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THE RELATIONSHIP BETWEEN EMOTIONAL INTELLIGENCE, TRAITS OF
PERSONALITY, AND PERFORMANCE ON OCCUPATIONAL THERAPY FIELDWORK

by

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A dissertation submitted in partial fulfillment of the requirements
for the degree of Doctor of Education
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at the University of Central Florida
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ABSTRACT

This mixed methods study explored the relationship between emotional intelligence (EI), traits of personality, and performance on occupational therapy (OT) fieldwork. The purpose of this study was to determine whether EI or personality was predictive of student performance during the clinical portion of the academic program.

In the first phase of this two-part study, 42 students enrolled in an OT program participated in two measures: The Genos EI (short form), and the Big Five Inventory. Student scores on these two measures were correlated with scoring on the AOTA Level II Fieldwork Performance Evaluation (FWPE) form. In the second phase of the study, 20 Clinical Fieldwork Educators (CFE's) were interviewed to determine their perception of the importance of EI and personality traits in regard to fieldwork performance.

An analysis of the quantitative data was conducted using hierarchical linear regression, and a positive significant relationship was found between EI and fieldwork performance. Further analysis using partial correlation was conducted on each of the Big Five domains of personality, and no significant relationship was found between personality and fieldwork performance. An analysis of the qualitative data found multiple themes highlighting the importance of EI and traits of personality when communicating and collaborating with patients and their families, working as part of a team, and demonstrating empathy and compassion for others.

This study adds additional information to the limited evidence on the key factors to fieldwork success in an OT program. The evidence presented here has practical and theoretical implications for OT admissions committees to consider when selecting candidates who will not only be successful academically, but clinically as well.

I would first like to dedicate this work to my mom and dad, who came to this country in 1967 with nothing more than two small suitcases, \$50 in their pockets, and their medical school degrees. My parents immigrated to the United States in hopes of a better life for their children. They sacrificed so much, continually instilling in us the importance of a good education. Had it not been for my mother's persistence, encouragement, and unwavering support, I would certainly not be the person I am today. Achieving this doctoral degree was as much my mother's dream for me as it was mine, and I hope I have made her proud. No more degrees mom, I have finally reached the finish line! Additionally, I would like to thank God for giving me the courage to persevere through this arduous process. Through Christ, all things are possible. This work is also dedicated to Him, for it is He who gives me the strength to accomplish my dreams.

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I also take great pride in acknowledging my colleagues at ██████████ University, including my mentor and friend, Dr. Tia Hughes, and the greatest statistician in the universe, Dr. Roy Lukman. My OT work family stood behind me, encouraged me, and supported me throughout this entire journey. I am incredibly thankful I had such understanding co-workers during the 3.5 years I attempted (sometimes unsuccessfully) to balance my work and educational responsibilities.

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CHAPTER 1: INTRODUCTION

Statement of the Problem

All occupational therapy (OT) programs are tasked with the challenging responsibility of selecting the most appropriate candidates for their program (Salvatori, 2001). It is the primary goal of these academic programs to admit and retain the students who will eventually develop into the best clinicians (Lewis, 2011). As the need for skilled healthcare professionals continues to increase, student retention is imperative to fill those needs. Thus, it is critical that all healthcare programs strive to identify which candidates are going to be successful not only academically, but clinically as well (Bathje et al., 2014). The debate over which screening tools are the most appropriate to achieve this goal continues within various admissions committees. Traditional admissions markers such as undergraduate Grade Point Average (GPA) and Graduate Record Exam (GRE) scores have been shown to suggest future success from an academic standpoint, but these cognitive ability variables have proven to be inconsistent predictors of clinical performance in many fields of healthcare (Lewis, 2011). While admissions committees have long acknowledged the importance of such cognitive variables in assessing applicants, more recently, they have come to recognize the potential value of noncognitive skills. Some of the vital characteristics that may enable one to be successful in a healthcare field such as OT may not be identified by traditional markers of success. These traits may include empathy, social maturity, and self-awareness—components that are essential when it comes to connecting with patients. As some of these traits are directly related to emotional intelligence (EI), some healthcare programs have examined the possibility of using EI as a measure of these soft skills (Romanelli et al., 2006).

All accredited Master of Occupational Therapy (MOT) and Occupational Therapy Assistant (OTA) programs in the United States require students to complete approximately two years of didactic coursework, plus 24 weeks of full-time clinical fieldwork education (16 weeks for OTA students) to meet the requirements for graduation. In occupational therapy programs, the term fieldwork refers to learning opportunities that occur in clinical or community settings after the university coursework has been completed (Nicola-Richmond et al., 2016). It is an integral time in a student's journey towards becoming an occupational therapist, as during fieldwork, academic foundational coursework is joined with practice in the context of a clinical setting (Bonello, 2001). According to the Academic Programs Annual Data Report published by the American Occupational Therapy Association (AOTA), 638 OT and OTA students failed their Level II Fieldwork rotations during the academic year 2018, preventing these students from entering the field and practicing as an OT or an OTA (AOTA, 2018). When a student is unable to pass their fieldwork experience, they are ineligible to graduate and sit for the National Board Certification Exam, despite successful completion of their didactic coursework. When failure occurs at this final point in the student's educational journey, it is a financially and emotionally devastating experience. Students who are unable to successfully pass their fieldwork requirements have expressed feelings of disappointment, a loss of self-confidence, and frustration over the time and money invested and the lack of career opportunities with an incomplete degree (Larocque & Luhanga, 2013).

In addition to the number of students who fail clinical fieldwork education, there are also many students who struggle throughout the clinical portion of the program and only pass by a very small margin. Although exact statistics were unable to be found in the literature, there was a common phenomenon discussed called "failure to fail" (Luhanga et al., 2014) in which Clinical

Fieldwork Educators (CFE's) passed incompetent students in an effort to avoid the stressful experience of having to fail a student. Some of the reasons CFE's avoid failing poorly performing students might include avoiding student confrontation, pressure to pass underperforming students to preserve the reputation of the educational institution, or the inconvenience of the documentation needed to support failing a student (Nicola-Richmond et al., 2016). Therefore, one can safely conclude that in addition to the hundreds of failing students reported in the AOTA annual report, there are likely many other students who passed their clinical fieldwork rotations but demonstrated significant difficulties throughout the process and passed by a slim margin. Despite OT programs having a large pool of applicants to choose from, the literature suggests there are still many students who struggle with the clinical portion of the program. This is further indication that admissions committees ought to revisit their admission criteria to ensure they are selecting students with the qualities needed to be successful in all areas of the program.

Although several OT curriculums have proposed methods to identify at-risk students from an academic perspective, the research on identifying students who may be at risk of failing fieldwork has been limited (Gutman et al., 1997). When attempting to identify which students may succeed not only academically, but clinically as well, one must not overlook the importance of assessing student levels of EI. Research suggests that EI may have a direct impact on whether academically strong OT students will also perform well from a clinical standpoint. EI should be encouraged throughout student clinical placements by the CFEs as the literature implies EI is an imperative skill for OT's to possess (Gutman et al., 1997). The most cited reasons for failing a student included concerns with the following areas: level of confidence, creativity, problem-

solving abilities, initiative, and communication skills (Brown et al., 2016). Several of these deficits are areas that could potentially be improved with enhanced EI skills.

For graduate students working in all healthcare professions, EI may be an important predictor of one's ability to succeed. Brown et al. (2017) noted that a correlation between EI and success has been found in other fields in healthcare, such as nursing, medicine, and physical therapy. However, occupational therapists have not fully explored the relationship between EI and success specific to OT. In comparison to other healthcare programs, EI has historically been underrepresented by research in the field of OT (McKenna & Mellson, 2013). Therefore, it is important for OT's to carefully consider how EI can be applied to current practice. Identifying all factors that may correlate with success in OT fieldwork may assist OT Faculty in identifying the students who might be in danger of failing or struggling on clinicals. After the strengths and weaknesses of the students are identified, those at risk could participate in EI trainings prior to beginning clinical rotations. In addition, measuring the EI of potential student applicants could prove to be invaluable (McKenna & Mellson, 2013), as selecting students with greater levels of EI could potentially result in lower levels of attrition during the clinical component of the OT program.

Although EI skills may help an individual understand their own and other's emotions, and measures of cognition represent what an individual is able to accomplish, traits of personality may be the best prediction of what the person will do (O'Connor & Paunonen, 2007). Studying traits of personality in addition to EI will result in a more comprehensive point of view regarding success or failure on fieldwork. There are a number of justifications to support evaluating personality traits as a predictor of both academic and clinical performance. Behavioral manifestations reflected in personality traits have been shown to affect learning habits, which

certainly have an impact on both academic and clinical performance, especially in higher education. In a graduate OT program, many success factors reflect personality and motivational variables, including attendance, class participation, knowledge of course material, and collaboration (Ackerman et al., 2001). Performance problems or difficult behavioral issues could be directly related to personality traits exhibited in the clinical setting.

Relatively few studies have focused on how personality variables might predict aspects of OT student performance in a clinical setting. Although evidence from medicine and nursing stresses the importance of EI and personality when communicating with clients, families, and developing as a professional (McKenna & Mellson, 2013), this topic has received little attention in the field of OT. In theory, some may feel that EI and personality are closely related, as the literature describes EI as a combination of people skills, personality, and emotional balance (Brown et al., 2016). Several domains of personality, including extraversion and agreeableness, are a part of the EI model (Brown et al, 2016).

Traditionally, admissions committees for competitive programs such as OT focus primarily on the applicant's GPA. While grades may contribute to the academic success of a graduate student, studies have found no significant relationship between grades and success on Level II fieldwork (Gutman et al.,1997). In addition, weighing GPA too heavily may lead to a program full of candidates who are only motivated by grades rather than a focus on developing their character or growing as a professional (Grapczynski & Beasley, 2013). While it is important to possess the academic abilities necessary for a rigorous program of study, many attributes such as compassion, communication skills, professionalism and motivation for lifelong learning cannot be measured by standardized tests or grade point averages.

The empirical evidence suggests that in an effort to predict both academic and clinical education success, studying personality and EI may be helpful (Brown et al., 2016). Tests of EI and personality could potentially reveal many important non-cognitive skills including empathy, integrity, and the ability to cope with environmental demands. A clearer understanding of the relationship between EI, personality traits, and success in fieldwork education may serve as a better predictor of OT student success than mere academic ability alone. If a relationship between EI and/or personality traits with fieldwork success is found, OT and OTA program administrators may want to investigate the possibility of analyzing potential students' levels of EI and personality as part of the admissions process.

The problem addressed by this dissertation in practice is a challenging one, and multifaceted by nature. To summarize, hundreds of OT students pass the academic portion of the program without difficulty but are unable to be successful with the clinical portion of the program. Failing fieldwork prevents these students from the opportunity to graduate, enter the field, and practice as a licensed therapist. The researcher hypothesizes that EI and/or traits of personality could play a significant role in whether or not an OT or OTA student is going to be successful with the fieldwork portion of the curriculum. If so, this study would prove to be a significant one, as OT admissions committees could potentially consider the constructs of EI and traits of personality as a part of the admissions process, rather than focusing on cognitive variables (GPA and GRE scores) alone.

Organizational Context

The present study will be conducted at a small, privately owned university in Central Florida. Florida Healthcare University (FHCU) is owned and operated by one of the largest hospitals in the state. This faith-based institution offers a wide variety of both undergraduate and

graduate degrees in healthcare. The Master's degree in Occupational Therapy (MOT) is one of the most competitive programs with which to gain acceptance, with an average admitted GPA of 3.59 and an average admitted GRE score of 299 in 2019.

As the profession of OT continues to gain recognition, an increasing number of students have attempted to gain acceptance to an OT program. Gaining admission is increasingly competitive, as there are significantly more applicants than the number of spots available. The MOT program at FHCU is no exception. Each year, approximately 200 or more applicants compete for a spot in the graduate program, which accepts a maximum cohort of 33 students annually. The university also offers an associate degree, which allows students to practice as Occupational Therapy Assistants (OTA) upon graduation. While not as competitive as the graduate program, the OTA program also boasts a demanding and rigorous curriculum that presents similar challenges for students.

Fieldwork is an integral part of both the MOT and OTA programs. Throughout the program, students participate in a variety of Level I fieldwork experiences, exposing them to numerous settings that offer OT, including hospitals, school systems, skilled nursing facilities and outpatient rehabilitation clinics. After completing their didactic coursework and several Level I fieldwork experiences, both OT and OTA students are required to undergo several months of supervised Level II fieldwork in accordance with the requirements mandated by the Accreditation Council for Occupational Therapy Education (ACOTE). The primary goal of Level II's is to prepare the student to enter the field. By the end of the rotation, one must demonstrate competence and the ability to act as an independent practitioner in order to complete the rotation successfully. If students are unable to successfully complete their fieldwork

experiences with a passing grade, they are not eligible to graduate and enter the field and work as an OT practitioner.

Although CFE's and academic fieldwork coordinators (AFWC's) work together to set the student up for success, not all OT and OTA students are able to successfully complete the Level II fieldwork portion of the program. According to the most recent Annual Data Report published by AOTA (2018), 13,359 out of 13,678 Master of Occupational Therapy students received a passing score on their level II rotations (97.6%). In the Occupational Therapy Assistant programs across America, 8,602 out of 8,921 students passed their Level II fieldwork rotation (96.6%). The Level II fieldwork pass rate at FHCU is significantly lower than the national average. In 2019, out of a cohort of 33 MOT students, four students did not pass their fieldwork rotation, for a first-time pass rate of 87.9%. Therefore, as discussed earlier, the admissions process must be analyzed to ensure students with the most potential for success are the students being admitted to the program. Despite having a large pool of applicants to select from at FHCU, the rate of student failure on Level II fieldwork is higher than the national average.

Theoretical Framework

Two theoretical concepts, EI (Goleman, 1996) and the Big Five Theory (John & Srivastava, 1999) will provide the framework for this study. In addition, a theoretical framework originating from the field of OT, the Intentional Relationship Model (IRM) (Taylor, 2008), will be addressed. A brief introduction to these models will be summarized here, with a more detailed review of the literature found in the following chapter.

Emotional Intelligence Theory

EI theory explains how individuals control their emotions and respond appropriately to the emotions of other people. According to Andonian (2013), having higher levels of EI may

enable a person to communicate and relate to others more appropriately. The literature on EI is often divided into two major models—the first of which is based on measuring performance abilities and the other one measuring self-reported traits (Smith et al., 2018). The first model, referred to as the ability model, focuses on the integration of several capacities, such as one's capacity to perceive the emotions of others and express emotions as appropriate (Mayer & Salovey, 1997). In this model, EI is defined as the ability to use knowledge about emotions appropriately and demonstrate accurate reasoning when it comes to the emotions of one and others (Joseph et al., 2015). The second main theoretical construct of EI is called the mixed model, which encompasses the older trait model (Petrides et al., 2007) with some aspects of the ability model. In this perspective, EI is viewed as a combination of different characteristics such as motivation, persistence, and empathy (Cabello & Fernandez-Berrocal, 2015). In the mixed construct, EI is an umbrella term encompassing traits of personality, affect, and self-perceived abilities (Joseph et al., 2015). Regardless of which lens one chooses to view EI from, most can agree that EI is based on one's capacity to understand emotion and use one's own emotions in an appropriate manner (Smith et al., 2018).

The researcher selected the mixed model as the conceptual framework for this dissertation in practice. Mixed EI measures have been shown to effectively predict job performance in comparison to ability-based measures of EI. In a study aimed to predict a relationship between EI and work performance, Joseph et al. (2015) found that ability measures had a low validity ($p = .18$), while self-reported mixed measures revealed a validity coefficient of $p = .47$. Therefore, these researchers concluded that mixed measures may be more predictive of one's work abilities than personality traits or cognitive ability alone (Joseph et al., 2015). As this dissertation in practice is focused on student performance when it comes to on-the-job training,

the researcher concluded the mixed perspective lens would be the best fit to answer the research questions proposed by this study.

Mayer et al. (2008) indicated that mixed models of EI typically cover four content areas: achievement motivation, impulse control and flexibility, gregariousness and assertiveness, and self-related qualities (i.e. self-efficacy). It is important to note that some of these content areas might overlap with traits of personality. For example, the mixed EI model includes facets that may directly relate to conscientiousness, such as impulsive control and self-actualization (Joseph et al., 2015). Some dimensions of mixed EI can also be closely related to extraversion, including the ability to build relationships with others and demonstrate socially competent behaviors (Joseph et al., 2015). This mixed model also includes several soft skills that may affect a person's ability to cope with demands in the environment. Although mixed models typically exclude cognitive abilities, the literature indicates that facets of problem-solving, as well as adaptability, may also be contributing factors in EI (Joseph et al., 2015).

In the past several decades, a developing evidence base for EI has been found in psychology, healthcare, leadership, management, and education. However, the requirements for EI in OT have not been researched sufficiently and determining how to apply EI theory to working with clients in the field of OT has become essential (McKenna & Mellson, 2013). In studying the elements associated with EI, it seems that having high levels of EI would enable one to be an effective therapist who is able to develop a therapeutic rapport with patients, work as part of a team, handle stress appropriately, and make appropriate decisions regarding treatment interventions and evaluations (Gribble et al., 2019). Meaningful and collaborative relationships with clients is fundamental to practice (Cole & McLean, 2003) and results in enhanced interventions and higher levels of patient satisfaction (Weng et al., 2008). Although the evidence

is still somewhat limited, the existing literature seems to suggest that patients are more likely to have better therapeutic outcomes when working with healthcare providers who demonstrate higher levels of EI (Gribble et al., 2017).

Although the literature shows that EI is essential in all healthcare professionals, it seems that it would be even more important in the field of OT because therapists work so intimately with patients who may be going through difficult life circumstances. As therapists work in direct patient care, they must be able to develop a true and honest therapeutic rapport with patients. For OT's to build this relationship, they must utilize effective communication skills and express genuine and honest emotions regarding what the patient is going through. Therapists must display empathy and put themselves "in the shoes" of the patient, demonstrating care and concern. The emotionally intelligent occupational therapist must not only be positive, warm, encouraging, and genuine, but must also be able to demonstrate the ability to understand and manage their emotions (Mayer & Cobb, 2000). The OT student who can demonstrate professional behavior, clinical competency, and problem-solving skills has the capacity to develop into a competent practitioner (Gribble et al., 2017).

Big Five Theory

Research has shown it may be valuable to use traits of personality to help identify strengths and weaknesses in OT students (Brown et al., 2016). The Big Five personality theory will be used as the second theoretical construct for this dissertation in practice. Personality traits can be defined as the differences between individuals in their thoughts, their emotions, and patterns of action (Costa & McCrae, 2012). This Big Five model, which has also been called the Five-Factor Model (FFM) (Costa & McCrae, 1992b), is an effective framework for identifying attributes of personality. The Big Five personality factors have been explored by many

researchers over the years, and many have argued that no personality assessment is complete without careful consideration of these five factors (Aguilar et al.,1998). The model, originally developed by John & Srivastava (1999), is based on many various adjectives one might use to describe personality. This robust yet concise model is divided into five broad dimensions or traits: (1) Extraversion, (2) Agreeableness, (3) Conscientiousness, (4) Neuroticism, and (5) Openness to Experience.

The trait Extraversion focuses on how much a person actively engages in their social environment. This dimension analyzes the degree to which an individual would be considered outgoing, sociable, or adventurous (Hart et al., 2007). Extraverted individuals also tend to be friendly, enthusiastic, optimistic, and sociable. People who score high in extraversion report a greater need for activity and social stimulation. They can be described as gregarious individuals who tend to be more positive than their introverted counterparts (Costa & McCrae, 1992).

Agreeableness refers to individuals who are cooperative with other people (i.e. kindness, considerate, and unselfish) (Hart et al, 2007). People scoring higher in Agreeableness are known to be trustworthy, warm, cooperative, and helpful, and getting along with other individuals is important to them. These generous persons report greater tendermindedness, straightforwardness, trust, compliance, and altruism in comparison to individuals who score lower in this dimension.

If an individual is known to be responsible, goal-oriented and organized, they may score high in the domain of Conscientiousness. Persons with high levels of Conscientiousness tend to be follow social norms and they have a reputation for being hardworking, disciplined, reliable, efficient and achievement oriented. Conscientious people are known to be deliberate in their decision-making, have an appreciation for orderliness, and have good self-regulation control (Hart et al., 2007).

Individuals who are open to unconventional thought processes and experiences will score higher in the personality domain referred to as Openness to Experience (Hart et al., 2007). These individuals are known for their active imaginations and their natural state of curiousness. They can appreciate art and they are known to be more adventurous and liberal in comparison to individuals who are low in openness (Costa & McCrae, 1992). Individuals high in openness are open-minded and intellectual and have an increased capacity for feelings and emotions (Hart et al., 2007).

Neuroticism refers to the degree of emotional stability exhibited by the person (i.e. emotional, temperamental, and anxious) (Hart et al., 2007). Neurotic individuals tend to be emotionally unstable, worried, and depressed. People who score high in this category have an increased vulnerability to stress and tend to experience more negative emotions, self-consciousness, and impulsivity in comparison to their more emotionally stable counterparts (Costa & McCrae, 1992).

Brown et al. (2016) explains that in theory, EI and personality are known to be closely related, as EI contains a combination of personality type and communication skills. Certain aspects of personality can be integrated as part of EI. However, EI is distinctive in that it measures how well an individual can use their traits of personality when handling the emotions of themselves or others. Further, Brown et al. (2016) suggest that both EI and personality can be valid theoretical constructs to research how emotions impact an individual in the workplace environment. While certain dimensions of the Big Five personality traits could positively or negatively impact an individual's level of EI, research has shown conflicting viewpoints regarding which of these five personality traits impacts EI the most significantly. To develop the

most comprehensive picture, the researcher chose to address all five individual aspects of personality, in addition to EI, in this present study.

Including research on the various differences in the personalities of OT students and how those differences might impact clinical practice will strengthen this study. A previous study on EI, personality, and fieldwork performance (Brown et al., 2016) suggested that future studies exploring the relationship between EI and OT should also include an exploration of personality because personality is such an integral component of the mixed model of EI. Research from other healthcare-based disciplines has suggested that EI skills and personality traits may assist practitioners in developing critical thinking skills, professional behaviors, improved collaboration between colleagues and better communication with clients, caregivers, and families (Brown et al., 2016). Therefore, the researcher chose to approach this topic from a similar perspective, studying both EI and personality traits, to determine if this same correlation might exist within the field of OT.

The Intentional Relationship Model (IRM)

This model of OT practice (Taylor, 2008) outlines the tasks required to establish and sustain a productive relationship with clients, viewing the client-therapist relationship as vital to the outcome of the goals established for the patient (Bonsaksen, 2013). This model is based on early work by Peloquin (1990), who established that the relationship between the patient and the therapist required a blend of clinical skill competence and compassion for the individual (Bonsaksen, 2013). In the field of OT, there is a strong emphasis on the therapeutic relationship between the OT and the patient. This relationship can be described as a trusting connection based on communication, empathy, compassion, and mutual respect between the OT and the client (Maloney & Griffith, 2013). The principles of this interactive model are based on fostering this

therapeutic relationship, and include underlying principles such as self-awareness, interpersonal skills, empathy, and cultural competency. According to the tenets of IRM, the OT must work to foster the therapeutic relationship while engaging the client in their occupations (Taylor, 2008). Both nonverbal and verbal communication is used to facilitate occupational engagement and subsequently develop rapport between therapist and client. In this model, the occupational therapist goes beyond the technical aspects of providing therapy, and intentionally engages in therapeutic encounters with the client, demonstrating therapeutic use of self (TUOS; Taylor, 2008). The AOTA practice framework defines TUOS as the manner in which the practitioner uses themselves as a therapeutic tool (AOTA, 2008). Research suggests a direct link between TUOS and EI (Perkins & Schmid, 2019).

Clients undergoing rehabilitation have a unique set of challenges, and each client will interpret their given situation differently. In addition, each client will have their own set of interpersonal characteristics that must be interpreted by the therapist. In this model, these characteristics are broken down into 12 categories that range from communication style to the ability to provide or receive feedback (Taylor, 2008). OT's often work with clients who have suffered traumatic events such as CVA's, spinal cord injuries, burn injuries, hip replacements, or traumatic brain injuries. As rehabilitation clients are going through personal challenges in dealing with these often devastating and life-altering events, it is inevitable that emotional events will naturally take place during the process of rehabilitation. Taylor (2008) stresses that throughout this emotional process, therein lies a chance to either strengthen or weaken the collaborative relationship between the OT and the patient. Taylor (2008) encourages the therapist to utilize interpersonal skills and an understanding of the patient's needs to respond appropriately if the client shows signs of emotional distress (Bonsaksen, 2013).

When developing the IRM, Taylor (2008) identified six distinct ways of relating to clients, based on observing and conducting interviews with experienced therapists. Taylor referred to these various methods as therapeutic modes. The first of these six modes is the *advocating mode*, in which the therapist helps the patient access any resources they may need. The second is the *collaborating mode*, in which the therapist focuses on client-centered care and involves the client in the rehabilitative process, including goal setting. The therapist attempts to understand what the client is going through in the *empathizing mode*. In the *encouraging mode*, the OT provides the patient with the hope and courage needed to progress with therapy, even during times the rehabilitation process gets more challenging. The next mode is the *instructing mode*, in which the therapist acts as a teacher and provides education to the client. The final mode is titled the *problem-solving mode*, where the therapist utilizes logical reasoning and critical thinking (Bonsaksen, 2013).

EI and traits of personality can play a significant role in developing successful therapeutic relationships with clients. When examining this correlation from the lens of the IRM, one could logically conclude that EI would be a factor in using several of the therapeutic modes effectively, specifically the *empathizing* and *encouraging* modes. In the empathizing mode, the therapist must strive to understand all facets of the client's inner world, by listening intently to the patient. The OT must be able to adjust the intervention process as needed in response to any changes in the patients affect. There are also moments where the therapist must switch to the encouraging mode, motivating the patient and acting as the patient's cheerleader, helping them to find hope in the midst of such challenging situations. The encouraging mode may also have a direct link to traits of personality, as research has suggested that individuals higher in extraversion and agreeableness display warmth and positivity (Costa & McRae, 2012), and

instilling joy in others may come more naturally to these individuals. EI not only involves being cognizant of one's emotions (Howe, 2008), but also includes using these emotions to determine how to react appropriately (Palmer & Stough, 2001). Occupational therapists must use this understanding to access intuition, trust their emotions, and use their emotions to *collaborate* and *problem-solve* with their clients (Chaffey et al., 2012), directly relating to two other modes of the IRM model.

EI is also an important part of TUOS, or therapeutic use of self. As described earlier, TUOS is the OT practitioner's ability to use personality, insights, and perceptions regarding the therapy process (Punwar & Peloquin, 2000). A study conducted by Taylor et al., (2009) revealed that 87% of therapists surveyed felt that developing this therapeutic rapport was one of the most vital aspects of being an OT Practitioner, and 90% of therapists surveyed indicated that they felt there was a link between TUOs and the ability to engage the client in their daily occupations.

Therapists will encounter difficult, emotional situations as they work with individuals facing challenging and often traumatic experiences. By nature, these events are not avoidable in a profession focusing on the physical and emotional rehabilitation of others (Bonsaksen et al., 2013). Therapists must be able to manage their own emotional responses in an appropriate manner while working with the client to develop a therapeutic alliance. The ultimate goal of the IRM is to assist therapists in strengthening this therapeutic alliance because the quality of this relationship will impact whether or not the patient is a willing and motivated participant in the rehabilitative process. Without a trusting, collaborative relationship, the rehabilitative process may not be as effective because the client may not be willing to participate fully. However, in a well-functioning client and therapist relationship, important therapeutic progress can be made towards the patient's goals (Bonsaksen et al., 2013). This model is still relatively new, and

further research must be done to determine the extent to which EI and traits of personality impact the therapeutic relationship as described by this model.

Significance of the Study

The findings from this study will increase our understanding of some of the factors involved in successful clinical experiences for Occupational Therapy and Occupational Therapy Assistant students. This study may provide OT and OTA admissions committees with useful information with regards to the admissions process, which does not traditionally factor in soft skills such as EI or personality traits in the selection process. The findings of this study can also expand an understanding of the ways in which EI impacts performance in a clinical setting, including how students may interact with clients as future practitioners. Current students who are at risk of fieldwork performance deficits can be identified early on, allowing the OT and OTA program the opportunity to incorporate support mechanisms and better prepare students to effectively meet not only their academic requirements, but their clinical requirements as well.

If EI and traits of personality are found to be significant predictors of success on fieldwork, OT programs could consider factoring non-cognitive variables such as these into the admissions process, as well as the OT curriculum. Incorporating EI skills into the curriculum has been previously encouraged with medical students, as studies have found that EI has a significant impact on one's interpersonal relationships with patients (Libbrecht et al, 2014). This type of training could be beneficial to OT and OTA students, as increasing awareness of the way interpersonal skills impact client outcomes would be an asset (McKenna & Mellson, 2013). In developing the necessary skills for success during clinicals, the OT student will be able to meet the challenges of a continually changing healthcare environment. Through increasing self-awareness, improving communication skills, and learning to develop appropriate responses to

emotional situations, occupational therapy students can become more effective from an interpersonal standpoint (McKenna & Mellson, 2013). EI training also has the potential to improve the future OT practitioner's ability to collaborate with other team members, handle conflict appropriately, and improve relationships with patients (Brown et al., 2016).

While many other fields of study in healthcare have established the importance of EI and personality traits, research in OT programs, especially here in the United States, has been limited. Accreditation agencies in England have acknowledged the importance of EI, assessing students EI while they are in the educational program (Brown et al., 2016) but this has not been a focus of accreditors of OT programs throughout the United States.

Purpose of the Study

This dissertation in practice is designed to investigate the relationship between EI, traits of personality, and performance on clinical fieldwork rotations in a graduate OT program and an OTA program. The purpose of the quantitative phase of this mixed methods study is to determine if EI and personality are predictive of fieldwork performance. The purpose of the qualitative portion of the study will be to expand upon the quantitative data, identifying the potential key factors to success, as well as the most commonly observed reasons for failure, as expressed by CFE's who supervise OT students on fieldwork. The present study attempts to examine the degree to which students' possession or lack of EI impacted their level of success, as well as identify which traits of personality, if any, had a significant impact on their fieldwork performance.

Research Questions

The purpose of this study will be to answer the following two research questions. The first question will be addressed from a quantitative perspective.

1. *What is the relationship between levels of EI (as measured by the Genos Emotional Intelligence Inventory, short) and the Big Five personality traits (as measured by the Big Five Inventory), controlling for students' GPA on their fieldwork performance (as measured by the American Occupational Therapy Association's Fieldwork Performance Evaluation Form)?*

Chapter 2 of this Dissertation in Practice will introduce literature that suggests there may be a correlation between EI, traits of personality, and performance in various professions of healthcare, including OT. Therefore, the hypothesis for the present study is that there will be a significant correlation between a student's level of EI and performance on Level II fieldwork; higher levels of EI will result in higher scores on the FWPE. In addition, the researcher hypothesizes that certain personality traits, including higher levels of Conscientiousness, Agreeableness, and Extraversion, will also result in higher scores on Level II Fieldwork. In contrast, lower scores on the Neuroticism scale will equate to superior performance on the FWPE. The second research question will be addressed qualitatively, through a series of interviews with 20 CFE's.

2. *What is the perception of Clinical Fieldwork Educators on the importance of emotional intelligence and personality when it comes to success on Level II Clinical Fieldwork rotations?*

The resulting hypothesis is that during these interviews, the CFE's will stress the importance of professional behavior, collaboration with other healthcare professionals, the ability to develop rapport with patients, and the student's capacity to demonstrate empathy. Fieldwork Educators might also suggest that an extraverted and flexible nature is imperative to success as a fieldwork

student. These are all traits directly related to the student's level of EI, as well as the type of personality they possess.

CHAPTER 2: LITERATURE REVIEW

Occupational Therapy Program Admission Process

One of the primary goals of all OT programs is to select applicants who will be successful in graduate academic programs and fieldwork requirements, as well as those individuals who will possess the personal characteristics that will eventually lead to successful careers in the field (Bowyer et al., 2018). Admission to OT programs has become increasingly competitive, especially as the field of OT grows in popularity. Data from AOTA (2018) found that OT programs only admit approximately 17% of applicants each year. Graduate OT programs have the difficult responsibility of selecting the applicants who are best suited to meet the demands of the curriculum as well as future professional practice. Examining the admissions criteria is imperative to ensure that OT programs are choosing the candidates who will be most successful not only academically, but clinically as well. However, the admissions process used to select applicants is complicated by a lack of evidence regarding the predictive ability of both cognitive and non-cognitive variables (Bowyer et al., 2018). A review of the websites of 169 accredited entry-level master's programs and 16 accredited entry-level doctoral programs to determine the published admission requirements, conducted by Bower et al. (2018), found that (a), the majority of programs required a minimum pre-admission GPA, GRE scores, a personal statement/essay, reference letters, observations/volunteer hours, and interviews, and (b), the admission criteria can be divided into two categories: cognitive and non-cognitive factors (Bowyer et al., 2018).

Cognitive Admission Factors

The most heavily weighted criteria in admission to an OT program focuses on cognitive variables, specifically the applicant's pre-admission GPA and score on the Graduate Record

Examination (GRE). There is evidence to suggesting that pre-admission GPA can be used to predict GPA in the professional curriculum (Bowyer, et al., 2018), as undergraduate students who perform well academically are more likely to demonstrate academic success in a graduate program. The GRE involves 3 different subtests: (a) Verbal Reasoning, (b) Quantitative Reasoning, and (c) Analytical Writing (Educational Testing Service, 2016). Scores on the GRE, together with the pre-admission GPA, have been shown to correlate with academic performance in the OT program. While both GPA and GRE scores can be predictive factors of academic success, the evidence is not as clear when it comes to the predictive nature of cognitive variables and clinical success. There is some evidence that cognitive admission factors have a significant relationship with the clinical performance of some health profession students (Bowyer et al., 2018), but in the field of OT, this evidence is either mixed or inconclusive. Haber et al., (2015) found that there was a significant relationship between pre-admission cumulative GPA, the written portion of the GRE, and Level II fieldwork evaluation scores. However, other studies have noted that grades are not an accurate predictor of success or failure on clinical rotations (Gutman et al.,1997).

Non-Cognitive Admission Factors

Non-cognitive admission factors are believed to influence future performance in interprofessional relationships and patient interaction. OT programs across America tend to give more weight to cognitive variables, but most programs incorporate non-cognitive factors as well, such as the use of interviews or personal essays (Bower et al., 2018). Health professions, including programs in OT, use interviews to measure non-cognitive variables such as communication and interpersonal skills. However, research suggests limited prediction of academic and clinical success based on personal interviews during the admissions process

(Bowyer et al., 2018). Despite limited evidence, interviews remain a common component of the admissions process in most OT programs. Due to the inconclusive evidence on interviews in the literature, OT programs may want to consider alternative methods of measuring non-cognitive variables in the admissions process.

Fieldwork in an Occupational Therapy Program

Clinical internships, referred to as fieldwork in OT and OTA programs, provide opportunities for OT and OTA students to apply theoretical knowledge and clinical skills in an authentic setting with actual patients under the guidance of an experienced practitioner (Gribble et al., 2017). The primary goal of fieldwork is to prepare the OT and OTA student for unsupervised practice (Hauer et al., 2015). These placements have a significant impact on the student's professional development. It is through clinicals that the student often finds his or her professional identity and develops the confidence and clinical reasoning skills to be a competent entry-level practitioner (Clarke et al., 2015). Fieldwork gives students a chance to practice not only their clinical skills, but also their ability to communicate with others and develop professional relationships (Gribble et al., 2017).

According to the World Federation of Occupational Therapists (WFOT) guidelines, practical hands-on training involves a minimum of 1000 hours of direct clinical practice for OT students, and 640 hours for OTA students (World Federation of Occupational Therapists, 2016). Working with patients gives students a confidence boost and an opportunity to connect the information they learned in their didactic coursework with a real-life setting (Polonio-Lopez et al., 2019). The Accreditation Council for Occupational Therapy Education (ACOTE, 2011) mandates OT fieldwork to be completed underneath the supervision of a qualified OT (referred to as the Clinical Fieldwork Educator, or CFE) with a minimum of one year of practice

experience. While Level I fieldwork introduces students to OT practice in a variety of practice areas, the goal of Level II fieldwork is to develop skilled OT practitioners who are competent enough for entry-level practice in the field (ACOTE, 2011). All OT students must complete two 12-week long fieldwork rotations, and all OTA students must complete two 8-week long fieldwork rotations. At the end of each Level II fieldwork experience, students are formally evaluated on their performance using the AOTA FWPE or an equivalent measure (ACOTE, 2011).

The Consequences of Failure on Level II Fieldwork

OT and OTA students may experience difficulty during clinical placements during Level II fieldwork, which takes place during the final stages of the university program (Gribble et al., 2017). Although many of these students perform well academically during the didactic portion of the program, they demonstrate struggles during Level II clinical fieldwork, their final requirement before graduation. In 2016, Korman and Gribble found that 12% of Australian OT students in their final year of the program were failing their fieldwork evaluation form at mid-term (Gribble et al., 2017). Subsequently, 3% of those students failed the rotation at the end. A review of the literature in the United States did not reveal the average number of American OT students who were not meeting fieldwork standards at mid-term, but their final scores indicated similar outcomes, with approximately 3% of OT students and 4% of OTA students unsuccessful at final according to recent data collected by AOTA (2018). It is a concern that OT programs are sending students to fieldwork who may not be adequately prepared or equipped with the necessary skills to meet the requirements of the clinical.

A student who demonstrates a lack of knowledge or clinical skills on fieldwork, decreased motivation, or poor interpersonal skills, is likely to become an incompetent

practitioner once he or she enters the workforce (Luhanga et al., 2008). Although the number of students who fail fieldwork may be relatively small in comparison to the total number of students who pass their fieldwork rotations on the first attempt, one must also consider the possibility that there are many students who should have failed their fieldwork but received a passing score in the end. In a survey conducted by Cardell et al. (2017), 26% of CFE's recalled a time they probably should have failed an incompetent student but made the choice not to follow through on it. Reasons given included a lack of procedural understanding regarding how to fail the student, giving the student the benefit of the doubt and hoping they would improve later on, or a lack of evidence proving the student deserved to fail (Cardell et al., 2017). In addition, fieldwork educators often tend to feel personally responsible for the student's ability to succeed at the clinical rotation; therefore, if the student fails, they may attribute it to their shortcomings as a supervisor and mentor (Cardell et al., 2017). A CFE may fear being questioned and subsequently blamed by the academic institution, and they feel their decision to fail the student may eventually be overturned by the larger institution governing their department. Not only do CFE's fear the possibility of this appeals process, but they also fear the possibility of legal action. The process of failing a student on fieldwork is not only time-consuming, but it is also emotionally and procedurally taxing. Therefore, many supervising OTs report a hesitancy to move forward with a failing grade, even when students do not demonstrate the necessary skills required to enter the profession (Cardell et al., 2017). This concept of "failure to fail" results in practitioners who may not be competent or prepared for entry-level practice, which is a disservice to the profession and the future patients served.

Allowing underperforming students to pass clinical rotations and enter the workforce despite demonstrated shortcomings is a common problem noted in the literature in not only OT,

but other healthcare disciplines as well (Cardell et al., 2017). Surveys have revealed that the fear of having to fail a student is one of the most difficult aspects of supervising students, as the CFE must weigh their compassion and care for the student against an obligation to the profession. Students who might be at risk of failing should be identified as early as possible, as the experience of failing a student can be highly stressful for all parties involved (James & Musselman, 2006).

There are multiple impacts noted when a student fails a clinical rotation. First, it has a devastating impact on the student's level of confidence in subsequent placements (Stagnitti et al., 2010). Second, it delays graduation, creating a financial impact on the student, as they are required to pay for an additional fieldwork course. Additionally, when students are struggling on fieldwork, it requires the CFE to devote additional time to the student, taking time away from patients and their own personal responsibilities (Basnett & Sheffield, 2010). An unsuccessful fieldwork experience is not only time consuming, but it is a highly stressful process for the supervising OT, the academic fieldwork coordinator, the student, and anyone else involved (James & Musselman, 2006).

Throughout the years, researchers have attempted to determine the relevant factors that contribute to student's unsuccessful attempts on Level II fieldwork. Multiple studies have found that academic performance is not always predictive of fieldwork performance (James & Musselman, 2006). Many times, students who are strong academic performers in the classroom tend to demonstrate struggles in the clinical setting. Clinical placement difficulties are sometimes related to inadequate knowledge and skills or difficulty with safety awareness, but they can also result from difficulties that are related to deficient EI, such as poor communication and/or interpersonal skills (Gribble et al., 2017). A study conducted by James and Musselman (2006)

found several commonalities in students who failed Level II Fieldwork. Students who were unable to pass their clinicals exhibited poor problem-solving skills, had difficulty getting the “big picture,” and demonstrated negative or defensive responses to constructive feedback. Another study found that failing OT students were observed to be socially withdrawn and depressed. These struggling students also demonstrated poor communication skills, a lack of safety awareness, and difficulty working with complex patients (Bird & Aukas, 1998). In contrast, students performing well on fieldwork were recognized for demonstrating the ability to work independently, manage stress, and respond appropriately to constructive feedback. These students demonstrated appropriate communication and interpersonal skills, and subsequently, required less supervision from the CFE (James & Musselman, 2006). Some of the criteria used to evaluate an OT or OTA student’s performance on the FWPE form is relevant to ability to develop a relationship with patients and the other members of the rehab team (Stagnitti et al., 2010).

The competencies listed above may be associated with levels of EI and/or traits of personality. When it comes to the consequences of failing fieldwork in an OT program, the research is limited (Nicola-Richmond et al., 2016), and more studies need to be conducted to further identify the primary reasons behind a student’s inability to succeed. The concept of “failure to fail” suggests more students may be at risk than just the students identified by the statistics on failing students as reported by AOTA. Based on the number of students struggling on fieldwork and/or failing fieldwork, it is suggested that OT programs explore the potential of adding trainings in the areas identified above, including communication skills, how to respond to feedback, and how to manage levels of stress while on fieldwork. If OT faculty and staff were more knowledgeable regarding the “red flags” that could predict failure on fieldwork, these

matters could be addressed preventatively (James & Musselman, 2006) by implementing these EI trainings for students while they were still in the didactic portion of the program. These trainings may reduce the number of Clinical Fieldwork Educators who are placed in the awkward, time-consuming, and stressful position of having to fail a student in the final stages of their program.

Emotional Intelligence and Occupational Therapy

Based on a review of the literature, the evidence suggests EI is one of the most important attributes for a healthcare professional to possess (McKenna & Mellson, 2013), especially those who are working directly with patients (Borges et al., 2015). Howe (2008) defines EI as one's capacity for understanding their own emotions and the emotions of others, and the ability to use this information appropriately in life (Gribble et al., 2017). Caruso (1999) explored professions that required a high degree of EI, and ranked OT as number 12 out of a list of 37 careers, suggesting that a great amount of EI is required to have a successful and satisfactory career (Brown et al., 2016). This was not surprising since on this list, human service professions such as nursing or education ranked higher than professions that did not require as much human interaction. OT is a people-based profession, and therefore, a certain degree of EI is needed to be successful in practice when working with clients and their families, and when collaborating with other health professionals (Brown et al., 2016).

The emotionally intelligent occupational therapist is warm, optimistic, motivated, and capable of managing their own emotions as well as the emotions of others. The therapist must be able to use TUOS when assisting clients to participate in meaningful daily occupation. Using the IRM (Taylor, 2008), practitioners use TUOS to maximize the environment to facilitate occupational engagement. Therapeutic relationships between the client and therapist are

established, and the therapist develops the interpersonal skills required for therapeutic alliance, using communication styles that support the client's occupational needs (Taylor, 2008). A collaborative relationship that supports open and honest communication and aims towards providing person-centered practice is not possible without EI abilities (McKenna & Mellson, 2013). True rapport between client and therapist requires the ability to understand verbal and non-verbal cues and facilitate an effective and collaborative communicative process. EI is also an important component to working as part of a team. Effective teamwork and collaboration are essential in rehabilitation settings, where therapists are expected to co-treat with other disciplines. Effective communication with colleagues is mandatory, in both clinical practice and fieldwork placements. While there may be colleagues who are challenging to work with, the OT student must be able function as a professional and develop leadership skills and confidence, problem-solving as needed when difficulties arise (McKenna & Mellson, 2013).

Emotional Intelligence and Fieldwork Performance

The possession of EI may influence whether OT students who perform well academically might experience success on fieldwork as well (Gutman et al., 1997). According to Andonian (2013), it is imperative one examines EI during OT student fieldwork, as EI is a prerequisite to working with patients who have a wide spectrum of challenging needs (Brown et al., 2016). Awareness of one's own emotional competencies is vital to promote one's ability to cooperate and work as part of a team and build supportive bonds with co-workers and clients (Gavriel, 2015) while completing a clinical rotation. As discussed above, the OT literature often discusses TUOS, in which Punwar and Peloquin (2000) encourage the practitioner to use perception, personality and judgement as part of the therapy process (Brown et al., 2016). EI has an important role to play in this concept of TUOS. Possessing EI would allow a student to not only

manage their own emotional responses while on fieldwork, but also display empathy for the patients they come in contact with. The student would be able to use EI to identify emotions in the voices, faces, and postures of the client (Raphael-Greenfield et al., 2017), allowing a deeper connection to form. In the medical field, educators found that higher EI contributed to an improved patient-doctor relationship and emerging evidence indicates a similar parallel for the field of occupational therapy. OT, unlike the medical profession, looks at patient strengths and their ability to function as independently as possible, rather than their medical diagnosis (Raphael-Greenfield et al., 2017). The education of an OT student should focus on ways to build empathy, compassion, and communication skills during the fieldwork rotation.

High levels of EI result in practitioners who are better able to provide evidence-based, client-centered care. Professional work relationships with colleagues, the ability to maintain work productivity, and problem-solve through challenging scenarios all require an individual to possess EI (Brown et al., 2016). Other studies have revealed that high levels of EI result help individuals manage conflict and stress, resulting in superior job performance overall (Lopes et al., 2006). In general, EI resulted in better ratings from work supervisors and peers with regards to interpersonal facilitation, potential for leadership, and the ability to handle stress (Brown et al., 2016). EI has also been shown to influence cognitive processes, and problem-solving and critical thinking are valuable skills necessary for success client interactions while completing fieldwork in an OT program (Andonian, 2012).

All of these characteristics are important for OT students completing clinical fieldwork rotations as these areas will be evaluated as part of the AOTA FWPE grading form. Students who demonstrate unprofessional attitudes and behaviors in the classroom may not be addressed consistently by OT faculty, especially in programs with a large number of students per cohort.

Professors in OT programs may observe these problematic behaviors, but the behaviors may not have a direct impact on the student's academic grades. However, in a fieldwork setting where the student is working individually with the Clinical Fieldwork Educator, unprofessionalism is likely to lead to fieldwork failure (Gutman et al.,1997).

Research conducted by Gutman et al., (1997) revealed that there were several common areas for communication and behavioral difficulties amongst students who failed fieldwork. These areas may include a student who is thinking too black or white and inability to display flexibility of thought, a discomfort with ambiguity, inadequate insight, inappropriate responses to constructive feedback, or an inability to take responsibility. Failing students may also not be comfortable with patients and display low levels of confidence, requiring external feedback to build their self-esteem. Several of these areas can be related directly to the student's level of EI. For example, a student who lacks insight may not be able to identify when a patient is feeling depressed or needs encouragement. The student may not realize they have to use their own personality to motivate the patient to work harder in therapy. In one study, almost all the students who failed Level II fieldwork were unable to interpret and understand their responses to environmental demands (Gutman et al., 1997). These unsuccessful individuals either had too little or too much confidence when it came to working with the patients, and they had difficulty interpreting feedback correctly. The failing student did not recognize how his or her actions might be viewed by other people. The students were unable to modify their behaviors when provided feedback by their CFE's. Rather than understanding how their own behavior elicited other's reactions, they complained that they were treated unfairly. These students demonstrated a tendency to displace accountability onto others in the environment, rather than assume any type of responsibility for their own obligations. Several of these commonalities may also correlate

with traits of personality, including the rigidity of the thought process or the difficulty understanding feedback. According to research conducted by Benner (1984), these traits may have held the students back from learning from their mistakes, an important element of developing critical thinking and problem-solving skills (Gutman et al., 1997).

Comparing and Contrasting the Theoretical Approaches to EI

The definition of EI has historically been applied to three relatively distinct theoretical constructs (Joseph et al., 2015), including the (a) performance-based ability model, (b) trait model, and (c) mixed model (Mayer et al., 2000). The first model of EI, referred to as ability EI, was originally conceptualized by Salovey and Mayer (1990). This model defines EI as the cognitive abilities pertaining to emotions, such as the ability to perceive emotions and understand and manage them effectively (Salovey & Mayer, 1990). Salovey and Mayer suggest that ability based EI is simply an intelligence type that overlaps with cognitive ability (Joseph & Newman, 2010), and assists an individual with problem-solving (Mayer et al., 2008). The second construct of EI can be categorized as a trait-model, integrating personality framework, and helping an individual understand their own emotions. The third model, and the one that will be used as a framework for this Dissertation in Practice, is the mixed construct. In contrast to the first two models, this definition views EI as a mixture of personality factors, motivation, and self-perceived abilities (Joseph et al., 2015). This mixed model views EI as a noncognitive skill that helps one succeed in meeting demands in the environment.

The ability and mixed model of EI have been shown to be moderately correlated ($p = .26$, Joseph & Newman, 2010, $p = .14$, van Rooy et al., 2005), and they exhibit distinct differences when it comes to the relationship with work performance. The mixed EI measures were shown to have an advantage when it came to validity for predicting performance at work,

with a validity coefficient of $p = .47$, as opposed to the low validity shown by the ability-based measures ($p = .18$). Although many believe ability-based measures of EI to be based on a theoretically superior construct, research clearly suggests they are weaker measures for predicting on the job performance. Each of these constructs will be discussed in further detail below.

Ability-Based Model of EI

The concept of Ability-Based EI was originally created by Mayer and Salovey (1990). Mayer and Salovey suggested that some humans were more intelligent about emotions than others, and they drew from research on emotion, intelligence, psychotherapy, and cognition to develop their theory. In their theoretical approach, Mayer and Salovey focused on the ability to recognize emotions in faces, understand the meaning of words about emotion, and manage feelings appropriately. They characterized this process of problem-solving emotions into four areas or “branches” containing emotional perception, facilitation, understanding, and regulation (Mayer & Salovey, 1997). Each of these branches represented the ability perceive emotions, use them accurately, understand them and manage them (Mayer & Salovey, 1997). In 2016, Mayer, Caruso, and Salovey chose to update their original four-branch model by adding additional areas of reasoning, including more instances of problem-solving than the model originally entailed. They added additional facets including emotional appraisal and emotional forecasting (Mayer et al., 2016).

There are seven principles guiding this theoretical perspective of EI (Mayer et al., 2016). The first principle states that EI is a mental ability. Mayer and Salovey explain that EI is the ability to carry out abstract reasoning, understanding emotional meaning, recognize similarities and differences between concepts or understand when generalizations are not appropriate based

on context. The second principle states that EI is best measured as an ability. Because Mayer and Salovey believe EI to be a mental ability, and intelligences are best measured as abilities, they claim EI should be measured by posing problems for people to solve. Performance tests, most commonly the Mayer Salovey Caruso Emotional Intelligence Test (MSCEIT), are used when assessing ability EI. Participants are asked to solve problems and are given a test that has right and wrong answers, similar to a traditional IQ test. The third principle of ability based EI suggests that intelligent problem-solving does not necessarily correspond to intelligent behavior. Mayer and Salovey strongly believe in that intelligence and behavior are two separate, distinct traits. A person might appear to be emotionally stable, outgoing, and conscientious, but this does not necessarily mean they are emotionally intelligent. Others may possess a high level of intelligence and not deploy it. Principles 4 and 5 are in relation to the tests involved and the process of measuring mental abilities. Principle 6 states that EI is a broad intelligence, and Principle 7 indicates that EI focuses on hot information processing or matters that involve reasoning with information of significance to the individual. Humans use hot intelligences to manage what matters most, whether that means a sense of social acceptance, identity coherence, or emotional well-being (Mayer et al. 2016).

Trait-Model and the Mixed Model of EI

In the trait EI model, first proposed by Petrides and Furnham (2003), the way one perceives his or her emotional abilities and skills are conceptualized through a variety of emotional perceptions measured through questionnaires or self-rating scales (Petrides et al., 2007). Trait-based EI is related to personality traits, especially the ones relevant to situations that may have social and emotional contexts. Research has shown that the trait model of EI correlates with measures of personality, but it does not have the ability to predict outcomes beyond what an

individual personality inventory would provide, including job and life satisfaction and coping strategies to deal with stressful situations (Alegre et al., 2019).

Goleman and Bar-On (Goleman, 1996) proposed the mixed model approach to EI, which contains a mixture of ability and trait EI constructs, but focuses more on the self-awareness, motivation, social skills, teamwork, and empathy. Andonian (2013) defines this mixed model as a broad combination of skills combined with traits of personality. Mixed EI contains a broader perspective on EI, resulting in a definition that remains ambiguous. Several researchers have attempted to expand upon this definition by defining the content domains covered by this broad construct. Joseph et al. (2015) suggest that mixed EI contains a combination of the following concepts: Conscientiousness, Extraversion, self-efficacy, ability EI, emotional stability, and cognitive ability.

Mixed model definitions of EI have been subjected to criticism for several reasons. The literature suggests some may feel this model is too redundant with traits of personality to justify its own individual construct. In addition, some feel the model lacks empirical data to support it and criticize its definition for being too broad (Joseph & Newman, 2010). However, recent empirical reviews have suggested that mixed EI has a significant relationship with performance at work (Joseph et al., 2015). In comparison to measures of cognitive ability and the Big Five Personality Traits alone, EI may be a more significant predictor (Joseph & Newman, 2010, O'Boyle et al., 2011).

There is limited evidence to support the relationship between EI and the field of OT, but the research that does exist has primarily used mixed models of EI measures, which this present study will also use. Research suggests that ability-based measures represent an index of individual differences in emotional knowledge, but do not directly correlate with performance in

the workplace (Joseph et al, 2015). Based on this researcher's review of the literature, evidence reveals that the mixed models of EI is a stronger predictor of work performance than ability measures of EI. This particular study is based on student performance in the work setting; therefore, a combination of the theories as presented by Bar-On (2000) and Goleman (2001) seemed to be the most applicable to address the present research questions.

Personality and the Mixed Model of Emotional Intelligence

Some critics of EI have questioned whether EI has validity beyond personality traits and cognitive ability (Joseph & Newman, 2010). This may be due in part to the broad definitions of the mixed model construct, and the fact that many believe mixed EI to be an underdeveloped theory. Extraversion, Agreeableness, and the ability to handle conflict and communicate effectively are all encompassed in EI (Brown et al., 2016). Joseph et al. (2015) found that EI encompasses personality traits related to the Big Five, including Conscientiousness and Extraversion.

Mixed EI includes attributes such as achievement-motivation and low impulsiveness, which is similar to the self-control facets involved in Conscientiousness. Conscientiousness is known to be a personality domain characterized by the tendency to follow the rules or norms considered to be socially appropriate norms (John & Srivastava, 1999), so this sense of duty may carry into emotional roles as well. Individuals who have high levels of Conscientiousness may adhere to emotion-related norms, including emotional tasks such as perceiving one's own and other's state of emotion and displaying appropriate emotions.

As extraverted individuals build a social network, it is likely they will develop a set of emotion-related skills based on the desire to build social bonds with others. Relationship skills, social competence, interpersonal relationships, and happiness are all dimensions of EI that one

can link to the personality trait labeled Extraversion. According to Joseph et al. (2015), assertiveness can also fall into the domain of Extraversion. The strong empirical relationship between mixed EI and the personality trait of Extraversion has been well documented by researchers in the past (Joseph & Newman, 2010; O'Boyle et al., 2011) who found correlations of $p = .46$ and $p = .49$, respectively. Joseph et al. (2014) concluded that Extraversion is positively related to mixed EI because extraverts are inclined to develop social bonds, resulting in enhanced social and emotional skills.

Trait-based EI and the general factor of personality tend to have a strong overlap, which makes sense since both are related to personality and social skills (Alegre et al., 2019). The literature summarized above suggests that EI and certain traits of personality are substantially correlated. The mixed model of EI seems to offer good incremental validity over and above personality, according to a comprehensive study by Joseph and Newman (2010). An additional study by O'Boyle et al. (2011) reported mixed model E had 7% incremental validity over cognitive measures and personality measures alone. Early results from these two studies indicate that mixed model EI measures are important predictors of job performance over and above cognitive ability or measures of personality alone. In an effort to provide the most comprehensive study, this researcher chose to study both EI and personality traits to analyze the relationship between each of these variables and performance in a clinical setting.

The Relationship Between Personality Traits and Academic Success

The research has suggested that there may be positive relationships between grades and personality. Various studies have found that in middle school, high school, and college, some of the Big Five traits have been found to significantly predict GPA (Durham, 2004). In particular, Agreeableness, Conscientiousness, and Openness were shown to be positively correlated with

grades in a study conducted by Lounsbury et al. (2003). Students who have better self-control and are more open to discovering new experiences tend to have higher GPA's, while students who display increased levels of anxiety, impulsivity, and hostility may perform worse academically (Hart et al., 2007). Students who adequately prepare for school, follow directions consistently, and ask questions in school are typically the higher performers in the class academically. The ideal combination for a high-achieving student appears to be a low level of neuroticism combined with a high level of openness, conscientiousness, and agreeableness (Hart et al., 2007).

Research has shown that of all the personality domains, Conscientiousness is the factor most likely to predict academic success with graduate students, as it is related to goal setting and motivation. Empirical studies have shown Conscientiousness to be positively associated with overall GPA and grades on written papers (O'Connor & Paunonen, 2007). Openness to Experience has shown an inconsistent correlation to academic performance, with some studies showing it as a positive predictor of academic performance and others failing to show a correlation. Similarly, mixed results were found when analyzing the relationship between Extraversion and academic performance. One study found a negative association between Extraversion and academic performance, suggesting that perhaps extraverts spend more time socializing where introverts spend more time studying (Furnham et al., 2003). The relationship between Neuroticism and grades in higher education also showed mixed results, though most studies found a negative correlation between Neuroticism and GPA. O'Connor & Paunonen (2007) also found that agreeableness was an unimportant factor in determining academic performance.

The Relationship Between Traits of Personality and Clinical Performance

While multiple studies have shown a positive relationship between academic performance and personality, there has been limited research on the correlation between traits of personality and clinical performance in the field of OT. There are researchers (Hogan et al., 1996; Ones et al., 1996) who suggest that personality traits can effectively predict job performance, but only a handful of studies were found directly linking personality to performance in the field of OT. The study conducted by Brown et al. (2016) suggested that personality traits were not predictive of fieldwork performance but recommended that future studies be conducted in this area. However, other researchers (Doherty & Nugent, 2011) have found there is value in using personality traits to identify strengths and areas of weakness in clinical practice (Brown et al., 2016). Doherty & Nugent (2011) conducted their research with medical students and found that Conscientiousness was a significant predictor of overall performance in medicine, resulting in hard-working, disciplined, and goal-oriented students.

Prior Academic Achievement

The most heavily weighted factor in the admissions process in most OT and OTA programs is prior academic achievement, as measured by the students' undergraduate cumulative grade point average (GPA). This is a cumulation of all academic grades obtained in previous college courses (Bathje et al., 2014). Several studies have found that undergraduate GPA is correlated with graduate GPA in an OT program (Lysaght et al., 2009), which is not surprising since a student who does well in undergraduate coursework is more likely to succeed in graduate coursework as well.

A study by Ruscingo et al., (2010) revealed a positive relationship between a candidate's undergraduate GPA and the candidate's GPA the first year in a Doctor of Physical Therapy

(DPT) program. Likewise, students with higher GPA's also demonstrated higher scores on the National Physical Therapy Examination (Dockter, 2001). Students who had an overall higher overall GPA also demonstrated superior performance on the board exam (Swift, 2012).

The evidence is clear that undergraduate grades correlate to academic performance in a professional program in all areas of healthcare, including OT (Salvatori, 2001). However, the evidence is not as clear when it comes to the correlation between grades and clinical performance. The relationship between academic grades and performance on fieldwork in OT has been studied previously, with a few studies revealing a positive correlation between grades and fieldwork supervisor's ratings. However, the correlations have usually been low and often not significant. One study did reveal positive correlations between undergraduate GPA and fieldwork performance scores for internships in psychosocial settings ($r = 0.31, p < .05$) and physical dysfunction settings ($r = 0.10$) (Kirchner et al., 2001). Another study found positive correlations using GPA as a predictor on both psychosocial internships ($r = 0.035$) and physical dysfunction settings ($r = 0.142, p < .05$) (Kirchner et al., 2001). However, in the majority of studies found in the literature, the relationship between academic grades and performance on fieldwork has been shown to be low using correlational analysis (Kirchner et al., 2001).

Previous Research

The primary reason the researcher chose to study this topic is because there are only two studies in existence that focus specifically on the correlation between personality traits, EI, and OT. Although the research is limited, the two studies in existence will be summarized next. First, a study conducted by Brown et al. (2016) was conducted with 114 OT students in Australia. This cross-sectional study used the *Genos Emotional Intelligence Inventory* and the *Ten-Item Personality Inventory* as well as compared scoring with the *Student Practice Evaluation Form*

Revised (an Australian version of the American Occupational Therapy Association's FWPE).

The results of this study found that several of the Genos EI subscales were significant predictors of the student's communication skills, while other subscales were found to be predictors of student documentation skills. Emotional Management of Others was found to be a significant predictor of student professional behavior. In this particular study, none of the personality factors were found to be predictors of any of the domains listed on the Student Practice Evaluation Form Revised. The study concluded that EI had a significant relationship with fieldwork performance, but personality traits did not. This study did have several limitations, including a small sample size as well as the potential issue of social desirability on the self-reported assessments (Brown et al., 2016). This study is similar to the present one, in that both EI and personality factors were explored with occupational therapy students on fieldwork. However, the researcher chose to conduct the present study in an effort to contribute to the limited body of evidence on this topic, as the literature revealed very few studies on EI and fieldwork performance in an occupational therapy program in the United States. Although the Brown et al. (2016) study did not reveal a correlation between personality and clinical performance, the researcher chose to replicate that aspect of the study to see if the results would look similar or different, using a different measure. The Brown et al. (2016) study used the Ten Item Personality Inventory to measure aspects of student personality, while the present study used the Big Five Inventory. In addition, while the aforementioned study was purely quantitative in nature, the present study used a mixed methods approach, where qualitative data was collected through the use of interviews in an effort to expand upon the quantitative data.

Another similar study, conducted by Andonian (2013), focused on EI and self-efficacy, exploring how those two factors correlated with performance on OT fieldwork performance.

This study had a larger sample size (n=199) as they collected data from 36 different OT programs in the United States. This study used the MSCEIT and the Student Confidence Questionnaire and compared that data to scoring on the AOTA FWPE form (the same form that will be used in the present study). Andonian found that the several factors had a significant relationship on fieldwork scoring, including the student level of EI, whether or not the student was allowed to choose the fieldwork setting, and whether the student had previous work experience. The student's perceived level of self-efficacy, however, was not related to the FWPE scores. The researcher concluded that fostering student's EI does support success with Level II fieldwork (Andonian, 2013). This author found that being able to understand one's own emotions and the emotions of others resulted in higher scoring on the intervention section of the FWPE. Providing client-centered care is vital in the field of OT and providing this type of care requires a high level of authentic collaboration and communication with clients and their families (Andonian, 2013). Non-verbal and verbal communication is another imperative part of establishing rapport with clients. The ability to manage one's emotions was positively correlated with communication as described on the FWPE form. This study used a different theoretical approach than the present study is planning to use, as it utilized the Mayer (2008) theory of ability based EI. However, the findings are still applicable to the present dissertation in practice.

The number of studies specifically targeting the relationship between EI, personality traits, and OT students on fieldwork is limited; these were the only two primary studies that researcher was able to identify. However, there were a handful of additional studies that may also be relevant. One study conducted by Brown et al. (2017), found that specific constructs of EI were predictive of one's ability to work as part of a team, another valuable component of fieldwork success. A study by Lewis (2011), found that the Mayer-Salovey-Caruso Emotional

Intelligence Test was not a successful predictor of clinical performance with Physical Therapy students, who often collaborate and co-treat with OT students. No other relevant studies were found in preparation for this dissertation in practice.

Due to the limited number of studies on this particular topic, the present study is being conducted to further explore the role of EI and traits of personality in OT fieldwork. The preliminary evidence suggests that there is a significant relationship between EI and success on clinical rotations, as well as a significant relationship between EI and the ability to collaborate as part of a team. These particular studies also suggest that there is no significance between traits of personality and EI, or self-efficacy and performance on fieldwork, but there were several limitations to each of these studies. While research on EI has been studied extensively in other fields of healthcare, a comprehensive review of the literature revealed a limited number of studies specific to the field of OT. Therefore, this Dissertation in Practice aims to investigate whether EI and/or traits of personality may be predictive of performance on OT fieldwork.

CHAPTER 3: METHODS

Introduction

A mixed methods approach was used to examine the relationship between EI, traits of personality, and success on clinical fieldwork rotations in an OT program. According to Creswell and Plano Clark (2006), there are four types of mixed methods designs: triangulation, explanatory, embedded, and exploratory. In the present study, an explanatory mixed methods approach was used to increase understanding of the problem. Explanatory research methods are often used following quantitative studies to dig deeper into trends. Therefore, this method will be used to help examine the findings from the quantitative analysis, providing deeper insight to the meaning of the evidence presented. Explanatory research is not designed to provide conclusive answers to the research questions, but to fulfill a need for greater understanding of the subject matter (Creswell & Plano Clark, 2006).

There were two different phases involved in the study. The quantitative data was collected first, followed by the qualitative portion of the study, which served as the primary purpose of providing a more thorough understanding of the results gathered from the quantitative data. Quantitative data was obtained by comparing student scores on three different measures, while the qualitative data was obtained by conducting 20 in-depth, one-on-one interviews with CFE's who were well-informed on the topic of students' success on fieldwork.

Participants

Phase 1: Quantitative

A convenience sample was used, comprised of students enrolled in either the MOT program or the OTA program at a private university located in the Southeastern United States. Inclusion criteria for the participants included the following: willingness to sign consent to

participate in the study, over 18 years of age, enrolled in the second year of either the MOT or the OTA program at Florida Healthcare University (FHCU), and eligible to complete level II fieldwork during the Summer and/or Fall 2019 semester. Exclusion criteria involved students not enrolled in their second year of the MOT or OTA program, and students who had not successfully passed the didactic portion of their programs and were therefore ineligible to participate in Level II fieldwork. Several different faculty members at FHCU extended the invitation to students to participate in the study; the researcher was not a part of the recruitment process.

An analysis was conducted to determine the power for the simple linear regression study using the software XLSTAT v2020. The researcher recruited 42 participants. Using an effect size of 0.3 and an alpha of 0.05, the software indicated a power of 0.873. Using the anticipated effect size of 0.35, a statistical power level of 0.9, and a probability of 0.05, it was determined that the minimum required sample size for a linear regression design was 27. Originally, the researcher had planned to utilize a multiple regression design using all seven variables in the study in one analysis, however, the power analysis estimated a much larger sample size would be required.

A total of 52 OT and OTA students were invited to act as participants in this study, and 42 students agreed to participate. The students were all of diverse backgrounds, representing a fair sample of the U.S. population of registered OT and OTA students. A majority of participants in this sample were white females, which is not only consistent with the historical demographics of the program but also reflective of the typical student population based on data conducted by the AOTA. The AOTA's most recent annual report (2018) showed that 90% of enrolled MOT students were female, and 80% were white. This study showed a similar demographic. See details in Tables 1-3. Similarly, in this study, a large majority were white (79%), female (93%),

and/or were under the age of 30 (76%). The following demographic information was collected for the sample: Gender, Age, and Ethnicity. See the following three tables for a breakdown of demographic data describing the participants:

Table 1

Study Population Demographics by Gender

Gender	Frequency	Percentage
Male	3	7.1
Female	39	92.9
Total	42	100

Table 2

Study Population Demographics by Age

Age	Frequency	Percentage
24 Years and Younger	11	26.2
25-29 Years	21	50
30-34 Years	7	16.7
35 Years and Older	3	7.1
Total	42	100

Table 3

Study Population Demographics by Ethnicity

Ethnicity	Frequency	Percentage
White/Caucasian	33	78.6
Black/African American	1	2.4
Hispanic/Latino	5	11.9
Asian/Pacific Islander	3	7.1
Total	42	100

The students were required to complete two different fieldwork rotations in two different settings. The most common fieldwork setting assigned to the students was inpatient rehab or acute care in a hospital (n=20). The second most frequently represented setting was pediatrics, either in a school-based setting, an outpatient pediatric clinic, or the NICU (n=18). Outpatient

rehabilitation clinics, such as outpatient neuro or outpatient orthopedics, made up the third group of fieldwork settings (n=15), with skilled nursing facilities (n=10) and inpatient neuro or inpatient mental health clinics the least represented setting (n=7).

Since the study population included two different classifications of students, (MOT and OTA students), further analysis was conducted to investigate for any significant differences between the two groups in their Fieldwork Percentile scores. After six assumptions were tested and upheld, the *t* test for independent samples was conducted to analyze the data.

Table 4

Group Statistics

Class		N	Mean	Std. Deviation	Std. Error Mean
Fieldwork	MOT	33	86.8348	6.08603	1.05944
Percentile	OTA	9	88.7222	6.12429	2.04143

Table 5

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
FW	Equal variances assumed	.004	.952	-.824	40	.415	-1.88737	2.29154	6.51875	2.74400
	Equal variances not assumed			-.821	12.660	.427	-1.88737	2.29997	6.86975	3.09501

As shown in Table 4, the Fieldwork Percentile group mean for MOT (86.8348) was slightly lower than the OTA group mean (88.7222). However, as revealed in Table 5, the associated p value to the obtained t value indicated that the difference between the two groups of students was not statistically significant ($t = -0.824$, $p = .415$), indicating that the two groups were quite similar in their fieldwork percentile scores.

Phase 2: Qualitative

For the qualitative portion of the study, the participants were chosen from a convenience sample of CFE's who had worked with OT and/or OTA students from Florida Healthcare University in 2019. The researcher sent an email to 74 CFE's inviting them to participate in the interview process. The first 20 fieldwork educators to respond were chosen to participate. During the interview, basic demographic data was collected for the fieldwork educator participants. The researcher inquired about the number of years the interviewee had been practicing, what type of setting the CFE was practicing in, and how many students they had worked with in the past. Permission was obtained to include gender and ethnicity in the study. Confidentiality was assured to each interviewee, and consent was obtained to participate in the interview process.

The Fieldwork Educators who participated in the interviews came from diverse ethnic backgrounds and had varying numbers of years of experience as an OT practitioner. There were also variances in the amount of experience they had acting as a CFE, with 50% of the respondents indicating they had supervised between 6 and 10 students in the past. In addition, the fieldwork educators worked in large variety of practice settings, ranging from the hospital to skilled nursing facilities to outpatient clinics. The largest number of participants reportedly worked in inpatient or outpatient pediatrics ($n=6$) and the smallest number provided educationally relevant services in the school system ($n=1$). The fieldwork educators interviewed

were primarily female (75%) and White/Caucasian (65%), but as mentioned earlier, this is reflective of the female-dominated profession of OT. Table 6 illustrates a breakdown of the demographic data on the CFE’s interviewed for this study, including gender, years of experience, number of previous students, ethnicity, and practice setting.

Table 6

Clinical Fieldwork Educator Demographics

	Frequency	Percentage
Gender		
Male	5	25
Female	15	75
Years of Experience		
1-5 years	4	20
6-10 years	7	35
11-15 years	3	15
>15 years	6	30
# of Previous Students		
1-5 students	7	35
6-10 students	10	50
>10 students	3	15
Ethnicity		
White/Caucasian	13	65
Black/African American	4	20
Hispanic/Latino	3	15
Practice Setting		
Hospital Inpatient	3	15
Pediatrics/ Schools	7	35
Outpatient Rehab	5	25
Skilled Nursing	3	15
Neuro/Mental Health	2	10

As described in the participants section in the quantitative section above, students were primarily assigned to fieldwork settings such as the hospital or pediatrics. Several students also completed their rotations in outpatient facilities, geriatric skilled nursing facilities, and mental health or neuro settings. A chi-square goodness-of-fit test was used to determine whether the distribution

of cases of student rotations followed the distribution of therapists interviewed according to the five settings in this study. The table of distribution is shown in Table 7 and Table 8.

Table 7

Practice Settings of Students vs. Clinical Fieldwork Educators Interviewed

	Students	Therapists
Pediatrics/Schools	18 (26%)	7 (35%)
Outpatient Rehab	15 (21%)	5 (25%)
Hospital Inpatient	20 (29%)	3 (15%)
Skilled Nursing Facility	10 (14%)	3 (15%)
Neuro/Mental Health	7 (10%)	2 (10%)
Total	70	

Table 8

Practice Settings

	Observed N	Expected N	Residual
Pediatrics / Schools	18	24.5	-6.5
Outpatient Rehab	15	17.5	-2.5
Hospital Inpatient	20	10.5	9.5
Skilled Nursing Facility	10	10.5	-.5
Neuro/Mental Health	7	7.0	.0
Total	70		

Table 9

Test Statistics

	Setting
Chi-Square	10.701 ^a
df	4
Asymp. Sig.	.030

^a 0 cells (0.0%) have expected frequencies less than 5. The minimum expected cell frequency is 7.0.

In Table 9, the obtained Chi-Square value of 10.701 is associated with $p = .030$ which is statistically significant. Therefore, the frequency of practice settings for the students was significantly different from the number of therapists interviewed in the five settings. It appears that student fieldwork settings were over-represented in the hospital inpatient setting and under-represented in the Pediatrics/Schools setting as compared to the clinical fieldwork educators interviewed. The outpatient rehabilitation centers, skilled nursing facilities, and neurological and mental health practice settings were approximately equally represented by the student participants and the CFE's interviewed.

Instrumentation

Phase 1: Quantitative

Genos Emotional Intelligence Inventory. The *Genos Emotional Intelligence Inventory (GENOS EI)* is a self-reported assessment used to gather information on the participants EI. The original form divides EI into seven different categories, including Emotional Self-Awareness, Expression, Awareness of Others, Reasoning Self-Management, Management of Others, and Self-Control (Gignac, 2008). This inventory was chosen for this study because it included factors that represented emotionally intelligent workplace behaviors that directly related to student expectations on fieldwork. Example items included the following: an awareness of negative feelings at work, the ability to express feelings appropriately at the right time or responding to frustrating events at work effectively. Participants were asked to indicate how often the behavior in question was demonstrated, using a rating scale from 1 to 5 (1=Almost never; 2=Rarely; 3=Sometimes; 4=Often; and 5=Almost Always).

This measure was previously used with large samples across several countries, including the United States, Australia, and Canada. Gignac (2005, 2010) previously reported on the validity

and reliability of this measure. The internal consistency reliability for the 7 subscales ranged from 0.71 to 0.85 across a wide variety of diverse populations. For the total scale, the reliability exceeded .90, proving that the reliability of this measure is better than other self-report measures of EI, such as the Bar-On EQ-I. Brown et al. (2016) reports test re-test correlations of 0.83 and 0.72 in 2- and 6-month intervals, revealing a respectable amount of stability in scoring over time (Gignac, 2005).

Due to time constraints, an abbreviated form of the Genos EI was utilized. The short form was specifically designed for research purposes where there are time constraints involved. By selecting the short form, participation could be maximized as students would be able to complete the assessment despite busy school schedules. Rather than reporting separate scores for each of the seven domains, the Genos EI Short version only calculates a total EI score (two items from each domain, for a total of 14 items (Gignac, 2008). The researcher chose to use this abbreviated form after finding that the reliability was very similar to the complete Genos EI ($\alpha = .87$) (Stough et al., 2009). Research suggested that the correlation between the complete form and the short version was $r = .94$. Therefore, Stough et al. (2009) reported that any effects of the total EI could also be expected when using the short form.

Big Five Inventory. The Big Five Inventory (BFI) (John et al., 2008; John et al., 1991; Benet-Martinez & John, 1998) was used to identify the personality traits of the participants. This inventory, which was comprised of 44 items, used a five-point Likert scale to assess the domains of Agreeableness, Conscientiousness, Extraversion, Neuroticism, and Openness, with 8-10 items assigned to each domain. An average was calculated for each personality trait, with a higher score indicating that the individual was more strongly characterized by that particular trait (John & Srivastava, 1999). Gosling et al. (2003) found that the validity of the tool was acceptable and

comparable to other self-report scale by using multi-national samples. Alpha reliabilities ranged from .75 to .80 for each of the five subscales. Test retest reliability over a 3-month period ranged from .80 to .90.

Fieldwork Performance Evaluation Form. The American Occupational Therapy Association *Fieldwork Performance Evaluation Form (FWPE)* is currently used by all accredited OT programs to evaluate the student's clinical performance (AOTA, 2002). The FWPE form, which was filled out by the student's Clinical Fieldwork Educator (CFE), generated a total score and seven sub-scores including (1) fundamentals of practice, (2) basic tenets, (3) evaluation and screening, (4) intervention, (5) management of OT services, (6) communication, and (7) professional behaviors. The measure had a total of 42 items, with a Likert Scale for the rater to assign a rating of 1-4 for each of the 42 items. The student had to receive a minimum score of 122 to pass the clinical fieldwork rotation, with a maximum of 168 points available. Examples of items listed on the FWPE include implemented client-centered intervention plans, demonstrated consistent work behaviors, collaborated with team members including the OTA, and utilized positive interpersonal skills (AOTA, 2002).

The FWPE was pilot tested twice using Rasch measurement to determine if it was capable of assessing entry-level competency for OT students (Atler, 2003). The results of the Rasch measurement showed that the tool was capable of accurately measuring competency, however, the committee working on the form suggested that OT's should continue to study the reliability and the validity of the form when used in practice (Atler, 2003). In an additional study, researchers analyzed a sample of 332 FWPE for OT students (1,340 distributed with a return rate of 25%) from students practicing in a variety of settings. Based on the findings, it was concluded that an adequate number of variables assessed Fieldwork competency and each item's standard

error was determined to be acceptable. The FWPE showed adequate reliability and acceptable goodness of fit (Atler, 2003).

Many errors may occur in the use of the FWPE, primarily due to inaccurate use of the rating scale. While there could be variability in the use of the rating scale for many reasons, the primary reason was determined to be that all CFE's were not trained to use the form properly (Bathje et al., 2014). Therefore, for the purposes of the present study, each CFE was provided with individual or small group training on the FWPE to ensure accurate and appropriate use of the form prior to the OT or OTA student beginning the fieldwork rotation.

Phase 2: Qualitative

For the qualitative portion of the study, semi-structured interviews were conducted with 20 CFE's. The questions for these one-on-one, in-depth interviews included the following:

- 1. Tell me about your role as a Clinical Fieldwork Educator (CFE). Can you talk about the type of setting you work in? What kind of patients do you work with at this facility?*
- 2. Have you taken many students in the past, or was this your first experience being a fieldwork educator?*
- 3. Based on your personal experience(s) as a CFE, what makes a student successful on level II fieldwork?*
- 4. Have you had a student struggle on level II fieldwork in the past? (If yes - what are some of the reasons behind the student struggles?) If no - what are some of the primary reasons you think a student might not be successful?)*
- 5. Describe some of the personal characteristics you feel are necessary to be a successful OT practitioner. Are there any characteristics that may have a negative impact on one's ability to be a successful therapist?*

Research Design

A mixed-methods approach was used to answer the research questions contained in this study, combining both quantitative and qualitative approaches for data collection and analysis. The researcher chose a mixed-methods approach to answer the proposed research questions in a comprehensive manner. Integrating both quantitative and qualitative data provided a more complete and synergistic utilization of data than either method would have provided individually. Mixed methods approaches have proven to be useful for comparing quantitative and qualitative findings and exploring the similarities and/or differences in the results. Mixed methods approaches are also advantageous because they give a voice to the participants, ensuring that the study findings are based on the participants experiences, and providing more details than can be obtained in research that is solely quantitative (Creswell & Plano Clark, 2006).

As previously explained, an explanatory qualitative approach was used to better understand the quantitative data. Therefore, this study utilized a two-phase approach in which the quantitative data was collected and analyzed first, followed by the qualitative collection and analysis in the second phase.

Quantitative data collected included the student's GPA when admitted to the program, their total scores on the two measures, and the average percentile of their final scores on the FWPE. The majority of these students completed the required two fieldwork experiences (Level IIA and Level IIB); therefore, the average of the two scores was used as the dependent variable. Out of the sample of 42 participants, four students did not receive a passing score on one of their fieldwork rotations, and subsequently had to complete a make-up rotation. Therefore, their scores were calculated using the average of three fieldwork rotations.

The dependent variable in this study was the student's average score (percentile) on their Level II FWPE. The independent variables included the student's score on the two measures, the Genos Emotional Intelligence Inventory, and the Big Five Inventory. The control variable used was Grade Point Average prior to the OT program. The researcher completed a test of linear regression, comparing scores on the Level II Fieldwork Performance Form and the score on the Genos Emotional Intelligence Inventory for each of the participants, accounting for GPA. This was followed by partial correlation tests for each of the Big Five dimensions of personality.

Following the completion of the fieldwork experience and the participation in the two measures, convenience sampling was used to interview a total of 20 fieldwork educators for the qualitative phase of the study.

Procedures

Phase 1: Quantitative

The data collection process did not begin until IRB approval was received from both the University of Central Florida (UCF) and Florida Healthcare University (FHCU). The measures of EI and personality were administered in person in a private classroom at FHCU, using a paper version of each assessment at the end of both the Summer and Fall fieldwork rotations. By this time, the Clinical Fieldwork Educator supervising each student had already completed the AOTA Fieldwork Performance Evaluation form and sent the paperwork in to the Academic Fieldwork Coordinator. A faculty member at the university took charge of inviting the students to participate in the study and reviewed the consent form with the participants. This faculty member provided the students with information about the study, why they were chosen to participate, the inclusion and exclusion criteria, the risks and the benefits associated with participation, anonymity and confidentiality and contact information in case they had additional

questions. An informed consent (shown in APPENDIX C) was then provided to each participant, assuring the students that if they did not wish to participate in the study or if they chose to withdraw at any point in time, there would be no negative penalties. To avoid potential for bias, the researcher was not in the room while the students were signing the consent form and participating in the measures. The analysis was completed using the last four digits of the student's social security number to ensure confidentiality. All information was stored on a password protected computer in a locked office.

Prior to the fieldwork experience, the researcher met with each of the CFE's working with an FHCU OT or OTA student. A continuing education class was held on campus, where the AOTA FWPE was reviewed. If the participants were unable to attend the continuing education class, the researcher met with them privately to review the detailed evaluation form and check for understanding.

Phase 2: Qualitative

At the end of the two fieldwork experiences, the researcher invited all the OT's and OTA's who had supervised students to participate in the interview process. An invitation was emailed to 74 CFE's who had worked with an OT or an OTA student in the summer and/or fall of 2019. The researcher selected those respondents who were in the pool of the first 20 CFE's to respond to the email. The researcher conducted semi-structured interviews with the fieldwork educators, obtaining consent from each participant before beginning the interview process. Each interview lasted between 15 and 20 minutes, depending on how much information the fieldwork educator chose to share. When conducting the interviews, the researcher used indirect, open-ended questions that were not directly related to traits of personality or EI to avoid "leading" the interview in a direction that supported the hypothesis. The researcher also maintained a neutral,

impartial stance to avoid putting pressure on the interviewee to answer the questions in a particular way.

After the twenty interviews were conducted, the researcher participated in member checking. Member checking, a technique described by Lincoln & Guba (1985) as a crucial method to ensure validity, was conducted to ensure that the main points of each interview were interpreted accurately. This process was completed by emailing 25% of the CFE's a brief summary of their interview, highlighting the main points. The member checking process gave the interviewees an opportunity to clarify or add additional information to their responses. All 25% of the CFE's responded that the summary provided was an accurate reflection of their intent, thereby increasing the trustworthiness of the qualitative information collected from the interviews.

To further increase the trustworthiness of the qualitative data, the researcher recruited another faculty member to assist with the qualitative analysis. Having multiple people interpret the data limited the risk of any personal bias impacting the results of the study.

Data Analysis

Phase 1: Quantitative

To conduct a regression analysis with a control variable, the hierarchical model approach was used. Prior to running the test of hierarchical linear regression, seven assumptions were tested, as reviewed in the section below. Following the assumption testing, linear regression was conducted by comparing the student's total score on the EI measure and the student's final score on fieldwork, controlling for student's prior cumulative GPA. The prior cumulative GPA was used, rather than graduate program GPA, since prior GPA is what was used as admissions

criteria when the students started the program. In addition, a partial correlation analysis was conducted individually with each of the five domains listed in the Big Five Inventory.

The Statistical Package for the Social Sciences (SPSS 2017) software was utilized to complete the statistical data analysis of the quantitative data. The following seven assumptions were tested before the linear regression was conducted:

- *Assumption 1: The independent variable is continuous.*
- *Assumption 2: The dependent variable is continuous.*
- *Assumption 3: There is a linear relationship between the independent and dependent variables.*
- *Assumption 4: There is independence of observations.*
- *Assumption 5: There is no significant outliers in the data.*
- *Assumption 6: The data show homoscedasticity.*
- *Assumption 7: The residuals of the regression line are approximately normally distributed.*

Both the independent and dependent variables were found to be continuous, therefore, the first two assumptions were upheld. Next, linear regression requires that the relationship between the independent and dependent variables must be linear. Visual inspection of the scatterplot, as shown in Figure 1, illustrated a positive trend which indicated that a linear relationship existed. Therefore, the third assumption was also upheld.

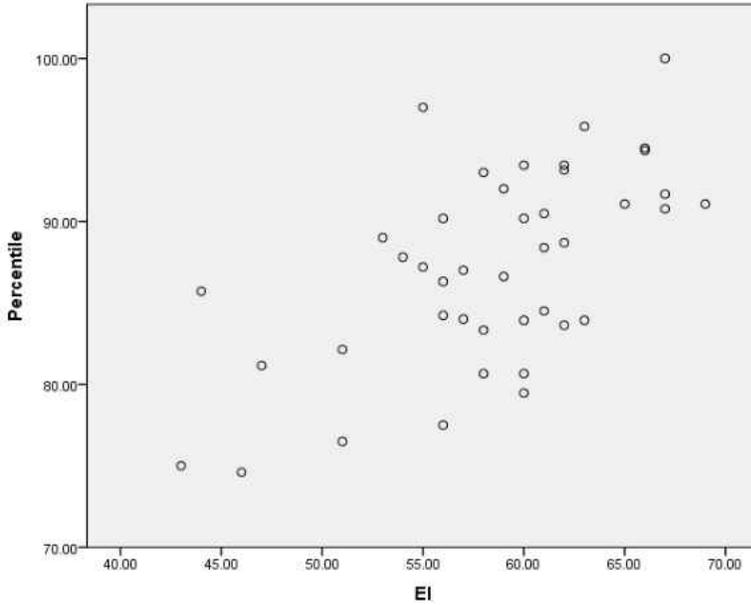


Figure 1

Scatterplot of the Linear Relationship Between EI and Fieldwork Percentile Score

The fourth assumption required little or no autocorrelation in the data, which is what occurs when the residuals are not independent from one another. A Durbin-Watson test was used to test the linear regression model for autocorrelation. Table 10 illustrates an obtained Durbin-Watson statistic of 2.555 which indicates that there was independence of residuals (values around 2 indicate no autocorrelation). Therefore, this assumption was also upheld.

Table 10

Model Summary of the Durbin-Watson Statistic

Model Summary					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.046 ^a	.002	-.023	6.13867	
2	.641 ^b	.411	.381	4.77645	2.555

^a Predictors: (Constant), GPA

^b Predictors: (Constant), GPA, EI

^c Dependent Variable: Percentile

It is also vital that outliers are found, as linear regression is sensitive to outlier effects. As shown in Table 11, all of the skewness coefficients are within the -1.0 to +1.0, which indicates that there were no significant outliers in the data.

Table 11

Descriptive Statistics Illustrating no Significant Outliers

Descriptive Statistics					
	N	Mean	Std. Deviation	Skewness	
	Statistic	Statistic	Statistic	Statistic	Std. Error
GPA	42	3.4319	.28738	-.383	.365
EI	42	58.4048	6.16465	-.713	.365
Percentile	42	87.2393	6.06975	-.227	.365
Valid N (listwise)	42				

The sixth assumption for linear regression required the data to show homoscedasticity. This assumption requires that the variance of errors (residuals) are constant across all the values of the independent variable. Due to the manner in which the residuals act as the errors, this assumption of equal error variances can be checked by visual inspection of a plot of the unstandardized predicted value in the X-axis against the studentized residual values in the Y-axis. The scatterplot shown in Figure 2 suggests that the residuals were spread about equally across the unstandardized predicted value. Therefore, this assumption was also upheld.

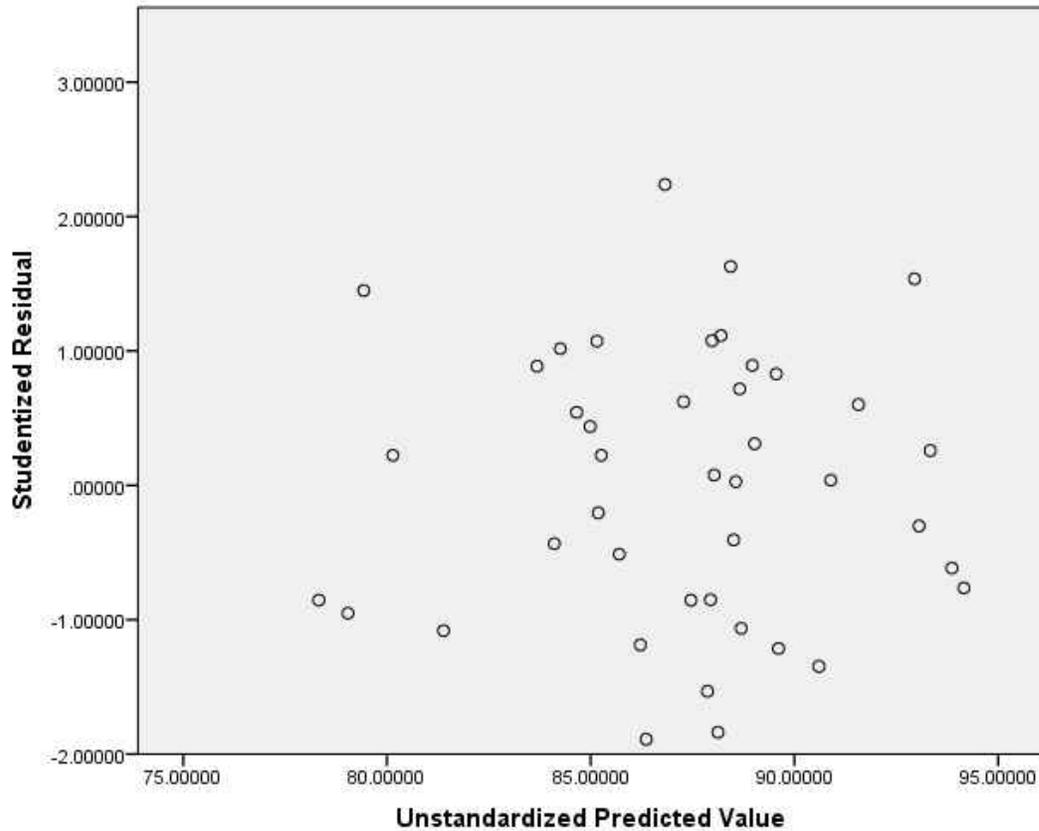


Figure 2

Scatterplot of Residuals

The final assumption required that the residuals of the regression line be approximately normally distributed. The histogram shown in Figure 3 suggests that the standardized residuals appear to be approximately normally distributed. The obtained mean was very close to zero with a standard deviation that was very close to 1, which indicated that the data distribution was very close to a normal distribution.

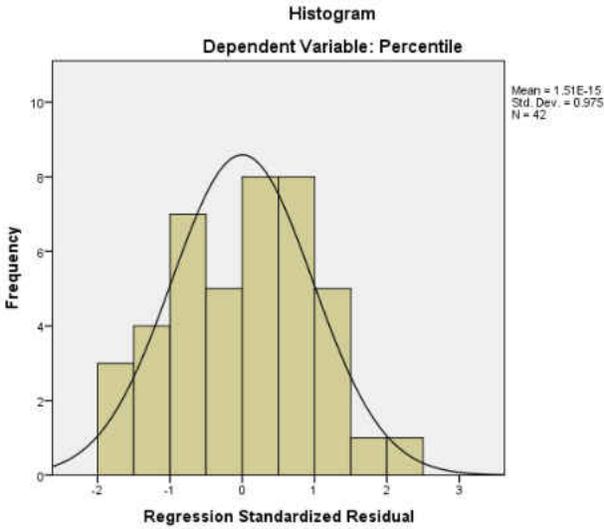


Figure 3

Histogram Illustrating a Normal Distribution

To further confirm the data distribution that approximates normal distribution, the normal P-P plot is constructed to investigate for any distribution skewness. The normal P-P plot in Figure 4 shows that the ordered data points were very much aligned along the diagonal theoretical line, further confirming that the residuals were approximately normally distributed.

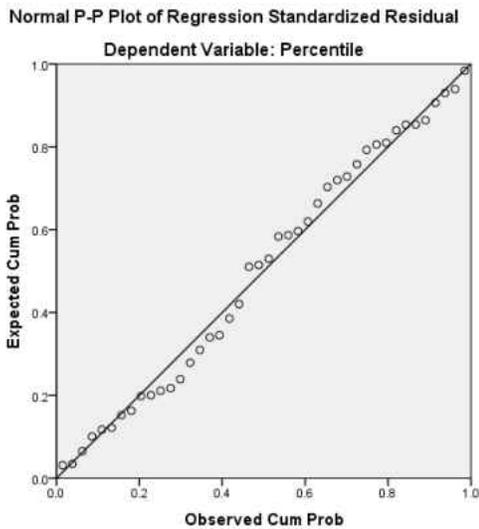


Figure 4

Normal P-Plot of Regression Standardized Residual

Phase 2: Qualitative

After the in-depth individual interviews were conducted, the researcher manually transcribed each one, then coded the transcriptions and used a deductive approach to analyze the data for themes, focusing on information that would expand upon the results of the quantitative analysis. According to Braun and Clark (2006), thematic analysis is a flexible tool that can be used following either an inductive or a deductive approach. The researcher followed the six steps for thematic analysis as outlined by Braun & Clark (2006), beginning by (1) becoming familiar with the data, (2) generating initial codes, (3) searching for themes, (4) reviewing themes (5) defining and naming themes, and then finally, (6) producing the report. First, the researcher transcribed the data independently, rather than using an outside source. Transcribing the interviews manually provided ample opportunity to make sense of the data. The researcher then read through the transcriptions several more times to increase familiarity with the data. In the second step, codes were assigned to the data in order to describe the content contained in the transcriptions. Next, the researcher looked for patterns or reoccurring themes, using an Excel spreadsheet to count the frequency of each broadened theme. A table was created to summarize how frequently each theme presented itself, with the themes mentioned most frequently at the top of each table. The themes were then condensed and renamed.

An OT colleague assisted by reviewing the transcriptions of the interviews to check for accuracy of the frequency count and determine if the themes were an accurate representation of the data set. The researcher chose not to use a formal software program to conduct the qualitative analysis, but rather, utilized an Excel spreadsheet to determine the frequency of each theme manually.

The next chapter of this Dissertation in Practice will explain the results of the quantitative and qualitative data analysis and discuss the results as they relate to the proposed research questions.

CHAPTER 4: RESULTS AND DISCUSSION

Introduction

The purpose of this study was to determine the potential relationship between EI and/or traits of personality on an OT student's performance on fieldwork. The researcher hypothesized that traits of personality and/or level of EI could play a role in how students performed on the clinical portion of the program. A mixed-methods study design was used to answer the research questions, utilizing both quantitative and qualitative approaches. In the first phase of the study, quantitative data was collected to investigate the relationship between students' final scores on their Level II fieldwork rotation and their scores on tests of EI and personality. In the second phase, a total of 20 interviews were conducted with CFE's who supervised the students, in an effort to gather qualitative data based on their perspectives and experiences. In this chapter, the researcher will examine how the quantitative and qualitative data answered the research questions outlined in Chapter 3, and also provide a discussion on how the data relates to the theoretical constructs presented in Chapter 2.

Phase One: Quantitative Results

Research Question #1: What is the relationship between levels of EI and the Big Five personality traits, controlling for students' GPA, on their fieldwork performance?

To answer the first research question for this study, an analysis of the quantitative data was conducted to investigate the relationship between EI, personality traits, and performance on fieldwork. The hypothesis discussed in Chapter 1 predicted that higher levels of EI and certain traits of personality would result in higher scores on the evaluation form. After the assumptions were tested as illustrated in Chapter 3, hierarchical linear regression was used to answer the

research question. Controlling for GPA, EI was shown to be a significant predictor to students' fieldwork performance ($F(2,39) = 13.604, p < .001$).

Table 12

Coefficients

Coefficients^a												
Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B		Correlations			Collinearity Statistics	
	B	Std. Error	Beta			Lower Bound	Upper Bound	Zero-order	Partial	Part	Tolerance	VIF
	1 (Constant)	90.570	11.488				7.884	.000	67.352	113.789		
GPA	-.971	3.336	-.046	-.291	.773	-7.713	5.772	-.046	-.046	-.046	1.000	1.000
2 (Constant)	62.344	10.456		5.962	.000	41.194	83.494					
GPA	-3.672	2.647	-.174	-1.387	.173	-9.027	1.682	-.046	-.217	-.170	.962	1.040
EI	.642	.123	.652	5.203	.000	.392	.892	.618	.640	.639	.962	1.040

a. Dependent Variable: Percentile

The coefficients table shown in Table 12 indicates that the partial correlation between EI and Fieldwork Percentile, controlling for GPA, is .640. This indicates that EI accounted for 40.96% of the variance in the Fieldwork scores.

Originally, the researcher planned to conduct a test of multiple linear regression to test the effect of both personality and EI on fieldwork performance. However, due to the number of variables and the limited number of participants, the assumptions for this analysis were not met. Therefore, a partial correlation test was run individually on each of the domains of personality included in the Big Five Inventory. These domains included Extraversion, Agreeableness, Conscientiousness, Neuroticism, and Openness. These tests were used to answer the research question inquiring about the relationship between the Big Five personality traits and performance on fieldwork, controlling for student GPA. Table 13 indicates that there was no significant relationship found between personality and fieldwork percentile, controlling for GPA, for any of

the five domains of personality. The researcher hypothesized that there would be a relationship between certain elements of personality and performance on fieldwork, but this was not the case. There was no statistically significant relationship for extraversion ($p = .536$), agreeableness ($p = .775$), conscientiousness ($p = .894$), neuroticism ($p = .450$) or openness ($p = .143$).

Table 13

Partial Correlations between Fieldwork and Big Five, controlling for GPA

BIG 5 Variables	Partial r	p
Extraversion	0.099	0.536
Agreeableness	0.046	0.775
Conscientiousness	0.022	0.894
Neuroticism	-0.121	0.450
Openness	0.233	0.143

Discussion of the Quantitative Findings

The first phase of the study strived to answer the research question, “*What is the relationship between levels of EI and the Big Five personality traits, controlling for students’ GPA, on fieldwork performance?*” As shown in the Table of Coefficients above (Table 12), statistical significance was achieved for the test of linear regression on fieldwork performance, and it was concluded that the independent variable (EI) was able to significantly predict percentile scores on fieldwork. EI was found to account for 40.96% of the variance in percentile scores on fieldwork. None of the personality domains were found to be related to fieldwork performance.

The quantitative data analysis revealed that EI proved to be a significant predictor of fieldwork performance, while traits of personality were not found to be a predictor. These findings are consistent with other research previously discussed in Chapter 2 of this Dissertation in Practice. A study by Brown et al. (2016), conducted with 114 Australian OT students, found that several of the Genos EI subscales were significant predictors of student’s communication

skills, documentation skills, and student professional behavior. In this study, none of the five personality factors were found to be predictors, therefore reaching a similar conclusion that EI predicted fieldwork performance, but personality factors did not. The second study discussed in the literature review, conducted by Andonian (2013), focused on the factors of EI and self-efficacy and how they related to fieldwork performance. Andonian found fieldwork performance was related to the level of EI, but the student's level of perceived self-efficacy was not related to the fieldwork score.

As discussed in Chapter 2, research has also shown a positive correlation between EI and performance in a clinical setting in other healthcare professions. A study conducted with physical therapists found that EI enhanced professional practice as evidenced by better communication and clinical reasoning in practitioners with higher levels of EI (Gunvor & Gyllensten, 2000). Likewise, a significant correlation was found in the nursing field as shown by positive relationships between clinical performance and interpersonal skills, communication, and collaboration with colleagues (Beauvais et al., 2011). While physical therapy, nursing, and OT are three separate and distinct careers, they are all fields of healthcare in which one is expected to provide evidence-based, personalized care for patients and their families.

As discussed previously, there are many elements of the AOTA FWPE that correlate directly with EI. Therefore, it is not a surprise that the quantitative data analysis revealed that higher scores of EI resulted in higher scores on Fieldwork. The scoring form for fieldwork asks the Clinical Fieldwork Educator to rate the student in the areas of communication and collaboration. The ability to understand emotions connects directly with the need for OT students to collaborate with clients and colleagues effectively and provide client and family-centered care (Coates & Crist, 2004). Section VII of the FWPE focuses specifically on professional behaviors,

including items that state, “the student responds constructively to feedback,” and “demonstrates positive interpersonal skills such as cooperation, flexibility, tact and empathy.” Having higher levels of EI also helps to foster these attributes of professionalism. As explained in the literature review in Chapter 2, the mixed construct of EI is viewed as combination of characteristics that include empathy, persistence, and motivation. These skills are congruent with the items listed in Section VII of the FWPE. In addition, responding to feedback is another essential component of professional growth and development for students on fieldwork as well as being able to respond graciously when given constructive criticism requires the management of one’s emotions. The FWPE grades students on practice fundamentals, the ability to collaborate with others, and professional behavior. Therefore, it is no surprise that students with higher levels of EI are more likely to succeed.

The quantitative results of this study did not find a link between traits of personality and performance on fieldwork. These findings were consistent with the study conducted by Brown et al. (2016), in which the Ten-Item Personality Inventory (Gosling et al., 2003) was found to not be predictive of fieldwork practice performance. However, as pointed out by Brown et al. (2016), there has been research that has found differing results, in which personality traits have been shown to be valuable in recognizing students’ strengths and weaknesses. Research suggested that two elements of the Big Five Personality variables, including Conscientiousness and Agreeableness, resulted in OT students who were hard-working, disciplined, and cooperative (Doherty & Nugent, 2011). Given that Agreeableness is an interpersonal trait often linked to social components, it is surprising that there was no link found between Agreeableness and fieldwork performance in the present study ($p = 0.775$). According to Costa and McCrae (1992), agreeable individuals tend to be warm, kind, cooperative, and trusting; all traits that would bode

well for someone entering the field of OT. This personality trait is often associated with individuals who successfully demonstrate caring and concern for others (Costa & McCrae, 1992), a valuable trait when working in healthcare. Agreeable individuals also strive to maintain positive interpersonal relationships with others. One might describe students in this category as “people pleasers.” Based on these characteristics, it seemed that this desire to please others would foster the Clinical Fieldwork Educator and student relationship, subsequently resulting in the student scoring higher on the FWPE. However, this was not the case.

Conscientiousness individuals are also known to be responsible and dependable (Judge & Zapata, 2015), two traits that would likely reflect in higher scores on the AOTA FWPE. A study conducted by Jackson et al. (2010) found that conscientious students tended to be more organized in general, an important skill to have on fieldwork when planning meetings and completing documentation for multiple patients. Past research also showed that conscientious individuals demonstrated resilience and a commitment to meeting their goals (Barrick et al., 1993), an important component of a 12-week fieldwork where one is expected to set weekly goals that progressively get more difficult. These research studies would lead one to believe that conscientiousness OT students should demonstrate superior performance on fieldwork due to these valued traits; however, a significant relationship was not revealed by the quantitative results of the present study ($p = 0.894$).

It was also predicted that there would be a link between extraversion and performance on fieldwork as OT is a people-based profession. However, extraversion showed a p value of 0.536, well out of the significant range. Based on the literature, extraverts tend to perform especially well when working in careers that require social skills (Judge & Zapata, 2015). The field of rehabilitation would almost certainly fall into that category, as one is expected to interact and

engage with patients and their families multiple times throughout the day. The research also suggested that extraverts are particularly skillful at handling problems that require social interaction, including dealing with people who are unpleasant, angry, or frustrated. Patients undergoing therapy services are often at low points in their life; they may be struggling to regain strength and mobility, or they may be frustrated with a loss of independence with regards to their activities of daily living. Therefore, extraverted individuals may be more equipped to handle stressful social situations than their introverted counterparts (Judge & Zapata, 2015).

Surprisingly, this link was not revealed in the quantitative data; therefore, the researcher planned to explore extraversion more in Phase 2 of the study, along with the potential links to the other traits of personality listed in this section of this Dissertation in Practice.

Phase Two: Qualitative Results

Research Question #2. What is the perception of Clinical Fieldwork Educators on the importance of emotional intelligence and personality when it comes to success on Level II Clinical Fieldwork rotations?

The second research question for this research study was addressed qualitatively, through a series of interviews with 20 CFE's. In conducting the interviews for Phase 2, the first few minutes were spent obtaining consent from the participants and establishing rapport. The first two questions were used to gather demographic data on the participants. For the remaining four questions, the researcher transcribed each of the 20 interviews, highlighting key words and phrases that were mentioned numerous times to determine the final themes to be examined. The researcher began with an inductive approach, looking for patterns within the transcripts, then switched to a deductive approach to finalize the themes, focusing on themes that were relevant to the quantitative data. The researcher followed the steps used in explanatory qualitative

approaches, which aim to expand upon the quantitative data collected in the first phase of the study. The researcher strived to (a) determine if the qualitative data supported the quantitative finding that there was a positive relationship between EI and performance on fieldwork, and (b) identify any potential links between traits of personality and fieldwork performance that may not have been identified by the quantitative portion of the study.

Table 14

Key Codes and Frequency of Occurrence from Interview Transcripts

Question	Code Words and Key Terms	Frequency
What makes a student successful on Level II FW?	Communication with Patient and Family	11
	Flexibility/Adaptability	10
	Level of Confidence	8
	Ability to Develop Rapport with Patient/TUOS	7
	Collaboration with Other Disciplines	5
	Responsiveness to Constructive Feedback	5
What are some of the primary reasons a student might not be successful?	Unprofessional Behavior	7
	Inability to Develop Rapport with Clients	6
	Level of Confidence (Too Much or Too Little)	4
	Inability to be a Team Player	4
	Lack of Clinical Reasoning/Critical Thinking	4
	Inability to Respond to Constructive Feedback	4
Describe some of the personal characteristics you feel are necessary to be a successful OT practitioner.	Creative	7
	Compassionate	6
	Extroverted	6
	Adaptable	6
	Ability to Connect with People	6
	Warm and Friendly	5
	Effective Communicator	5
	Effective Team-Player	5
	Empathetic	5
Caring	4	
Describe some characteristics that might inhibit someone's ability to be an effective OT.	Overconfidence	9
	Lack of Interpersonal Skills	5
	Inflexible	3
	Inability to Respond Appropriately to Feedback	3
	Disorganized	3
	Rude/Unfriendly	3

The researcher began examining the qualitative interviews by reading through the transcripts multiple times, highlighting key words, and coding them to detect patterns. As shown in Table 14, an outline was created to organize the key words obtained from each of the interview questions analyzed for themes, along with the frequency they were mentioned during the interview process.

CFE's were first asked to describe the key traits often noted in students who are successful on Level II Fieldwork. The key terms noted most frequently centered around communication, flexibility, confidence, and the ability to develop therapeutic rapport with patients. The second interview question that underwent thematic analysis involved reasons for failure on fieldwork. CFE's were asked if they had ever experienced a student who failed Level II Fieldwork, or struggled to pass, and if so, what were some of the contributing factors to the student's poor performance. The most commonly cited reason for failure involved unprofessional behavior. In the final two questions, the interviewees were asked to describe some of the personal characteristics that were necessary to be a successful OT practitioner, and then they were conversely asked to describe characteristics that may have a negative impact on one's ability to be an effective practitioner.

Next, the researcher used a deductive approach to break the key codes down into the final themes for the qualitative phase of the study. The researcher aimed to expand upon the quantitative results, so the goal was to focus on the specific code words or patterns in the data that related to EI or traits of personality in an effort to identify themes that could be used to either support or disprove the results found in Phase 1 of the study. The final themes are listed below, followed by a detailed discussion on how each theme is relevant to the research question in the following section.

- Theme 1: *Effective communication skills are necessary to succeed on fieldwork.*
- Theme 2: *Collaboration and the ability to be a team-player is essential.*
- Theme 3: *Building a therapeutic rapport and demonstrating empathy is imperative.*
- Theme 4: *Responding appropriately to feedback is a critical element to success.*
- Theme 5: *Unprofessional behavior often plays a role in fieldwork struggles or failures.*
- Theme 6: *Extraversion is beneficial to success on occupational therapy fieldwork.*
- Theme 7: *Displaying an appropriate level of confidence is essential.*
- Theme 8: *Creativity is what makes occupational therapists unique.*

Discussion of the Qualitative Findings

In the second phase of the study, the researcher aimed to describe and analyze the interviews for common themes. A deductive approach to qualitative research begins with a hypothesis (Creswell & Plano Clark, 2006). For this phase of the study, the hypothesis was that during the interviews, the CFE's would stress the importance of professional behavior, collaboration with other healthcare professionals, the ability to develop rapport with patients, and the student's willingness to demonstrate empathy. The quantitative data revealed a relationship between EI and fieldwork performance, but the data did not suggest a relationship between trait of personality and fieldwork. In the second phase of the study, the qualitative data was examined to explain and provide context to the quantitative data.

Theme 1: *Effective communication skills are necessary to succeed on fieldwork.* The most common theme noted in the interviews centered around effective communication skills. Over half of the fieldwork educators noted that communication with the patient and the family was an important key to success. As one interviewee mentioned, "Consistent communication with patients and families is necessary in every setting of OT, even in home health. Without

effective communication, it would be difficult to be an effective therapist.” A clinical fieldwork educator working in inpatient rehab at a large hospital stated, “Communication is the biggest key to being successful because we are communicating on a daily basis.” This therapist discussed the importance of communicating not only with the patient but with the family. She said that before the patient can go home, there is a great deal of family training that the therapist must be able to provide to ensure the patient is safe at home. In general, the interviewees stressed the importance of effectively using both verbal and non-verbal communication.

Research suggests a direct correlation between EI and an individual’s ability to communicate effectively, especially non-verbally. Non-verbal behavior conveys affective and emotional information, such as a frown indicating disapproval or a blank expression conveying boredom (Roter et al., 2006). EI allows the therapist to read the emotions of clients, thereby adjusting their communication style to one that supports the client’s needs (Taylor, 2008). Individuals who are emotionally aware are better able to manage nonverbal communication by reading other people’s facial expressions and recognizing how others are feeling. The ability to decipher nonverbal communication, including both sending and receiving nonverbal messages, is a critical aspect of providing high-quality care (Roter et al., 2006) to patients and their families.

In considering the Big Five domains of personality, it appears Extraverted individuals may excel when it comes to verbal communication needed to solve problems requiring social interaction. In comparison to introverts, extroverts are more equipped to communicate during in stressful situations (Gallagher, 1990). On the contrary, individuals high in Neuroticism have difficulty displaying appropriate coping skills, demonstrating a tendency to withdraw from stressful social situations (Connor-Smith & Flachsbart, 2007).

Theme 2: *Collaboration and the ability to be a team-player is essential.* Another key theme that arose in approximately 25% of the interviews centered around collaboration with other disciplines. OT is a multi-disciplinary approach, and it is only one facet of a comprehensive rehabilitation team. Whether the therapist works in a hospital with doctors and nurses, a school-based setting with teachers and paraprofessionals, or a skilled nursing facility with patient care technicians, physical therapists, and speech therapists, OT's are not working isolated from others. As one interviewee summarized, "You are not working on an OT island. You have to be able to collaborate and work well with others." A therapist from an inpatient rehab setting stated, "Each week we have a team meeting and the doctor will ask about the patients on your caseload. You have to be able to communicate how the patient is performing in therapy with the everyone in the room, because you are part of a multi-disciplinary team. Being able to go from therapist to therapist and having that continuum of care is crucial." Several CFE's also mentioned the importance of being a team-player, as OT's are required to collaborate with others. One interviewee working in a neurorehabilitation facility for people with traumatic brain injuries articulated, "It's mandatory to get along with your co-workers. Here we really strive to be cohesive, we do a lot of co-treats with PT (physical therapy) especially on our really low-level clients at the beginning to get the patients stronger. We also work with speech therapy, like while the patient is working on voicing, we (as OT's) can help them do activities for their upper body weakness or we can help the client feed themselves. So, it makes a big difference if you get along with your co-workers because it's kind of hard to co-treat with someone you don't get along with, it definitely makes it smoother if you do." Another CFE who also worked in a similar, neuro-based setting, confirmed the importance of teamwork, indicating "This is 100% a team approach. We have people with behavioral impairments, physical impairments, speech

impairments, all rolled into one. We have cognitive impairments and all kinds of other hidden impairments. We have to treat the whole person over here, so it takes a village.” As one CFE explained “Being a team player is even more important than your skills. At Disney, they hire people based on their personality, because it’s much easier to teach someone skills than it is to change their personality.”

As previously discussed in Chapter 2, EI is an important component to getting along well with others and working as part of a team. In all workplaces, there may be individuals that are challenging to get along with, but the OT must be able to manage their emotions to function professionally and develop self-management and leadership skills (McKenna & Mellson, 2013). Research suggests that high EI people work better with their colleagues, due to superior interpersonal skills (Goleman, 1996). In a previous study conducted by Brown et al. (2017), regression analysis revealed that several aspects of EI proved to be correlated with teamwork skills in a study consisting of 114 OT students. In this same study, the personality trait of Extraversion was also found to have a positive effect with regards to teamwork. The study by Brown et al. (2017) suggests that these factors lead to a cooperative and enthusiastic, positive climate, leading to a mutual understanding amongst the members of the team. The researchers concluded that emotional stability results in motivated individuals who are capable of working through conflicts that might occur, leading to a more effective team overall.

In addition to Extraversion, the Big Five personality domain referred to as Agreeableness also plays a role in group dynamics and the ability to work well with others (Judge & Zapata, 2015). For jobs that require people to work with a partner, having a higher level of Agreeableness is beneficial. Individuals who scored high in Agreeableness are motivated to get along with other people and develop positive relationships with their colleagues (Judge &

Zapata, 2015). These individuals also demonstrated a tendency to respond to conflict positively and select constructive tactics to deal with conflict (Graziano et al., 1996). Therefore, collaboration with agreeable individuals can be a pleasant experience for everyone on the team. The opposite would hold true for individuals scoring high in the Openness domain of personality. Openness individuals demonstrate an aversion to jobs that require teamwork, as these individuals typically prefer autonomy (Judge & Zapata, 2015).

Theme 3: *Building a therapeutic rapport with patients is imperative.* It was clear from the interviews that taking the time to connect and establish a solid rapport with patients, families, and other staff members is imperative in the therapy world. The ability to develop therapeutic rapport with the client, known as TUOS in the world of OT, was mentioned by seven of the 20 fieldwork educators interviewed. One of the pediatric OT's emphasized that "in pediatrics, being able to be playful and being willing to initiate that therapeutic rapport is a really critical skill set." In six out of the 20 interviews conducted, CFE's brought up the difficulties that stem from students who struggle to develop rapport with patients. As one CFE stipulated, "Compassion, being service-oriented, having the right personality and the ability to build quick rapport goes a really long way with patients. Patients want whole-person care, they want you to be good at your job, but sometimes they care most about how you treat them and how you make them feel." Another interviewee who has worked for several years in an outpatient setting explained, "Someone who doesn't have the right personality, someone who just sets the treatment up for the patient but doesn't ask how the patient is doing or how they feel or how they are coping with their diagnosis, someone like that is not going to be successful in this field." Another CFE who has worked in the hospital environment for over ten years explained that OT is a unique profession because we need to have "the buy-in from our patients." She further expressed that we

don't do "to patients," rather, we do "with patients," and therefore, having that capability to connect with people is essential because we need to have them on board with the therapy process. This CFE explained that occupational therapists are not simply administering medication or giving shots. Therefore, OT's need to have patients fully invested to help them improve with their daily occupations. This same fieldwork educator emphasized the importance of not only being a good communicator, but also "being able to sit in some really tender spaces with people who are scared and provide them with the space to both grieve what they have lost, but also give them the trajectory, of here is where I want to take you, here are your goals. These moments are very powerful in the therapeutic process." A school-based therapist further expanded upon this sentiment by acknowledging, "You need to be patient, adaptable, creative, but those things are not necessarily mandatory. I mean they are definitely helpful, and they work in many regards, but OT is really more about connecting with people and getting to the heart of what really matters to them."

In order to build a strong therapeutic rapport with clients, it is essential that one is capable of demonstrating empathy and compassion. One fieldwork educator stated, "Compassion and empathy for your patients is key, as they are going through a lot. I often find that I have to do counseling with our patients and their families with everything they are going through." Another experienced practitioner working in a hospital setting affirmed, "The number one thing is being a good listener, being compassionate, and really just being able to show that you care about how the patient is progressing." A therapist who works in the hospital also explained the importance of being able to put yourself in your patient's shoes. She expressed that this is especially important in a hospital setting because the patient does not really want to be in the hospital, so they already have a negative point of view. Showing the patient you care for them is

imperative. In the realm of OT, one often has to act as an advocate for the clients. As one of the interviewed OT's expressed, "You have to care about other people more than you care about yourself to be a true advocate for your clients." A hospital-based fieldwork educator explained her point of view after working for seven years as an acute care OT, "Being compassionate, service-oriented, having a warm and friendly personality and having the ability to build a quick rapport with patients goes a really long way. Patients want whole care – they want you to do your job but sometimes they care more about how you treat them and how you make them feel.

The correlation between EI and building therapeutic relationships with clients was discussed extensively in the beginning chapters of this Dissertation in Practice. The evidence reviewed in the literature review suggests that EI skills are necessary to build rapport with patients and their families and develop meaningful and collaborative relationships with all clients (Cole & McLean, 2003). The existing evidence may still be limited, but so far, it appears that having emotionally intelligence healthcare practitioners results in better therapeutic outcomes for patients (Gribble et al., 2017). Building true therapeutic rapport with patients requires the therapist to be able to read non-verbal cues in patients and express genuine emotion and empathy. The premise of the foundational theory this Dissertation in Practice is built on, The IRM (Taylor, 2008), is entirely based on building the client-therapist relationship to improve the outcomes of the OT process (Bonsaksen, 2013). The principles of this theory are centered around fostering the therapeutic relationship, which requires empathy, cultural competency, self-awareness, and interpersonal skills. Possessing EI allows the student to display empathy, as the students is successfully able to identify emotions in the voices and faces of the client and the family (Raphael-Greenfield et al., 2017). Empathy is especially important in a profession such as OT, where one is helping rehabilitate people after potentially devastating injuries. In order to be

an effective therapist, one must be able to understand what the client is going through and demonstrate compassion, patience, and support throughout the arduous rehabilitation process.

Theme 4: *Responding appropriately to feedback is a critical element to success.* One fourth of the interviewees also mentioned the importance of demonstrating an appropriate response to constructive feedback. Fieldwork is a crucial time of learning in the journey towards becoming an occupational therapist, and part of that learning process will almost certainly involve constructive feedback. One therapist who has had extensive experience supervising OT and OTA students indicated, “You have to be really open to feedback. Some students are really defensive to constructive feedback on how they can improve, and they will spend more time justifying what they did and why they did it, as opposed to just listening and saying OK, well here’s a better way to handle that situation next time.” Another Clinical Fieldwork Educator mentioned that if you are not receptive to feedback, and you are unable to listen to what your supervisor has to say, it will quickly lead to conflict.

Students who do not respond to constructive feedback appropriately may also be in danger of failing level II clinicals. Out of the therapists interviewed, 4 therapists (20%) mentioned responsiveness to feedback in response to the question about students struggling on fieldwork. As one therapist put it, “I had one student who was very challenging for me personally, and it was because she did not take feedback well. There always had to be an explanation for my feedback and I was just trying to provide constructive criticism. Being able to get feedback from a clinician is important for students because you can learn from constructive feedback.” This CFE went on to explain that being open-minded, being open to suggestions and willing to listen to different approaches is key. Another CFE who has taken many students in her three decades of working as an OT, succinctly stated, “Students who are argumentative don’t

tend to do well. It's like if you are going to argue with me over my critiques, if you can't take feedback, you won't do well. Don't complain it's not fair. This isn't about being fair, it's about teaching you how to do things better.”

This theme was consistent with information found in the literature, where failing students demonstrated inappropriate responses to feedback (Bird & Aukas, 1998) and students performing well on fieldwork were open to constructive feedback. In a study by Gutman et al. (1997), students struggling on fieldwork had difficulty interpreting feedback from their supervising OT, failing to realize how others might view their actions. These struggling students had difficulty forming a connection between their actions and how others responded to those actions, which may be due in part to a lack of EI. Responding to feedback in an emotionally intelligent way requires one to manage the emotions that stem from receiving constructive criticism. A failing student is unable to modify his or her behaviors when given constructive feedback, but a successful student will realize that constructive feedback is a gift and will modify behavior accordingly. CFE's provide feedback to help the student grow, it is not for the purpose of criticizing the student or putting them down. In the study conducted by Gutman et al. (1997) the students tended to blame others rather than take responsibility for their own actions, which is similar to what the CFE's were suggesting took place in their own experiences during the semi-structured interviews.

Theme 5: *Unprofessional behavior often plays a role in fieldwork struggles or failures.*

The most commonly cited reason for fieldwork failure involved unprofessional behavior. On the AOTA Performance Evaluation Form, which is used to grade the student at mid-term and then again at final, there is an entire section dedicated to professional behavior. Therefore, if a student exhibits behavior that is unprofessional in nature, it will certainly have a negative impact on his

or her grade. One CFE who has supervised over ten students at her skilled nursing facility emphasized, “The biggest thing for me would be if I see the student doesn’t care, if they aren’t dependable or professional, those type of qualities would be an automatic fail.” Another CFE who owns his own practice indicated, “You have to look at a student’s professionalism, things that can be as simple as, are they showing up on time? How is the student dressed? Is the student groomed properly? All of these things seem minor, but they are so important. I tell my interns are you the first one in and the last one out? Because as an intern, you should be.” One interviewee who owned her own private pediatric practice shared a story about a student she had recently failed. She stated that the student was very professional when she was working with her, but she heard from staff members that the student demonstrated unprofessionalism whenever she was not around. The graduate student was talking down to the OT assistant and treating her with disrespect. When she sat down with the student at mid-term to discuss the situation with her, the student just stomped out of the room and said she quit. This is one example of a situation that could have been remedied, but due to unprofessional behavior, the internship ended with a failing grade. This clinical fieldwork educator, who has worked with students for over 15 years, mentioned that she has never had to fail a student based on their level of skill. She said it almost always comes down to professionalism. This CFE estimated that about 25% of the students she has worked with have demonstrated unprofessional behaviors at times.

The literature suggests that Conscientious people are known to be reliable and responsible (Costa & McCrae, 1992), so they are likely to act in ways consistent with these tendencies. Conscientious individuals are unlikely to be disorganized, run late for meetings, or lose important documents. Therefore, professional careers such as OT, which require a high level of commitment and attention to detail, should value the traits a conscientious individual might

bring to the table, as these individuals are unlikely to demonstrate difficulties with professional behaviors. Conscientious students are timely, dependable, and methodical (Costa & McCrae, 1992). Not only are Conscientious students less likely to demonstrate difficulties with professional behaviors, but emotionally intelligent students are more likely to act in a professional manner as well. As explained by Talarico et al. (2013), EI encompasses a variety of non-cognitive soft skills including professionalism and integrity. EI also helps students be able to manage their emotions during stressful situations such as fieldwork and cope with environmental demands, allowing students to demonstrate a more positive job performance overall (Lopes et al, 2006)

Theme 6: *Extraversion is beneficial to success on occupational therapy fieldwork.*

Many of those interviewed mentioned the importance of extroversion. Some interviewees felt it was extremely important, while others felt that while it was advantageous to be an extraverted person, it was not a mandatory character trait. One interviewee, who happens to be the director of rehab and in charge of hiring therapists, explained, “Being an excessive introvert is really hurtful to your ability to be a therapist because you have to be able to communicate with clients, you have to get them to do what you need them to do.” Another interviewee, who describes herself as an introvert, said, “It’s necessary to be outgoing with people even if it’s not your innate personality characteristic. For me, I’m an introverted person but when I need to be outgoing, I can initiate conversation and have humor.” On the contrary, one interviewee explained, “It’s ok to be shy, you can be shy and still be an effective therapist. I’m ok with therapists who are shy, but I am not ok with people who are rude, or people who don’t have good non-verbal cues.” Another hospital-based CFE mentioned, “I have worked with therapists who weren’t very extroverted, but they were service oriented, caring, and compassionate, and those

therapists were just as effective as someone who is extroverted.” However, several other therapists brought up the importance of being a “people-person,” further explaining that OT is a people-based profession, and if you don’t love working with people, this might not be the best choice of a career. As one interviewee expressed, “We aren’t accountants, we aren’t pushing paper, we are working really intimately with people. Maximizing one’s independence and participation in life is a very personal thing, so you have to generally love talking to people.” Several of the CFE’s mentioned the importance of being a “people-person.” Interpersonal skills are of the utmost importance in a profession such as OT because it is a people-based profession. These skills are a pre-requisite for developing a strong therapeutic relationship with the clients.

A study that focused on the personality traits of OT students (Brown et al., 2017) found that extraversion was positively correlated to OT students’ team skills. This study found that extraverted characteristics, including sociability, warmth, and enthusiasm, contribute to a positive working environment where everyone is working together to achieve their goals (Brown et al., 2016). Of the five dimensions of personality studied, only extraversion and emotional stability (the opposite factor of neuroticism) were found to be significant in predicting one’s ability to work as part of a team. Brown et al. (2017) concluded that extraversion leads to gregarious, assertive individuals who are capable of participating more effectively in multi-disciplinary team environments.

Interestingly, studies have shown that when it comes to healthcare professions, introversion is beneficial for performing well on written examinations, while extraversion is more advantageous in clinical environments since social skills are necessary to develop positive interactions with clients (Davidson et al., 2015). A study with physical therapy students, the profession most closely aligned to OT, found a positive correlation between extraversion and

scores on practical examinations, explaining that introverted students may have special challenges in practical exam settings. These authors suggested that professors should dedicate more time to helping the students who are introverts communicate better during practical exams that involve interacting with simulated patients. Students who tend to be introverted may need additional time to establish rapport and trust with patients in comparison with their extroverted counterparts (Richardson et al., 2020). Although the qualitative data suggests that extroversion can be beneficial in clinical settings, it is important to note that many CFE's, along with the study by Richardson et al. (2020), pointed out that people skills can be developed and enhanced with appropriate training and experience.

Theme 7: *Displaying an appropriate level of confidence is essential.* Confidence was the third most commonly stated key word for this question and the interviewees stressed that having the appropriate level of confidence was key. Some students may demonstrate a lack of confidence, resulting in their inability to jump in and try new things when working with the patient. These students came across as too timid, which resulted in a lack of patient trust and therapeutic rapport. Other students displayed too much confidence, which was viewed as arrogance. CFE's felt that overconfident students were unteachable, as this group of students already acted as though they knew how to be a therapist and did not need to be taught anything.

A reoccurring theme that frequently arose on the negative characteristics list centered around over-confidence. The importance of humility, the ability to be humble and not come across as arrogant or cocky, was mentioned in almost half of the interviews. One CFE who has been working in the field for three decades and owns his own rehab facility, bluntly stated, "If you are cocky, it will turn people off in the first 5 minutes. If you don't have humility, you will have a big problem in this field." Another interviewee explained, "If you are too overconfident it

will really interfere with your ability to succeed because you aren't willing to receive constructive criticism from anyone." This therapist felt that being overconfident would lead to failure because it is so important to be open to feedback from someone who has more experience or maybe just has a different viewpoint. Another fieldwork educator told a story about a co-worker that was described as a "know-it-all." This person happened to be the valedictorian in her high-school class, and she graduated from one of the best schools. However, no one could stand working with her because of her arrogant nature and her inability to have an open mind. Several other therapists also mentioned the importance of being confident without coming across as arrogant. It was also expressed that having too little confidence was an issue for some people as well, so being able to find that delicate balance was key.

Overconfidence (or under-confidence) was also frequently mentioned when CFE's were asked to answer this question. One CFE declared "A confidence level, whether it is too much or too little, is so important. If you don't have any confidence you miss out on the TUOS you could be using to be a good therapist to your patients. You are so nervous about failing you don't have an opportunity to be the best therapist you can be. But on the flipside, if you have too much confidence, that's not a good thing either and it can make it hard to get along with your co-workers." A CFE who has worked as a lead therapist in the NICU at a large hospital for many years shared, "I once had a student who was very overconfident correct me in the middle of a treatment session, and we had to talk afterward and I explained you don't do that." She further explained that a lack of humility has often been influential in how a student performs in their internship. She also expressed that arrogance ties in with poor receiving of feedback, creating further issues for the struggling student.

Individuals who display a positive attitude about themselves without coming across to others as arrogant are likely high in EI, as Sterrett (2014) proposes that self-confidence is an important facet of EI. As expressed by the fieldwork coordinators interviewed, having the right amount of confidence is imperative. Students who display a lack of confidence may have difficulty developing a trusting relationship with clients, but too much confidence may create animosity and a tense relationship with co-workers and clients. Self-confidence requires a positive and balanced attitude related to the self-dimension component of EI. Individuals who are self-confident believe that they are capable of doing what is needed to produce the desired outcome. When encountered with obstacles, a confident attitude will allow the individual to problem-solve and overcome those barriers, whereas individuals lacking in self-confidence might not be as likely to persevere. People who lack true self-confidence may also hesitate to admit mistakes and they may be unwilling to apologize. Emotionally unintelligent individuals can appear too pushy or arrogant and they may act as though they have all the answers (Sterrett, 2014). These individuals were described by the interviewees as unteachable.

Theme 8: *Creativity is what makes occupational therapists unique.* Creativity was at the top of the list of positive traits, mentioned by seven out of 20 fieldwork educators. OT is known to be a profession where creativity is heavily emphasized. One interviewee confirmed, “The ability to be creative is our biggest selling point in OT, and the biggest thing that sets us apart from other disciplines such as PT (Physical Therapy) or Speech.” This fieldwork educator went on to explain that in OT, the therapist must look at the patient in a more holistic fashion and creatively incorporate client-centered care, considering the environment, the client’s occupation, and the deficits exhibited by the client. Another fieldwork educator simply expressed, “You have to have that creativity aspect to be a really good OT.”

Of all the Big Five Traits, Openness is the factor that involves creative expression. Open individuals have an increased capacity to succeed in occupations that require innovation and creativity (Judge & Zapata, 2015). Openness to experience has also been shown to be related to individuals who have many creative accomplishments (King et al., 1996). Individuals who score high in openness are also intellectually curious and have active imaginations.

In summary, these eight themes are reflective of the importance of both EI and possessing certain personality traits on fieldwork. As the researcher hypothesized, many of the reoccurring themes listed by the CFE's were key factors that can be directly related to EI, and some of the themes may also be perpetuated or supported by certain traits of personality. While the quantitative data was limited to a correlation between EI and fieldwork, it is clear from the interviews that certain traits of personality may result in superior performance on fieldwork as well. Openness to Experience may result in practitioners who are exceptionally creative and willing to try new interventions with patients, rather than staying in a rut and routinely doing the same activities with each patient. Extraverted practitioners may be more effective at developing a therapeutic rapport with clients and collaborating with colleagues as part of a multi-disciplinary team. Individuals scoring high in conscientiousness may be more successful on fieldwork, due to their reliability and responsibility contributing to better professional behavior. The data obtained from the qualitative interviews further added to the quantitative evidence that EI is a significant predictor of performance in a clinical setting, as many of the themes mentioned above were also specifically relevant to EI.

CHAPTER 5: CONCLUSION

Introduction

This study explored the potential predictive ability of EI and the five domains of personality on OT students' clinical fieldwork performance. In the final chapter of this Dissertation in Practice, the researcher will begin with a summary of the study, then lead into a discussion of how the results presented in Chapter Four impact OT practice. The researcher will conclude by addressing limitations of the study, including a discussion of her recommendations for future studies of this nature.

Summary of the Study

In this mixed methods study, the researcher explored the relationship between EI, traits of personality, and performance on fieldwork in an OT program. The study aimed to increase our understanding of some of the factors involved in successful clinical experiences for OT students, which could be vital information for admissions committees to consider when selecting students for this competitive program. The methodology of the study involved two phases. First, quantitative data was collected to determine if EI and/or traits of personality had an impact on performance on fieldwork. In this phase, two measures were used to collect information regarding student's level of EI and their traits of personality, and their scores on these two measures were compared to their score on Level II Fieldwork. In the second phase, qualitative data was collected to identify the potential key factors to success, as well as the most common reasons for failure, as expressed by CFE's who had served as supervisors for students during fieldwork. Semi-structured interviews were conducted in one-on-one sessions to collect information from the perspective of the fieldwork educator, the person in charge of supervising, mentoring, and scoring the student at the end of the rotation.

The results of the quantitative data, as shown in Chapter 4, revealed a significant relationship between EI and fieldwork performance, suggesting that higher levels of EI resulted in superior performance on fieldwork. However, the results of the quantitative data did not reveal a correlation between performance on fieldwork and any of the five dimensions of personality. The qualitative portion of the study aimed to expand upon the results obtained during phase one of the study. The thematic analysis revealed eight themes that were relevant to EI and/or traits of personality. The qualitative data served to further strengthen the correlation between EI and fieldwork performance and found several themes that were relevant to various domains of personality, including Openness to Experience, Agreeableness, Extraversion and Conscientiousness. Although the results of the quantitative data did not reveal a correlation between personality and performance on fieldwork, the qualitative portion of the study suggested that certain traits of personality may be related to superior fieldwork performance.

Study Findings

The quantitative results found by the present study were similar to a previous study conducted by Brown et al. (2016), which also found that EI correlated with clinical performance, but traits of personality did not. However, the present study used a mixed methods approach, which revealed that much of the qualitative data highlighted areas of performance that may be related to traits of personality, including, Conscientiousness, Openness, Agreeableness and Extraversion. Similar to the study by Brown et al. (2016), the quantitative portion of the present study did not find a significant relationship between personality traits and performance on fieldwork. The primary difference between this study and the study by Brown, is that in this Dissertation in Practice, the researcher chose to incorporate the use of interviews to expand upon

the quantitative data collection. When conducting a thematic analysis of the qualitative data obtained from the interviews, many of the themes were directly related to traits of personality.

Literature reviewed in Chapter 2 revealed that Conscientious individuals may have an increased capacity to demonstrate high levels of professional behavior, due to a more stringent work ethic and a tendency to adhere to rules (Doherty & Nugent, 2011). In the interviews, the fieldwork educators often suggested that lack of professionalism was a contributing factor in many students who struggled to pass fieldwork. In addition, Conscientious individuals may adhere to emotion-related norms, including emotional tasks such as perceiving one's own and other's state of emotion and displaying appropriate emotions (John & Srivastava, 1999), areas related directly to EI.

The literature also revealed a correlation between Openness to Experience and creativity (King et al., 1996), a trait that seven out of 20 fieldwork educators emphasized the importance of in the field of OT. A common theme resulting from the qualitative data suggested that creativity is what sets OT apart from other rehabilitation professions. Without creativity, a therapist may have difficulty keeping patients actively engaged in the therapeutic process.

Individuals higher in levels of Agreeableness tend to avoid conflict (Judge & Zapata, 2015), suggesting that agreeable individuals would be unlikely to respond defensively when given constructive criticism. Appropriate responsiveness to feedback was another area highlighted by the CFE's, as negative responses to feedback were noted as a primary reason that students fail fieldwork. This theme was consistent with information found in the literature, where failing students often demonstrated difficulty responding to feedback appropriately (Bird & Aukas, 1998).

When asked about personal characteristics, many fieldwork educators stressed the benefits of having an Extraverted personality. According to Costa & McCrae (1992), extraverted individuals are friendly, enthusiastic, optimistic, and sociable. These individuals are known to experience positive emotions, which may help motivate patients and help them to encourage patients who are going through a difficult time. In addition, research suggests extraverted individuals are more likely to collaborate with others and function well in situations requiring teamwork (Brown et al., 2017). As revealed by the interviewees, teamwork is especially important in the field of OT, where one is expected to co-treat with other therapy disciplines, such as speech or physical therapy, on a daily basis. Extraversion is positively correlated with teamwork skills (Brown et al., 2017), and having an extraverted, sociable personality may assist therapists in quickly developing a therapeutic rapport with patients. While some of the qualitative data from the interviews was mixed (with some CFE's stating extraversion was mandatory and others indicating it was beneficial, but not mandatory), the majority of the fieldwork educators interviewed suggested that being excessively timid might hinder one's ability to build therapeutic relationships with clients, thereby minimizing their ability to be an effective therapist.

While both a review of the literature and the qualitative data highlighted a possible relationship between traits of personality and performance on OT fieldwork, this correlation was not revealed by the partial correlation tests conducted during Phase 1 of this Dissertation in Practice. The statistical analysis did not reveal any correlations between any of the five domains of personality and clinical performance. There are several reasons the quantitative data could have failed to show this relationship. First, the Big Five Inventory is a self-assessment measure of personality, and self-assessment measures always have limitations. The measure may not have

provided an accurate reflection of the student's personality, especially if the student was not taking the time to be honest and self-reflective, and instead, attempting to rush through the inventory. While a short form was used to measure EI, the short-form version of the BFI was not recommended unless there was an exceptional circumstance (John et al., 2008). Therefore, user fatigue could have been a relevant issue with this 44-item measure.

In regards to the AOTA performance evaluation form, there were areas of shared variance between EI and fieldwork performance, as many of the items listed on the form had a direct relationship with EI, as previously discussed in Chapter 4. For example, one item listed on the performance evaluation form reads, "Demonstrates positive interpersonal skills including but not limited to cooperation, flexibility, tact, and empathy" (American Occupational Therapy Evaluation Form, 2002, p. 6). Empathy, the ability to cooperate with others, and demonstrate tactful behavior are all likely to be impacted by one's level of EI. Other areas of the form ask the CFE to assess and rate the student on nonverbal communication, another area directly linked to EI. However, despite their importance, many of the components of personality were not listed as part of the grading form. For example, while the CFE's stressed the importance of creativity, there is not a section of the AOTA fieldwork evaluation form that states, "student develops creative and innovative treatment sessions for the client." Therefore, although creativity may be an important element of fieldwork, it is not listed as part of the evaluation form. Likewise, many of the interviewees discussed the importance of an OT student showing up early, dressing professionally, and demonstrating initiative. However, none of those specific areas of performance are listed on the evaluation form. Therefore, the grading form created by AOTA may not always provide a comprehensive picture of the student performance. There are many important aspects relevant to success that are not listed as part of the fieldwork performance

form, and many of these aspects may in fact, provide a more direct link to traits of personality. Although the information gleaned from the Clinical Fieldwork Educators interviews points to the importance of personality and fieldwork success, it is likely that the quantitative data did not reveal a significant relationship because the fieldwork evaluation form does not ask the fieldwork educator to rate the student on items relevant to one's personality, unlikely EI, which did have items with a shared variance.

Implications for Practice

In 2017, there were 42,661 applications submitted for entrance into a master's degree program for OT students, with only 7,436 admission slots available (AOTA, 2018). A study by Bowyer et al. (2018) indicated that OT programs only admit an average of 17.2% of applicants, with some OT programs reporting an admission rate as low as 5.2%. This robust pool of applicants should allow educational programs to select students who are well-suited to meet the demands necessary for OT practice. However, despite the competitive nature of admission into an OT program, 319 students were unable to pass their Level II fieldwork at the end of the program (AOTA, 2018) and based on the evidence presented in the review of the literature in Chapter 2, many more students may have only passed by a slim margin. While most OT students can pass the didactic portion of the program without difficulty, many students exhibit struggles with the clinical portion. Based on the results of this study, admissions programs ought to consider non-cognitive variables when selecting applicants for their OT programs. To minimize program attrition, it is imperative that admissions committees not only consider applicants who will be successful academically, but applicants who will be successful clinically as well. OT programs have the responsibility of selecting students with personal characteristics that will lead

to successful OT careers (Bowyer et al., 2018), and this is not possible when one focuses solely on cognitive variables such as GPA and/or standardized testing scores.

Based on the results found by this study, it is apparent that EI plays a direct role in student success on fieldwork. The quantitative data analysis revealed that EI was a significant predictor of student scoring on Level II fieldwork performance. The thematic analysis conducted on the qualitative data gathered from the interviews also revealed many themes relevant to EI, including communication, the capacity to develop therapeutic rapport with clients, and the ability to collaborate and work as part of a team. Therefore, OT programs across the country should consider implementing measures of EI as part of the admissions process.

In addition to adding EI to the admissions criteria, the results of this study support fostering EI throughout the OT curriculum. EI should be actively developed not only during clinical placements but also during the didactic coursework preceding the Level II fieldwork experience. It is clear that EI skills are necessary for therapists to establish relationships with clients and their families, collaborate with colleagues as an effective team member, and handle stressful situations appropriately (Gribble et al., 2019). Unlike traits of personality, which tend to be relatively stable throughout one's life, EI tends to improve as the individual matures emotionally. A review of the literature reveals multiple studies in which the EI skills of healthcare students across a variety of disciplines, including nursing and physical therapy, improved during the time the student was enrolled in the university courses and completing the clinical portion of the program (Gribble et al., 2019). In cases where EI skills are insufficient, the research suggests that the skills can be taught (Lewis et al., 2005). Therefore, faculty are encouraged to hold workshops while students are still in the program, giving students an opportunity to interact with simulated patients in vulnerable situations and practice self-

managing emotions and reading other people's emotions prior to starting level II fieldwork. These trainings may assist OT students in demonstrating enhanced empathetic behaviors and help them deal with complex emotional scenarios more independently. Workshops, mentoring, and peer coaching would also provide an excellent opportunity for interdisciplinary training, giving students enrolled in different professional healthcare programs an opportunity to perform better in team interactions and collaborating with others to make the best clinical decisions for future clients (Gribble et al., 2019). OT programs are encouraged to implement these trainings throughout the program so that students are entering their Level II fieldwork with improved EI skills, prepared to exhibit those necessary skills for clinical success, including problem-solving, team-work, the ability to demonstrate empathy, and communicate effectively with clients and their families. These trainings should not be implemented as stand-alone programs but integrated during the program. Integrating EI training may not only help students demonstrate better EI skills during clinical placements, but also as they begin their careers as OT practitioners (Gribble et al., 2019).

In agreement with the Brown et al. (2016) study, the quantitative results obtained from the present Dissertation in Practice did not indicate a relationship between personality and performance on fieldwork. However, the qualitative portion of the study resulted in multiple themes that suggested individuals high in Conscientiousness, Extraversion, Agreeableness, and Openness may demonstrate superior performance on fieldwork, even if their better performance is not adequately reflected on the scoring of the Fieldwork Performance Evaluation Form. While it may not be practical to use tests of personality as an admissions instrument, admissions committees could certainly take this information into consideration when meeting with potential students or interviewing them as part of the admissions process. Additionally, while personality

traits tend to remain constant throughout life (Gribble et al., 2019), improvements can be made with time as the student matures and develops. For example, quieter students can be encouraged to “come out of their shells” when working directly with clients. As one CFE mentioned during the interview process, there is nothing wrong with being shy on fieldwork, so long as the student tries to have a sense of humor when appropriate, attempts to talk to patients, and tries to establish rapport with them in the hopes of a better therapeutic outcome.

Limitations

Limitations of the study included the use of a convenience sample rather than a randomized sample. The findings may not be applicable to a larger group, because the sample results were all drawn from one university. The sample was also predominantly Female and Caucasian. A larger, more heterogeneous sample would have been ideal. Another limitation included the use of self-report scales. As with any self-reported measure, they may have been prone to the issue of social desirability and participants responding in a biased manner. An additional limitation was that all practice settings (e.g. pediatrics, school systems, hospital based, outpatient rehab, mental health, etc.) were lumped together in one sample. Future studies may want to look at the data for each practice area separately, as different levels of EI and/or different personality traits may be more beneficial or more limiting for certain practice areas as compared to others. In addition, the practice settings of the Clinical Fieldwork Educators interviewed were not an adequate representation of the practice settings students were assigned to. While the proportion of outpatient rehab centers, skilled nursing facilities, and neurorehabilitation and mental health settings were accurately represented, more inpatient rehab therapists at the hospital should have been interviewed and less pediatric therapists. The researcher chose to use a convenience sample and simply interviewed the first 20 therapists who responded to the email

invitation. However, a Chi-Square test revealed that there was a significant difference in the practice settings of therapists interviewed as compared to the practice settings students were assigned for their fieldwork rotation. The information obtained from the Clinical Fieldwork Educators during the interviews may have looked different if the proportion of the interviewees was more proportional to the settings the students completed their fieldwork rotations in.

A final limitation was the small number of participants (n=42) as well as the possibility of bias due to familiarity between the researcher and the potential participants. The sample size was not large enough to conduct a multiple linear regression analysis as originally planned. The researcher had originally planned to collect data from an additional cohort of participants, who were scheduled to complete their Level II Fieldwork from May-July 2020, however, all summer clinical placements at FHCU were cancelled due to the COVID-19 pandemic. Therefore, due to time constraints, the researcher was forced to conclude the study with 42 participants.

Recommendations for Further Research

Based on the results of this small-scale study, combined with the results of the two other studies discussed within this Dissertation in Practice (Brown et al., 2016; Andonian, 2013), it is clear that a relationship between EI and one's ability to succeed in the clinical setting exists. Results of this Dissertation in Practice and the two studies mentioned above suggest that EI is a positive predictor of fieldwork success. More research should be conducted on this topic with larger, more diverse sample sizes of students across the country. Future research should also move beyond the use of self-report scales as participants may not answer self-report scales with 100% accuracy. Interestingly, a previous dissertation on the topic of EI and OT fieldwork (Gordon-Handler, 2009) revealed that the student self-rating of EI was not a predictor of clinical performance, but a positive relationship was found when comparing the Clinical Fieldwork

Educator's rating of students' EI and fieldwork performance. Therefore, future studies may allow for an outside perception of student's EI, rather than relying entirely on self-report measures. Lastly, longitudinal studies with larger, more heterogeneous samples should be conducted with more variables than EI and personality traits alone, as it is likely there are other predictors of fieldwork performance beyond these two constructs.

Conclusion

It is evident that EI is a valuable prerequisite for students to be fully client-centered, collaborate with client's families, and demonstrate the teamwork needed to foster a peaceful working environment (Brown et al., 2016). During OT fieldwork, students are expected to expand their knowledge and learning, applying these skills to the assessment and intervention process when working with clients and their families. Students must be able to participate actively in workplace communication and respond to constructive criticism in an appropriate manner (Brown et al., 2016). In addition, students must be able to take initiative for their learning, effectively manage their caseloads, and assume responsibility for any actions taken. Lastly, students on fieldwork must be able to manage their own emotions, even when working with clients who might be going through challenging times (Brown et al., 2016). The evidence presented within this Dissertation in Practice suggests that having a high level of EI results in superior performance regarding these aspects of the fieldwork experiences.

The contribution of personality traits to fieldwork performance was revealed by the qualitative portion of the present study. Although the quantitative evidence presented did not reveal any significant correlations between the Big Five personality domains and performance on fieldwork, the qualitative evidence led the researcher to believe otherwise. The qualitative data suggested that traits such as Extraversion and Openness may lead to superior performance on

fieldwork, as evidenced by a higher level of creativity, increased therapeutic rapport with patients, and the ability to collaborate and work as part of a multi-disciplinary team. CFE's also stressed the importance of being on time, demonstrating professional behavior, and staying organized, all of which are characteristics that can be linked to an individual high in Conscientiousness.

This Dissertation in Practice will add to the limited amount of literature that currently exists on the role of EI and personality traits as a predictor of fieldwork performance in OT students. The measurement of EI may serve as a valuable tool for admission committees to integrate into their admission process, as the addition of non-cognitive attribute measurements may benefit faculty in choosing students who will not only be academically successful, but clinically successful as well. In addition, adding EI training into the curriculum of OT programs may result in students who are able to handle conflict appropriately, communicate more effectively, and develop professional relationships with their clients, eventually developing into practitioners who are capable of the same.

APPENDIX A: INSTITUTIONAL REVIEW BOARD



UNIVERSITY OF CENTRAL FLORIDA

Institutional Review Board
FWA00000351
IRB00001138
Office of Research
12201 Research Parkway
Orlando, FL 32826-3246

EXEMPTION DETERMINATION

June 10, 2019

Dear Kimberlea Dudzinski:

On 6/10/2019, the IRB determined the following submission to be human subjects research that is exempt from regulation:

Type of Review:	Initial Study, Category 2
Title:	The Relationship Between Emotional Intelligence, Personality Traits, and Fieldwork Performance in a Master of Occupational Therapy Program
Investigator:	Kimberlea Dudzinski
IRB ID:	SITE00000054
Funding:	None
Grant ID:	None

This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made, and there are questions about whether these changes affect the exempt status of the human research, please contact the IRB. When you have completed your research, please submit a Study Closure request so that IRB records will be accurate.

If you have any questions, please contact the UCF IRB at 407-823-2901 or irb@ucf.edu. Please include your project title and IRB number in all correspondence with this office.

Sincerely,

Racine Jacques, Ph.D.
Designated Reviewer

September 19, 2019

To: Kim Dudzinski, MA, MS, Principal Investigator
Department of Occupational Therapy

Re: OT31819 Title: " The Relationship Between Emotional Intelligence, Personality Traits, and Fieldwork Performance in a Master of Occupational Therapy Program "

Dear: Kim Dudzinski,

The proposed research project "The Relationship Between Emotional Intelligence, Personality Traits, and Fieldwork Performance in a Master of Occupational Therapy Program" has been approved by the AHU's Institutional Review Board (IRB).

As determined by DHHS regulations [45 CFR §46] and FDA regulations [21 CFR 50 and 56], the Principal Investigator accepts responsibility to comply with all Federal, State, and University policies regarding the rights and welfare of human and/or animal subjects.

If you wish to change the protocol of your research study, you must submit subsequent changes for review. As the principal investigator, you are required to notify the Research Office which will notify the IRB and the Office of Compliance of any adverse events resulting from this study. All significant protocol deviations must be reported to the Research Office and you must await approval from IRB prior to implementing the revised protocol.

- | | |
|---|--|
| <input checked="" type="checkbox"/> Approved | <input checked="" type="checkbox"/> New Submission |
| <input type="checkbox"/> Expedited | <input type="checkbox"/> Change Request |
| <input type="checkbox"/> Exempted from IRB Review | <input type="checkbox"/> Multicenter Study |

Sincerely,



Len Archer, Ph.D.
Chair, Institutional Review Board

cc: Leana Araujo, Ph.D., Research Officer

APPENDIX B: INSTRUMENTATION



Fieldwork Performance Evaluation For The Occupational Therapy Student

MS.MR.
NAME (LAST) (FIRST) (MIDDLE)

COLLEGE OR UNIVERSITY

FIELDWORK SETTING:

NAME OF ORGANIZATION/FACILITY

ADDRESS (STREET OR PO BOX)

CITY STATE ZIP

TYPE OF FIELDWORK

ORDER OF PLACEMENT: OUT OF

FROM TO
DATES OF PLACEMENT

NUMBER OF HOURS COMPLETED

FINAL SCORE

PASS: _____ NO PASS: _____

SUMMARY COMMENTS:
(ADDRESSES STUDENT'S CLINICAL COMPETENCE)

SIGNATURES:
I HAVE READ THIS REPORT.

SIGNATURE OF STUDENT

NUMBER OF PERSONS CONTRIBUTING TO THIS REPORT

SIGNATURE OF RATER #1

PRINT NAME/CREDENTIALS/POSITION

SIGNATURE OF RATER #2 (IF APPLICABLE)

PRINT NAME/CREDENTIALS/POSITION

Fieldwork Performance Evaluation For The Occupational Therapy Student

This evaluation is a revision of the 1987 American Occupational Therapy Association, Inc. Fieldwork Evaluation Form for the Occupational Therapist and was produced by a committee of the Commission on Education.

PURPOSE

The primary purpose of the Fieldwork Performance Evaluation for the Occupational Therapy Student is to measure entry-level competence of the occupational therapy student. The evaluation is designed to differentiate the competent student from the incompetent student and is not designed to differentiate levels above entry level competence. For further clarification on entry-level competency refer to the Standards of Practice for Occupational Therapy (1).

The evaluation is designed to measure the performance of the occupational therapy process and was not designed to measure the specific occupational therapy tasks in isolation. This evaluation reflects the 1998 Accreditation Council for Occupational Therapy Education Standards (2) and the National Board for Certification in Occupational Therapy, Inc. Practice Analysis results (3). In addition, this evaluation allows students to evaluate their own strengths and challenges in relation to their performance as an occupational therapist.

USE OF THE FIELDWORK PERFORMANCE EVALUATION FOR THE OCCUPATIONAL THERAPY STUDENT

The Fieldwork Performance Evaluation is intended to provide the student with an accurate assessment of his/her competence for entry-level practice. Both the student and fieldwork educator should recognize that growth occurs over time. **The midterm and final evaluation scores will reflect development of student competency and growth.** In order to effectively use this evaluation to assess student competence, site-specific objectives need to be developed. Use this evaluation as a framework to assist in ensuring that all key performance areas are reflected in the site-specific objectives.

Using this evaluation at midterm and final, it is suggested that the student complete a self-evaluation of his/her own performance. During the midterm review process, the student and fieldwork educator should collaboratively develop a plan, which would enable the student to achieve entry-level competence by the end of the fieldwork experience. This plan should include specific objectives and enabling activities to be used by the student and fieldwork educator in order to achieve the desired competence.

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For permission inquiries, email askabouttheservice@pdt.com.

The Fieldwork Educator must contact the Academic Fieldwork Coordinator when: 1) a student exhibits unsatisfactory behavior in a substantial number of tasks or 2) a student's potential for achieving entry-level competence by the end of the affiliation is in question.

DIRECTIONS FOR RATING STUDENT PERFORMANCE

- There are 42 performance items.
- Every item must be scored, using the one-to four-point rating scale (see below).
- **The rating scales should be carefully studied prior to using this evaluation.** Definitions of the scales are given at the top of each page.
- Circle the number that corresponds to the description that best describes the student's performance.
- **The ratings for the Ethics and Safety items must be scored at 3 or above on the final evaluation for the student to pass the fieldwork experience.** If the ratings are below 3, continue to complete the Fieldwork Performance Evaluation to provide feedback to the student on her/his performance.
- Record midterm and final ratings on the Performance Rating Summary Sheet.
- Compare overall midterm and final score to the scale below.

OVERALL MIDTERM SCORE

Satisfactory Performance 90 and above
Unsatisfactory Performance 89 and below

OVERALL FINAL SCORE

Pass 122 points and above
No Pass 121 points and below

RATING SCALE FOR STUDENT PERFORMANCE

- 4 — **Exceeds standards:** Performance is highly skilled and self-initiated. This rating is **rarely given** and **would represent the top 5% of all the students** you have supervised.
- 3 — **Meets standards:** Performance is consistent with **entry-level practice**. This rating is **infrequently given at midterm** and is a **strong rating at final**.
- 2 — **Needs improvement:** Performance **is progressing but** still needs improvement for entry-level practice. This is a **realistic rating of performance at midterm**, and some ratings of 2 may be reasonable at the final.
- 1 — **Unsatisfactory:** Performance is **below standards** and requires development for entry-level practice. This rating is given when **there is a concern about performance**.

RATING SCALE FOR STUDENT PERFORMANCE

- 4 — **Exceeds standards:** Performance is highly skilled and self-initiated. This rating is **rarely given** and **would represent the top 5% of all the students** you have supervised.
- 3 — **Meets standards:** Performance is consistent with **entry-level practice**. This rating is **infrequently given at midterm** and is a **strong rating at final**.
- 2 — **Needs improvement:** Performance is **progressing but still needs improvement** for entry-level practice. This is a **realistic rating of performance at midterm**, and some ratings of 2 may be reasonable at the final.
- 1 — **Unsatisfactory:** Performance is **below standards** and requires development for entry-level practice. This rating is given when **there is a concern about performance**.

I. FUNDAMENTALS OF PRACTICE:

All items in this area must be scored at a #3 or above on the final evaluation in order to pass fieldwork.

1. **Adheres to ethics:** Adheres consistently to the American Occupational Therapy Association's Code of Ethics (4) and site's policies and procedures including when relevant, those related to human subject research.
- Midterm 1 2 3 4
Final 1 2 3 4
2. **Adheres to safety regulations:** Adheres consistently to safety regulations. Anticipates potentially hazardous situations and takes steps to prevent accidents.
- Midterm 1 2 3 4
Final 1 2 3 4
3. **Uses judgment in safety:** Uses sound judgment in regard to safety of self and others during all fieldwork-related activities.
- Midterm 1 2 3 4
Final 1 2 3 4

Comments on strengths and areas for improvement:

• Midterm

• Final

II. BASIC TENETS:

4. Clearly and confidently **articulates the values and beliefs** of the occupational therapy profession to clients, families, significant others, colleagues, service providers, and the public.
- Midterm 1 2 3 4
Final 1 2 3 4
5. Clearly, confidently, and accurately **articulates the value of occupation** as a method and desired outcome of occupational therapy to clients, families, significant others, colleagues, service providers, and the public.
- Midterm 1 2 3 4
Final 1 2 3 4
6. Clearly, confidently, and accurately **communicates the roles of the occupational therapist and occupational therapy assistant** to clients, families, significant others, colleagues, service providers, and the public.
- Midterm 1 2 3 4
Final 1 2 3 4
7. **Collaborates** with client, family, and significant others throughout the occupational therapy process.
- Midterm 1 2 3 4
Final 1 2 3 4

Comments on strengths and areas for improvement:

• Midterm

• Final

RATING SCALE FOR STUDENT PERFORMANCE

- 4 — **Exceeds standards:** Performance is highly skilled and self-initiated. This rating is **rarely given** and **would represent the top 5% of all the students** you have supervised.
- 3 — **Meets standards:** Performance is consistent with **entry-level practice**. This rating is **infrequently given at midterm** and is a **strong rating at final**.
- 2 — **Needs improvement:** Performance is **progressing but still needs improvement** for entry-level practice. This is a **realistic rating of performance at midterm**, and some ratings of 2 may be reasonable at the final.
- 1 — **Unsatisfactory:** Performance is **below standards** and requires development for entry-level practice. This rating is given when **there is a concern about performance**.

III. EVALUATION AND SCREENING:

8. **Articulates a clear and logical rationale** for the evaluation process.
- Midterm 1 2 3 4
Final 1 2 3 4
9. **Selects relevant screening and assessment methods** while considering such factors as client's priorities, context(s), theories, and evidence-based practice.
- Midterm 1 2 3 4
Final 1 2 3 4
10. **Determines client's occupational profile** and performance through appropriate assessment methods.
- Midterm 1 2 3 4
Final 1 2 3 4
11. **Assesses client factors and context(s)** that support or hinder occupational performance.
- Midterm 1 2 3 4
Final 1 2 3 4
12. **Obtains sufficient and necessary information** from relevant resources such as client, families, significant others, service providers, and records prior to and during the evaluation process.
- Midterm 1 2 3 4
Final 1 2 3 4
13. **Administers assessments** in a uniform manner to ensure findings are valid and reliable.
- Midterm 1 2 3 4
Final 1 2 3 4
14. **Adjusts/modifies the assessment procedures** based on client's needs, behaviors, and culture.
- Midterm 1 2 3 4
Final 1 2 3 4

15. **Interprets evaluation results** to determine client's occupational performance strengths and challenges.
- Midterm 1 2 3 4
Final 1 2 3 4
16. **Establishes an accurate and appropriate plan** based on the evaluation results, through integrating multiple factors such as client's priorities, context(s), theories, and evidence-based practice.
- Midterm 1 2 3 4
Final 1 2 3 4
17. **Documents the results of the evaluation** process that demonstrates objective measurement of client's occupational performance.
- Midterm 1 2 3 4
Final 1 2 3 4

Comments on strengths and areas for improvement:

• Midterm

• Final

IV. INTERVENTION:

18. **Articulates a clear and logical rationale** for the intervention process.
- Midterm 1 2 3 4
Final 1 2 3 4
19. **Use evidence** from published research and relevant resources to make informed intervention decisions.
- Midterm 1 2 3 4
Final 1 2 3 4

20. **Chooses occupations** that motivate and challenge clients.
- Midterm 1 2 3 4
 Final 1 2 3 4
21. **Selects relevant occupations** to facilitate clients meeting established goals.
- Midterm 1 2 3 4
 Final 1 2 3 4
22. **Implements intervention plans that are client centered.**
- Midterm 1 2 3 4
 Final 1 2 3 4
23. **Implements intervention plans that are occupation based.**
- Midterm 1 2 3 4
 Final 1 2 3 4
24. **Modifies task approach, occupations, and the environment** to maximize client performance.
- Midterm 1 2 3 4
 Final 1 2 3 4
25. **Updates, modifies, or terminates the intervention plan** based upon careful monitoring of the client's status.
- Midterm 1 2 3 4
 Final 1 2 3 4
26. **Documents client's response** to services in a manner that demonstrates the efficacy of interventions.
- Midterm 1 2 3 4
 Final 1 2 3 4

Comments on strengths and areas for improvement:

• Midterm

• Final

V. MANAGEMENT OF OCCUPATIONAL THERAPY SERVICES:

27. **Demonstrates through practice or discussion the ability to assign** appropriate responsibilities to the occupational therapy assistant and occupational therapy aide.
- Midterm 1 2 3 4
 Final 1 2 3 4
28. **Demonstrates through practice or discussion the ability to actively collaborate** with the occupational therapy assistant.
- Midterm 1 2 3 4
 Final 1 2 3 4
29. **Demonstrates understanding of the costs and funding** related to occupational therapy services at this site.
- Midterm 1 2 3 4
 Final 1 2 3 4
30. **Accomplishes organizational goals** by establishing priorities, developing strategies, and meeting deadlines.
- Midterm 1 2 3 4
 Final 1 2 3 4
31. **Produces the volume of work** required within the expected time frame.
- Midterm 1 2 3 4
 Final 1 2 3 4

Comments on strengths and areas for improvement:

• Midterm

• Final

RATING SCALE FOR STUDENT PERFORMANCE

- 4 — **Exceeds standards:** Performance is highly skilled and self-initiated. This rating is **rarely given** and **would represent the top 5% of all the students** you have supervised.
- 3 — **Meets standards:** Performance is consistent with **entry-level practice**. This rating is **infrequently given at midterm** and is a **strong rating at final**.
- 2 — **Needs improvement:** Performance is **progressing but still needs improvement** for entry-level practice. This is a **realistic rating of performance at midterm**, and some ratings of 2 may be reasonable at the final.
- 1 — **Unsatisfactory:** Performance is **below standards** and requires development for entry-level practice. This rating is given when **there is a concern about performance**.

VI. COMMUNICATION:

32. **Clearly and effectively communicates verbally and nonverbally** with clients, families, significant others, colleagues, service providers, and the public.
- Midterm 1 2 3 4
Final 1 2 3 4
33. **Produces clear and accurate documentation** according to site requirements.
- Midterm 1 2 3 4
Final 1 2 3 4
34. **All written communication is legible** and uses proper spelling, punctuation, and grammar.
- Midterm 1 2 3 4
Final 1 2 3 4
35. **Uses language appropriate to the recipient** of the information, including but not limited to funding agencies and regulatory agencies.
- Midterm 1 2 3 4
Final 1 2 3 4

Comments on strengths and areas for improvement:

- Midterm

- Final

VII. PROFESSIONAL BEHAVIORS:

36. **Collaborates with supervisor(s)** to maximize the learning experience.
- Midterm 1 2 3 4
Final 1 2 3 4
37. **Takes responsibility for attaining professional competence** by seeking out learning opportunities and interactions with supervisor(s) and others.
- Midterm 1 2 3 4
Final 1 2 3 4
38. **Responds constructively to feedback.**
- Midterm 1 2 3 4
Final 1 2 3 4
39. **Demonstrates consistent work behaviors** including initiative, preparedness, dependability, and work site maintenance.
- Midterm 1 2 3 4
Final 1 2 3 4
40. **Demonstrates effective time management.**
- Midterm 1 2 3 4
Final 1 2 3 4
41. **Demonstrates positive interpersonal skills** including but not limited to cooperation, flexibility, tact, and empathy.
- Midterm 1 2 3 4
Final 1 2 3 4
42. **Demonstrates respect for diversity** factors of others including but not limited to socio cultural, socioeconomic, spiritual, and lifestyle choices.
- Midterm 1 2 3 4
Final 1 2 3 4

Comments on strengths and areas for improvement:

- Midterm

- Final

PERFORMANCE RATING SUMMARY SHEET

Performance Items	Midterm Ratings	Final Ratings
I. FUNDAMENTALS OF PRACTICE		
1. Adheres to ethics		
2. Adheres to safety regulations		
3. Uses judgment in safety		
II. BASIC TENETS OF OCCUPATIONAL THERAPY		
4. Articulates values and beliefs		
5. Articulates value of occupation		
6. Communicates role of occupational therapist		
7. Collaborates with clients		
III. EVALUATION AND SCREENING		
8. Articulates clear rationale for evaluation		
9. Selects relevant methods		
10. Determines occupational profile		
11. Assesses client and contextual factors		
12. Obtains sufficient and necessary information		
13. Administers assessments		
14. Adjusts/modifies assessment procedures		
15. Interprets evaluation results		
16. Establishes accurate plan		
17. Documents results of evaluation		
IV. INTERVENTION		
18. Articulates clear rationale for intervention		
19. Uses evidence to make informed decisions		
20. Chooses occupations that motivate and challenge		
21. Selects relevant occupations		
22. Implements client-centered interventions		
23. Implements occupation-based interventions		
24. Modifies approach, occupation, and environment		
25. Updates, modifies, or terminates intervention plan		
26. Documents client's response		
V. MANAGEMENT OF OT SERVICES		
27. Demonstrates ability to assign through practice or discussion		
28. Demonstrates ability to collaborate through practice or discussion		
29. Understands costs and funding		
30. Accomplishes organizational goals		
31. Produces work in expected time frame		
VI. COMMUNICATION		
32. Communicates verbally and nonverbally		
33. Produces clear documentation		
34. Written communication is legible		
35. Uses language appropriate to recipient		
VII. PROFESSIONAL BEHAVIORS		
36. Collaborates with supervisor		
37. Takes responsibility for professional competence		
38. Responds constructively to feedback		
39. Demonstrates consistent work behaviors		
40. Demonstrates time management		
41. Demonstrates positive interpersonal skills		
42. Demonstrates respect for diversity		
TOTAL SCORE		

MIDTERM:

Satisfactory Performance 90 and above
 Unsatisfactory Performance 89 and below

FINAL:

Pass 122 points and above
 No Pass 121 points and below

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APPENDIX C: PERMISSIONS

[REDACTED]

Informed Consent Document (ICD) to Participate in a Human Research Study

Principal Investigator (PI): Kimberlea Dudzinski

Co-investigator(s) (Co-Is): N/A

Introduction of the Study

My name is Kimberlea Dudzinski, MS OTR/L, and I am asking you to participate in a research study. You are invited to take part in this research study because I feel that your experiences and insights as a Clinical Fieldwork Educator working with occupational therapy student(s) is valuable in examining the relationship between emotional intelligence, personality and performance on fieldwork.

My plan is to enroll 20 participants in this study. Your participation in this study is completely voluntary. You are not required to participate. You are free to withdraw your consent and discontinue participation in this study at any time without prejudice or penalty. Your decision to participate or not participate in this study will in no way affect your relationship with [REDACTED] including continued enrollment, grades, employment or your relationship with individuals who may have an interest in this study.

Purpose of the Study

The purpose of this study is to determine whether any correlations exist between emotional intelligence, traits of personality, and clinical performance in a fieldwork setting.

Procedures

You will be asked to participate in a short, 15-20 minute semi-structured interview to discuss your experiences with the [REDACTED] Occupational Therapy student you worked with during the summer and/or fall semester 2019.

The interviews will take place in a private location at [REDACTED] or, if it is more convenient for you, the interviews can take place at your facility. The interviews will be audio recorded and then transcribed. The transcriptions of the interviews will be stored in a locked office. No identifying information will be used.

Additional qualitative data will also be taken from the AOTA Fieldwork Performance Evaluation form you completed on the student at the end of the fieldwork rotation.

Possible Risks and Discomforts Associated with the Study

The risks associated with participation in this study are minimum. You are being asked to share personal and sensitive information with the researcher, and you may feel uncomfortable discussing the topics.

The results of your questionnaire will be stored in a locked file cabinet in the Principal Investigator's office at [REDACTED]. No one will have access to the information other than the Principal Investigator. Once the study is complete, all data will be shredded and there will be no access to identifiable information. Although the risks of a breach of confidentiality or privacy are low, we cannot guarantee that your privacy or confidentiality will not be breached.

Potential Benefits

You will not be provided any direct benefits from participating in this research study, but your participation will help us understand the relationship between emotional intelligence, personality, and fieldwork performance, and contribute to knowledge in the field of educational psychology.

Confidentiality

The research team will work to protect your confidential information. The information that you share will be kept private and stored in a locked room, and any information stored on computers are password protected. We will take steps to protect your privacy and confidential information, however we are unable to guarantee or promise that your privacy will not be breached. Governmental agencies and the IRB may request access to study related data. We will work to ensure that your privacy is be protected.

Sharing the Results

The knowledge that we obtain from your participation will be shared in a poster presentation at the American Occupational Therapy Association national conference in April 2021. No information that you shared with us will be presented with your name or any other identifying information. All information when presented is de-identified without any links to you and presented as group data.

Voluntary Participation

Your participation in this study is voluntary. You may choose not to participate. The decision to participate or not participate in this research study is completely up to you. If you choose not to

participate, your refusal to participate in this research study will involve no penalty or loss of benefits to you. If you choose to participate, you can change your mind later, and withdraw your consent and discontinue participation from this study at any time. If you choose to withdraw, simply inform the PI of your wishes.

Right to Refuse or Withdrawal from the study

You do not have to participate in this research study and choosing not to participate in this study will not involve any penalty or loss of benefit to you. The decision to participate or not participate in this research study is completely up to you. If you choose to participate, you can change your mind later and withdraw your consent and discontinue participation from this study at any time. If you choose to withdraw from the study, simply inform the PI of your wishes.

Compensation

There are no incentives or compensation for participation in this study.

Contact Information

If you have questions, concerns, or complaints regarding this study you may contact the Principal Investigator at (407) [REDACTED]. You may also email her at: Kim.Dudzinski@[REDACTED].edu. You may also contact the [REDACTED] research office at (407) 407-609-1388 or [REDACTED]Research.Office@[REDACTED].edu or the IRB Office at (407) 303-5619.

Other Information

We thank you for your participation in this research study. The information that we gather during this research will not be used or distributed to any other researcher for any other research purposes not clearly outlined in this consent form.

This research has been reviewed and approved by [REDACTED] University Institutional Review Board, which is tasked to protect research participants from harm. If you want to learn more about the Institutional Review Board and its role in protecting research participants feel free to contact [REDACTED] University IRB at [REDACTED]

IRB contact about your rights in this study or to report a complaint: If you have questions about your rights as a research participant, or have concerns about the conduct of this study, please contact Institutional Review Board (IRB), University of Central Florida, Office of Research, 12201 Research Parkway, Suite 501, Orlando, FL 32826-3246 or by telephone at (407) 823-2901, or email irb@ucf.edu.

Participant's Understanding (strongly recommended)

- I have been invited to participate in research about emotional intelligence, personality traits, and fieldwork performance.
- I understand that my participation is voluntary.

- I understand that all data collected will be limited to the use disclosed above.
- I understand that I will not be identified by name in any presentation or publication.
- I am aware that all my information will be kept confidential and secured by the researcher.

I understand that I may withdraw from the study at any time.

I have read the forgoing information and it has been explained to my satisfaction. I have had the opportunity to ask questions. I consent voluntarily to be a participant in this study.

Printed Name of Participant

Signature of Participant (required)

Date Day / Month/ Year

Name of Person Obtaining Consent

Signature of Person Obtaining Consent (required)

Date Day / Month/ Year

***Required**
Header includes:
 Study title
 PI's name
 IRB #

Footer includes:
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