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# Does emotional intelligence affect peer support of nursing students?

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## ABSTRACT

This study was conducted to assess the relationship between peer support and emotional intelligence as descriptive and correlation. Sample of the study consisted of 417 nursing students available and enrolled to Manisa Celal Bayar University Faculty of Health in academic year 2014-2015 and accepted to participate in the research. Data was collected using "Peer Support Scale" "Schutte Emotional Intelligence Scale" and "Student Identification Form" containing students' socio-demographical characteristics. The average age of the sample was 20.7 ± 1.4 (18-29) years and most of them were female (73.4%) and they lived in student residence. It was found that mean score of Revised Schutte Emotional Intelligence Scale was 145.1 ± 16.4 (98-200), and mean score of Peer Support Scale was 37.6 ± 9.5. There was no significant correlation between Schutte Emotional Intelligence Scale and Peer Support Scale scores ($p>0.05$). It shown that female' Schutte Emotional Intelligence Scale scores, and optimism/mood regulation, appraisal of emotions and the utilizations of emotions scores were higher than male, however, male' Peer Support Scale scores, and academic assistance and emotional assistance scores were higher than female. We can recommend that providing of appropriate academic assistance to the first class students and more supporting of female students in order to take academic and emotional assistance.

**Keywords:** Emotional intelligence, peer support, nursing students

**Abbreviations**: ANOVA - one way analysis of variance, Kruskall Wallis, t-test, Mann Whitney U and Pearson correlation

## 1. INTRODUCTION

Today, quick change and development have been experienced in many areas and people have lived in more different social environment. Hence, people have had diverse roles and responsibilities (Deniz and Yilmaz, 2004). To adapt to the changes and developments of individuals is possible by having characteristics, being creative, opening to innovation, being aware of their emotions and able to control their emotions, risk-taking (Erdogdu and Kenarli, 2008). Cognitive intelligence (IQ-Intelligence Quotient) is inadequate to do all these things successfully, and it is an accepted fact that individuals' emotional intelligence (EQ-Emotional Quotient) supported cognitive intelligence (Deniz and Yilmaz, 2004).



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Before the emergence of EQ notion, it was believed that logic and emotion are located in separate poles and it was seen that logic and emotion relationship was as a conflict. EQ; is known as generally individual's ability to control and identify his/her emotions, and brings new perspectives to understanding and explaining human intelligence (Ikiz and Kirtil, 2010). The new researches conducted on the brain prove that the integrity of the emotional and cognitive system in the brain is more than believed. EQ expresses the emotional qualities guiding the behaviours of individual (as understanding emotions, empathizing, expressing emotions, using of emotions), and also by explaining the ability of competencies on social and emotional skills, it becomes a predictor of the success in life and being able to establish healthy relationships with people (Kocak and Icmenoglu, 2012; Yilmaz and Ozkan, 2011).

In nursing EQ notion is important in terms of the need for direct communication with the patients and the health care services which can be served only with team work (Yilmaz and Ozkan, 2011).

In researches (Buyukbayram and Gurkan, 2014; Augusto-Landa et al, 2008) conducted with nurses, it found that nurses' EQ influenced their job satisfaction, and nurses having high EQ established possitive interpersonal relationships. In the study of Namdar et al (2008) conducted with nursing students, it was found that there was a relation between satisfaction with life and EQ. Therefore, it has been required the nurses, being able to manage clinical enviroments and serve needs of patients in modern health systems, communicating with them well and realizing their emotions (Sevindik et al, 2012). So, taking the nursing, nurse students' EQ should be evaluated and their communication skills should be developed during their education life (Yilmaz and Ozkan, 2011).

The positive social skills of individuals with high EQ are also higher. They tend to give much importance to team success, and are extremely successful in the team leader position. So, it can be said that the students with higher EQ will be a good peer supporter (Dogan ve Demiral, 2007). It is reported that peer support is not only an important predictor of academic success; it is also an important variant for nursing student to build and maintain healthy relationships with his/her friends and for his/her healthy development in all aspects (Kaymak, 2008; Kudur and Cinar, 2013). Also, it seems necessary to appreciate friendship in clinical learning environments among nursing students. In other words, more flexibility with students at clinical learning environments in interacting with their peers, whom they trust as friends, can facilitate earlier integration into the students' community and, hence, enable peer learning for support (Roberts, 2009).

In conducted on several studies, it was indicated that peer support encouraged interaction, facilitated engagement with learning, and increased personal development (Kamali et al, 2012; Botma et al, 2013). In the study of McLelland et al (2013) stated the benefits of an interprofessional peer-assisted learning for both midwifery and paramedic students. Also, both groups had a newly found respect and understanding for each other's disciplines (McLelland et al, 2013). Other studies confirmed the existence of peer support in a learning process, showing a partner motivational effect even before the actual cooperation took place (Eisenkopf, 2010; Gardiner et al, 2014; Hickerson et al, 2016; Sitembark and Carson, 2015).

Students can be sensitively encouraged to share their views on participating in peer learning and support programs, which may well provide important insights into the benefits and challenges presented by student support initiatives as well as offer an outlook onto some important interactional processes influencing learners' educational journeys (Jones, 2008). It should be noted that there are some controversies regarding the outcomes of peer learning and support applicabilities. For example, Brannagan et al (2013), conducted a study evaluating the impact of peer learning and support on nursing students' perception of learning environment, self-efficacy, and knowledge. Overall, findings differed from previous studies in that the use of peer teaching–learning did not decrease anxiety in the first year students, and, concerning self-efficacy and knowledge acquisition, no differences were found between the two groups receiving either peer tutoring (intervention group) or faculty instruction only (control group) (Brannagan et al, 2013).

The results of these studies have shown that peer supporter could affect positively personal development, interaction, EQ, learning, understanding, sharing, satisfaction and a healthy lifestyle. There are limited studies carried out about relationship between EQ and peer support. For this purpose, it was examined whether emotional intelligence and peer support varied according to factors such as gender, school year, and whether there was a relationship between peer support with emotional intelligence for nursing students. The aim of this study was to examine the relationship between peer support and emotional intelligence.

**Questions of this study**

- Is there a relationship between peer support and emotional intelligence?
- Is there a relationship between nursing students' socio-demographic characteristics and their peer support?
- Is there a relationship between nursing students' socio-demographic characteristics and their emotional intelligence of students?



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## 2. MATERIALS AND METHODS

### 2.1. Study Sample

It has been conducted in the last week of spring semester of 2014-2015 education years in Manisa Celal Bayar University, Faculty of Health Sciences, Manisa, Turkey. First, second, third and fourth grade students of Celal Bayar University of Nursing Department were conducted as the universe. (N=690). The study sample was not used any sampling metod. The study purpose, procedural details, the participant's rights were explaned and written consent forms were obtained form them. Finally, 417 students were volunteer. The response rate was approximately 60. 4%.

### 2.2. Data Collection

Before we began the research, the students having criteria for participating the research were informed about it and they were written permission. The survey questionnaire was appied to them participating in the study. The research data was collected by A Identification Form includes socio-demographic characteristics (age, gender, education level, living state, any brother/sister, etc.), Peer Support Scale, and Revised Schutte Emotional Intelligence Scale.

**Peer Support Scale:** Peer Support Scale was developed by Kou et al (2007). Peer Support shows the corporation status of students in class environment and application areas. Its purpose is to evaluate the interactions and sharing with each other, how successful are they in doing these and how their individual behaviors affect from providing peer support. Peer support scale consists of 24 items and 3 sub-dimensions. Sub-dimensions are named as Physical Support, Academic Support and Emotional Support (Caliskan and Cinar, 2012; Tokgozoglu et al, 2015; Kou et al, 2007).

All items are positive and their rating is as 4 point likert. Answered to items were rated as 'disagree', 'partially agree', 'agree' and 'totally agree'. In the whole items; 'disagree' answer is 1 point, 'partially agree' is 2, 'agree' is 3 and totally agree is 4 points. All items of the scale is positive. The lowest overall score is 17; the highest overall scale is 68. It shows that the peer support increases when the points obtained from scale increase, the peer support decrease when the points obtained from scale increase (Caliskan and Cinar, 2012; Tokgozoglu et al, 2015; Kou et al, 2007).

The reliability and validity of Turkish version was conducted by Caliskan and Cinar. [23] The scale consists 17 items and 3 sub-dimensions. Cronbach alpha reliability coefficient of peer support scale was 0.93, sub-dimensions of the scale were identified as Physical Support for 0.89, Academic support for 0.77 and Emotional support for 0.81 (Caliskan and Cinar, 2012). In the current study, Cronbach alpha reliability coefficient of scale was found as 0.92, and the sub-dimensions of the scale was found respectively, Physical Support for 0.87, academic support for 0.79, and emotional support for 0.73.

**Revised Schutte Emotional Intelligence Scale:** Revised Schutte Emotional Intelligence Scale was developed by Schutte et al (1998). When the scale was first developed, it consisted of 33 items and a single-factor structure. Afterward, it has been reorganized as 41 items and 3 sub-dimensions by Austin et al (2004). The reliability and validity of Turkish version was conducted by Tatar et al (2011). Sub-dimensions: Optimism / Regulation of Mood, Use of Emotion, and Evaluation of Emotion (Tatar et al, 2011; Austin et al, 2004).

The scale is 5 point likert scale. It was evaluated and scored as 'Strongly Disagree-1', 'Disagree-2', 'Have No Idea-3', 'Agree -4', 'Strongly Agree- 5'. 21 items were recorded reverse and scored. It shows that the emotional intelligence increases when the points obtained from scale increase, the emotional intelligence decreases when the points obtained from scale increase (Tatar et al, 2011; Austin et al, 2004).

Cronbach alpha reliability coefficient of Turkish version of the scale was 0.82. Cronbach alpha reliability coefficients of scale were found respectively 0,75 for Optimism / Regulation of Mood, 0.39 for use of emotions and 0.76 for evaluation of emotion (Tatar et al, 2011). Permission for using the scale was received from Tatar by electronic mail. In the present study, Cronbach alpha reliability coefficient was found as 0.85. Cronbach alpha reliability coefficient of Sub-dimensions was are found respectively, 0.72 for optimism/regulation of Mood, 0.51 for use of emotions, 0.68 for evaluation of emotions.

### 2.3. Procedure

The data were collected in class and outside school hours. The questionnaires were filled in 15-20 minutes by the students, and completed forms were returned by the researchers. Before the study began, the purpose of it had been explained. Then, written or verbal consent was obtained from the students.



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### 2.4. Statistical Analysis

Statistical evaluation of the data was performed via Statistical Package for Social Sciences (SPSS 16.0) soft-ware on computer. Descriptive statistical methods (Percentage, mean, standard deviation) were used in evaluating the data, ANOVA and Kruskal-Wallis test, Mann-Whitney, Pearson correlation analysis were used in comparing the data. Probability values (p) less than 0.05 were considered statistical significant.

### 2.5. Ethical Considerations

This study was endorsed by Celal Bayar University, Faculty of Health Sciences Directorate and Dean of the Local Ethics of Manisa Celal Bayar University School of Medicine (27.05.2015 - 226).

## 3. RESULTS

The average age of the sample was 20.7 ± 1.4 (18-29) years and most of them were women (73.4%) and they lived in student residence (Table 1). Table 2 shows that the students' mean scores of Revised Schutte Emotional Intelligence Scale and Peer Support Scale. I was found that mean score of Revised Schutte Emotional Intelligence Scale was 145.1 ± 16.4 (98-200), and mean score of Peer Support Scale was 37.6 ± 9.5. It was demonstrated that the emotional intelligence score was moderate among the students. Statistical relationships among gender, Revised Schutte Emotional Intelligence and Peer Support Scale are shown in Table 3. There was significant different mean scores of optimism / regulation of mood, use of emotions, evaluation of emotion, and academic assistance, emotional support according to gender. Table 4 are shown, students' mean score of Revised Schutte Emotional Intelligence Scale and mean score of Peer Support Scale according to their classes. There was significant different mean scores of use of emotion, physical Assistance, academic assistance, emotional support according to class. Table 5 is shown relationships between students' ages and mean score of Revised Schutte Emotional Intelligence Scale and Peer Support scales. There was no significant correlation between mean score of Revised Schutte Emotional Intelligence Scale and age ($p>0.05$). But, there was positive significant correlation between mean score of Peer Support Scale and age ($p<0.05$). Moreover, there was no significant correlation between mean score of Revised Schutte Emotional Intelligence Scale and mean score of Peer Support Scale ($p>0.05$).

**Table 1**

Socio-Demographic Characteristics of the Sample (n = 417)

| Features | Number | % |
|---|---|---|
| **Gender** | | |
| Female | 306 | 73.4 |
| Male | 111 | 26.6 |
| **Lived in** | | |
| With The Family | 119 | 28.5 |
| With Friends | 87 | 20.9 |
| Student Residence | 191 | 45.8 |
| Other | 20 | 4.8 |
| **Number of Siblings** | | |
| One Child | 128 | 30.7 |
| Two Siblings | 163 | 39.1 |
| Three Siblings | 53 | 12.7 |
| Four Siblings | 28 | 6.7 |
| Other | 45 | 10.8 |
| **Success** | | |
| Very Good | 34 | 8.2 |
| Good | 196 | 47.0 |
| Middle | 167 | 40.0 |
| Bad | 14 | 3.4 |
| Very Bad | 6 | 1.4 |
| **Set up friendship** | | |
| Never | 18 | 4.3 |
| Sometimes | 218 | 52.3 |



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| | | |
|---|---|---|
| Always | 181 | 43.4 |
| **Age** | 20.7±1.4 (Mean ± SD) years | 18-29 (Min-max.) years |

**Table 2**

Mean Scores of Revised Schutte Emotional Intelligence Scale and Peer Support Scale (n = 417)

| **Peer Support and Scale sub-demitions** | **Min-max.** | **Mean ± SD** |
|---|---|---|
| Physical Assistance | 9.00-36.00 | 20.0 ± 5.2 |
| Academic Assistance | 4.00-16.00 | 8.8 ± 2.8 |
| Emotional Support | 4.00-16.00 | 8.7 ± 2.5 |
| **Total Peer Support Scale** | **17.00-68.00** | **37.6 ± 9.5** |
| **Revised Schutte Emotional Intelligence Scale and The Sub-demitions** | | |
| Optimism / Regulation of Mood | 21.00-60.00 | 44.0 ± 6.0 |
| Use of Emotion | 10.00-30.00 | 20.8 ± 3.5 |
| Evaluation of Emotion | 18.00-50.00 | 34.5 ± 5.5 |
| **Total Revised Schutte Emotional Intelligence Scale Score** | **98.00-200.00** | **145.1 ± 16.4** |

**Standard Deviation: SD*

***min-max: minimum- maximum*

**Table 3**

Relationships between gender, mean scores of Revised Schutte Emotional Intelligence Scale and Peer Support Scale (n = 417)

| **Scale Scores** | **Female (n=306)** | **Male (n=111)** | **Significance** |
|---|---|---|---|
| | **Mean Ranks** | | |
| **Total Revised Schutte Emotional Intelligence Scale** | 232.08 | 145.37 | u=9920.500 **p=0.000** |
| Optimism / Regulation of Mood | 227.01 | 159.36 | u=11472.500 **p=0.000** |
| Use of Emotion | 227.06 | 159.21 | u=11456.000 **p=0.000** |
| Evaluation of Emotion | 222.89 | 170.70 | u=12732.000 **p=0.000** |
| | **Mean ± SD** | | |
| **Total Peer Support Scale** | 37.23 ± 9.22 | 38.93 ± 10.35 | t=-1.612 p=0.108 |
| Physical Assistance | 19.88 ± 5.11 | 20.40 ± 5.71 | t=-0.885 p=0.376 |
| Academic Assistance | 8.70 ± 2.72 | 9.32 ± 3.06 | t=-1.993 **p=0.047** |
| Emotional Support | 8.64 ± 2.42 | 9.21 ± 2.70 | t=-2.038 **p=0.042** |

**p <0.05 are marked with boldface*



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**Table 4**

Relationships between class, mean scores of Revised Schutte Emotional Intelligence and Peer Support Scale (n = 417)

| Scale Scores | 1.class | 2.class | 3.class | 4.class | Significance |
|---|---|---|---|---|---|
| | **Mean Ranks** | | | | |
| **Total Revised Schutte Emotional Intelligence Scale** | 177.42 | 225.96 | 223.60 | 194.43 | KW=12.735 **p=0.005** |
| Optimism / Regulation of Mood | 184.38 | 221.27 | 205.68 | 222.59 | KW=7.008 p=0.072 |
| Use of Emotion | 187.46 | 235.87 | 213.21 | 159.23 | KW=21.695 **p=0.000** |
| Evaluation of Emotion | 191.55 | 218.47 | 219.72 | 196.69 | KW=4.533 p=0.209 |
| | **Mean ± SD** | | | | |
| **Total Peer Support Scale** | 36.55 ± 10.40 | 38.57 ± 8.42 | 35.02 ± 9.52 | 40.98 ± 9.90 | F=5.45 **p=0.001** |
| Physical Assistance | 19.28 ± 5.64 | 20.27 ± 4.76 | 18.96 ± 5.25 | 22.20 ± 5.52 | F=5.207 **p=0.002** |
| Academic Assistance | 5.52 ± 2.98 | 9.31 ± 2.64 | 7.93 ± 2.87 | 9.11 ± 2.73 | F=4.780 **p=0.003** |
| Emotional Support | 8.52 ± 2.71 | 8.99 ± 2.20 | 8.13 ± 2.47 | 9.67 ± 2.79 | F=5.096 **p=0.002** |

**p <0.05 are marked with boldface*

**Table 5**

Relationships between age, mean score of Revised Schutte Emotional Intelligence Scale and Peer Support Scale (n = 417)

| | Age | Total EIS Score | Optimism/ Regulation of Mood | Use of Emotion | Evaluation of Emotion | Total PSR Score | Physical Assistance | Academic Assistance | Emotional Support |
|---|---|---|---|---|---|---|---|---|---|
| Age | 1 | | | | | | | | |
| **Total EIS Score** | -0.078 | 1 | | | | | | | |
| **Optimism / Regulation of Mood** | -0.037 | **0.789**$^{**}$ | 1 | | | | | | |
| **Use of Emotion** | **-0.145**$^{**}$ | **0.677**$^{**}$ | **0.377**$^{**}$ | 1 | | | | | |
| **Evaluation of Emotion** | -0.051 | **0.820**$^{**}$ | **0.507**$^{**}$ | **0.488**$^{**}$ | 1 | | | | |



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| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Total PSR Score** | **0.115*** | -0.017 | 0.084 | -0.091 | **-0.100*** | 1 | | | |
| **Physical Assistance** | **0.136**** | 0.002 | **0.110*** | -0.081 | -0.087 | **0.954**** | 1 | | |
| **Academic Assistance** | 0.012 | -0.040 | 0.026 | -0.073 | -0.095 | **0.828**** | **0.673**** | 1 | |
| **Emotional Support** | **0.139**** | -0.024 | 0.058 | -0.094 | -0.093 | **0.870**** | **0.771**** | **0.612**** | 1 |

*p<0.05 are marked with one boldface '*'*
*p<0.01 are marked with two boldface '*'*

## 4. DISCUSSION

In nursing, relationships and communications played an important role (Caliskan and Cinar, 2012). So, there is a need for nurses having high emotional intelligence and good social communication, and supporting their peers at the same age group. The literature supports this information (Buyukbayram and Gurkan, 2014; Augusto-Landa et al, 2008; Namdar et al, 2008; Duman and Acaroglu, 2014; Akerjordet and Severinsson, 2004). In this context, evaluating and developing of emotional intelligence is important in the nursing students (Tatar et al, 2011).

In this study conducted to evaluate the relationship between peer support and emotional intelligence of nursing students, it was determined that the avarage score of Revised Schutte Emotional Intelligence Scale of the nursing students was 145.1 ± 16.4 (98 - 200). In the study of Duman ve Acarogolu (2014), conducting with first grade nursing students, it has been found that emotional inteligence is low level. Contrast this study, our research findings are similar to most studies in literature (Yilmaz and Ozkan, 2011; Buyukbayram and Gurkan, 2014; Unsar et al, 2009; Avsar and Kasikci, 2010; Kaya and Kececi**,** 2004; Kuzu and Eker, 2010; Tambag et al, 2014; Karakus and Kucukoglu, 2011), and emotional intelligence of the nursing students is moderate. According to this, it can be stated that nursing there is a need for developing emotional intelligence of the nursing students. While there is no statistically significant relationship between age and average score of total emotional intelligence scale, there is a significant negative correlation between use of emotions and evaluation of emotions sub-dimensions. According to this, the status for use of emotions and evaluation of emotions decrease by age. There is some researches in the literature indicating that emotional intelligence level increases with age (Sevindik et al, 2012; Kuzu and Eker, 2010; Tambag et al, 2014; Karakus and Kucukoglu, 2011), however in various researches (Yilmaz and Ozkan, 2011; Tambag et al, 2014; Ismen, 2004; Aslan and Ozata, 2008), it has been determined that there is no relationship between emotional intelligence level and age. The findings obtained from this research support the literature. It can be said that emotional intelligence is a situation developed by experiences; willing to develop, social experiences and relationships rather than a situation developed by age.

Average score of total Schutte Emotional Intelligence Scale of the female students and their average score of optimism / regulation of mood, evaluation of emotion, and use of emotions are higher than the male students. Different results which are related to this were determined in literature. In the study conducted with university students by Girgin (2008), the study conducted by Ismen (2004), and the study conducted with health sector employees by Aslan ve Ozata (2008), a significant difference between emotional intelligence level and gender have not been determined. In the study conducted with a group of nurses by Karakus ve Kucukoglu (2011), it was found the emotional intelligence level of men was higher than women. In the study of Sevindik et al (2012), which was conducted with health sciences students, and the study conducted with the nursing students by Kuzu and Eker (2010), emotional intelligence scale scores of female students was found higher than the male students. In the studies conducted by Katyal and Awasthi (2005) and Naghavi and Redzuan (2011), it has been found that the emotional intelligence level of women was at a higher level. It is suggested that the high level of emotional intelligence of female students is related with being comfortable in expressing their feelings and more empathetic approach to others, which stems from their emotional structures.

The average score of total emotional intelligence scale of first grade students and use of emotions average score of fourth grade students are lower than the others. In the study of Sevindik et al (2012), which was conducted with health sciences students, emotional intelligence scale scores of first grade students was found significantly lower. In the study of Unsar et al (2009), which was conducted with midwifery and nursing students, the emotional intelligence levels of fourth grade students were found significantly



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higher. In the study of Avsar and Kasikci (2010), which was conducted with nursing students, it was determined that the emotional intelligence levels between classes was significantly different, even second grade students had the lowest and the fourth grade students had the highest emotional intelligence level. In the study of Kaya and Kececi (2004),which was conducted with nursing students, it has found that the emotional intelligence levels of fourth grade students have had a higher level according to the others. It is suggested that it is related with uncertainty of a foreign environment of university for new students.

The nursing student having higher level emotional have positive social skills (2007). From the view of this, the university students are highly appropriate for providing peer support (Kaymak, 2008). Because, university students generally spend most of their time with their peers and they try to solve their stress related to life by receiving their support. Various researches specify that friendship is both a requirement and an important social support source which can not be met in the family (Okdem and Yardimci, 2010).

Nursing students' presenting especially as a group in application areas, team action, a part of their occupational training, their working with continuously individual and society as well as receiving education in areas related to health have been affected their forming peer groups. The power of peer group interact with each other is important with regard to using in overcoming problems related to the nursing students' orientation in theoretical and clinical practice, and in the resolution of in interpersonal and intergroups conflicts (Caliskan and Cinar, 2010). According to this, considering emotional intelligence affects interpersonal communication skills, It is expected that peer support of the nursing students having high level emotional intelligence is better. Also, it is deducted that the nursing students, good peer supporters, would be successful in team work, take satisfaction in their work and be in good interact with patients.

In this study, average score of Total Peer Support Scale of the nursing students was 37.6 ± 9.5 (17 - 68). According to this, the peer support perceiving by nursing students was moderate. Different from the literature (Kudur and Cinar, 2013; Caliskan and Cinar, 2012; Kou et al, 2007; Caliskan and Cinar, 2010), average score of Total Peer Support Scale of the nursing students was lower. While the highest average score of students for sub-dimensions of peer support scale was physical support, the lowest average score was emotional support. Our study findings are consistent with the literature (Kudur and Cinar, 2013; Caliskan and Cinar, 2012; Kou et al, 2007; Caliskan and Cinar, 2010), and the highest average score of students for sub-dimensions of peer support scale was physical support. In this context, it is be able to be told that the students have realized their friends' problems, and they have adviced each other. In the other study conducted in 5829 universities across Turkey, it has been shown that they usually experience emotional problems and they usually take support from their friends in this situation (Erkan et al, 2012).

The average point of total Peer Support Scale for male students and their sub-dimensions points were significantly higher. In the study of Tokgozoglu et al (2015), which was conducted with 674 university students educated in different departments, it has been found that the peer support scale points of male students were significantly higher. The results of this study support the results of our study. According to this, it can be said that the peer support among male students is better.

While the average score of Peer Support Scale of fourth grade students and the average score of physical support and emotional support were higher than the others, the average score of academic support of first grade students was lower than the others. Our study findings are consistent with the literature (Caliskan and Cinar, 2010), and it is suggested that this situation is related with the fact that the newcomers don't know each other and they are in an adaptation process to their new education life.

In the study conducted by Tokgozoglu et al (2015), it has been found that there is statistically significant difference between different age groups in terms of average score of physical support and emotional support and also the average scores increased with increasing age. The findings of our research was similar to its and there was a statistically significant positive relationship between age and total peer support scale, average score of physical support and emotional support sub-dimensions.

## 5. CONCLUSION

Surprisingly, there is no relationship between emotional intelligence and peer support.
As a result of this research, it was found that,

- There is no relationship between emotional intelligence and peer support,
- The emotional intelligence and peer support of nursing students are moderate,
- The emotional intelligence of female students is higher than the male students,
- The peer support of male students is higher than the female students,
- The emotional intelligence level of first grade students is lower than the others,
- The peer support of fourth grade students is significantly higher,
- The academic support of first grade students is significantly lower,
- There is no relationship between age and emotional intelligence,
- Peer support increases by increasing age.



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## SUMMARY OF RESEARCH

1.Emotional intelligence ability has a significant place in nursing, where compassion and caring are two foundations of the profession. In order to provide compassionate care nurses must be able to identify, use, manage, and understand emotions not only in themselves but also in the context with others. EQ ability can be taught in a lecture class, it has to be developed through their education life via active listening, engagement, and participation.

2.In addition, peer support is one of the important both EQ and academic success. It is reported that peer support is not only an important predictor of academic success it is also an important variant for nursing student to build and maintain healthy relationships with his/her friends and for his/her healthy development in all aspects.

3.Nursing students emotional competency and peer support were evaluated several literatures. But there was no study regarding to relationship between emotional intelligence and peer support among nursing students. The aim of this study was to examine the relationship between peer support and emotional intelligence.

4.Sample of the study consisted of 417 nursing students available and enrolled to Manisa Celal Bayar University Faculty of Health in academic year 2014-2015 and accepted to participate in the research. Data was collected using "Peer Support Scale" "Schutte Emotional Intelligence Scale" and "Student Identification Form" containing students' socio-demographical characteristics.

5.The average age of the sample was 20.7 ± 1.4 (18-29) years and most of them were female (73.4%) and they lived in student residence. It was found that mean score of Revised Schutte Emotional Intelligence Scale was 145.1 ± 16.4 (98-200), and mean score of Peer Support Scale was 37.6 ± 9.5. There was no significant correlation between Schutte Emotional Intelligence Scale and Peer Support Scale scores ($p>0.05$). It shown that female' Schutte Emotional Intelligence Scale scores, and optimism/mood regulation, appraisal of emotions and the utilizations of emotions scores were higher than male, however, male' Peer Support Scale scores, and academic assistance and emotional assistance scores were higher than female.

5.We can recommend that providing of appropriate academic assistance to the first class students and more supporting of female students in order to take academic and emotional assistance.

## FUTURE ISSUES

Despite the inclusion in the research, the students who did not agree to participate in the research and did not come to the class during the questionnaire were not included in the research. 417 students of 690 students who consist of the universe have been reached. The results could not generalize to the health colleges because of small number of the samples. Of course, emotional intelligence and peer support could be required to different scales. We believe that the results of this study have highlighted the role of peer support and emotional intelligence should be support first grade students. It is suggested that appropriate environment should be created to increase the emotional level of nursing students and first grade students should be directed to group activities to provide them more peer support.

## DISCLOSURE STATEMENT

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