence. The comparison was done using Chi-Square test and Fisher Exact test (p=0.329, 0.235, 0.117, 0.206 and 0.614 respectively). The absence of a significant difference between the studied groups can reveal that both groups were matched.

Table 2 Comparison between the experimental and control groups regarding Toronto Alexithymia Scale

Toronto	Control	Experimental	Т	Р
Alexithymia Scale	(N = 35)	(N = 35)		
Pre				
Total Score	57.80 ± 10.03	58.86 ± 9.02	0.464	0.644
% Score	47.25 ± 12.54	48.57 ± 11.28		
Post				
Total Score	53.83 ± 9.50	47.51 ± 12.84	2.339*	0.023*
% Score	42.29 ± 11.88	34.39 ± 16.05		
p1	0.144	<0.001*		

T: Student t-test

P: p value for comparing between the two groups

 p_1 : p value for Paired t-test comparing between pre and post in each group.

*: Statistically significant at $p \le 0.05$

Table 2 represents the comparison done between the two studied groups regarding Toronto alexithymia scale. It shows that mean score value prior to applying intervention was nearly similar between control and experimental group $(47.25 \pm 12.54, 48.57 \pm 11.28$ respectively). On the other hand, post-intervention mean score of alexithymia was decreased significantly among experimental group compared to control group $(47.51 \pm 12.84$ to 34.39 ± 16.05 , 53.83 ± 9.50 to 42.29 ± 11.88 respectively). These changes are differing significantly $(t=2.339^*, P=0.023^*)$.

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	Table 3				
Comparison between the experin	nental and	control	groups	regarding	Toronto
Alez	xithymia Sc	cale			

Toronto Alexithymia Scale	Control		Experimental			
	(n = 35)		(n = 35)		x ²	Р
	No.	%	No.	%		
Pre						
≤51 (Non-Alexithymia)	8	22.9	11	31.4		
52 – 60 (Possible Alexithymia)	10	28.6	6	17.1		
≥61 (Alexithymia)	17	48.6	18	51.4	1.502	0.472
Post						
≤51 (Non-Alexithymia)	12	34.3	21	60.0		
52 – 60 (Possible Alexithymia)	13	37.1	8	22.9		
≥61 (Alexithymia)	10	28.6	6	17.1	4.645	0.098
Р	0.169		0.005*			

 x^2 = Chi square test

Table 3 represents the comparison between two studied groups according to the levels of alexithymia. It shows that, the percentage of those who suffer from alexithymia was lessen among experimental group from 51.4% to 17.1% after applying the intervention. These changes are differing significantly (P=00.005^{*}).

Table 4Comparison between experimental and control groups regarding AcademicExpectation Stress Inventory (AESI)

	Academic	Control	Experimental				
	Expectations Stress Inventory (AESI)	(n = 35)	(n = 35)	t	Р		
	Pre						
	Total Score	13.60 ± 3.17	14.34 ± 3.79	0.000	0.277		
E	% Score	60.0 ± 19.83	64.64 ± 23.68	0.898	0.377		
Expectations	Post						
of Sell	Total Score	13.23 ± 2.54	11.49 ± 2.73				
	% Score	57.68 <u>+</u> 15.90	46.79 <u>+</u> 17.04				
	p1	0.541	0.004*				
	Pre						
	Total Score	19.49 ± 3.42	18.51 ± 4.37	1.034	0.305		
Evenentations	% Score	63.86 ± 15.44	41.71 ± 27.78				
expectations	Post						
of Parents	Total Score	17.77 ± 3.09	13.34 ± 5.56	4.121*	< 0.001*		
	% Score	63.86 ± 15.44	41.71 ± 27.78				
	p1	0.020*	0.001*				
Overall	Pre						
	Total Score	33.09 ± 5.71	32.86 ± 7.49	0.144	0.886		
	% Score	66.90 ± 15.86	66.27 ± 20.81				
	Post						
	Total Score	31.0 ± 4.22	24.83 ± 7.85	4.096*	< 0.001*		

% Score	61.11 ± 11.73	43.97 ± 21.80	
p_1	0.080	0.001*	

t: Student t-test

 p_1 : p value for Paired t-test comparing between pre and post in each group.

*: Statistically significant at $p \le 0.05$

Table 4 represents the comparison that was done between the two studied groups according to Academic Expectations Stress Inventory. It showes that the mean value prior to applying intervention in academic stress arising from own expectations has no significant difference between control and experimental group (t= 0.898, p= 0.898) while post intervention mean value is lessen among experimental group from mean value of 64.64 ± 23.68 to mean value of 46.79 ± 17.04 . These changes were differing significantly (t =2.765^{*}, P=0.007^{*}). The mean value prior to applying intervention in academic stress arising from parents' expectations has no significant difference between control and experimental group (t= 1.034, p= 0.305) while post intervention mean value is less among experimental group from mean value of 67.57 ± 21.87 to mean value of 41.71 ± 27.78 . These changes are differing significantly (t =4.121^{*}, P=<0.001^{*}). Furthermore, overall mean value is lesser among experimental group from 66.27 ± 20.81 to 43.97 ± 21.80 . These changes are differing significantly (t =4.096^{*}, P=<0.001^{*}).

	I									
	Academic Hone Scale	Control	Experimental							
	Meadenne Hope Seale	(n = 35)	(n = 35)	t	Р					
	Pre	Pre								
	Total Score	28.66 <u>+</u> 5.50	30.14 <u>+</u> 4.60	1 005	0.005					
	% Score	67.59 <u>+</u> 15.72	71.84 <u>+</u> 13.15	1.225	0.225					
Agency	Post									
	Total Score	29.69 <u>+</u> 6.90	34.86 <u>+</u> 4.83	2 624*	0.001*					
	% Score	70.53 <u>+</u> 19.71	85.31 <u>+</u> 13.79	5.054	0.001					
	p1	0.467	<0.001*							
	Pre									
	Total Score	21.09 <u>+</u> 5.46	23.09 <u>+</u> 5.17	1.574	0.120					
	% Score	61.02 <u>+</u> 19.49	68.16 <u>+</u> 18.46							
Pathways	Post									
	Total Score	23.23 <u>+</u> 5.77	26.34 <u>+</u> 4.02	2.621*	0011*					
	% Score	68.67 <u>+</u> 20.59	79.80 <u>+</u> 14.36							
	p1	0.104	0.002*							
	Pre									
	Total Score	49.74 <u>+</u> 10.60	53.23 <u>+</u> 9.55	1.445	0.153					
Overall	% Score	64.67 <u>+</u> 16.83	70.20 <u>+</u> 15.16							
	Post									
	Total Score	52.91 <u>+</u> 11.57	61.20 <u>+</u> 8.18	3.458*	0.001*					
	% Score	69.71 <u>+</u> 18.37	82.86 <u>+</u> 12.99							
	p_1	0.217	<0.001*							

Table 5 Comparison between experimental and control groups regarding Academic Hope Scale

t: Student t-test p_1 : p value for Paired t-test comparing between pre and post in each group *: Statistically significant at $p \le 0.05$

Table 5 shows the comparison between the two studied groups regarding Academic Hope Scale. There are no significant differences in the mean values between experimental and control groups (t= 1.225, p= 0.225) applying prior to the intervention in academic hope agency factor. However, post intervention mean value is increased among experimental group from 71.84 ± 13.15 to 85.31 ± 13.79. These changes are differing significantly (t =3.634*, P= 0.001*). There are no significant differences in the mean values between experimental and control group (t= 1.574, p= 0.120) when applying prior to intervention in academic hope pathway factor. While post intervention mean value is increased among experimental group from 68.16 ± 18.46 to 79.80 ± 14.36. These changes are differing significantly (t= 2.621^* , P=<0.011*). Moreover, overall mean value is increased among experimental group from 70.20 ± 15.16 to 82.86 ± 12.99. These changes are differing significantly (t = 3.458^* , P=<0.001*).

Discussion

The current study tested the effect of an emotional intelligence training program on the levels of Alexithymia, Academic Stress and Hope among Nursing College's Students. Experimental and control groups outcomes imply that the intervention focusing on the emotional intelligence training to the experimental group have resulted in a variation with respect to the control group pre and post intervention. Emotional intelligence training has evidently decreased the degree of alexithymia in experimental group and the members were able to identify, describe and also distinguish their feelings better than the control group. It is also evident that the training was found quite effective among those who suffered from alexithymia earlier and turned non-alexithymic after intervention. The possibility of getting alexithymia could also be controlled/prevented by emotional intelligence training. The obtained result is supported by the study of Parker et. al., (2001) which concluded that emotional intelligence and alexithymia are strongly and inversely related.

Emotional intelligence intervention was also found to improve the individuals by increasing the levels of self-awareness and social awareness, and by decreasing the level of stress attained by the internal and external demands. The intervention has helped the students to attain better self-management and relationship management skills. This has contributed much for the students in excelling their academics. They were able to deal with the academic stress arising from self-expectations as well as from their families. Better understanding of the self and others have developed a sense of hope in selecting the routes to achieve the desired goals. The students from the experimental group, as an effect of intervention, were found to be motivated and with the willpower to attain the goals more than the students of the control group. The results are in accordance with Stephanou, et. al., (2012) which revealed that hope, attributions and emotions have exceptional and complimentarily effects on performance expectations.

The studies of Kauts et. al., (2016), Godati et. Al., (2015) and Chamundeswari et. Al., (2013) revealed that there is a positive significant correlation between emotional intelligence and academic achievement among the students. The studies of Batool et. Al., (2014) and Saricam et. Al., (2015), and a study done by Mousa, A. et.al (2017) revealed that emotional intelligence and hope were positively related. This is consistent with the present study finding whereby emotional intelligence intervention training improved academic hope and success among nursing students. Furthermore, Miri, M. R et.al 2013 revealed that there was a relationship between emotional intelligence and academic stress in students of medical sciences.

Conclusion

The present study concluded that emotional intelligence training among the students has been found more effective in reducing the degree of alexithymia, improving the level of hope about one's own self and also contributing to the better academic performance by reducing the level of stress perceived by the individuals either from self or afterward the expectations of the parents. It is apparently shown that the differences were observed between the pre-test and post-test among the members of control and experimental groups. Hence, this form of emotional intelligence training could be opted for the student population with high levels of perceived anxiety/stress or adults with low self-esteem to develop self-awareness, social awareness and to motivate and gain hope to attain the goals. It would be helpful in developing the self-management and relationship management skills, the essential needs for better academic performance and successful life.

Limitations

The current study was done with samples of limited size from a specific university. Wide geographical and cultural areas were not covered.

Implications

The training period could be widened and could evaluate the post effect among different age categories. The study may be widened to different areas and to include adults from different cultural backgrounds. This emotional intelligence training would also be useful as an intervention for various stress-related problems in counselling setting and its effectiveness could be tested.

The emotional intelligence training could also be used as a coping method for the workers encountering problems in the industrial settings.

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