



Impact of Time Management Program on Emotional Intelligence With Regard To Academic Performance in Nursing Students

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Abstract

Context /Background:

In order to demonstrate compassion and quality care, student nurses must have a strong grasp of emotional awareness and possess social skills or the capacity to control their own emotions as well as those of others. It is the toughest and most emotionally taxing job, requiring a high level of emotional intelligence (EI) that can be developed.

Methods: At a chosen health science university in Mangalore, 320 undergraduate students participated in a descriptive-correlative study. Utilizing disproportionate stratified sampling approaches, the samples were chosen. Researcher used various tool such as time management questionnaire, Schutte Self Report Emotional Intelligence Test and tool for academic performance.

Results: Mean post-test emotional intelligence score (137.44±13.51) ranging from 111 to 172 was higher than the mean pre-test emotional intelligence score (129.41±14.27) ranging from 47 to 166. Data revealed that the mean emotional intelligence score during post-test (137.44 ± 13.51) was higher than that of pre-test (129.41 ± 14.27). The t value obtained (12.545) was higher than the table value (1.650) at 0.05 level of significance. There was a significant high positive correlation between time management score and emotional score among nursing students (r=0.803, p<0.001). Data revealed that there was a significant association between emotional intelligence score and age ($\chi^2= 19.556$, p<0.001), gender ($\chi^2= 10.099$, p<0.001), birth order ($\chi^2=14.068$, p<0.01), sleep per day ($\chi^2=16.273$, p<0.01), and number of supplementary papers ($\chi^2=21.595$, p<0.001). However no significant association was found between emotional intelligence score and year of study ($\chi^2= 3.300$, p>0.05), type of family ($\chi^2= 0.242$, p>0.05), religion ($\chi^2= 3.770$, p>0.05), education status of father ($\chi^2= 8.309$, p>0.05), education status of mother ($\chi^2=6.262$, p>0.05), number of siblings ($\chi^2=0.314$, p>0.05) area of residence ($\chi^2=0.952$, p>0.05), monthly income of family ($\chi^2=1.746$, p>0.05) and presence of supplementary papers ($\chi^2=2.954$, p>0.05).

Conclusion: This study has found that by reducing stress and regulating emotions, time management helps nursing students achieve their academic goals. Emotional intelligence (EI) should be taught in nursing courses and sessions to help students build their EI, and the subject should be covered as a fundamental component of the nursing programme for undergraduate and graduate nursing curricula.

Keywords: Academic Performance, Emotional Intelligence, Impact, Nursing Students, Time Management Program

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Introduction

In order to make wise decisions and overcome challenges, nurses—who are regarded as first-line healthcare professionals—need to be

emotionally intelligent, critical thinkers, inventive, and self-directed (Khodamoradi, K et al.,2011, Azizi-Fini. I et al., 2015). There is no agreement on a single established definition of

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emotional intelligence despite more than 30 years of research and study on the subject (EI). There are various EI assessment tools and different perspectives on how EI should be measured. Additionally, the number of EI studies specifically related to nursing will remain low. EI was outlined for this study as the capacity to manage one's own emotions as well as exert influence over others' emotions (Cherniss C et al., 2006).

Nurses have a lot of competing demands on their time, energy, and attention, which make it more difficult for them to practise healthy behaviours. The wants of their patients' families, the expectations of doctors and supervisors, their own needs, and the worries of their own family members must all be prioritised by nurses. All aspects of nurses' personal and professional lives are impacted by the rising demands they must meet, which raises their risk of developing chronic stress, work-family conflict, and unhealthy behaviours. (B. I. J. M. van der Heijden et al, 2008., M. N. Ilhan et al, 2008., J. Rose et al, 2009)

Nursing students of all ages and diverse backgrounds are engaged in numerous emotionally-charged experiences to learn how to develop a therapeutic relationship by monitoring their emotions and those of others (Horton-Deutsch et al.,2008, Cadman C et al,2001). EI is probably going to have an impact on academic and clinical practise performance in a variety of areas of health (Ibrahim HA et al, 2016., Victoroff KZ et al, 2013, Tafazoli M et al., 2012, Gordon-Handler L et al., 2018). EI more directly encourages the prioritisation of ideas, behaviour control, and suitably modified lifestyle decisions that improve academic success (Romanelli F et al., 2006). For the nursing profession, a high level of emotional intelligence is required. It has been discovered that students with low emotional intelligence struggle academically and have negative health effects. Today, a group of skills needed for the workplace include time management programme so that students will be able to have high emotional intelligence while the student's emotional capacity is not evaluated, the typical nursing bachelor's programme admissions criteria place a strong emphasis on academic performance (D.S. Thomas, J et al., 2021, T Smith et al, 2016). Professional obstacles abound for nurses. In addition to working in

incredibly stressful, pressure-filled workplaces, their professions are physically and mentally exhausting. They also frequently face gruelling work hours, an endless list of conflicting priorities, and a tonne of different patients and co-workers (Mahran, G. S et al., 2017).

The ability to control one's emotions or to maintain emotional stability allows a person to either join or disjoin from a feeling in a particular situation. Additionally, it gives the person the ability to regulate their instantaneous responses in a given circumstance. Hospital nurses must be able to establish a strong relationship with patients quickly when patients are in the hospital for shorter periods of time. This is essential for the growth of trustworthy connections so that patients feel comfortable talking about private and delicate topics related to their recovery. Consequently, the EI of nurses has grown to be a key factor in the healthcare sector. Care must therefore encompass not only the physical but also the psychological and spiritual aspects of a person in relation to time management (Mullakanda & Dissanayake et al., 2015).

Thus, the objectives of this study were to study the impact of time management program on emotional intelligence with regard to academic performance in nursing students

Methodology

Research Approach

An evaluative quantitative approach was used to accomplish the objective

Research design

Research design used was quasi experimental design

Study Settings

The study was carried out in different nursing college, Mangaluru.

Study Population

Population was B.Sc. nursing students of Nursing Colleges.

Samples

Samples will be B.Sc. nursing students of selected colleges who fulfilled inclusion criteria.

Inclusion Criteria

- Students of B.Sc. Nursing Program who were



willing to participate.

- Students who were physically and psychologically fit during the time of data collection.
- Students who were open to communicate and collaborate for the study

Exclusion criteria

- Students who have already attended time management skill training programme.
- Students who were undergoing any counselling programme.
- Students who were absent during the data collection procedure.

Sample Size

The sample size was 320 nursing students. Based on the formula

$$n = \frac{2(Z\alpha + Z\beta)S^2}{d^2}$$

Where $Z\alpha = 1.96$ at 95% confidence level And $Z\beta = 1.28$ at 90% power

$S =$ Combined Standard deviation and $d =$ mean difference $s = 10.85$ $d = 5.72$. With 95% confidence level and 80% power with respect to (Relationship between Effectiveness of Time Management and Stress levels among Nursing) sample size comes to be minimum of 80 in each group. Hence total sample will be $80 \times 4 = 320$.

Sampling Technique

The sampling was be done in two stages.

Stage 1: Random Sampling was done to select the Nursing colleges

Step 2: Disproportionate stratified sampling technique was used for selecting the sample.

Data Analysis

The statistical calculations were performed using computer-based statistical software Statistical Package for the Social Sciences (SPSS) version 21.0

Results

Section 1: Demographic proforma of nursing students

The distribution of samples according to demographic variables. n=320

Sl.No	Demographic variables	Frequency	Percentage
1	Age		
	a. 18 years	83	25.9
	b. 19 years	78	24.4
	c. 20 years	74	23.1
	d. 21 years	68	21.3
	e. 22 years	10	3.1
2	Year of Study		
	a. 1st Year	80	25.0
	b. 2nd Year	80	25.0
	c. 3rd Year	80	25.0
	d. 4th Year	80	25.0
3	Gender		
	a. Male	41	12.8
	b. Female	279	87.2
4	Type of family		
	a. Joint Family	43	13.4
	b. Nuclear Family	277	86.6
5	Religion		
	a. Christian	186	58.1
	b. Muslim	80	25.0
	c. Hindu	54	16.9
	d. Other	-	-
6	Educational status of father		
	a. Primary school	20	6.3
	b. Middle school	9	2.8



	c. High school	102	31.9
	d. PUC/Diploma	92	28.7
	e Graduate	70	21.9
	f. Professional degree	23	7.2
	g. Post graduate and above	4	1.3
7	Educational Status of mother		
	a. Primary school	23	7.2
	b. Middle school	9	2.8
	c. High school	112	35.0
	d. PUC/Diploma	126	39.4
	e Graduate	41	12.8
	f. Professional degree	9	2.8
	g. Post graduate and above	0	0
8	Number of siblings		
	a) Nil	28	8.8
	b) 1	159	49.7
	c) 2	101	31.6
	d) 3	23	7.2
	e) 4	9	2.8
9	Birth order		
	a) 1 st born	116	36.3
	b) 2 nd born	173	54.1
	c) 3 rd born	25	7.8
	d) 4 th born	6	1.9
10	Area of residence		
	a) Rural	224	70.0
	b) Urban	96	30.0
11	Monthly income of family (in Rupees)		
	a) Less than 20,000	221	69.1
	b) 20,001- 30,000	62	19.4
	c) 30,001- 40,000	18	5.6
	d) 40,001- 50,000	13	4.1
	e) Above 50000	6	1.9
12	Sleep per day		
	a) Less than 5 hours	11	3.4
	b) 5-6 hours	141	44.1
	c) 6-7 hours	138	43.1
	d) More than 7 hours	30	9.4
13	Do you have any supplementary papers		
	a) Yes	60	18.8
	b) No	260	81.3
14	Number of supplementary papers		
	a) Nil	260	81.3
	b) 1	27	8.4
	c) 2	19	5.9
	d) 3	12	3.8
	e) 5	2	0.6

Data in table 1 revealed the frequency and percentage distribution of samples according to demographic variables.

- Majority of the sample belong to 18 years (25.9%)
- Data on year of study showed that samples

are equally distributed (25.0% each)

- Most of the samples were females (87.2%)
- Bulk samples belong to nuclear family (86.6%)
- Majority of the samples belong to Christian religion (58.1%),



- Education status of father revealed that highest percentage of fathers had high school education (31.9%)
- Education status of mother revealed that highest percentage of mothers had PUC/Diploma (39.4%)
- Half of the samples (49.7%) had one sibling
- Area of residence of samples revealed that majority were living in rural (70.0%)
- Monthly income of family revealed that majority of samples (69.1%) had monthly family income less than Rs.20,000
- Highest percentage of samples had sleep 5-6 hours per day (44.1%)
- Most (81.3%) of the samples do not had supplementary papers and the remaining 18.8% had supplementary papers.
- Among samples who has supplementary papers majority of them had one paper (8.4 %).

Table 2. Assessment of the existing level of emotional intelligence among nursing students

	Range	Mean	SD	Median
Pre-test	47-166	129.41	14.27	130.0
Post-test	111-172	137.44	13.51	134.0

N=320

Data presented in **table 2** revealed that the mean post-test emotional intelligence score (137.44 ± 13.51) ranging from 111 to 172 was higher than the mean pre-test emotional intelligence score (129.41 ± 14.27) ranging from 47 to 166.

Table 3. Impact of time management program on emotional intelligence scores among nursing students

Time	Mean	SD	Mean difference	't' value	p value
Pre-test	129.41	14.27	8.03	12.545	<0.001***
Post-test	137.44	13.51			

N=320, t (319) =1.650 at 0.05 level of significance, *** Significant at 0.001 level

The data presented in **table 3** depicts the mean, standard deviation, mean difference, t value and p value of emotional intelligence scores before and after time management program among nursing students. Data revealed that the mean emotional intelligence score during post-test (137.44 ± 13.51) was higher than that of pre-test (129.41 ± 14.27). The t value obtained (12.545) was higher than

the table value (1.650) at 0.05 level of significance. Hence the null hypothesis was rejected and research hypothesis was accepted. Therefore, the mean emotional intelligence score was significantly different before and after time management programme.

Table 4. Distribution of samples according to level of emotional intelligence before and after intervention

Sl. no	Level of emotional intelligence	Scoring	Pre-test		Post-test	
			f	%	f	%
1	Low	≤45	0	0	0	0
2	Average	46-91	14	4.4	0	0
3	Highest	92-136	306	95.6	320	100

N=320

Data presented in table 4 revealed that most of samples (95.6%) were having highest level of emotional intelligence followed by 4.4 % having average emotional intelligence score during pre-test. Where as in post-test, all samples (100%) had highest emotional intelligence score.

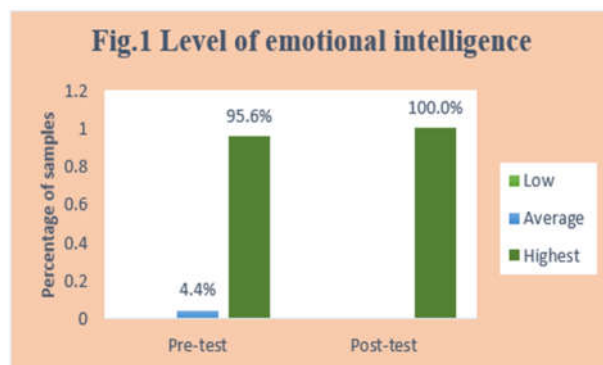


Table 5. Correlation between time management programme and emotional intelligence score among nursing students

Variables	Mean	Standard deviation	r value	p value	Type of correlation
Time management score	98.14	11.46	0.803	<0.001***	High positive
Emotional intelligence score	129.41	14.27			

*** Significant at 0.001 level

Data presented in **table 5** & **fig.1** revealed that there was a significant high positive correlation between time management score and emotional score among nursing students ($r=0.803, p<0.001$).



Table 6. Association of Emotional intelligence with demographic variables.

Sl. No	Demographic variables	Emotional intelligence score		Total	χ^2 test
		≤ Median (≤ 130)	> Median (> 130)		
1	Age				
	18 years	52	31	83	
	19 years	35	43	78	$\chi^2= 19.556,$ df= 5, p= 0.002**
	20 years	32	42	74	
	21 years	39	29	68	
	22 years	2	8	10	
23 years	0	7	7		
2	Year Of Study				
	1st Year	46	34	80	$\chi^2= 3.300,$ df= 3, p= 0.348 (NS)
	2nd Year	35	45	80	
	3rd Year	41	39	80	
	4th Year	38	42	80	
3	Gender				
	Male	30	11	41	$\chi^2= 10.099,$ df= 1, p=0.001***
	Female	130	149	279	
4	Type of family				
	Joint Family	20	23	43	$\chi^2= 0.242$ df= 1, p= 0.623
	Nuclear Family	140	137	277	
5	Religion				
	Christian	86	100	186	$\chi^2= 3.770,$ df= 2, p= 0.152 (NS)
	Muslim	41	39	80	
	Hindu	33	21	54	
	Other	-	-	-	
6	Educational status of father				
	Primary school	10	10	20	$\chi^2= 8.309,$ df= 5, p= 0.217 (NS)
	Middle school	3	6	9	
	High school	43	59	102	
	PUC/Diploma	56	36	92	
	e Graduate	36	34	70	
Professional degree	10	13	23		
7	Educational Status of mother				
	Primary school	15	8	23	$\chi^2= 6.262,$ df= 5, p= 0.282 (NS)
	Middle school	4	5	9	
	High school	58	54	112	
	PUC/Diploma	54	72	126	
	Graduate	24	17	41	
Professional degree	5	4	9		
8	Number of siblings				
	Nil	13	15	28	$\chi^2= 0.314,$ df= 4, p= 0.989 (NS)
	1	80	79	159	
	2	51	50	101	
	3	12	11	23	
4	4	5	9		
9	Birth order				
	1 st born	42	74	116	$\chi^2= 14.068,$ df= 3, p= 0.003**
	2 nd born	100	73	173	
	3 rd born	14	11	25	
	4 th born	4	2	6	
10	Area of residence				
	Rural	108	116	224	$\chi^2= 0.952,$ df= 1, p= 0.329 (NS)
	Urban	52	44	96	
11	Monthly income of family (in Rupees)				
	Less than 20,000	113	108	221	$\chi^2= 1.746$ df= 4, p= 0.782 (NS)
	20,000- 29,000	31	31	62	
	30,000- 39,000	7	11	18	
	40,000- 49,000	7	6	13	
	Above 50000	2	4	6	
12	Sleep per day				
	Less than 5 hours	9	2	11	$\chi^2= 16.273,$ df= 3, p= 0.001***
	5-6 hours	80	61	141	
	6-7 hours	64	74	138	
	More than 7 hours	7	23	30	
13	Supplementary papers				
	Yes	36	24	60	$\chi^2= 2.954$ df= 1, p= 0.086 (NS)
	No	124	136	260	
14	umber of supplementary papers				
	Nil	131	130	260	$\chi^2= 21.595,$ df= 4, p<0.001***
	1	6	20	27	
	2	9	10	19	
	3	12	0	12	
4	2	0	2		



Data related to emotional intelligence score of nursing students with their demographic variables revealed that there was a significant association between emotional intelligence score and age ($\chi^2= 19.556$, $p<0.001$), gender ($\chi^2= 10.099$, $p<0.001$), birth order ($\chi^2= 14.068$, $p<0.01$), sleep per day ($\chi^2= 16.273$, $p<0.01$), and number of supplementary papers ($\chi^2= 21.595$, $p<0.001$). Therefore, the null hypothesis was rejected and research hypothesis was accepted for these variables.

However no significant association was found between emotional intelligence score and year of study ($\chi^2= 3.300$, $p>0.05$), type of family ($\chi^2= 0.242$, $p>0.05$), religion ($\chi^2= 3.770$, $p>0.05$), education status of father ($\chi^2= 8.309$, $p>0.05$), education status of mother ($\chi^2= 6.262$, $p>0.05$), number of siblings ($\chi^2=0.314$, $p>0.05$) area of residence ($\chi^2=0.952$, $p>0.05$), monthly income of family ($\chi^2= 1.746$, $p>0.05$) and presence of supplementary papers ($\chi^2= 2.954$, $p>0.05$). Therefore, null hypothesis was accepted for these variables

Discussion

Emotional intelligence score found in this study was 137.44 ± 13.51 ranging from 111 to 172 was higher than the mean pre-test emotional intelligence score (129.41 ± 14.27) ranging from 47 to 166 with a 't' value of 12.545 and 'p' value of <0.001 . When compared to a previous study conducted on 150 subjects, where only 35% students had scores >20 in each domain of EI (Avinash Kumar et., 2016).

The data presented in **table 3** depicts the mean, standard deviation, mean difference, t value and p value of emotional intelligence scores before and after time management program among nursing students. Data revealed that the mean emotional intelligence score during post-test (137.44 ± 13.51) was higher than that of pre-test (129.41 ± 14.27). The t value obtained (12.545) was higher than the table value (1.650) at 0.05 level of significance, at the level of single study. Hence the null hypothesis was rejected and research hypothesis was accepted. Therefore, the mean emotional intelligence score was significantly different before and after time management programme. This study revealed the significance similar to the study conducted which revealed that emotional intelligence mean

scores of studies and control group before and after intervention showed significant difference as $p<0.0001$ at post-test I, II and III, whereas in control group the mean scores showed non-significant difference at post-test I, II and III at an interval of one month, three month and six month respectively (Madhavi Ghorpade et al., 2019).

The data in **table 4& Fig 1** showed that the majority of samples (95.6%) had the greatest degree of emotional intelligence, with 4.4% having the average emotional intelligence score on the pre-test. In contrast, when compared to a study of a similar nature that found that, prior to the training, there was statistically significant improvement ($P = 0.000$) in clinical performance, emotional intelligence, and knowledge of nursing students, the post-test revealed that all samples (100%) had highest emotional intelligence score. The total EI scores of the students who were subjected to the programme and all 6-DSNP subscales showed a significant positive connection ($P 0.05$) before and after the programme. The overall EI ratings of the investigated pupils and the students' gender were also significantly correlated ($P 0.05$) (Eman Nabil Ramadan et al., 2020).

Data presented in **table 5** revealed that there was a significant high positive correlation between time management score and emotional score among nursing students ($r=0.803$, $p<0.001$). Similar findings were observed in Indian research of 207 medical students at a Chennai medical college: the overall sample's mean emotional intelligence score was 107.58 (16.44 out of 160), indicating a typically high degree of emotional intelligence (S. Sundararajan, V et al., 2018). Most nursing students, according to the results of another study conducted at a US university, showed a moderate level of emotional intelligence (A.M. Beauvais et al., 2011). The mean emotional intelligence level of all participants, however, was lower than the normative mean, according to a study of 203 healthcare students conducted in Australia (K. Foster J et al., 2018). Data related to emotional intelligence score of nursing students with their demographic variables revealed that there was a significant



association between emotional intelligence score and age ($\chi^2= 19.556$, $p<0.001$), gender ($\chi^2= 10.099$, $p<0.001$), birth order ($\chi^2= 14.068$, $p<0.01$), sleep per day ($\chi^2= 16.273$, $p<0.01$), and number of supplementary papers ($\chi^2= 21.595$, $p<0.001$). Therefore, the null hypothesis was rejected and research hypothesis was accepted for these variables. However no significant association was found between emotional intelligence score and year of study ($\chi^2= 3.300$, $p>0.05$), type of family ($\chi^2= 0.242$, $p>0.05$), religion ($\chi^2= 3.770$, $p>0.05$), education status of father ($\chi^2= 8.309$, $p>0.05$), education status of mother ($\chi^2= 6.262$, $p>0.05$), number of siblings ($\chi^2=0.314$, $p>0.05$) area of residence ($\chi^2=0.952$, $p>0.05$), monthly income of family ($\chi^2= 1.746$, $p>0.05$) and presence of supplementary papers ($\chi^2= 2.954$, $p>0.05$). Therefore, null hypothesis was accepted for these variables. The results of this study were similar to the study which revealed when results are computed χ^2 values of 6.6 at df 2, the demographic variable gender indicates a relationship with pre-test Emotional Intelligence scores that is not statistically significant at the 0.05 level. With computed χ^2 values of 14.82 at df 2, the parent education variable indicates a relationship between pre-test emotional intelligence scores and less than 0.05 threshold of significance (Pradeep Dinkar Ahi., 2020).

Conclusion

To help nursing students enhance their emotional intelligence (EI), courses and sessions regarding EI should be taught, and the subject of EI should be included as a fundamental component of the nursing curriculum for undergraduate and graduate nursing students. This study concludes that time management improves students in achieving their academic goals, and emotions and improve quality of life and also contribute in the field of health.

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Conflict of Interest

The authors declare that they have no conflict of interest.

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