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**Literature search results**

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**Search details**

Assessment of emotional intelligence in hospital patients’ coping mechanisms

**Resources searched**

National Library for Health; NHS Evidence; TRIP database; Cochrane Library; CINAHL; BNI; EMBASE; MEDLINE; PsychINFO; Google Scholar; Google Advanced Search

*Database search terms:* "emotional intelligence"; EI; “trait emotional intelligence”; trait EI; “emotional social intelligence”; “emotion quotient inventory; EQI; “emotional model”; “emotional competenc”; “emotional processing”; hospital; “acute care”; “secondary care”; ACUTE CARE; exp HOSPITALS; patient; assess; COMPETENCY ASSESSMENT; scor; examination; evaluat; EVALUATION; measure; coping; cope; coped; resilience; COPING; COPING BEHAVIOUR; RESILIENCE (PSYCHOLOGICAL); HARDINESS; exp ADAPTATION, PSYCHOLOGICAL;

*Google search string:* "emotional intelligence" coping hospital patient (assessment or measure*) -education -training

**Summary**

There is some research looking at measuring emotional intelligence in patients’ coping strategies, but I have included some other research when it includes a particular tool or scale for measuring EI. In terms of your actual request, you may find the following studies useful: 2; 3; 12; 19; 25; 26; 31; 40.

**Guidelines**

No guidelines found.
No evidence-based reviews found.

Published research

1. Evidence of factorial variance of the Mayer-Salovey-Caruso Emotional Intelligence Test across schizophrenia and normative samples

Author(s): Eack S.M., Pogue-Geile M.F., Greeno C.G., Keshavan M.S.

Citation: Schizophrenia Research, October 2009, vol./is. 114/1-3(105-109), 0920-9964

Publication Date: October 2009

Abstract: The Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT) is a key measure of social cognition recommended by the MATRICS committee. While the psychometric properties of the MSCEIT appear strong, previous evidence suggested its factor structure may have shifted when applied to schizophrenia patients, posing important implications for cross-group comparisons. Using multi-group confirmatory factor analysis, we explicitly tested the factorial invariance of the MSCEIT across schizophrenia (n = 64) and two normative samples (n = 2099 and 451). Results indicated that the factor structure of the MSCEIT was significantly different between the schizophrenia and normative samples. Implications for future research are discussed. copyright 2009 Elsevier B.V. All rights reserved.

Source: EMBASE

2. Adolescents choosing self-harm as an emotion regulation strategy: the protective role of trait emotional intelligence.

Author(s): Mikolajczak M, Petrides KV, Hurry J

Citation: British Journal of Clinical Psychology, 01 June 2009, vol./is. 48/Part 2(181-193), 01446657

Publication Date: 01 June 2009

Abstract: OBJECTIVES: The present study seeks to extend the understanding of the role of dispositional factors in the aetiology of self-harm among adolescents. We hypothesized that higher trait emotional intelligence (trait EI) would be associated with a lower likelihood to harm oneself, and that this relationship would be mediated by the choice of coping strategies. DESIGN AND METHODS: Trait EI, coping styles and self-harm behaviours were assessed in 490 adolescents recruited from eight British schools. RESULTS: The results supported our hypothesis and showed that the relationship between trait EI and self-harm was partly mediated by the choice of coping strategies. Emotional coping was a particularly powerful mediator, suggesting that self-harm may be a way to decrease the negative emotions that are exacerbated by maladaptive emotional coping strategies, such as rumination, self-blame, and helplessness. Trait EI was correlated positively with adaptive coping styles and negatively with maladaptive coping styles, and depression. CONCLUSIONS: These findings emphasize the potential value of incorporating coping coaching programmes in the treatment of self-harm patients.

Source: CINAHL

Full Text: Available in fulltext at EBSCO Host

3. Emotional intelligence and personality in major depression: trait versus state effects.

Author(s): Hansenne M, Bianchi J

Citation: Psychiatry Research, March 2009, vol./is. 166/1(63-8), 0165-1781;0165-1781

(2009 Mar 31)
Abstract: Several studies have explored the link between depression and personality with classical personality questionnaires like the Revised NEO Personality Inventory and the Temperament and Character Inventory (TCI). However, no studies have been conducted with the revised form of the TCI (TCI-R). Moreover, since a few studies conducted on normal subjects suggest that Emotional Intelligence (EI) would be lower in depression, but that the concept has not been explicitly measured in patients with major depressive disorder, EI was assessed here with the modified version of Schutte's scale among a group of depressive patients. In addition, both personality and EI measures were carried out during the clinical state of depression and after the remission to assess the state versus trait aspect. The study was conducted on 54 major depressive inpatients (20 in remission) and 54 matched controls. As expected, depressive patients exhibited higher score on harm avoidance (HA), and lower scores on persistence (P), self-directedness (SD), cooperativeness (C), optimism/emotional regulation subscore, and total EI score compared with controls. In the period of remission, patients again had elevated scores on HA, and lower scores on SD. In contrast, the total EI score did not differ between controls and depressive patients in remission. The results confirm that some personality dimensions are dependent on both state and trait aspects of depression, and suggest that EI only seems to be affected during the clinical state.

Source: MEDLINE

4. Recent evidence supports emotion-regulation interventions for improving health in at-risk and clinical populations.

Author(s): Smyth JM, Arigo D

Citation: Current Opinion in Psychiatry, March 2009, vol./is. 22/2(205-10), 0951-7367;1473-6578 (2009 Mar)

Abstract: PURPOSE OF REVIEW: The regulation of strong emotions has important implications for health, particularly among individuals with chronic illness. We focus this brief review on effective psychosocial interventions that emphasize and teach skills to improve emotion regulation in the context of health-related outcomes. RECENT FINDINGS: Recent work in the area of emotion-regulation interventions has tested the effects of emotion-regulation family therapy, group-based emotion-regulation psychotherapy, expressive writing, and school-based prevention programs. Emotion-regulation psychotherapy for families shows some benefits for both patients and their family members. Group emotion-regulation interventions and expressive writing result in physical and psychosocial improvement for patients with medical or psychiatric illness. School-based programs show improved emotion knowledge, emotion regulation, and emotional competence, relative to standard academic curricula and existing prevention programs. SUMMARY: Evidence generally supports the use of a variety of emotion-regulation interventions to improve health and well being in at-risk and clinical populations, although factors related to treatment response warrant additional research.

Source: MEDLINE

5. [Emotional identification and management disorders among benzodiazepine dependent patients as a factor leading towards interpersonal relations problems]. [Polish] Zaburzenia rozpoznawania i rozumienia emocji u osob uzaleznionych od benzodiazepin jako czynnik prowadzacy do trudnosci w relacjach interpersonalnych.

Author(s): Krawczyk E, Lelek A, Mroz S, Kamenczak A, Maj JC

Citation: Przeglad Lekarski, 2009, vol./is. 66/6(319-22), 0033-2240;0033-2240 (2009)

Abstract: BACKGROUND: The aim was to examine an ability to identify and manage the emotions defined as Emotional Intelligence Quotient (EQ) among benzodiazepine-dependent patients. METHOD: 32 benzodiazepine-dependent patients had been chosen to participate in the study. They were examined by the following EQ measurement surveys: INTE, SIE-T. Personality traits and anxiety levels have been studied using NEO-FFI and State-Trait Anxiety Inventory (STAI). RESULTS: Research points toward EQ decrease
among benzodiazepine dependent patients, particularly in face expression recognition ability. Most characteristic results are the neurotic trait (high results), extrovert and scrupulous. CONCLUSIONS: Improving abilities enabling proper use of emotional intelligence in problem-solving and effective social functioning is apparently an important component of therapeutic programmes for benzodiazepine dependent patients.

Source: MEDLINE

6. The effects of an emotional intelligence skills training program on anxiety, burnout and glycemic control in type 2 diabetes mellitus patients

Author(s): Karahan T.F., Yalcin B.M.

Citation: Turkiye Klinikleri Journal of Medical Sciences, 2009, vol./is. 29/1(16-24), 1300-0292 (2009)

Publication Date: 2009

Abstract: Objective: To investigate the effects of an "Emotional Intelligence Skills Training Program" on anxiety levels, burnout, and glycemic control in type 2 Diabetes mellitus (DM) patients. Material and Methods: The Samsun Diabetes Society announced a program designed to improve emotional intelligence skills and asked for volunteers. One hundred and forty two type 2 DM patients volunteered. The participants were tested for HbA1c levels and were given the Bar-On Emotional Quotient Inventory (EQ-I), Beck Anxiety Inventory (BAI) and Maslach Burnout Inventory (MBI). Thirty-six patients from both genders with the lowest test scores from MBI and BAI were randomized into training and control groups. The training group participated in a 12-week program. At the end of the program, the scales were re-administered to both groups and 3 and 6 months later to the study group. HbA1c levels were tested before each scale application. Results: The initial HbA1c measurements and pre-program results revealed no difference between the two groups (p> 0.05). Post-program scores of the training group proved that they had higher emotional intelligence skills and lower levels of emotional burnout, anxiety and HbA1c levels than those who did not participate in the program (p< 0.001). The study group had lower HbA1c measurements at the end of the program, and three and 6 months later than their initial ones (p< 0.001). Conclusion: This program may have a positive effect on glycemic control in type 2 DM patients by promoting their emotional intelligence skills by improving their anxiety and burnout levels. Copyright copyright 2009 by Turkiye Klinikleri.

Source: EMBASE

7. Association between level of emotional intelligence and severity of anxiety in generalized social phobia.

Author(s): Jacobs M, Snow J, Geraci M, Vythilingam M, Blair RJ, Charney DS, Pine DS, Blair KS

Citation: Journal of Anxiety Disorders, December 2008, vol./is. 22/8(1487-95), 0887-6185;0887-6185 (2008 Dec)

Publication Date: December 2008

Abstract: Generalized social phobia (GSP) is characterized by a marked fear of most social situations. It is associated with an anomalous neural response to emotional stimuli, and individuals with the disorder frequently show interpretation bias in social situations. From this it might be suggested that GSP involves difficulty in accurately perceiving, using, understanding and managing emotions. Here we applied the Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT) to medication-free GSP (n=28) and no pathology (n=21) individuals. Patients with GSP performed within the normal range on the measure however severity of social anxiety significantly correlated with emotional intelligence (EI). Specifically, there was a negative correlation between social anxiety severity and Experiential (basic-level emotional processing) EI. In contrast, there was no significant correlation between social anxiety severity and Strategic (higher-level conscious emotional processing) EI. These results suggest that EI may index emotional processing systems that mitigate the impact of systems causally implicated in GSP.

Source: MEDLINE

8. Sleep deprivation reduces perceived emotional intelligence and constructive
thinking skills.

Author(s): Killgore WD, Kahn-Greene ET, Lipizzi EL, Newman RA, Kamimori GH, Balkin TJ

Citation: Sleep Medicine, July 2008, vol./is. 9/5(517-26), 1389-9457;1389-9457 (2008 Jul)

Publication Date: July 2008

Abstract: BACKGROUND AND PURPOSE: Insufficient sleep can adversely affect a variety of cognitive abilities, ranging from simple alertness to higher-order executive functions. Although the effects of sleep loss on mood and cognition are well documented, there have been no controlled studies examining its effects on perceived emotional intelligence (EQ) and constructive thinking, abilities that require the integration of affect and cognition and are central to adaptive functioning. PATIENTS AND METHODS: Twenty-six healthy volunteers completed the Bar-On Emotional Quotient Inventory (EQi) and the Constructive Thinking Inventory (CTI) at rested baseline and again after 55.5 and 58 h of continuous wakefulness, respectively. RESULTS: Relative to baseline, sleep deprivation was associated with lower scores on Total EQ (decreased global emotional intelligence), Intrapersonal functioning (reduced self-regard, assertiveness, sense of independence, and self-actualization), Interpersonal functioning (reduced empathy toward others and quality of interpersonal relationships), Stress Management skills (reduced impulse control and difficulty with delay of gratification), and Behavioral Coping (reduced positive thinking and action orientation). Esoteric Thinking (greater reliance on formal superstitions and magical thinking processes) was increased. CONCLUSIONS: These findings are consistent with the neurobehavioral model suggesting that sleep loss produces temporary changes in cerebral metabolism, cognition, emotion, and behavior consistent with mild prefrontal lobe dysfunction.

Source: MEDLINE

9. Group work with preschool children: effect on emotional awareness and behavior.

Author(s): Waliski AD, Carlson LA

Citation: Journal for Specialists in Group Work, 01 March 2008, vol./is. 33/1(3-21), 01933922

Publication Date: 01 March 2008

Abstract: Aggression and defiant behavior in preschool children have been linked to lower self-esteem (Scott, 1998), and a lack of core social and emotional competencies (Giles & Heyman, 2004). This study concerned the implementation and evaluation of an educational/guidance group with one preschool class. The intervention focused on self esteem, emotional awareness, and appropriate social skills. Effects were measured using the Emotional Identification Measure (EIM), and the Achenbach Child Behavior Checklist: Caregiver-Teacher Report Form for Ages 2-5 (CBC). Results indicated that emotional awareness and positive coping behaviors were increased from pre-intervention to post-intervention and generally maintained through follow-up evaluation.

Source: CINAHL

Full Text: Available in fulltext at EBSCO Host

10. Individual differences in identity styles predict proactive forms of positive adjustment.

Author(s): Seaton, Cherisse L, Beaumont, Sherry L

Citation: Identity: An International Journal of Theory and Research, 2008, vol./is. 8/3(249-268), 1528-3488;1532-706X (2008)

Publication Date: 2008

Abstract: The purpose of this study was to examine patterns of differences in proactive, adaptive forms of positive adjustment as a function of identity processing style. Three hundred undergraduate students (98 men, 202 women) completed self-report measures of
identity styles (informational, normative, diffuse-avoidant), identity commitment, curiosity/exploration, proactive coping, and emotional intelligence. All three identity styles and identity commitment were found to be related to curiosity/exploration, proactive coping, and emotional intelligence. These relationships were positive with identity commitment and the informational and normative styles. When the overlapping variance accounted for by identity commitment was controlled via hierarchical regression, all three identity styles significantly predicted emotional intelligence, with positive predictions from the normative and informational styles. However, only the informational identity style made a unique positive contribution to curiosity/exploration and to proactive coping. These results are discussed in terms of the role of identity processing style in positive adjustment. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (journal abstract)

Source: PsycINFO

11. The effects of trauma exposure, emotional intelligence, and positive emotion on resilience.

Author(s): Sandel, Jonelle Keranen

Citation: Dissertation Abstracts International: Section B: The Sciences and Engineering, 2008, vol./is. 69/1-B(698), 0419-4217 (2008)

Publication Date: 2008

Abstract: Using the conceptual lens of Fredrickson's (1998, 2001) broaden-and-build model of positive emotions, this survey research examined the effects of trauma exposure, emotional intelligence, and positive emotions within the context of resilience. Participants were recruited through a community college e-newsletter and an email to professors. Using a survey website, inclusion criteria were enrollment as a current community college student, English proficiency, and age 18 years or older. The final sample consisted of 64 respondents who completed the background questionnaire, Traumatic Life Events Questionnaire (TLEQ: Kubany et al., 2000), Emotional Intelligence Scale (EIS: Schutte et al., 1998), Positive and Negative Affect Schedule-Extended (PANAS-X: Watson & Clark, 1994), and the Ego Resiliency Scale (ER-89: Block & Kremen, 1996). The mean age of the sample was 30.02 (SD = 9.99), with participants’ ages ranging from 18 to 57 years old. The majority of respondents were female (87.5%), self-identified as Caucasian (89.1%), and ranged in age from 18 to 57 years old. Slightly less than half (42.2%) of participants were employed full time, and the sample reported gross household incomes ranging from under $15,000 per year (28.1%), $15,000 to $24,999 per year (7.8%), $25,000 to $34,999 per year (14.1%), $35,000 to $44,999 per year (17.2%), $45,000 to $54,999 per year (9.4%), $55,000 to $64,999 per year (6.2%), $65,000 to $74,999 per year (3.1%), and $75,000 or more per year (14.1%). Some 53.1% of the sample reported receiving psychotherapy or psychological counseling at some point in their lives. At the time of data collection, 882% of the sample was not currently receiving any mental health services. A full 98% of participants reported that they had experienced at least one traumatic event in their lives, with 94% indicating that they had endured at least one traumatic event that caused fear, helplessness, or horror. Further, as indicated by the current sample's mean time since trauma score of 2.62 years (SD = 3.88), the majority of these traumatic events occurred in the recent past. Some of the more commonly reported traumatic events were sudden death of a close friend or loved one (70.3%), survival of a loved one following a life-threatening or permanently disabling condition (54.7%), threats to kill or cause participants serious physical harm (422%), sexual harassment (40.6%), domestic violence as an adult (37.5%), being stalked (28.1%), abortion (29.7%), and motor vehicle accidents (25%). As such, the mean level of trauma exposure score for the current sample was 3.84 ( SD = 2.70). Overall, this sample reported higher levels of trauma exposure, lower levels of emotional intelligence, similar levels of positive emotion, and higher levels of resilience than other comparable samples. As expected, Pearson correlations revealed that resilience and positive emotion were significantly positively related (r = .64, p le; .01), and resilience and all four factors of emotional intelligence were significantly positively related: appraisal of emotion (r = .39, p le; .01), utilization of emotion (r = .48, p le; .01), emotion regulation (r = .54, p le; .01), and embracing emotion (r = .42, p le; .01). Further, positive emotion was significantly positively related to all four factors of EI: appraisal of emotion ( r = .51, p le; .01), utilization of emotion ( r = .58, p le; .01), emotion regulation ( r = .70, p le; .01), and embracing emotion ( r = .47, p le; .01). Contrary to previous research, level of trauma exposure was not related to resilience; however, one factor of EI, the utilization of emotion,
significantly positively related to both trauma variables: level of trauma exposure ($r = .34, p \leq .01$), and total number of traumas ($r = .34, p \leq .01$). (PsycINFO Database Record (c) 2009 APA, all rights reserved)

**Source:** PsycINFO

12. Emotional intelligence, personality and coping with chronic pain.

**Author(s):** Gonzalez, Vanesa, Ramirez-Maestre, Carmen, Herrero, Ana M. A

**Citation:** Revista Mexicana de Psicología, December 2007, vol./is. 24/2(185-195), 0185-6073 (Dec 2007)

**Publication Date:** December 2007

**Abstract:** The purpose of this study was to analyze how personality, emotional intelligence and coping influence patients’ adjustment to pain (measured in terms of functioning, impairment, and pain intensity). The sample included 91 patients. Results of frequency analyses, Mann-Whitney, and regression showed the presence of clinical patterns of personality (assessed with the Millon Clinical Multiaxial Inventory-II), and how the differential use of coping strategies and patients’ adjustment related to the presence of these patterns. Additionally, coping with chronic pain was found to be influenced by emotional intelligence. The use of active coping strategies had a positive effect on daily functioning and a negative effect on impairment. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (journal abstract)

**Source:** PsycINFO

13. Emotional intelligence training in adjustment to physical disability and illness.

**Author(s):** McKenna J

**Citation:** International Journal of Therapy & Rehabilitation, 01 December 2007, vol./is. 14/12(551-556), 17411645

**Publication Date:** 01 December 2007

**Abstract:** Reactions to chronic illness and disability include experience of negative emotions, and these are linked to poor psychosocial adaptation and disability-related stress. The individual's cognitive appraisal of the disability influences both emotional response to and management of self, therefore managing these emotions will be central to the rehabilitation process. Emotional intelligence describes the ability to understand, perceive, use, and manage the emotions of self and others. This article explores the concept and suggests how the occupational therapist can enable the emotional adjustment of an individual coping with physical disability or illness through emotional intelligence training. It is suggested that the training and facilitation of emotional intelligence abilities can be developed in an effective therapeutic relationship and by engagement in specific therapeutic activities in an occupational therapy programme. Research into application of emotional intelligence training in occupational therapy is suggested to explore these ideas further.

**Source:** CINAHL

**Full Text:**
Available in fulltext at [EBSCO Host](https://www.ebscohost.com)
Available in print at [Louth Medical Library](https://www.louthmedicallibrary.ie)

14. Personality, emotional intelligence and exercise.

**Author(s):** Saklofske DH, Austin EJ, Rohr BA, Andrews JJ

**Citation:** Journal of Health Psychology, 01 November 2007, vol./is. 12/6(937-948), 13591053

**Publication Date:** 01 November 2007

**Abstract:** The associations of personality and self-report emotional intelligence (EI) with attitudes to exercise and self-reported exercise behaviour were investigated in a sample of...
497 Canadian undergraduates. A positive attitude to exercise was negatively associated with Neuroticism and uncorrelated with other personality traits and EI. Exercise behaviour was positively associated with Extraversion and EI and negatively associated with Neuroticism. Structural equation modelling indicated that EI mediated the relationship between personality and exercise behaviour. The interpretation of this result in terms of EI having some properties of a coping style is discussed. Copyright © 2007 SAGE Publications Ltd.

Source: CINAHL

15. The role of emotional intelligence and negative affect in bulimic symptomatology.

Author(s): Markey, Megan A, Vander Wal, Jillon S

Citation: Comprehensive Psychiatry, September 2007, vol./is. 48/5(458-464), 0010-440X (Sep-Oct 2007)

Publication Date: September 2007

Abstract: Emotions, particularly emotion dysregulation, play an important role in the development and maintenance of eating disorders as evidenced by the emphasis given to addressing emotions in a number of psychotherapeutic approaches that have been adapted for the treatment of women with disordered eating. The purpose of this study was to assess the role of emotional intelligence and other emotion regulation variables in the relationship between negative affect and bulimic symptomatology. One hundred fifty undergraduate females were assessed via a packet of self-report questionnaires that included measures of emotion regulation, including emotional intelligence (BarOn Emotional Quotient Inventory--Short Form), alexithymia (Twenty-Item Toronto Alexithymia Scale), and coping (Brief COPE Inventory), negative affect (Positive and Negative Affect Schedule--Expanded Form and Affect Intensity Measure), and bulimic symptomatology (Bulimia Test--Revised). Results of multiple regression analyses indicated that each conceptual area of interest contributed to the prediction of bulimic symptomatology. In addition, the measures of emotion regulation accounted for significant variance in bulimic symptomatology even after controlling for negative affect. Emotional intelligence and other emotion regulation variables did not moderate the relationship between negative affect and bulimic symptomatology. However, results highlight the role of emotion in disordered eating behaviors and support the negative affect and emotion dysregulation theories of eating disorders. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (journal abstract)

Source: PsycINFO

16. Trait emotional intelligence, psychological well-being and peer-rated social competence in adolescence.

Author(s): Mavroveli S, Petrides KV, Rieffe C, Bakker F

Citation: British Journal of Developmental Psychology, 01 June 2007, vol./is. 25/Part 2(263-275), 0261510X

Publication Date: 01 June 2007

Abstract: The trait emotional intelligence (trait EI or trait emotional self-efficacy) framework provides comprehensive coverage of emotion-related self-perceptions and dispositions. In this study, we investigated the relationship between trait EI and four distinct socioemotional criteria on a sample of Dutch adolescents (N=282; 136 girls, 146 boys; mean age = 13.75 years). As hypothesized, trait EI was positively associated with adaptive coping styles and negatively associated with depressive thoughts and frequency of somatic complaints. It was also negatively associated with maladaptive coping styles, in boys only. Adolescents with high trait EI scores received more nominations from their classmates for being co-operative and girls gave significantly more nominations to classmates with high trait EI scores for having leadership qualities. The discussion focusses on the operationalization of trait emotional self-efficacy in adolescents.

Source: CINAHL

17. Exploring the relationship between perceived emotional intelligence, coping, social support and mental health in nursing students.
Author(s): Montes-Berges B, Augusto J

Citation: Journal of Psychiatric & Mental Health Nursing, 01 April 2007, vol./is. 14/2(163-171), 13510126

Publication Date: 01 April 2007

Abstract: Studies conducted with nurses or nursing students have shown that emotional intelligence is a skill that minimizes the negative stress consequences. The present work examines the role of perceived emotional intelligence (PEI) measured by the Trait Meta-Mood Scale, in the use of stress-coping strategies, in the quantity and quality of social support and in the mental health of nursing students. The results indicated positive correlations between clarity and social support, social support and repair, and social support and mental health. Hierarchy regression analysis pointed out that clarity and emotional repair are predictors of social support, and emotional repair is the main predictor of mental health. These results show the importance of PEI in stress coping within the nursing framework.

Source: CINAHL

Full Text:
Available in fulltext at EBSCO Host
Available in print at Pilgrim Hospital Staff Library

18. Individual difference correlates of health-related behaviours: Preliminary evidence for links between emotional intelligence and coping.

Author(s): Saklofske, Donald H, Austin, Elizabeth J, Galloway, Josie, Davidson, Kammy

Citation: Personality and Individual Differences, February 2007, vol./is. 42/3(491-502), 0191-8869 (Feb 2007)

Publication Date: February 2007

Abstract: Associations amongst personality, coping, health locus of control, emotional intelligence (EI) and health behaviours were examined in a group of 364 Canadian students. Consistent associations with health behaviours were found for Conscientiousness, with the correlation pattern for other measures being more variable. EI, coping and health locus of control scales were intercorrelated, and a scale-level factor analysis suggested the extraction of a superordinate Coping/EI factor. This was found to mediate the relationship between personality and both taking regular exercise and healthy diet strategy. These findings suggest that associations between coping and EI, and the ways in which EI can act as a coping resource, should be investigated further. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (journal abstract)

Source: PsycINFO


Author(s): Haffey, Kerry Elaine

Citation: Dissertation Abstracts International: Section B: The Sciences and Engineering, 2007, vol./is. 67/12-B(7373), 0419-4217 (2007)

Publication Date: 2007

Abstract: Limited research has been conducted to explore the relationship between physical health, emotional intelligence, and psychological adjustment in children. An important aim for research focusing on chronically ill children should include the identification factors that will aid in the acknowledgment of ill children who may need more support. The early identification of children with emotional intelligence levels of concern may possibly allow for appropriate interventions before coping and psychological adjustment is affected deleteriously. This study explored the relationship between emotional intelligence and psychological adjustment in children with cancer. Factors such as age, gender, and stage of illness were also considered. A total of 47 children and their parents participated in the study; children varied in diagnoses and stage of illness. Ages ranged from 3 to 18. Children and their parents completed the Achenbach System of
Empirically Based Assessment (Youth Self Report and Child Behavior Checklist, respectively) in order to assess for psychological adjustment, and children completed the Bar-On Emotional Quotient Inventory for Youth to assess for emotional intelligence. Regression analyses were conducted to assess the relationship between emotional intelligence (EQi:YV) scores and psychological adjustment (ASEBA scores), as well as additional moderator effects on adjustment. A major goal of the study was to examine the relationship between emotional intelligence and overall adjustment in a pediatric cancer population. Child reports of adjustment and emotional intelligence indicated that higher emotional intelligence scores may predict better overall adjustment, as well as better functioning in terms of internalizing and externalizing behaviors. More specifically, better adjustment may be predicted by greater stress management skills and adaptability in children with chronic illnesses. Stage of illness and gender were not found to be significant mediators of the relationships. Age also serves as a predictor of internalizing behaviors, and internalizing behaviors increase with age; however, age does not moderate adjustment with emotional intelligence. Results also indicated a trend for age to serve as a predictor of total adjustment and externalizing behaviors, and problems in these areas may increase with age. Findings from this study may inform health care providers and educators about the relationship between the role of emotional intelligence and potential effects on adjustment that can impact functioning throughout the lifespan. (PsycINFO Database Record (c) 2009 APA, all rights reserved)

Source: PsycINFO

20. On the criterion and incremental validity of trait emotional intelligence

Author(s): Petrides K.V., Perez-Gonzalez J.C., Furnham A.

Citation: Cognition and Emotion, January 2007, vol./is. 21/1(26-55), 0269-9931;1464-0600 (Jan 2007)

Publication Date: January 2007

Abstract: This paper presents a comprehensive investigation of the criterion and incremental validity of trait emotional intelligence (trait EI or trait emotional self-efficacy), which is defined as a constellation of emotion-related self-perceptions and dispositions located at the lower levels of personality hierarchies (Petrides & Furnham, 2001). In Studies 1 and 2 (N = 166 and 354, respectively) trait EI is shown to be related to measures of rumination, life satisfaction, depression, dysfunctional attitudes, and coping. Most relationships remained statistically significant even after controlling for Big Five variance. In Study 3 (N = 212) trait EI is shown to be related to depression and nine distinct personality disorders. Most relationships remained significant, even after controlling for positive and negative affectivity (mood). It is concluded that trait EI has a role to play in personality, clinical, and social psychology, often with effects that are incremental over the basic dimensions of personality and mood.

Source: EMBASE


Author(s): Eack SM, Hogarty GE, Greenwald DP, Hogarty SS, Keshavan MS

Citation: Schizophrenia Research, January 2007, vol./is. 89/1-3(308-11), 0920-9964;0006-3223 (2007 Jan)

Publication Date: January 2007

Abstract: This research examined the preliminary effects of Cognitive Enhancement Therapy (CET) on social cognition in early course schizophrenia, using an objective, performance-based measure of emotional intelligence. Individuals in the early course of schizophrenia were randomly assigned to either CET (n=18) or Enriched Supportive Therapy (n=20), and assessed at baseline and after 1 year of treatment with the Mayer-Salovey-Caruso Emotional Intelligence Test. A series of analyses of covariance showed highly significant (p<.005) and large (Cohen's d=.96) effects favoring CET for improving emotional intelligence, with the most pronounced improvements occurring in patients' ability to understand and manage their own and others' emotions. These findings lend preliminary support to the previously documented benefits of CET on social cognition in schizophrenia, and suggest that such benefits can be extended to patients in the early course of the
illness.

Source: MEDLINE


**Author(s):** Goldenberg I., Matheson K., Mantler J.

**Citation:** Journal of Personality Assessment, February 2006, vol./is. 86/1(33-45), 0022-3891 (Feb 2006)

**Publication Date:** February 2006

**Abstract:** We assessed the patterns of convergent validity for the Mayer-Salovey-Caruso Emotional Intelligence Test (Mayer, Salovey, & Caruso, 2002), a performance-based measure of emotional intelligence (EI) that entails presenting problems thought to have correct responses, and a self-report measure of EI (Schutte et al., 1998). The relations between EI and demographic characteristics of a diverse community sample (N = 223) concurred with previous research. However, the performance-based and self-report scales were not related to one another. Only self-reported EI scores showed a consistent pattern of relations with self-reported coping styles and depressive affect, whereas the performance-based measure demonstrated stronger relations with age, education, and receiving psychotherapy. We discuss implications for the validity of these measures and their utility. Copyright copyright 2006, Lawrence Erlbaum Associates, Inc.

Source: EMBASE

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25. **The relationship between emotional intelligence and initial response to a standardized periodontal treatment: a pilot study.**

**Author(s):** Gamboa ABO, Hughes FJ, Marcenes W

**Citation:** Journal of Clinical Periodontology, 01 July 2005, vol./is. 32/7(702-707), 03036979

**Publication Date:** 01 July 2005

**Abstract:** OBJECTIVES: Emotional intelligence (EI) is a psychological construct, which has been proposed as a measure of coping mechanisms. The aim of this pilot study was to investigate the relationship between different domains of EI, and initial response to a simplified non-surgical treatment protocol in 29 patients with chronic periodontitis. METHODS: Assessment of patients included socio-demographic and behavioural variables and assessment of EI. Clinical assessment included measurement of plaque and gingival bleeding. Patients received oral hygiene instruction (OHI) and supra-gingival scaling and polishing over two visits, and re-assessed after 3 weeks. RESULTS: There was a significant overall reduction in plaque and bleeding. Plaque reduction was positively associated with the EI construct of intentionality, resilience, constructive discontent and personal power (Spearman's rank test). Reduction in bleeding was positively correlated with resilience, constructive discontent and intuition. CONCLUSIONS: This pilot study demonstrated an association between EI domains and short-term changes in plaque and bleeding, and suggest that initial responses to standardized periodontal treatment may be partly related to EI.

Source: CINAHL

26. **Resilience: when coping is emotionally intelligent.**

**Author(s):** Edward K, Warelow P

**Citation:** Journal of the American Psychiatric Nurses Association, 01 April 2005, vol./is. 11/2(101-102), 10783903

**Publication Date:** 01 April 2005

**Abstract:** The potential for resilient behaviors and emotional intelligence involves an interplay between the individual and his or her broader environment. Studies that have examined resilience explore factors or characteristics that assist individuals to thrive from
and in adversity. These protective factors are part of an individual's general makeup. Some of these factors are considered genetic, such as a personality that is outgoing and social; however, many protective behaviors can be learned. Coping in the face of adversity involves emotional intelligence and resilience, both of which can be developed through support and education. In this context, fostering resilience and emotional intelligence has the potential to improve clinical outcomes for mental health consumers.

Source: CINAHL

27. Toward an integrated profile of emotional intelligence: Introducing a brief measure

Author(s): Kemp A.H., Cooper N.J., Hermens G., Gordon E., Bryant R., Williams L.M.
Citation: Journal of Integrative Neuroscience, March 2005, vol./is. 4/1(41-61), 0219-6352 (Mar 2005)
Publication Date: March 2005
Abstract: Over the last decade, an increasing number of research studies have focused on the construct of Emotional Intelligence (EI), which may be broadly defined as the capacity to perceive and regulate emotions in oneself as well as those of others. Researchers have generally adopted an organizational or management focus to the study of EI, however studies which adopt a more integrated perspective by combining psychological with biological measures, may help in further elucidating this relatively abstract construct. The first objective of this paper was to report on the psychometric properties of a brief, self-report measure of EI (Brain Resource Inventory for Emotional Intelligence Factors or BRIEF), comprising internal emotional capacity (IEC), external emotional capacity (EEC) and self concept (SELF). Second, we further explored the validity of the measure by assessing the relationships between the BRIEF and variables considered relevant to the understanding of EI (including gender, age, personality, cognitive intelligence and resting state electroencephalography, EEG). The BRIEF possessed sound psychometric properties (internal consistency, $r = 0.68 - 0.81$; test-retest reliability, $r = 0.92$; construct validity with the Self Report Emotional Intelligence Test, $r = 0.70$). As hypothesized, females were found to score higher than males on EI. EI was associated more with personality than with cognitive ability, and EEG was found to explain a significant portion of the variance in EI scores. The finding that low EI is related to underarousal of the left-frontal cortex (increased theta EEG) is consistent with research on patients with depression, as well as attention deficit hyperactivity disorder. Although EI did not display age-related increases, this might relate to the exclusion of adolescents from our sample. In conclusion, examination of the way in which EI measures relate to a complementary range of psychological and biological measures may help to further elucidate this construct.

Source: EMBASE

28. The role of emotional intelligence, attachment, and coping in mediating the effects of childhood abuse.

Author(s): Goldenberg, Irina
Citation: Dissertation Abstracts International: Section B: The Sciences and Engineering, 2005, vol./is. 65/9-B(4896), 0419-4217 (2005)
Publication Date: 2005
Abstract: Emotional intelligence (EI) is comprised of a number of skills in the processing and managing of emotions. Although EI is commonly heralded as the panacea for success in life, research on EI is in its infancy. In particular, no research has examined the predictors of the unified model of EI as a set of interrelated abilities. Consequently, how the development of EI may be disrupted by experiences of childhood maltreatment, and how these disruptions in EI may, in turn, affect psychological functioning and well-being, were examined. Further, in order to explore the convergent and discriminant validity of EI, the relations between EI and attachment were assessed, and how EI and attachment mediated the relationship between childhood maltreatment and adult well-being were compared. In addition, the extent to which EI was associated with individuals' coping mechanisms was examined. Participants’ ( N = 223) EI, experiences of childhood maltreatment, attachment, coping, and well-being were assessed. Findings suggest that EI is disrupted by the
experience of childhood maltreatment, which, in turn, is detrimental to well-being. EI and attachment were intercorrelated and, although both mediated the effects of childhood maltreatment on well-being, they were not redundant, as both made independent contributions to individuals' well-being. Further, individuals with lower EI tended to use less adaptive coping strategies, which, in turn, were detrimental to their well-being. Strengths and limitations of this investigation and issues relevant to the construct validity and the appropriate measurement of EI are discussed. (PsycINFO Database Record (c) 2009 APA, all rights reserved)

Source: PsycINFO


Author(s): Inman SL, Faut-Callahan M, Swanson BA, Fillingim RB

Citation: Journal of Pain, 01 October 2004, vol./is. 5/8(450-457), 15265900

Abstract: Sex differences in clinical and experimental pain responses have been widely reported; however, few studies have examined sex differences in outcomes from interventional pain treatment and the predictors thereof. The aims of this study were to examine sex differences in (1) the acute pain produced by epidural steroid injections (ESIs), (2) clinical improvements in pain and pain-related psychological distress and disability after ESIs, and (3) predictors of the clinical response to ESIs. A total of 57 patients (37 menopausal women and 20 men), seen in the pain clinic of a regional medical center for ESI therapy, participated. Patients rated the painfulness of the ESI procedure itself. Also, clinical pain, depression, and disability were assessed before treatment and at 2 weeks and 2 months after the ESIs. Participants also were queried about their expectations of successful pain relief, coping strategies, and pain-related anxiety, which were examined as predictors of treatment outcome. Men reported significantly greater pain intensity and unpleasantness than women for the first injection only. All groups showed significant reductions in clinical pain, depression, and disability at 2 weeks compared to baseline, but minimal change occurred between 2 weeks and 2 months past baseline. No sex differences in the magnitude of treatment response emerged; however, specific dimensions of pain coping were associated with treatment responses in a sex-dependent manner. These findings suggest that the determinants of ESI pain and treatment outcome might differ across sex. PERSPECTIVE: Sex-related influences on pain responses have been widely reported, but few studies have explored sex-dependent predictors of treatment response. These findings indicate that pain coping was differentially associated with outcomes after ESI in women versus men.

Source: CINAHL

31. The role of social and dispositional variables associated with emotional processing in adjustment to breast cancer: an internet-based study.

Author(s): Schmidt JE, Andrykowski MA

Citation: Health Psychology, May 2004, vol./is. 23/3(259-66), 0278-6133;0278-6133 (2004 May)

Abstract: Cognitive and emotional processing is seen as critical to successful adjustment to traumatic experiences, such as breast cancer. Cognitive and emotional processing can be facilitated by dispositional and social environmental factors. Emotional intelligence is a dispositional characteristic defined as the ability to understand, accurately perceive, express, and regulate emotions (J. D. Mayer & P. Salovey. 1997). This study investigated psychological adjustment as a function of emotional intelligence, social support, and social constraints in 210 patients recruited via postings to Internet-based breast cancer support groups. Regression analyses indicated high social constraints and low emotional intelligence were associated with greater distress. Evidence suggested high emotional intelligence could buffer against the negative impact of a toxic social environment. Results support a social-cognitive processing model of adaptation to traumatic events and suggest consideration of emotional intelligence may broaden this model. ((c) 2004 APA, all rights reserved)
32. Influence of perceived emotional intelligence in nursing job stress.

**Author(s):** Limonero, Joaquin T, Tomas-Sabado, Joaquin, Fernandez-Castro, Jordi, Gomez-Benito, Juana

**Citation:** Ansiedad y Estres, 2004, vol./is. 10/1(29-41), 1134-7937 (2004)

**Publication Date:** 2004

**Abstract:** The aim of this work was to analyze the influence of perceived emotional intelligence in nursing job stress. 218 nurses (182 women and 36 men) of different hospitals of the province of Barcelona (Spain), complimented of voluntary and individual form a questionnaire in which job stress through Nursing Stress Scale (NSS), was evaluated in its Spanish form, and perceived emotional intelligence by means of the TMMS-24. The main results show that: a) women present greater levels of job stress than men; b) the NSS significantly correlates with the components Understanding and Regulation of the PEI, while the component Attention does not correlate significantly with this scale or some of its factors; c) the subjects with high scores in the component Understanding or in the one of Regulation of the PEI, present lower stress levels. Is observed a differential effect of the components of the PEI in relation to work stress. It would be necessary to analyze in more detail the differential implication of each one of the components of the PEI in the job stress and the used of coping strategies. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (journal abstract)

**Source:** PsycINFO

34. Exploring the neurological substrate of emotional and social intelligence.

**Author(s):** Bar-On R, Tranel D, Denburg NL, Bechara A

**Citation:** Brain: A Journal of Neurology, 01 August 2003, vol./is. 126/Part 8(1790-1800), 00068950

**Publication Date:** 01 August 2003

**Abstract:** The somatic marker hypothesis posits that deficits in emotional signalling (somatic states) lead to poor judgment in decision-making, especially in the personal and social realms. Similar to this hypothesis is the concept of emotional intelligence, which has been defined as an array of emotional and social abilities, competencies and skills that enable individuals to cope with daily demands and be more effective in their personal and social life. Patients with lesions to the ventromedial (VM) prefrontal cortex have defective somatic markers and tend to exercise poor judgment in decision-making, which is especially manifested in the disadvantageous choices they typically make in their personal lives and in the ways in which they relate with others. Furthermore, lesions to the amygdala or insular cortices, especially on the right side, also compromise somatic state activation and decision-making. This suggests that the VM, amygdala and insular regions are part of a neural system involved in somatic state activation and decision-making. We hypothesized that the severe impairment of these patients in real-life decision-making and an inability to cope effectively with environmental and social demands would be reflected in an abnormal level of emotional and social intelligence. Twelve patients with focal, stable bilateral lesions of the VM cortex or with right unilateral lesions of the amygdala or the right insular cortices, were tested on the Emotional Quotient Inventory (EQ-i), a standardized psychometric measure of various aspects of emotional and social intelligence. We also examined these patients with various other procedures designed to measure decision-making (the Gambling Task), social functioning, as well as personality changes and psychopathology; standardized neuropsychological tests were applied to assess their cognitive intelligence, executive functioning, perception and memory as well. Their results were compared with those of 11 patients with focal, stable lesions in structures outside the neural circuitry thought to mediate somatic state activation and decision-making. Only patients with lesions in the somatic marker circuitry revealed significantly low emotional intelligence and poor judgment in decision-making as well as disturbances in social functioning, in spite of normal levels of cognitive intelligence (IQ) and the absence of psychopathology based on DSM-IV criteria. The findings provide preliminary evidence suggesting that emotional and social intelligence is different from cognitive intelligence. We suggest, moreover, that the neural systems supporting somatic state activation and personal judgment in decision-making may...
overlap with critical components of a neural circuitry subserving emotional and social intelligence, independent of the neural system supporting cognitive intelligence.

Source: CINAHL

35. Perceived emotional intelligence, stress reactivity, and symptom reports: further explorations using the Trait Meta-Mood Scale.

Author(s): Salovey P, Stroud LR, Woolery A, Epel ES

Citation: Psychology & Health, 01 October 2002, vol./is. 17/5(611-627), 08870446

Publication Date: 01 October 2002

Abstract: We examined the relationship between perceived emotional intelligence (PEI), measured by the Trait Meta-Mood Scale (TMMS), and psychophysiological measures of adaptive coping. The TMMS assesses perceived ability to (a) attend to moods (Attention), (b) discriminate clearly among moods (Clarity), and (c) regulate moods (Repair). Study 1 showed significant positive associations between PEI and psychological and interpersonal functioning. In Study 2, skill at mood Repair was associated with less passive coping and perceptions of repeated laboratory stressors as less threatening; Clarity was related to greater increases in negative mood, but lower cortisol release during repeated stress. In Study 3, Repair was associated with active coping and lower levels of rumination; Attention was associated with lowered cortisol and blood pressure responses to acute laboratory challenges. These findings suggest that psychophysiological responses to stress may be one potential mechanism underlying the relationship between emotional functioning and health.

Source: CINAHL

Full Text:

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36. Profile of emotional intelligence: Construction, validity and reliability

Author(s): Cortes Sotres J.F., Barragan Velasquez C., Vazquez Cruz M.D.L.

Citation: Salud Mental, October 2002, vol./is. 25/5(50-60), 0185-3325 (Oct 2002)

Publication Date: October 2002

Abstract: The study of intelligence must be approached through a retrospective view allowing it to be defined within the evolution of human thought. Three historical stages may be established: Empirical: it includes the ability of a person to use his/her capacity in order to cope with the challenges of daily life; this is merely empiric and associated with the cultural environment of the group. Psychometric: it was defined at the end of the XIX century. Works like those of Galton, in 1877, who was the creator of the concept of correlation with which one could associate several psychological variables in terms of the individual differences, are highlighted. Pearson formalized the theory of correlation and permitted, therefore, the prediction of psychological variables based on the knowledge of others. In 1904 Spearman made a significant contribution to the use of the method of correlation when the theory of the two factors of intelligence, general and specific, was published. Binet developed the concept of IQ and Catell developed the first test of intelligence based on 50 subtests of sensorial capacities. Multiple Intelligences: Guilford, in 1936 and Thurstone in 1946 sustained the existence of several factors or components of intelligence, and were first to approach the concept of multiple intelligence. Thorndike sustained that the quantitative measurement of intelligence involved several types of approaches, the abstract or verbal, the empirical and the social. At the beginning of the 70's Gardner sustained the thesis of the existence of a mental structure with multiple intelligence, mentioning seven different types. Intelligence has been conceptualized as an individual's overall ability to act rationally and successfully. However, it has been noted that a high intelligence quotient (IQ) is by no means a warranty leading to achieve prosperity, prestige, and success in life. This has brought about the classical intelligence construct being put into question. And also has lead to propose that there is not only a single form of intelligence but that there are several different types. This, in turn, has lead to re-categorize intelligence into a construct called emotional intelligence. Emotional intelligence is a
construct which takes into account the individual's ability to monitor his/her own feelings and emotions and those of others, in order to discriminate between them and use this information as a guide for thoughts and actions. The evaluation of this construct poses a great difficulty because, even though there are some paradigmatic and scalar approaches, these are mainly directed towards work environment and used by organizational development advisors. In addition, the scales being used are short ones with a low validity content. Presently, there are no scalar instruments available in Mexico, to measure emotional intelligence. It was determined that our instrument will present a format of inventory, items formed by a statement that represents a feature of paradigmatic behavior of the emotional intelligence, with options to answer true or false. The inventory is formed by independent scale, which as a whole form a profile. The content of the instrument is based on three sources: The emotional abilities described by Gardner which are: capacity to cultivate relationships and maintain friendships, capacity to solve conflicts and dexterity for social analysis. The second source is described by Salovey: capacity to know and manage own emotions, to recognize emotions in others, and to manage interpersonal relationships. And finally, in the third place, we used the factors of the International Association for the Emotional Applied Intelligence. These include emotional control, self-esteem, control of impulses, handling of stress, social ability, handling of goals, automotivation and positive attitudes. The instrument which has been developed allows for emotional intelligence to be measured in eight scales in order to render a profile: impulse inhibition, empathy, optimism, social skills, emotional expression, achievement acknowledgement, self-esteem, and kindness. A non-probabilistic sample was used in a two-stage procedure including 723 individuals, between 16-80 years, where 49% of them were males and 50.8% females. Individuals involved gave their consent for the instrument to be applied. A validation and reliability procedure was carried out. The profile reached an alpha=0.95 internal consistency quotient. The eight aspects calculated by means of the factor analysis, through the main component method, and confirmed by structural analysis account for the 47.8% of common variance. The model was evaluated through a linear structural analysis using the AMOS V6.3 program. The following criteria were reached: X²(16) = 93.95; p<0.001, adjustment general fit index was AGFI=93% and root minimum square error adjusted was RMSEA=0.08. These values show a good adjustment. Another inter-scalar structural analysis considered impulse inhibition as the main scale in people's emotional intelligence. It was concluded that the Emotional Intelligence Profile was valid and reliable. Structural analysis carried out between profile scales shows a plausible pattern of QE previous and consequent features for emotional intelligence. The model obtained is non-recursive, this means that it presents closed trajectories. In other words, variables taken into account in evaluating the emotional intelligence construct feedback and potentize one another. Each subscale refers to: a) Impulse inhibition: the ability that a person has to control impulsivity and to delay reinforcement; besides, it also is the ability to shift emotional states according with environment; b) Empathy, or the ability to identify self emotions and the feelings of others, and therefore to attain emotional agreement; c) Optimism, this is the positive attitude towards daily life, and it covers cognitive, emotional and behavioral aspects; d) Social skills, this means the ability to learn new behaviors to adapt to the environment and to discriminate certain behaviors in specific situations, with the aim of adapting to society; e) Emotional expression, this is the ability to express emotional states in adequate situations; f) Achievement's acknowledgement, it's the cognitive ability to accept personal success and own well being, obtained along life; g) Self-esteem, in the traditional concept; it's the cognitive and emotional reasoning about self, from a critical angle; h) Kindness, it's a new construct which means the attitude of a person in the sense of preserving the well-being of others. The emotional intelligence profile will allow to study this concept considering several hypothesis, and, if it happens to be the case, to find specific profiles for different groups, mainly those characterized by mental health disturbances.

Source: EMBASE

38. A cross validation of the self-control schedule.

Author(s): Kiefer, Jaqueline

Citation: Dissertation Abstracts International: Section B: The Sciences and Engineering, February 2002, vol./is. 62/8-B(3804), 0419-4217 (Feb 2002)

Publication Date: February 2002
Abstract: The primary goal of this study was to provide further evidence for the reliability and validity of the Self-Control Schedule (SCS; Rosenbaum, 1980a), a measure of learned resourcefulness. Learned resourcefulness is defined as a repertoire of cognitive and behavioral skills used by an individual to control the interfering effects of certain internal events (such as emotions, pain, or undesired thoughts) on the smooth execution of a target behavior (Rosenbaum, 1980a). Participants were 313 adult volunteers between the ages of 18 and 75 who completed different combinations of measures, including the following: a demographic questionnaire, the Self-Control Schedule (SCS; Rosenbaum, 1980), the Self-Control Questionnaire (SCQ; Rehm, Fuchs, Kornblith, & Romano, 1979), the Beck Depression Inventory (BDI; Beck, Rush, Shaw, & Emery, 1979), the Brief Symptom Inventory (BSI: Derogotis, 1993), the Life Experiences Survey (LES; Sarason, Johnson, & Seigel, 1978), COPE (COPE; Carver, Scheier, & Weintraub, 1989), and the Trait Meta-Mood Scale (TMMS; Salovey, Mayer, Goldman, Turvey, & Palfai, 1995). As predicted, SCS scores were found to be positively correlated with measures of coping (r = .57, p < .01) and emotional intelligence (r = .40, p < .05), and negatively correlated with a measure of depression (r = -.50, p < .01), providing support for the construct validity of the SCS. Support for the discriminant validity of the SCS was also found. SCS scores were non-significantly correlated with a measure of stressful life events (r = -.19, p > .05) and a measure of social desirability (r = -.01, p > .05). A factor analysis performed on SCS items revealed a similar factor structure to that found by previous researchers (Redden, Tucker, & Young, 1983; Richards, 1985; Rude, 1989). These findings lend further support for the factorial validity of the SCS, although further analyses exploring the reliability of the factor scales do not support the use of the SCS as a multidimensional instrument. Results of this investigation revealed that the SCS is a psychometrically sound measure, possessing acceptable levels of reliability and validity. These results both replicated and extended those of previous investigators. Evidence was also found for the clinical utility of the SCS as an aid in predicting depression, particularly in individuals who are at risk due to higher levels of life stress. The findings also provide continued support for the notion that psychological treatment incorporating the skills encompassed within learned resourcefulness will be beneficial in treating patients with depression. (Abstract shortened by UMI.) (PsycINFO Database Record (c) 2009 APA, all rights reserved)

Source: PsycINFO


Author(s): Tjong LA
Citation: , 01 January 2000, vol./is./ (0-157),
Publication Date: 01 January 2000
Abstract: The purpose of this study was to examine the relationship between emotional intelligence, hardiness and the perceived job related stress among registered nurses. The study was conducted based on Salovey and Mayer's (1990) and Goleman's (1995) theories on Emotional Intelligence; Kobasa, Maddi, & Kahn's (1982) theory on Hardiness; and Spielberger & Vagg's (1999) theory on Job Stress. Three instruments were utilized: the Emotional Intelligence Scale, Personal Views Survey III, and Job Stress Survey.

Source: CINAHL

40. The relationship of cognitive and emotional coping to adjustment to chronic myofascial pain.

Author(s): Smith JA
Citation: , 01 January 1998, vol./is./ (0-229),
Publication Date: 01 January 1998
Abstract: In the chronic pain literature, pain coping and adjustment traditionally have been studied using cognitive and behavioral constructs. Little research attention has been devoted to exploring the role of emotional factors and their contribution to adjustment in chronic pain patients. Recent empirical evidence suggests that certain emotional approach coping strategies and competencies are associated with positive adaptation. This study was conducted to provide a better understanding of the relationship between cognitive and
emotional coping and adjustment in chronic myofascial pain patients. In particular, this study sought to introduce emotional processes into the pain coping and adjustment literature. Cognitive and emotional models were compared with each other and with the influence of life stress, in the prediction of adjustment. Study participants were 80 adults with chronic myofascial pain syndromes. Patients completed self-report measures of cognitive constructs (self-efficacy and cognitive pain coping strategies), emotional constructs (emotional approach coping, alexithymia, and meta-mood skills), life stress, and adjustment. Healthy adjustment was conceptualized as low levels of sensory and affective pain, physical impairment, and depression. Results of this study revealed that both cognitive and emotional factors were important in the prediction of physical and psychological adjustment outcomes in chronic myofascial pain patients. When factor analyzed, emotional constructs loaded together on one Emotional Coping factor. Cognitive constructs loaded onto two factors, Self-Efficacy and Cognitive Coping. An overall factor analysis including emotional and cognitive constructs produced a three factor solution. Self-Efficacy, Cognitive Coping, and Emotional Coping all were found to be separate predictors, accounting for unique variance in different domains of adjustment and predicting adjustment beyond the effects of life stress. Self-Efficacy was found to be a particularly robust predictor of positive adaptation. Emotional Coping was found to be a more robust predictor than Cognitive Coping. Both cognitive and emotional constructs play a key role in understanding adjustment in chronic myofascial pain patients. Further, assessing emotional constructs can add predictive power to cognitive constructs typically used to predict adaptation to chronic pain.

Source: CINAHL

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