

## Appendix 1: ES 'Negative feelings about self' and associated PETs

### EXPERIENTIAL STATEMENT 1: NEGATIVE FEELINGS ABOUT SELF

#### Personal Experiential Themes

- Burden of work

*"The continuing care is now so difficult to get, it makes you feel inadequate in a lot of ways, but it's not your fault because the services and the way they are organised it's not fair anymore. I think there is an unrealistic portrayal of what care is available. Like all the advertising about people being able to die at home and you will be able to see a nurse every day. All those things when in reality it doesn't happen. There isn't the funding really for it". Group A.*

*"...I find that things are moving so fast...especially in secondary care pushing patients out, you know without perhaps sometimes spending, you know, taking time to make sure that the discharge is proper. But it all falls, you know, insufficient resources to give, you know, to organise the care and they end up back in hospital because it wasn't properly sorted out..this idea that everything must be out, out, out in the community..because there is a culture now that everything should be straight out of hospital". Group A*

*"Too much work is put upon them (nurses) because we have so many tasks on board like cannulation and all these extra tasks and you have your paperwork. To do all the proper things you need to for a discharge to work takes a lot of time. It's a system's failure really. You are putting more and more jobs and more and more tasks on the nurses and less people (to do the job) with no extra resources you know. You are doing a junior doctor's role". Group B.*

*"...We have been short for ages and I think it's more bureaucracy because some people who are in terms of requirements, they don't meet the requirements, I mean I've had seen one of them has not taken the mentorship course, that's right, some people are qualified to do...but they can't be shortlisted because they haven't done the mentorship course...." Group B*

*"There is more paperwork. The risk of legislation is always there now. Documentation, documentation, documentation and that's on top of the physical care, the more senior staff get roped into paperwork instead of providing physical care which is what we want to instead of filling bits of paper". Group C*

*"If you have a conversation if you don't record it doesn't count or you are open to complain or disciplinary if there is a problem in the future. You get some nurses who are far better at doing the paperwork than actually looking after the patients" Group C*

*"...you can't absorb emotions for evermore, you have to have an outlet and if you don't have...find an outlet that works for you then you're gonna pop...you're gonna get chest pains or your hair's going to fall out..50% it's a hell of a lot and organising social services, MDTs you know getting all these people together just takes up tons of your time probably it takes up possibly more than 50% of your time.." Group C*

- Exhausted

*"When I wake up the following day I feel so exhausted and you know I feel all tight before I start the following day. I don't really have a way to solve the stress situation personally I lay down there in no lights. I use this one to solve my stress situation definitely" Group A*

*"... for me my first line of enquiry and support would be my mentor. From there I have my line manager and my link lecturers and personal tutors...you have to be forceful to get anywhere and take the bull by the horns and tell them I'm going to do some revision please. I got an allocated mentor who is always away from me and if I approach to ask about something they say" oh, didn't she tell you this? Ask her, stop asking me! Group B*

*"When I have a bad day, I carry that bad mood from the workplace to my house and then I'll have a sleepless night" Group B*

*"There was a time I thought about opting out from nursing and doing another thing but on a second thought I said I have been in this (nursing) all the time all that I know is nursing you know? So, I can't opt out and start all over again if only I knew I would have started before going into nursing" Group B*

*"I was thinking about changing my career but it never came. It was just a dream really I don't know, just needed a change maybe" Group C*

*"You can't keep carrying being a nurse with that day job when you are 50 or whatever. It's so physical and emotional" Group C*

*"...I get really mad towards the doctors...if you are unsure you send somebody for a CT scan or somethings... or even a plain spine neck tray would have shown the compression...but the worst thing was that straight away all fingers went out. And we all of us nurses had to write statements and we want to know what was going on here..."...but that was the consultant. I actually told the registrar on the ward round to F\*\* off in the middle of the ward...." Group C*

- Frustrated

*"You can't say anything because then they say you have been unreasonable so you don't say anything so you feel frustrated because things are happening and you don't say much because you never know when the cards are going to turn on you and the issue is not going to be about what they are doing but about you are saying something". Group A*

*"I don't think that nurses are ever truly autonomous because they always looking at the guidelines they always regard the job autonomous to a degree, but not truly in the full sense of the word in that we can work totally independent of anyone. Doctors are truly autonomous but I don't think nurses are" Group A*

*"I think if you go against the system if you start speaking out against it. (You are told by your manager) you don't understand, you are old fashioned. So, you have to toe the line. If you don't toe the line you do not understand you are old fashioned" Group B*

*"She (another nurse) keeps pushing me away and while three, four times I asked and feel somehow embarrassed to keep asking about something which is not your personal issue, it's something to do with the job, and it's a professional matter! Then you give up and you take a step back and feel isolated, you feel ignored and then you lose your confidence, you lose the wish to do something, and you feel low. And sometimes I feel disappointed that I have ever started this I shouldn't" Group B*

*"They (other nurses) would ask for the help, but they are not happy to return the help back; they may say to a colleague, Well, they can't do it (help) and you will be stuck going solo with your patients. Many, many times I have experienced that" Group C*

*"They (medical teams) don't treat you with respect and not realising that you've got some expertise and they are just dismissive... this team had a patient admitted with fluid in his lung and they said he is going to go down for a scan because they are going to do a pleural tap on him. And I took one look and I thought 'my god if they take him off the ward he is going to arrest' and I said, 'he is not safe to go downstairs' but they insisted on taking him down there without the crash trolley" Group C*

*"And I was so cross and I said to the doctor 'I think you should go and have a look at this patient instead of sitting here' and she looked at me and she was so dismissive. I went back there and I said 'Well, I am going to go and get the relatives now to come and sit with him while he dies because he is dying now, not tomorrow, next week or next month when it suits you, now!', so I went and got the relatives out and he died five minutes later" Group C*

- Unworthy

*"The workload on the ward is so much for instance if a nurse is allocated as your mentor she has to always strike a delicate balance between patient care, managerial duties and other things and her own personal things to do" Group A*

*"There is a lot of pressure from above (management) to get people out of the hospitals, we also have to look at the fact that so many hospital beds have been decreased there is a big push in the past ten years and hospital beds have been halved to what they were ten years ago" Group B*

*"There is a lot more pressure on recording data and writing because your job is at risk if your data are not good enough, they can cut members of your staff and that you have insufficient staff to do what is*

*the proper standard. You are also expected to take on increasing amounts of GP's work but at the same time it can be very, very satisfying" Group B*

*"The biggest change is probably professionally in that we are taking on a lot of doctor's roles but not being recognised for it. You are doing in fact three-quarters of a doctor's job and we are all on this course trying to be mini doctors but we don't get the status that goes with it but professionally it has changed (the job) a lot, nurses are willing to do all the doctors' jobs because we think in that way we might have a bit of a powering thing to the job" Group C*

*"There is lack of staff for a start so it's very difficult for all these multi-agencies to supply to your demand or to meet your demand because they are also constricted and restricted by changes in government policy which has cut out the budges so every single area under that umbrella has been suffering and I think as a result every single one of them is frustrated not just the nurses" Group C*

*"Hospital nurses can say their beds are full. District nurses have to admit and admit and admit ad infinitum with insufficient staff, which makes it very dangerous... it's paying Peter robbing Peter to pay Paul" Group C*

*"They (doctors) seem to think they know best. I mean how long have you been qualified? What's that five minutes? Maybe a nurse with twenty years' experience might actually have something useful to say" Group C*

## Appendix 2: ES ‘Negative feelings about others’ and associated PETs

### EXPERIENTIAL STATEMENT 2: NEGATIVE FEELINGS ABOUT OTHERS

#### Personal Experiential Themes

- Isolated

*“Most of them (nurses) are selfish. They probably hear the same level... the same as we do” Group A*

*“Especially, if you are managing another case load of patients and it’s really busy and there’s things that you haven’t managed to do but sometimes you go home and think ‘oh I should have done that and you wake up and you know’...” Group A*

*“It was the hardest thing in the world for me not to burst into tears and am not exactly a teary person. I am not exactly a shrinking violet but the hardest thing I had to do was to sit there for that afternoon (for the team building day) and watch crucify my manager at the time who’s now retired, that was it for her. But I was so upset at how vicious and bloody minded and ignorant these people were. And I went to the pub and got absolutely pissed...” Group B*

*“If you are a bit more vocal or want to take it to the public arena, you are troublemaker, militant troublemaker. You get the stigma. Women are very unkind to women... if you work in an environment that you feel unsupported then you don’t want to support because you haven’t learned what a supporting teamwork is all about so of course this culture continues somehow it is linked to status and local power and make us nurses to become danger to ourselves” Group B*

*“I was just going to say that as nurses we are lacking involvement in the political side of the NHS. Nurses who are mainly women like to talk about it, but we don’t like to get involved actively or politically and being vocal about our rights we tend to talk about these things in small groups and we don’t take it up in the public arena and this is because we don’t feel powerful in the job” Group B*

- Disillusioned

*“From my experience I think the sister on the ward has to be involved somehow... when I approached my mentor and asked why I can’t attend the CPR training she kept pushing me away..for me personally I have somebody I call a life coach I always whatever happens. He’s always been a very resourceful person...and if I’m angry I cry..” Group A*

*“We have got targets. The government has set the targets for our matrons or whatever. The only thing is they forget that what these targets are about is not machines these are people” Group B*

*“You can’t say I can’t assess a patient in twenty minutes it might be that patient is upset and uncooperative. Some patients come in particularly unwell they can’t help it if the patient needs to be calmed down. That will take an extra ten or twenty minutes” Group B*

*“You know that the patient’s best interest might not be what the best interest of your role is. It’s like the four hourly wait it might be better for the patient to stay and be observed and it doesn’t fit I just think that the aim of the business is different to the aim of the professionals there is a lot more targets now there is always targets and for our managers all they are interested in is the number of face to face contact we have and patients they are not interested in anything else” Group C*

*“I think most of us suffer with this idea that the patient comes first. How would you defend that in a court? If this is your sort of rule stick if you are standing in a court, you want to have a damn good argument and at the end of the day is your licence” Group C*

*“Because they are (nurses) so short staffed everyone is kind of depending on everyone else at ward level but also out in the community... people doing the nursing care and the acute care are run off their feet and there are always risks for mistakes or drug errors or whatever. A lot of nurses (in the community) work in isolation because of shortage of staff. They (community nurses) have got the doctor, but you (the nurse) have to make decisions. You can have some good GPs who are very responsive... there are other doctors that you can’t get hold of, they are like mercury” Group C*

*“What different today to what was before is that the patient was paramount, we are now getting this sort of business concept and sort of saying to reduce admissions and you have got a dichotomy”  
Group C*

*“You can make your own decisions, but if your manager is pressurised by this business idea of how to run the hospital you end up arguing”. Group C*

### **Appendix 3. Written Informed Consent**

#### WRITTEN INFORMED CONSENT

Written Informed Consent  
Psychology Dept., Middlesex University, Town Hall, The Burroughs,  
Hendon, London NW4 4BT

**Title of study:** Trait Emotional Intelligence: A Strategy for Managing Nurses' Affective Wellbeing at Work

Researcher: Chrysi Leliopoulou

Supervisor (*only for students*): Dr Tracey Cockerton and Prof Michael Traynor

I have understood the details of the research as explained to me by the researcher, and confirm that I have consented to act as a participant.

I have been given contact details for the researcher in the information sheet.

I understand that my participation is entirely voluntary, the data collected during the research will not be identifiable, and I have the right to withdraw from the project at any time without any obligation to explain my reasons for doing so.

I further understand that the data I provide may be used for analysis and subsequent publication, and provide my consent that this might occur.

I give my consent for the conversation session to be taped.                      Yes    No  
(Please indicate your response)

\_\_\_\_\_  
Print name  
date: \_\_\_\_\_

\_\_\_\_\_  
Sign Name

**To the participant:** All proposals for research using human participants are reviewed by an Ethics Committee before they can proceed. The Middlesex Psychology Department's Ethics Committee have reviewed this proposal.

Data may be inspected by the Chair of the Psychology Ethics panel and the Chair of the School of Health and Education Ethics committee of Middlesex University, if required by institutional audits about the correctness of procedures. Although this would happen in strict confidentiality, please tick here if you do not wish your data to be included in audits:

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## Appendix 4. Information Sheet

### INFORMATION SHEET

Psychology Dept., Middlesex University, Town Hall, The Burroughs, Hendon, London NW4 4BT

Title: Trait Emotional Intelligence: A Strategy for Managing Nurses' Affective Wellbeing at Work

Dear Participant,

You are being invited to take part in a research study. Before you decide to participate, it is important for you to understand why the research is being done and what it will involve. Please take your time to read the following information carefully, and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Take your time to decide whether or not you wish to take part.

This research study aims to assess nurses' wellbeing at work. The attached self-report questionnaire contains questions about your emotional responses to work situations on a daily basis. Once you have completed the questionnaire, you may be asked to participate in a short interview/conversation session with Chrysi Leliopoulou. This interview/conversation session may be audio recorded with your permission.

Once you have completed this part, the researcher, Chrysi Leliopoulou, will give you a follow-up questionnaire in a stamped-addressed envelope to put in the post to her in 4-6 weeks after your interview/conversation session with Chrysi. Participants are reminded that their involvement is purely VOLUNTARY and on an ANONYMOUS basis as no identifying details are required when completing questionnaires or in the interview/conversation session. Any information you give will be treated in the STRICTEST CONFIDENCE.

However, I would like to be able to contact you in 4-6 weeks' time, hence, if you can leave me a contact number and/or email address to contact you on (this will be stored separately from any other information you provide i.e., completed questionnaires, audio recorded conversations).

If you decide to take part, you will be given this information sheet to keep and be asked to sign a consent form; however, you are still free to withdraw at any time and without giving a reason. A decision to withdraw at any time, or a decision not to take part, will not affect you in any way.

The Middlesex Psychology Department's Ethics Committee have reviewed and accepted this research. If you have any queries please do not hesitate to contact me either by phone on 07766 241248 or email [chrysi1@mdx.ac.uk](mailto:chrysi1@mdx.ac.uk) or Dr Tracey Cockerton (supervisor), Middlesex University at [t.cockerton@mdx.ac.uk](mailto:t.cockerton@mdx.ac.uk) 020 8411 5464. Prof Michael Traynor (supervisor) Middlesex University at [m.traynor@mdx.ac.uk](mailto:m.traynor@mdx.ac.uk) 020 8411 2536.

Your help is much appreciated and thank you.

Chrysi Leliopoulou

Date:



