Research Psikiyatride Güncel Yaklaşımlar-Current Approaches in Psychiatry 2025; 17(Suppl 1):251-263
doi: 10.18863/pgy.1756738

Ability-Based Emotional Intelligence Training in Nursing Students: An Action Research on Emotion Regulation and Mental Empowerment

Yetenek Temelli Duygusal Zekâ Eğitimi: Hemşirelik Öğrencilerinde Duygu Düzenleme ve Ruhsal Güçlenme Üzerine Bir Eylem Araştırması

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ABSTRACT

Objective: The aim of this study is to explore in depth the changes created by training based on the Ability-Based Emotional Intelligence Model in nursing students.
Method: This action research, conducted with a qualitative design, comprised three phases: before, during, and after the intervention. The study was carried out with 30 first-year nursing students. The students received training based on the Ability-Based Emotional Intelligence Model, consisting of 14 modules. After completion of the training, in-depth interviews were conducted with the students. Data were analyzed using thematic analysis.
Results: Under the main theme of Perceiving Emotions, the subthemes of Awareness of Suppressed Emotions and Self-Awareness through Attributing Meaning to Emotions emerged. Under the theme of Facilitating Thinking through Emotions, the subthemes of Reasoning through Emotions and Consciously Regulating the Impact of Emotions on Reactions were identified. Under the theme of Understanding Emotions, subthemes of Ability to Differentiate Between Multiple Emotions and Deepening of Emotional Empathy were revealed. Finally, under the theme of Managing/Regulating Emotions, the subthemes of Developing Strategies to Cope with Triggering Emotions and Ability to Regulate the Intensity of Emotional Expression were determined.
Conclusion: The study revealed that training based on the Ability Model of Emotional Intelligence enhanced nursing students' self-awareness and ability to manage their emotions more consciously. These findings suggest that EI-based education can play a valuable role in supporting both personal growth and professional competence in nursing students. Accordingly, it is recommended that emotional development-focused courses based on the Ability-Based Emotional Intelligence Model be systematically integrated into the nursing curriculum.
Keywords: Emotional intelligence, nursing students, emotion management, self-confidence, action research

ÖZ

Amaç: Bu çalışmanın amacı, Yetenek Temelli Duygusal Zekâ Modeli'ne dayalı eğitimle hemşirelik öğrencilerinde ortaya çıkan değişimleri derinlemesine incelemektir.
Yöntem: Nitel desende yürütülen bu eylem araştırması, eylem öncesi, sırası ve sonrası olmak üzere üç aşamadan oluşmuştur. Araştırma, birinci sınıfta okuyan 30 hemşirelik öğrencisiyle gerçekleştirilmiştir. Öğrenciler, 14 modülden oluşan Yetenek Temelli Duygusal Zekâ Modeli temelli bir eğitim almış, eğitim tamamlandıktan sonra derinlemesine bireysel görüşmeler yapılmıştır. Veriler tematik analizle değerlendirilmiştir.
Bulgular: Duyguları algılama ana temasının altında; bastırılan duyguların farkına varma, duygulara anlam yükleyerek benlik tanıma, duygularla düşünmeyi kolaylaştırma ana temasının altında; duygular yoluyla akıl yürütme ve duyguların tepkilere etkisini bilinçle ayarlama alt temalarını, duyguları anlama ana temasının altında çoklu duygular arasında ayırt etme becerisi ve duygusal empatinin derinleşmesi alt temalarının açığa çıktığı görüldü. Son tema olan duyguları yönetme/düzenleme ana temasının altında ise tetikleyici duygularla baş etme stratejisi geliştirme ve duyguların ifade yoğunluğunu ayarlayabilme alt temalarının oluştuğu belirlendi.
Sonuç: Eğitim, öğrencilerin öz farkındalıklarını ve duygularını bilinçli yönetme becerilerini geliştirmiştir. Bulgular, duygusal zekâ temelli eğitimin hem kişisel gelişim hem de mesleki yeterlilik açısından önemli katkılar sağlayabileceğini göstermektedir. Bu nedenle Yetenek Temelli Duygusal Zekâ Modeli'ne dayalı duygusal gelişim odaklı derslerin hemşirelik müfredatına sistematik olarak entegre edilmesi önerilmektedir.
Anahtar sözcükler: Duygusal zekâ, hemşirelik öğrencileri, duygu yönetimi, özgüven, eylem araştırması

Introduction

Humans are social beings with emotions, thoughts, and expectations. Since it is not possible to meet all their needs alone, individuals require social interaction and connection with others. In this context, establishing and maintaining healthy relationships with their environment is vital for social adaptation. It is emphasized that for individuals to feel happy and successful and to communicate effectively with others, it is crucial that they can

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Received: 02.08.2025 | **Accepted:** 20.09.2025

express their emotions, control bodily reactions caused by negative emotions, and cope with anger (Kozubal et al. 2023). Therefore, it is important for individuals to develop emotion management skills.

Emotion management is defined as the ability to recognize, understand, express, and regulate one's emotions in a functional way. This skill directly affects not only an individual's personal well-being but also their interactions with others (McRae and Gross 2020). Being aware of emotions, managing them without suppression, and expressing them appropriately strengthens self-regulation and creates a more balanced and healthy communication environment in social relationships. In this regard, self-confidence is evaluated as the individual's positive self-assessment, belief in their potential, and ability to make independent decisions. Effective emotion management supports the development of self-confidence, while confident individuals can direct emotional processes more consciously (Caprara et al. 2022). According to the results of an intervention study aimed at improving emotion management, nursing students who received intervention showed significant improvements in self-awareness, understanding, and emotional regulation, alongside increased capacity for awareness, decreased tendency to suppress emotions, and greater ease in reflecting on positive and negative emotions (Salem et al. 2025).

The concept of emotional intelligence refers to an individual's capacity to understand and manage both their own emotions and those of others, as well as effectively regulate these emotions within cognitive processes (Mayer and Salovey 1997). Defined as a developmental and learnable ability, emotional intelligence can be enhanced through education and increases effectiveness in interpersonal relationships, as well as in areas such as anger and stress management and problem-solving (Serrat 2017, Mansuroğlu 2025). Within the context of nursing education, emotional intelligence is considered a critical variable for the healthy functioning of fundamental professional components such as ethical decision-making, patient safety, empathetic communication, and teamwork (McNulty and Politis 2023, Machado et al. 2025).

Although the concept of emotional intelligence has attracted strong interest in the literature, it encompasses contradictory findings and certain limitations. Some studies have reported that emotional intelligence enhances communication, empathy, and clinical performance among nursing students (Beauvais et al. 2011), whereas others have found no significant association between emotional intelligence levels and academic achievement (Rankin 2013). Moreover, debates regarding the nature and measurement of emotional intelligence persist; while some researchers conceptualize emotional intelligence as a cognitive ability (Mayer et al. 2016), others consider it a personality-based construct (Petrides 2011). The reliance on self-report instruments and the influence of social desirability bias also compromise the reliability of findings (Landy 2005). Therefore, although emotional intelligence training may be beneficial in the nursing context, such findings should be interpreted with caution.

Nursing education involves not only the transfer of knowledge and skills but also requires supporting the emotional competencies of students as part of professional formation (Park et al. 2024). Nurses frequently work in stressful, uncertain, and interpersonal-demanding environments, where emotional resilience directly affects professional performance (Cheraghi et al. 2025). Literature indicates that nurses with higher emotional awareness communicate more effectively, have stronger empathy skills, and cope with stress more healthily (Jawabreh 2024). Therefore, incorporating processes for coping with emotions, building self-confidence, and increasing self-awareness into nursing students' education directly supports both individual development and professional competence (Khalaf Alah et al. 2018, Li et al. 2024).

The Ability-Based Emotional Intelligence Model, which forms the basis of this study, was developed by Salovey and Mayer (1990) and conceptualizes emotional intelligence in accordance with an individual's intellectual abilities. The model consists of four fundamental dimensions: perceiving emotions, facilitating thought through emotions, understanding emotions, and managing emotions. Its uniqueness lies in considering emotional intelligence not merely as a personality trait but as a measurable and developable cognitive capacity. This aspect provides a robust theoretical framework that underpins both individual awareness processes and academic/professional practices. Given its potential for development through education, the model is highly valuable and applicable in practice-oriented fields such as nursing education. One of the areas most needed by nursing students during their educational process is the ability to accurately perceive, interpret, and manage emotions in clinical practice (Beauvais et al. 2011, Foster et al. 2015). While Bar-On's Mixed Model emphasizes personality traits (Bar-On 2006), Goleman's Competency Model focuses more on leadership and performance within the context of professional life (Goleman 1998). In contrast, the Ability-Based Model conceptualizes emotional intelligence as measurable cognitive abilities (Mayer and Salovey 1997, Mayer et al. 2016), highlighting practical and teachable skills that can address gaps identified in nursing education, such as communication, empathy, and coping with stress. A review of the literature reveals that intervention studies

based on the ability-based emotional intelligence model are limited. A recent randomized controlled trial reported significant improvements in medical students' emotional intelligence scores following an intervention grounded in this model. Moreover, educational programs based on the ability-based model have been emphasized as essential for fostering students' personal development in clinical settings and for enhancing their interpersonal communication skills (Than et al. 2025).

The aim of this study is to reveal the change created in the emotional development of nursing students by the Emotion Management and Self-Confidence course conducted based on the Ability-Based Emotional Intelligence Model. In this context, the research question is defined as "How does education structured based on the ability-based emotional intelligence model change the emotional development of nursing students?" The study is unique in that it contributes to the literature with findings from a rare qualitative action research on the applicability of the ability-based model in nursing education. Our hypothesis is that model-based education will lead to meaningful development in students' self-awareness, empathy, emotion regulation, and self-confidence skills.

Method

Research Design

This study is a qualitative action research conducted to explore the changes in the emotional development of students following the Delivery of the Emotion Management and Self-Confidence course, which is based on the Ability-Based Emotional Intelligence Model. Action research is a collaborative and systematic inquiry approach in which participants are actively involved in the process to address a specific problem. This method has two primary objectives: first, to generate knowledge that benefits the relevant group; and second, to empower participants by fostering awareness based on this knowledge and encouraging them to apply it in their own lives (Stringer 2014). In this research, particular emphasis was placed on the second objective—contributing to nursing students' awareness and emotional intelligence development.

Action research processes aim to facilitate behavioral change, manage resistance to change, implement new practices, and empower participants (Speziale et al. 2011). In this study, a technical/scientific/collaborative action research design was adopted. This design seeks to enhance individuals' behaviors to be more effective and functional by implementing an intervention developed within a predefined theoretical framework (Kemmis et al. 2014). Throughout the process, the researcher assumed the roles of planner, guide, and facilitator, managing the learning and transformation process collaboratively with the participants (Stringer 2014). The conduct and reporting of the research adhered to the COREQ (Consolidated Criteria for Reporting Qualitative Research) checklist, an internationally recognized standard for qualitative studies (Tong et al. 2007).

Sample

The study was conducted in the nursing department of a state university in Türkiye's Aegean Region. Participant selection was carried out using aim sampling, a method frequently used in qualitative research. A total of 34 students were invited to participate in the study; two students were excluded because they did not volunteer to participate, and two students were excluded because they could not meet the attendance requirements. As a result, 30 students were included in the study. Inclusion criteria were: being enrolled in the first year of the nursing department, volunteering to participate, not having received similar training before, and not being at risk of absenteeism due to health problems. Exclusion criteria were: having participated in a similar training program or having a condition that prevented regular participation in the data collection process. The students were individuals who expressed a need for development in emotion management and self-confidence and who were motivated to actively participate in the study. The participants, whose ages ranged from 18 to 20, were found to be 23 women. In addition, all of the students were single, lived in dormitories, and had not previously received training in emotion management and self-confidence.

Training Program and Implementation Process

The training program implemented in this study was designed as a theoretically grounded and structured instructional process aimed at enhancing individuals' emotional intelligence levels, thereby improving emotion management skills and self-confidence. The program's theoretical foundation is based on the Ability-Based Emotional Intelligence Model (Salovey and Mayer 1990). Salovey and Mayer, the first researchers to explain emotions through intelligence, proposed emotional intelligence as a dimension of social intelligence and a key

determinant of success in social domains such as family and work. According to them, emotional intelligence can be defined as an individual's awareness of their own and others' emotions, the ability to recognize emotions, to use emotions to facilitate thinking, and to manage emotions in a way that promotes personal development. Emotional intelligence consists of four components: perceiving emotions, facilitating thought, understanding emotions, and managing emotions (Salovey and Mayer 1990).

The action plan of the study was conducted in three phases: pre-action, action process, and post-action (Figure 1).

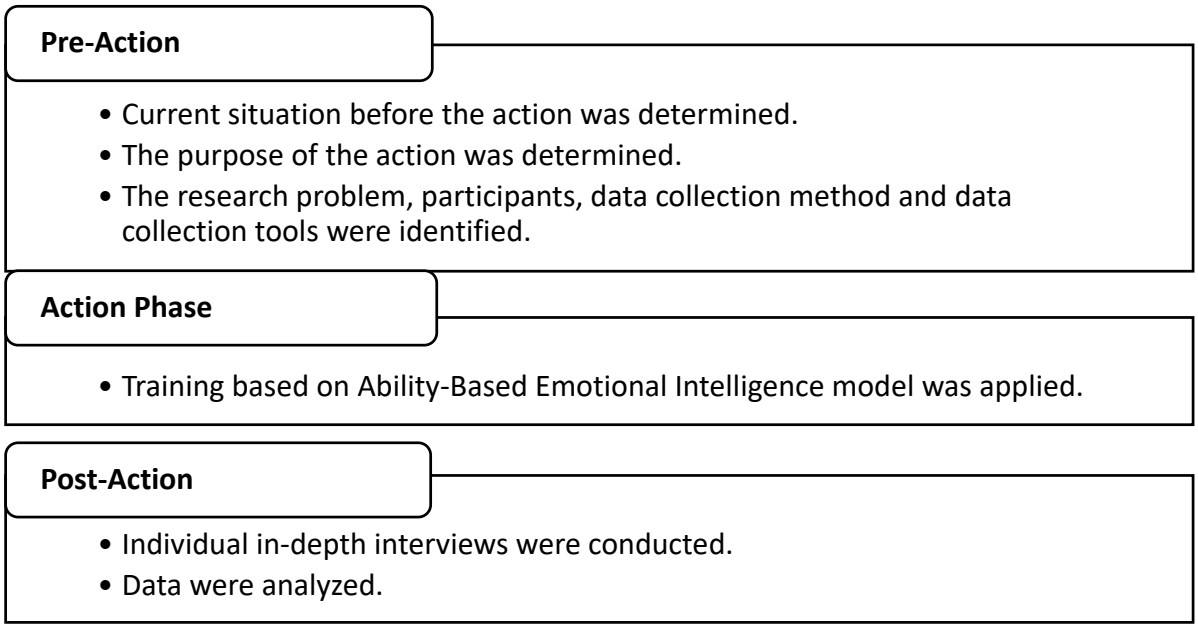

Figure 1. Research action plan

Phase One: Identification and Planning (Pre-Action)

In the first phase of the study, the research topic, participant characteristics, data collection methods, and tools to be used were systematically determined. During this process, the focus of the action was identified, and the problem was clearly defined. Based on prior observations and consultations with advisors, it was found that nursing students experienced difficulties in emotion management and self-confidence, and required support in recognizing, regulating, and expressing their emotions. Furthermore, the literature includes findings indicating that increasing emotional intelligence levels in nursing students positively affects their ability to manage emotions and build self-confidence (Khalaf Alah et al. 2018, Li et al. 2024, Jawabreh 2024).

Accordingly, it was planned to develop a training program structured on the Ability-Based Emotional Intelligence Model aimed at supporting students in managing their emotions and gaining self-confidence. During the planning phase, the model's four core dimensions (perceiving emotions, facilitating thought, understanding emotions, and managing emotions) were taken as the basis, and the training content was organized modularly within this framework. Additionally, instructional methods, assessment tools, and evaluation strategies to be used during the implementation phase were determined.

Phase Two: Implementation of Action (Action Process)

The second phase is the implementation stage of the action. In this context, the developed training program was conducted over a 14-week period in a thematic and modular structure, with each module comprising two class hours (including a break). Each module was based on the Ability-Based Emotional Intelligence Model. The course content was designed to first raise students' awareness and then support the development of skills related to this awareness. Activities included active learning methods such as emotion journals, empathy exercises, role plays, and real-life scenarios (Table 1).

A distinctive and strong aspect of the program is that it does not present emotional intelligence solely at a theoretical level but also transforms it into tangible skills that students can directly apply in their daily lives and clinical experiences.

Phase Three: Evaluation (Post-Action Phase)

The monitoring process, a crucial component of action research, focused on evaluating the change. In this study, the action process was monitored through individual in-depth interviews and observation notes. The study was conducted by two expert researchers in the field. The first researcher played an active role in all stages of the study as the planner, implementer, and observer. Throughout the training process, they engaged in one-on-one interactions with the students, conducted observations, collected participant outputs, and carried out individual interviews. Additionally, she holds a doctoral degree in psychiatric nursing and serves as a faculty member at the institution where the study was conducted and where the participants are enrolled. These qualifications facilitated both guidance during the implementation process and the establishment of strong communication with the students. The second researcher, also holding a doctoral degree in psychiatric nursing. He participated in the study's planning and the conduct of interviews, taking notes where necessary.

Table 1. Ability-Based Emotional Intelligence Model-based emotion management and self-confidence training

Module	Lesson Subject	Module Content	Techniques Used
1	Basic Dynamics of Emotions	Definition of emotions, physiological and psychological bases, effects of emotions on individuals and behavior	Lecture, brainstorming, concept mapping
2	Emotional Awareness and Perceiving Emotions	Recognizing own emotions, distinguishing others' emotions, developing bodily sensation awareness of emotions	Emotion diary, individual awareness exercises, emotional state chart
3	Expression of Emotions and Emotional Literacy	Expressing emotions verbally and in writing, developing emotional vocabulary	Role playing, creative writing, group work with emotion cards
4	Psychological Foundations of Self-Confidence	Definition of self-confidence, developmental sources, role of inner speech and self-worth perception	Reflective writing, self-assessment inventories, sharing personal success stories
5	Self-Awareness and Self-Recognition Through Emotions	Forming self-perception through emotions, strengths and weaknesses analysis	SWOT analysis, individual presentations, group feedback
6	Facilitating Thinking Through Emotions	Effects of emotions on decision-making, attention, motivation, and reasoning processes	Case discussions, emotional response analysis, thought-feeling-behavior triangle
7	Emotional Response Awareness	Connection between emotion and behavior, emotionally driven decision-making without impulsivity	Interactive drama, event flow mapping, "Stop Before You Act" exercise
8	Understanding and Naming Emotions	Complex and multiple emotions, transitions between emotions, recognizing needs behind emotions	Emotion mapping, use of metaphors, emotion analysis exercises
9	Developing Emotional Empathy	Sensing others' emotions, nonjudgmental listening, empathetic listening and reflecting skills	Empathy theater, active listening workshop, storytelling with eye contact
10	Emotional Management Strategies	Ways to cope with challenging emotions: breathing exercises, relaxation, emotion postponement	Breathing and body awareness exercises, emotional relaxation techniques, solution-focused mini workshops
11	Coping with Anger and Anxiety	Physical and cognitive symptoms of anger and anxiety, building coping skills	Role playing, developing individual coping plans, group support discussions
12	Role of Emotions in Communication and Appropriate Expression	Emotional transmission in communication, verbal and nonverbal expression forms, preventing emotional misunderstandings	Video analysis, feedback exercises, reading emotions through body language
13	Confident Expression and Setting Boundaries	Confident communication, saying no, setting boundaries, strengthening internal authority	Expression style analysis, simulations, "I-language" exercises
14	Integrated Practice and Reflective Evaluation	Reflective analysis of all modules, individual development report, usability of learned skills in daily life	Portfolio presentation, writing individual development stories, roundtable evaluation with peer feedback

Procedure

Ethical approval for the study was obtained from the Muğla Sıtkı Koçman University Ethics Committee for Medicine and Health Sciences - 2 (Sports and Health) (Approval Date: 18.08.2024 – Decision No: 240099/97). Additionally, institutional permission was granted by the faculty where the participants were enrolled. Prior to participation, all individuals received comprehensive information about the study and provided written informed consent. To ensure privacy, all audio recordings were treated as confidential, and participants were anonymized through identification codes (e.g., P1, P2, etc.). The research strictly adhered to ethical principles including voluntary participation, confidentiality, and non-maleficence. Participants were clearly informed of their right to withdraw from the study at any stage without consequence. During observation, participants were informed in advance. The researchers assumed full responsibility for safeguarding all collected data. Any direct quotations used in the reporting process were anonymized. The study was conducted in full accordance with the most recent version of the Declaration of Helsinki

Approximately 15 to 20 days after the completion of the action implementation, the data collection process was conducted through individual interviews. Prior to the interviews, suitable dates and times were arranged with the students, and participants were invited on the scheduled interview day. Before starting each interview, a voice recorder, blank paper, and pen were prepared. Written consent was obtained from each participant for audio recording and note-taking during the interview; only after completing the consent process were the interviews commenced.

All individual interviews were conducted in a quiet, spacious environment where participants could feel comfortable and secure, without distractions. The interviews employed a semi-structured format using in-depth interview techniques. This method involves interactive and flexible data collection based on pre-prepared questions targeting specific objectives (Yıldırım and Şimşek 2016). During the interviews, participants were asked about their personal characteristics (age, gender, marital status, place of residence, and prior education related to emotion management and self-confidence) using a demographic form, as well as questions included in the "Semi-Structured Interview Form," which are presented in Table 2.

Table 2: Semi-structured interview form
1. How has the "Emotion Management and Self-Confidence" course contributed to you in terms of "Perceiving, Evaluating, and Expressing Emotions"? In understanding and expressing your own and others' emotions, In fully expressing emotions and communicating needs, In distinguishing different emotional expressions.
2. How has the "Emotion Management and Self-Confidence" course contributed to you in terms of "Using Emotions"?
3. How has the "Emotion Management and Self-Confidence" course contributed to you in terms of "Understanding and Reasoning with Emotions"?
4. How has the "Emotion Management and Self-Confidence" course contributed to you in terms of "Managing and Regulating Emotions"?

The first researcher conducted the interviews, while the second researcher participated as an observer and took detailed observational notes throughout the process. After posing each question, participants were given ample time to freely express their thoughts. Interview durations ranged between approximately 45 to 50 minutes.

Data Analysis

No computer software was used for data analysis. All interview recordings were analyzed manually by the researchers. The analysis process was conducted in accordance with the six-step thematic analysis approach proposed by Braun and Clarke (2006); coding was performed and compared by two independent researchers. The consistency of the coding was checked by a third expert. This method ensured the reliability and transparency of the analysis process without the use of software support. During the coding process, the four main dimensions of the model were designated as overarching thematic categories, and sub-themes were derived from the statements grouped under each main theme. The analysis process proceeded as follows:

1. Familiarization with the data
2. Generation of initial codes
3. Construction of themes from the codes
4. Reviewing and refining the themes

5. Organizing themes according to the model's dimensions
6. Interpretation and reporting

In the first stage, all interview transcripts and observation notes were repeatedly read by the researcher to gain familiarity with the data. In the second stage, the texts were examined line by line, and initial codes were generated from meaningful statements. In the third stage, similar codes were grouped together, and candidate themes were identified. In the fourth stage, the internal consistency of these themes and the extent to which they were distinct from each other were reviewed, and necessary revisions were made. In the fifth stage, the themes were clearly defined and labeled. In the sixth and final stage, the identified themes were linked to the research questions, supported with direct participant quotations in the findings section, and reported in comparison with the existing literature. Under each main theme, sub-themes were developed and illustrated with participant statements representing changes observed in the students. Throughout this process, all interview recordings were transcribed, and the analysis of the saturated data was meticulously carried out by the research team.

Trustworthiness and Rigor of the Study

In qualitative research, validity refers to the truthfulness and accuracy of the findings, while reliability pertains to the consistency and replicability of the obtained data. In this study, validity and reliability were ensured based on the principles of credibility, transferability, dependability, and confirmability developed by Lincoln and Guba (1985) (Stringer 2014).

1. Credibility: Data triangulation was employed during the research process by collecting both interview and observation data. Interview notes were shared with each participant for content verification and confirmation of accuracy. Prolonged engagement, direct quotations, and active involvement of the researchers in the process contributed to obtaining in-depth data.
2. Transferability: The research context, participant profile, data collection tools, and analysis process were described in detail. The use of purposive sampling allows the findings to be applicable to similar contexts.
3. Dependability: The coding process was conducted independently by two researchers who separately analyzed the transcripts in the initial stage. Codes were then compared, similarities and differences in meaningful units were discussed, and a consensus category structure was established. The final version of the coding was reviewed by a third, independent expert, and the inter-coder reliability coefficient (Cohen's Kappa) was calculated as 0.84. According to the classification of Landis and Koch (1977), values between 0.81 and 1.00 indicate an "almost perfect" level of agreement. Therefore, the coding was considered to demonstrate excellent reliability.
4. Confirmability: The obtained data, analysis notes, audio recordings, and coding processes were presented to an external expert for triangulation. This minimized researcher subjectivity and supported the objectivity of the findings. The data were archived in a manner that allows independent auditors to review the process.

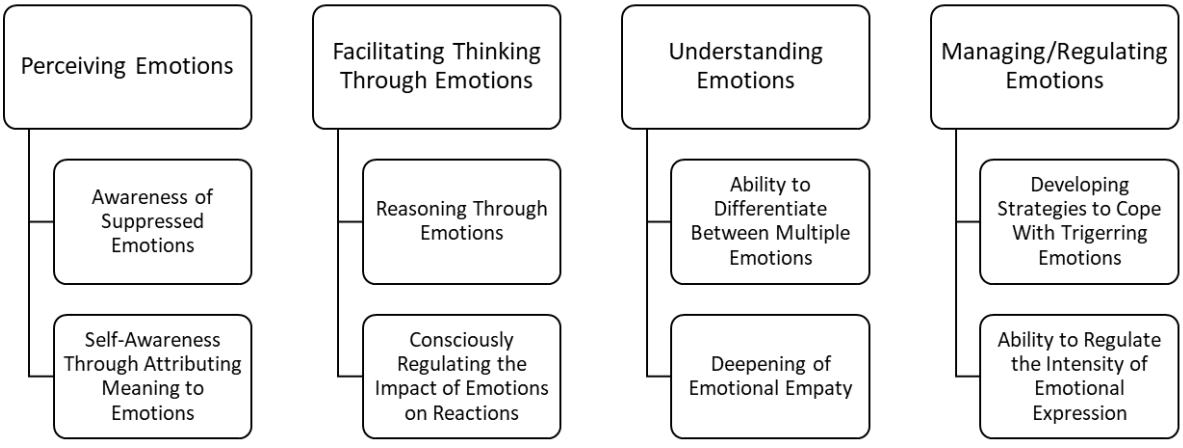

Figure 2. Main and subthemes.

Results

This section examined the perspectives of nursing students who participated in the Emotion Management and Self-Confidence course, based on the Ability-Based Emotional Intelligence Model using thematic analysis. The four dimensions of the model constituted the main themes, and subthemes were derived under each main theme based on the students' views (Figure 2). For each subtheme, example statements from participants are presented to deepen the analysis.

Main Theme 1: Perceiving Emotions

This theme encompasses the individual's ability to recognize, become aware of, and make sense of their own emotions. Participants reported that their skills in this area improved through the knowledge gained in the course.

Subtheme 1.1: Awareness of Suppressed Emotions

Some participants noted that they became aware of emotions they had previously suppressed or ignored and began to identify these feelings.

> *P1: "Previously, I was insufficient in expressing my emotions... now I am able to explain myself adequately when expressing my feelings."*

> *P8: "After becoming aware of my emotions, I started to talk to myself better and motivate myself."*

Subtheme 1.2: Self-Awareness through Attributing Meaning to Emotions

During the process of making sense of emotions, individuals reported gaining self-awareness and starting to understand themselves better.

> *P5: "I had never made an effort to understand my emotions before... now I can analyze myself better."*

> *P6: "To understand emotions, we first need to know ourselves... I realized what I like and dislike."*

Main Theme 2: Facilitating Thinking Through Emotions

This theme encompasses the individual's ability to incorporate emotions into cognitive processes such as reasoning, decision-making, and meaning-making.

Subtheme 2.1: Reasoning Through Emotions

Some students reported that they began analyzing their emotions, establishing cause-and-effect relationships, and making more rational decisions.

> *P17: "I learned that there is a reason behind every emotion, and understanding that reason is necessary to give an appropriate response."*

> *P27: "I realized that I can manage certain emotions better by intellectually explaining them."*

Subtheme 2.2: Consciously Regulating the Impact of Emotions on Reactions

Participants shared that they began reflecting on their emotional responses and developed more consistent and appropriate reactions.

> *P2: "Even though I understood my emotions, my behaviors did not match. Now I can behave in accordance with how I feel."*

> *P10: "Now I can categorize which responses are appropriate for which emotions."*

Main Theme 3: Understanding Emotions

This theme includes understanding one's own emotions as well as the emotions of others, developing empathy, and deciphering the multidimensional nature of emotional experiences.

Subtheme 3.1: The Ability to Differentiate Between Multiple Emotions

Participants indicated improvements in distinguishing between emotions that occur simultaneously and in identifying which emotion is most dominant.

P22: "Sometimes we experience two emotions at once, but I've learned to identify the stronger one and respond accordingly."

P30: "I couldn't name my emotions before... in this course, I learned to distinguish between some of them."

Subtheme 3.2: Deepening of Emotional Empathy

Students reported not only observing others' emotional expressions but also developing an understanding that allowed them to feel and relate to those emotions.

P15: "In a situation with my friend, I tried to empathize and understand why they acted that way."

P16: "I learned that the concept of empathy has a broader scope than I thought."

Main Theme 4: Managing/Regulating Emotions

This theme pertains to the individual's capacity to cope with intense or negative emotions, regulate them, and find appropriate ways to express them.

Subtheme 4.1: Developing Strategies to Cope with Triggering Emotions

Some participants explained that, unlike in the past, they no longer suppress or react impulsively to triggering emotions, but instead manage them more calmly.

P25: "I used to scream when I saw a snake, but now I calm myself with breathing exercises."

P17: "Instead of walking away when I'm angry, I prefer to stay and talk about the issue."

Subtheme 4.2: Ability to Regulate the Intensity of Emotional Expression

Students emphasized that managing the intensity of emotions helps maintain both healthy communication and personal well-being.

P6: "Everything should be experienced in moderation — too much becomes exhausting."

P11: "I used to lose control when experiencing emotions, now I'm learning to stay balanced and manage them."

Overall summary of findings revealed that The Emotion Management and Self-Confidence course, structured around the Ability-Based Emotional Intelligence Model, contributed significantly to the development of students' emotional intelligence components. Notable improvements were observed in recognizing, understanding, expressing, and regulating emotions. Participants' reflections reveal not only acquisition of theoretical knowledge but also its practical application in their daily lives, indicating a more conscious awareness of how emotions influence their behaviors.

Discussion

Within the scope of this study, the developments fostered by the Emotion Management and Self-Confidence course, grounded in the Ability-Based Emotional Intelligence model, were evaluated among nursing students within the framework of the model. The findings demonstrated significant improvements in the four core dimensions of the model—emotion perception, facilitation of thought through emotions, understanding emotions, and emotion regulation. Each subtheme was analyzed in relation to the competencies acquired by the students in intrapersonal awareness, cognitive processing, empathic capacity, and regulatory skills.

Participants' reports indicating increased awareness of previously suppressed or ignored emotions and enhanced ability to identify these emotions suggest a strengthening of emotional self-awareness. Mayer and Salovey's (1997) ability-based model identifies accurate emotion perception as a fundamental component of emotional intelligence. Accordingly, students' emerging ability to identify suppressed emotions reflects an increase in self-awareness and an expanded threshold for emotional awareness. This finding aligns with Codier et al. (2010), who emphasize the association between emotional insight and quality of care in nursing students. The newly established conscious relationship with emotions allows individuals to accept their emotional world more openly and inclusively. Consistent with the current study's findings, Salem et al. (2025) reported that emotion management training reduced nursing students' tendencies to suppress emotions, thereby enhancing their confidence in expressing both positive and negative emotions.

It was observed that the process of making sense of emotions contributed to self-awareness. Participants reported that they came to know themselves more closely through emotions, indicating that one's self-concept

can be shaped by emotional processes. According to the ability-based model, emotions exert a transformative influence on identity development and inner coherence (Mayer et al. 2004). In this context, the attribution of meaning to emotions enabled students to better understand their value systems, personal boundaries, and preferences (Filice and Weese 2024). The process of self-recognition simultaneously established a psychological structure that forms the foundation of individual autonomy and self-esteem (Merino et al. 2024).

Participants' ability to establish cause–effect relationships through emotions demonstrated that emotions could be integrated into cognitive processes. This finding corresponds to the ability of "facilitating thought with emotions." Mayer and Salovey (1997) emphasize in this domain the individual's ability to use emotions as information and to incorporate them into decision-making processes. The findings indicated that students began to regard their emotions as part of intellectual processes, thereby developing more balanced and contextually appropriate responses. This skill is particularly crucial in professions such as nursing, where emotional intensity is high, as it has been emphasized to affect the quality of clinical judgment (Kozlowski et al. 2017, Khademi et al. 2021).

Student statements regarding the conscious regulation of emotional responses revealed that they had gained control over managing their emotions. In the ability-based model, individuals are expected not only to recognize their emotions but also to regulate the behavioral manifestations of those emotions (Mayer and Salovey 1997). Accordingly, participants reported that they began to develop more conscious and contextually appropriate behaviors rather than relying on automatic responses from the past, suggesting the functionalization of emotion regulation skills (Kozubal et al. 2023). The literature highlights that this skill is particularly critical in stress management and interpersonal conflict resolution (Allegretta et al. 2024).

Participants' ability to distinguish multiple emotions simultaneously and identify the dominant one suggested that they could grasp the complex interrelationships among emotions. According to Mayer and Salovey's model, emotional intelligence is not limited to emotion perception; it also encompasses understanding emotional transitions, transformations, and interactions. This skill plays a decisive role in clinical settings where multiple emotional states occur simultaneously, enabling nurses to make accurate and effective decisions (Raghubir 2018). The development of this ability among students may have contributed to their professional readiness.

Empathy skills were reported to have gained not only a cognitive but also an emotional depth. Participants stated that their efforts to feel the emotions of others reflected an improvement in their empathic capacities and progress in the social–emotional components of emotional intelligence. The literature emphasizes that empathic capacity is directly linked to the ability to understand the emotional states of others and respond appropriately (Mora-Pelegrín et al. 2021). In nursing practice, this ability constitutes the cornerstone of patient-centered care (Babaii et al. 2021).

Finally, students were observed to have developed more structured strategies for coping with triggering emotions and were able to regulate emotional intensity. In Mayer and Salovey's (1997) model, "emotion regulation" is defined as the process of preventing emotions from producing extreme reactions and channeling emotional energy into adaptive behaviors. Participants reported employing coping strategies such as breathing exercises, distancing themselves from stressful situations, or expressing emotions verbally. The literature highlights the effectiveness of such strategies in preventing burnout and managing clinical stress, particularly among nursing students (Rafati et al. 2017, Labrague 2024). The ability to regulate emotional expression also contributes to building more harmonious and sustainable relationships within one's social environment.

Nevertheless, although the current findings indicate positive developments, the literature also presents some limiting or alternative perspectives regarding the effectiveness of emotional intelligence training. For example, some studies have reported that while emotional intelligence training is effective in the short term, its long-term sustainability remains debatable (Schutte et al. 2013). Similarly, Zeidner et al. (2009) emphasized that emotional intelligence interventions do not always translate into behavioral outcomes, particularly when relying on self-report measures that may carry social desirability bias. Furthermore, some studies noted that while empathy or emotion management training may raise awareness among students, this does not necessarily translate directly into clinical performance (Grant et al. 2014). These findings suggest that the positive perceptions reported by participants in the present study should be interpreted with caution and that the sustainability and transferability of the gains to clinical practice should be examined and validated through objective measurements in future studies.

The study has several limitations. The data were derived from the subjective self-reports of nursing students, which is a limitation in terms of not being validated by objective measures. However, given that the qualitative action research design aimed to uncover participants' experiences, awareness, and internalization of the training

process, the use of self-reports was deliberately chosen. Future studies may increase the reliability and generalizability of findings by incorporating validated emotional intelligence scales in a pre-test/post-test design, obtaining behavioral observations from clinical instructors, and assessing students' clinical performance, or by adopting mixed-method intervention studies that integrate qualitative and quantitative data. Additionally, determining the extent to which perceived changes are reflected in actual clinical practice would provide a more holistic understanding of the effects of such training interventions. Another limitation is that all participants reported positive contributions of the training to their emotional development. No meaningful negative feedback was obtained during interviews. This could be related to participants' voluntary involvement and high motivation for the program. Furthermore, as the researcher was also the course instructor, students may have been reluctant to express negative opinions. This may have resulted in findings that disproportionately highlighted positive outcomes. In future research, collecting observations from independent evaluators or administering anonymous surveys may help to capture potential negative perspectives.

The study also focused predominantly on female participants, involved students from a single department, and was conducted in one setting, which limits generalizability. Future research should consider including more heterogeneous samples from different educational units and planning multi-center studies. Another limitation is that no power analysis was performed for the sample size in the study. Although data saturation was considered due to the nature of qualitative research, this situation can be considered a factor limiting the generalizability of the findings. Finally, the analysis was conducted within the framework of the four main dimensions of the Ability-Based Emotional Intelligence Model. This approach lends a confirmatory rather than an entirely exploratory character to the analysis, which may be regarded as a limitation to the exploratory nature of the study.

Conclusion

Overall, the findings indicate that the Ability-Based Emotional Intelligence Model provides a robust theoretical framework for understanding the emotional development of nursing students. Through the Emotion Management and Self-Confidence course grounded in this model, students not only enhanced their self-awareness but also gained the ability to perceive and regulate emotions more consciously. The observable improvements across all skill domains following the educational intervention are consistent with findings supporting the learnability and teachability of emotional intelligence (Mattingly and Kraiger 2019). Students' deepened awareness in recognizing, interpreting, and expressing emotions—rather than suppressing them—enabled them to reconstruct their self-concept and reinforce self-esteem. Integrating emotions into cognitive processes further allowed students to make more holistic, balanced, and rational decisions, while fostering more adaptive and empathic relationships in social contexts. Particularly, progress in higher-order skills such as distinguishing multiple emotions, managing their intensity, and developing appropriate responses demonstrates that the model, when supported through education, can yield functional outcomes among students.

These findings suggest that emotional intelligence not only supports personal well-being but also strengthens professional role competence and ethical decision-making capacity. In human-centered professions such as nursing, fostering emotional intelligence as a learnable skill has the potential to directly enhance students' professional resilience, stress management abilities, and quality of care. In this regard, emotional intelligence–based interventions, such as the Emotion Management and Self-Confidence course, should be integrated into nursing curricula either as structured courses or as supplementary training within personal development activities. To maximize effectiveness, such interventions should not rely solely on theoretical knowledge but also incorporate applied content such as self-assessment, reflective practices, group dynamics, and experiential learning. Future studies should involve multicenter research with larger and more heterogeneous samples, the use of mixed methods that evaluate both qualitative and quantitative data, and the planning of long-term follow-up studies. Furthermore, applying educational programs not only to students but also to clinical nurses and educators will significantly contribute to revealing the long-term effects of emotional intelligence development on professional performance.

References

Allegretta RA, Rovelli K, Balconi M (2024) The role of emotion regulation and awareness in psychosocial stress: an eeg-psychometric correlational study. Healthcare (Basel), 12:1491

Babaii A, Mohammadi E, Sadooghiasl A (2021) The meaning of the empathetic nurse-patient communication: A qualitative study. J Patient Exp, 8: 23743735211056432.

Bar-On R (2006). The Bar-On model of emotional-social intelligence (ESI). Psicothema, 18(Suppl):13–25.

Beauvais AM, Brady N, O'Shea ER, Griffin MT (2011) Emotional intelligence and nursing performance among nursing students. Nurse Educ Today, 31:396–401.

Braun V, Clarke V (2006) Using thematic analysis in psychology. Qual Res Psychol, 3:77–101.

Caprara M, Gerbino M, Mebane ME, Ramirez-Uclés IM (2022) Self-efficacy beliefs in managing positive emotions: Associations with positive affect, negative affect, and life satisfaction across gender and ages. Front Hum Neurosci, 16: 927648.

Cheraghi R, Parizad N, Alinejad V, Piran M, Almasi L (2025) The effect of emotional intelligence on nurses' job performance: the mediating role of moral intelligence and occupational stress. BMC Nurs, 24:130.

Codier E, Muneno L, Franey K, Matsuura F (2010) Is emotional intelligence an important concept for nursing practice? J Psychiatr Ment Health Nurs, 17:940–948.

Filice L, Weese WJ (2024) Developing Emotional Intelligence. Encyclopedia, 4:583-599.

Foster K, McCloughen A, Delgado C, Kefalas C, Harkness E (2015) Emotional intelligence education in pre-registration nursing programmes: An integrative review. Nurse Educ Today, 35:510–517.

Grant L, Kinman G, Alexander K (2014) What's all this talk about emotion? Developing emotional intelligence in social work students. Soc Work Educ, 33:874–889.

Goleman D (1998) Working with Emotional Intelligence. New York, Bantam Books.

Jawabreh N (2024) The relationship between emotional intelligence and coping behaviors among nurses in the intensive care unit. SAGE Open Nurs, 10:23779608241242853.

Kemmis S, Mctaggart R, Nixon R (2014) The Action Research Planner: Doing Critical Participatory Action Research. Singapore, Springer.

Khademi E, Abdi M, Saeidi M, Piri S, Mohammadian R (2021) Emotional intelligence and quality of nursing care: A need for continuous professional development. Iran J Nurs Midwifery Res, 26:361–367.

Khalaf Alah S, Abdelrahman S, Abd ELbaset M (2018) Emotional intelligence and it's relation to stress coping strategies and academic achievement among Faculty of Nursing students. Minia Scientific Nursing Journal, 3:44-52.

Kozlowski D, Hutchinson M, Hurley J, Rowley J, Sutherland J (2017) The role of emotion in clinical decision making: An integrative literature review. BMC Med Educ, 17:255.

Kozubal M, Szuster A, Wielgopolan A (2023) Emotional regulation strategies in daily life: the intensity of emotions and regulation choice. Front Psychol, 14: 1218694.

Labrague LJ (2024) Umbrella review: Stress levels, sources of stress, and coping mechanisms among student nurses. Nurs Rep, 14:362-375.

Landis JR, Koch GG (1977) The measurement of observer agreement for categorical data. Biometrics, 33:159–174.

Landy FJ (2005) Some historical and scientific issues related to research on emotional intelligence. J Organ Behav, 26:411–424.

Li MN, Ren YL, Liu LJ, Cheng MH, Di Q, Chang HJ et al. (2024) The effect of emotion regulation on empathic ability in Chinese nursing students: The parallel mediating role of emotional intelligence and self-consistency congruence. Nurse Educ Pract, 75:103882.

Lincoln Y, Guba EG (1985) Naturalistic Inquiry. Newbury Park, CA, Sage.

Machado, DR, Brás MM, Almeida ALd, Vilela C (2025) The relationship between nurses' emotional competence and evidence-based nursing: a scoping review. Nurs Rep, 15:124.

Mansuroğlu S (2025) The effectiveness of stress management training given to first-class health major students in perceiving and coping with stress and developing resilience: A randomized controlled trial. Appl Psychol Health Well Being, 17:e70014.

Mattingly V, Kraiger K (2019) Can emotional intelligence be trained? A meta-analytical investigation. Human Resource Management Review, 29:140–155.

Mayer JD, Salovey P (1997) What is emotional intelligence? In Emotional development and emotional intelligence: Educational implications (Eds P. Salovey, DJ Sluyter):3-34. New York, Basic Books.

Mayer JD, Caruso DR, Salovey P (2016) The ability model of emotional intelligence: Principles and updates. Emot Review, 8:290-300.

Mayer JD, Salovey P, Caruso DR (2004) Emotional intelligence: Theory, findings, and implications. Psycholo Inq, 15:197–215.

McNulty JP, Politis Y (2023) Empathy, emotional intelligence and interprofessional skills in healthcare education. J Med Imaging Radiat Sci, 54:238–246.

McRae K, Gross JJ (2020) Emotion Regulation. Emotion, 20:1–9.

Merino M, Tornero-Aguilera JF, Rubio-Zarapuz A, Villanueva-Tobaldo CV, Martín-Rodríguez A, Clemente-Suárez V (2024). Body perceptions and psychological well-being: A review of the ımpact of social media and physical measurements on self-esteem and mental health with a focus on body ımage satisfaction and ıts relationship with cultural and gender factors. Healthcare (Basel), 12:1396.

Mora-Pelegrín M, Montes-Berges B, Aranda M, Vázquez MA, Armenteros-Martínez E (2021) The empathic capacity and the ability to regulate it: Construction and validation of the empathy management scale (EMS). Healthcare (Basel), 9:587.

Park J, Rajaguru V, Kim J (2024) The effect of emotional intelligence, caring efficacy, and social support on clinical competency of nursing students. Open Nurs J, 18:e18744346358099.

Petrides KV (2011) Ability and trait emotional intelligence. In Wiley-Blackwell Handbook of Individual Differences (Eds T Chamorro-Premuzic, A Furnham, S von Stumm):656-678. Chichester,UK, Wiley-Blackwell.

Rafati F, Nouhi E, Sabzevari S, Dehghan-Nayeri N (2017) Coping strategies of nursing students for dealing with stress in clinical setting: A qualitative study. Electron Physician, 9:6120-6128.

Raghubir AE (2018) Emotional intelligence in professional nursing practice: A concept review using Rodgers's evolutionary analysis approach. Int J Nurs Sci, 5:126–130.

Rankin B (2013) Emotional intelligence: enhancing values-based practice and compassionate care in nursing. J Adv Nurs, 69:2717–2725.

Salem GMM, Hashimi W, El-Ashry AM (2025. Reflective mindfulness and emotional regulation training to enhance nursing students' self-awareness, understanding, and regulation: a mixed method randomized controlled trial. BMC Nurs, 24:478.

Salovey P, Mayer JD (1990) Emotional intelligence. Imagin Cogn Pers, 9:185–211.

Schutte NS, Malouff JM, Thorsteinsson EB (2013) Increasing emotional intelligence through training: Current status and future directions. The International Journal of Emotional Education, 5:56–72.

Serrat O (2017) Knowledge Solutions: Tools, Methods, and Approaches to Drive Organizational Performance. Singapore, Springer.

Speziale HS, Streubert HJ, Carpenter DR (2011) Qualitative Research İn Nursing: Advancing The Humanistic İmperative. Lippincott Williams & Wilkins.

Stringer ET (2014) Action Research: A Handbook for Practitioners (4th ed.). Thousand Oaks, CA, Sage.

Than NN, Soe HHK, Abas ABL, Rampal KG, Begum J, Bahari R (2025) The development and effectiveness of ability based model intervention on emotional intelligence in final year medical students: A randomized control trial. J Educ Health Promot, 14:188.

Tong A, Sainsbury P, Craig J (2007) Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. Int J Qual Health Care, 19:349–357.

Yıldırım A, Şimşek H (2016) Sosyal Bilimlerde Nitel Araştırma Yöntemleri. Ankara, Seçkin Yayınevi.

Zeidner M, Matthews G, Roberts RD (2009) What We Know About Emotional Intelligence: How It Affects Learning, Work, Relationships, and Our Mental Health? Cambridge, MA, MIT Press.

Authors Contributions: The author(s) have declared that they have made a significant scientific contribution to the study and have assisted in the preparation or revision of the manuscript

Peer-review: Externally peer-reviewed.

Conflict of Interest: No conflict of interest was declared.

Financial Disclosure: No financial support was declared for this study.