The Relationship Between Emotional Intelligence and Performance on Occupational Therapy Fieldwork

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Abstract

This mixed methods study explored the relationship between emotional intelligence (EI) and overall student performance during occupational therapy (OT) fieldwork. The purpose of this study was to determine whether EI 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 either a Master of Occupational Therapy program or an Occupational Therapy Assistant Program completed the Genos Emotional Intelligence Inventory (short form). Student scores on this brief measure of EI were correlated with scoring on the American Occupational Therapy Association's Level II Fieldwork Performance Evaluation (FWPE) form. In the second phase of the study, 20 Clinical Fieldwork Educators (CFEs) were interviewed to determine their perception of the importance of EI 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. An analysis of the qualitative data obtained from interviews with CFEs found multiple themes highlighting their perception of the importance of EI 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.

Keywords

Fieldwork, emotional Iintelligence, OT program admissions

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ABSTRACT

This mixed methods study explored the relationship between emotional intelligence (EI) and overall student performance during occupational therapy (OT) fieldwork. The purpose of this study was to determine whether EI 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 either a Master of Occupational Therapy program or an Occupational Therapy Assistant Program completed the Genos Emotional Intelligence Inventory (short form). Student scores on this brief measure of EI were correlated with scoring on the American Occupational Therapy Association's Level II Fieldwork Performance Evaluation (FWPE) form. In the second phase of the study, 20 Clinical Fieldwork Educators (CFEs) were interviewed to determine their perception of the importance of EI 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. An analysis of the qualitative data obtained from interviews with CFEs found multiple themes highlighting their perception of the importance of EI 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.

Introduction

All occupational therapy (OT) and occupational therapy assistant (OTA) 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). 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 on Level II fieldwork and beyond. 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 vital skills (Romanelli et al., 2006).

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 skills should be modeled throughout student clinical placements by the Clinical Fieldwork Educators (CFEs). Students must be supported in developing effective EI for clinical settings, as these skills will look different in practice as compared to one's personal life. 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). All these areas where students tend to underperform require the use of EI skills, and under matured EI skills may be negatively impacting their fieldwork performance.

The empirical evidence suggests that in an effort to predict both academic and clinical education success, studying EI may be helpful (Brown et al., 2016). Tests of EI 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 and success during fieldwork education may serve as a better predictor of OT student success than mere academic ability alone. If a relationship between EI and fieldwork success is found, OT and OTA program administrators may want to investigate the possibility of analyzing potential students' levels of EI as part of the admissions process.

This study was designed to investigate the relationship between EI and performance on clinical fieldwork rotations in a graduate OT program and an OTA program. The purpose of the quantitative phase is to determine if EI and personality were predictive of fieldwork performance. The purpose of the qualitative portion of the study was 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 CFEs who supervised OT students on fieldwork. The present study attempted to examine the degree to which students' possession or lack of EI impacted their level of success in the clinical portion of the program. The first research question states, "*To what degree is there a relationship between levels of EI (as measured by the Genos Emotional Intelligence Inventory, short) on their fieldwork performance (as measured by the American Occupational Therapy Association's [AOTA] Fieldwork Performance Evaluation Form [FWPW])?*" 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. The second research question for this study will be addressed from a qualitative standpoint. *"What is the perception of CFEs on the importance of EI when it comes to success on Level II fieldwork rotations?"* The resulting hypothesis is that during these interviews, the CFEs 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. The CFEs might also suggest that an extraverted and flexible nature is imperative to success as a fieldwork student. These are all traits related to the student's level of EI.

Literature Review

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 for those who are working directly with patients (Borges et al., 2015). 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. Occupational therapy 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).

Theoretical Models of Emotional Intelligence

Emotional intelligence theory explains how individuals control their emotions and respond appropriately to the emotions of other people. 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 distinctive 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).

In the present study, the researcher selected the mixed model as the conceptual framework as a basis. 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 study focused on student performance when it comes to on-the-job training, the researcher concluded the mixed model lens would be the best fit to answer the research questions proposed by this study.

Emotional Intelligence and Occupational Therapy
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 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 OTs 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 OT must not only be positive, warm, encouraging, and genuine, but must also be able to demonstrate the ability to understand and manage their emotions as well as the emotions of others (Mayer & Cobb, 2000). The therapist must be able to use therapeutic use of self (TUOS) when assisting clients to participate in meaningful daily

occupation. Using the Intentional Relationship Model (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.

Emotional intelligence is also a key 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). 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).

Emotional Intelligence and Fieldwork
The possession of EI may influence whether OT students who perform well academically might experience success on fieldwork as well (Gutman et al., 1997). 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). Emotional intelligence has also been shown to influence cognitive processes, and problem-solving and critical thinking are valuable skills necessary for successful client interactions while completing fieldwork in an OT program (Andonian, 2013).

While completing a clinical rotation, 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). The OT literature often discusses TUOS, in which Punwar and Peloquin (2000) encouraged the practitioner to use perception, personality and judgement as part of the therapy process (Brown et al., 2016). Emotional intelligence has a significant 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 OT. Unlike the medical profession, OT 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.

After a thorough review of the literature, it is apparent that students who lack EI may struggle to connect with patients, communicate with his or her CFE, accept constructive feedback appropriately, and collaborate with other team members in a professional manner.

Emotional Intelligence and the Occupational Therapy Curricula
Given that the evidence above supports a correlation between EI and success in the clinical portion of the program, students should be provided opportunities to improve their levels of EI during their didactic coursework to ensure they are fully prepared for Level II fieldwork. However, it does not appear that many accredited OT programs currently provide stand-alone EI courses (Calabrese et al., 2019). Although components of EI such as self-awareness may be integrated into OT coursework, EI should be addressed directly and comprehensively. Several studies have examined the impact clinical training may have on a student's level of EI (Andonian, 2013; Gribble et al., 2019; Polonia-Lopez et al., 2019), but a limited number of studies have examined the impact of EI training during the didactic portion of the OT and/or OTA curriculum. However, EI training should ideally be incorporated before the student begins their culminating fieldwork experience to prepare them on ways to develop rapport with families, make decisions during assessment, collaborate with colleagues, and deal with stress appropriately (Gribble et al., 2019).

One reason OT programs may be hesitant to address EI skills directly may involve a lack of time or faculty resources. Calabrese et al. (2019) proposed the use of online modules to effectively teach EI skills to OT students in a convenient format. This group of researchers developed a program that involved classroom and clinical based scenarios, video modeling demonstrating positive and negative examples of EI, and discussions on alternative ways to improve self-awareness during high stress scenarios. They found several positive outcomes with their group of 28 graduate students, including improved perceptions of EI skills in all four components of EI. Students reported increases in self-awareness and social awareness, with smaller gains in relationship and self-management.

Methodology
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. There were two separate phases involved in the study. The quantitative data was collected first, followed by the qualitative portion of the study, which served 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 CFEs who were well-informed on the topic of students' success on fieldwork. The data collection process did not begin until institutional review board (IRB) approval was received.

Phase 1: Quantitative
For the first phase of the study, a convenience sample was used, comprised of students enrolled in either the Masters of OT (MOT) program or the OTA program at a private university located in the Southeastern United States. A faculty member not associated with the research study invited the current cohort of students to participate, assuring them that participation was not mandatory or required as part of their enrollment at the university and there would be no negative penalties for withdrawing from the study. The faculty member reviewed the informed consent form with the participants and provided them with information about the study, 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.

After the students completed their fieldwork rotations, the measures of EI and personality were administered in person in a private classroom at the university. By this time, the CFE of each student had already completed the AOTA FWPE and sent the paperwork in to the Academic Fieldwork Coordinator.

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 distinct 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 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). 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. The short version, also created by Genos, includes two items from each domain, for a total of 14 items as opposed to the 70 items on the complete Genos EI (Gignac, 2008). The researcher chose to use this abbreviated form after finding that the reliability was similar to the complete Genos EI (a = .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.

The AOTA FWPE is currently used by the majority of accredited OT programs to evaluate the student's clinical performance (AOTA, 2002). The FWPE form, which was filled out by the student's 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 for the OTA Student was used with those participants who were students in the OTA program. This evaluation form, designed to measure entry-level competence of the OTA student, assessed performance in similar areas as the OT student evaluation form, but on a smaller scale. The form contained only 25 items, in comparison to the 42 items on the OT form. However, it assessed all the same categories, with the exception of management of OT services. In order to pass the fieldwork rotation, the OTA student had to obtain a minimum score of 70 points or above.

Errors may occur when completing 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 CFEs 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.

Quantitative Data Analysis

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 first tested. 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. 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 normally distributed.

Phase 2: Qualitative

For the qualitative portion of the study, the participants were chosen from a convenience sample of CFEs who had previously worked with OT and/or OTA students from the university. The researcher sent an email to 74 CFEs inviting them to participate in the interview process. The first 20 CFEs to respond were chosen to participate. Based on the scope of the study and the relatively homogenous nature of the sample, 20 participants were the number suggested by the IRB and the Scientific Review Committee (SRC) at the university to attain data saturation. During the recorded interview, basic demographic data was collected for the CFE 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 interviews were all conducted either in person or via a telephone conversation, depending on the interviewee's preference, and audio recorded to be transcribed later.

Semi-structured interviews were conducted with the convenience sample of 20 CFEs. 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 CFE?
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?

Prior to conducting the semi-structured interviews with the CFEs, the researcher obtained consent from each participant before beginning the interview process. Each interview lasted between 15 and 20 minutes, depending on how much information the CFE 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.

Qualitative Data Analysis

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 and 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 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.

To increase the trustworthiness of the data collected, the researcher participated in member checking. Member checking, a technique described by Lincoln and 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 CFEs 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 CFEs 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 accuracy of the qualitative data collection process, 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. This individual, who was not associated with the research project, 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 then met with the individual to discuss, review, and compare resultant key words and themes. 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.

Results

Forty-two students participated in the study. The students represented a fair sample of the United States population of registered OT and OTA students. Most 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 analysis 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. Similarly, in this study, a large majority were white (79%), female (93%), and/or under the age of 30 (76%).

Phase 1: Quantitative
To answer the first research question for this study, an analysis of the quantitative data was conducted to investigate the relationship between EI and performance on fieldwork. The original hypothesis predicted that higher levels of EI would result in higher scores on the evaluation form. After the assumptions were tested, 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 1

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	Toler-ance	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 1 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.

Phase 2: Qualitative
As shown in Table 2, an outline was created to organize the key words obtained from each of the interview questions along with the frequency they were mentioned during the interview process.

Table 2

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 w/ 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
	Inappropriate Response to 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
	Inappropriate Response to Feedback	3
	Disorganized	3
	Rude/Unfriendly	3

Once the key words were tallied and the initial coding process was completed, the following five themes were identified from the analysis of the interview transcripts.

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 CFEs 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"* (Participant 6). A CFE in inpatient rehab at a large hospital stated, *"Communication is the biggest key to being successful because we are communicating*

on a daily basis" (Participant 4). 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.

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. Occupational therapy is an interdisciplinary 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, OTs do not work isolated from others. As one interviewee (Participant 7) 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 (Participant 4) 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 everyone in the room, because you are part of a team. Being able to go from therapist to therapist and having that continuum of care is crucial."* Several CFEs also mentioned the importance of being a team-player, as OTs are required to collaborate with others. One interviewee working in a neurorehabilitation facility for people with traumatic brain injuries articulated, *"It is 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 OTs] 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"* (Participant 10). 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" (Participant 15).* Another CFE explained, *"Being a team player is even more important than your skills. At Disney, they hire people based on their personality, because it is much easier to teach someone skills than it is to change their personality"* (Participant 1).

Theme 3: Building a Therapeutic Rapport and Demonstrating Empathy 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 CFEs interviewed. One of the pediatric OTs emphasized that *"in pediatrics, being able to be playful and being willing to initiate that therapeutic rapport is a really critical skill set"* (Participant 2). In many of the interviews conducted, CFEs 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"* (Participant 16). 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"* (Participant 13). 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*" (Participant 16). This CFE explained that OTs are not simply administering medication or giving shots. Therefore, OTs need to have patients fully invested to help them improve with their daily occupations. This same CFE 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"* (Participant 19).

In order to build a strong therapeutic rapport with clients, it is essential that one is capable of demonstrating empathy and compassion. One CFE with experience in inpatient rehabilitation stated, *"Compassion and empathy for your patients is key, as they are going through a lot. I have to do counseling with our patients and their families with everything they are going through"* (Participant 4). 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"* (Participant 8). Another therapist (Participant 5) who worked in the same hospital also explained the importance of being able to put oneself in the 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 OTs expressed*, "You have to care about other people more than you care about yourself to be a true advocate for your clients"* (Participant 16).

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 OT, and part of that learning process will almost certainly involve constructive feedback. One therapist who 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 is a better way to handle that situation next time"* (Participant 9). Another CFE working in a neurological setting 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"* (Participant 15).

Students who do not respond to constructive feedback appropriately may also be in danger of failing Level II fieldwork. Out of the therapists interviewed, four therapists (20%) mentioned responsiveness to feedback in response to the question about students struggling on fieldwork. As one school-based 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 learn best from constructive feedback"* (Participant 19). 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 had taken many students in her three decades of working as an outpatient 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 cannot take feedback, you won't do well. Don't complain it is not fair. This is not about being fair, it's about teaching you how to do things better"* (Participant 13).

Theme 5: Unprofessional Behavior Often Plays a Role in Fieldwork Struggles Or Failures
One CFE who had supervised over ten Level II fieldwork 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 failure"* (Participant 20). Another CFE who owns his own practice suggested, *"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"* (Participant 18). One interviewee (Participant 2) 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 OTA 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 CFE, who has worked with students for over 15 years, mentioned that she never had to fail a student based on their level of skill. She said it almost always came down to professionalism. This CFE estimated that about 25% of the students she worked with have demonstrated unprofessional behaviors at times.

Discussion

Phase 1: Quantitative
As shown in the Table of Coefficients above, 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. Emotional intelligence was found to account for 40.96% of the variance in percentile scores on fieldwork.

The quantitative data analysis revealed that EI proved to be a significant predictor of fieldwork performance. These findings are consistent with other research previously conducted on EI and fieldwork. 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 students' communication skills, documentation skills, and student professional behavior. Another study, 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.

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.

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 CFE 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. The mixed construct of EI is viewed as a 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.

Phase 2: Qualitative
In the second phase of the study, the researcher aimed to describe and analyze the interviews for common themes. For this phase of the study, the hypothesis was that during the interviews, the CFEs 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. In the second phase of the study, a total of five themes were found.

The first theme obtained from the qualitative interviews centered around the importance of effective communication skills. 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). Emotional intelligence 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.

The second theme focused on the importance of collaboration and working as part of a team. Emotional intelligence is a vital 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 have a good relationship 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) suggested these factors lead to a cooperative and enthusiastic, positive climate, leading to a mutual understanding among 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.

Another theme obtained from the interviews centered around the importance of building therapeutic rapport with patients. The evidence presented in the literature review suggested 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 intelligent 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 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 student 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.

The fourth theme obtained from the qualitative data suggested that responding appropriately to constructive feedback was a critical key to being successful on fieldwork. 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. CFEs provide feedback to help the student grow, it is not for the purpose of criticizing the student or putting them down. In a study conducted by Gutman et al. (1997) failing students tended to blame others rather than take responsibility for their own actions, which is similar to what the CFEs were suggesting took place in their own experiences during the semi-structured interviews.

The fifth and final theme highlighted the fact that unprofessional behavior often played a role in students struggling on fieldwork or potentially failing fieldwork. In the interviews, seven out of 20 CFEs mentioned behavior problems as a potential contributing factor to failure. On the AOTA FWPE, there is a section dedicated to professional behavior. Examples of graded items include demonstrating consistent work behaviors, time

management, and positive interpersonal skills. If a student exhibits behavior that is unprofessional in nature, it will certainly have a significant impact on his or her final grade. Research suggests emotionally intelligent individuals may be more likely to act in a professional manner. As explained by Talarico et al. (2013), EI encompasses a variety of non-cognitive skills including professionalism and integrity. EI 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). Professional work relationships with colleagues, the ability to maintain work productivity, and problem-solve through challenging work scenarios all require an individual to possess EI (Brown et al., 2016). 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).

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 or any of their didactic coursework. However, in a fieldwork setting where the student is working individually with a CFE, unprofessionalism is likely to lead to fieldwork failure (Gutman et al.,1997).

Each of these five themes were tied directly to the importance of EI. Therefore, the qualitative data supported the data found during the quantitative phase of the study, where EI was shown to directly correlate to student scores on Level II fieldwork. The data found by this study was also in agreement with previous studies on EI and OT, as discussed in the literature review.

Study Limitations

Limitations of the quantitative portion of the study included a small number of participants (n=42) as well as 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 various levels of EI may be more beneficial or more limiting for certain practice areas as compared to others. Additionally, the data set included both OT and OTA students. Since the study population included two different classifications, further analysis was conducted to investigate for any significant differences between the two groups in their Fieldwork Percentile scores. It was

determined that there was no significant difference between the two groups of students (t= -0.824, p = .415). However, based on the fact that demographic differences between the two groups of students exist, and the educational content of the two programs differs, future studies that only focus on one program or the other would be ideal.

Similar limitations existed for the qualitative portion of the study. A total of twenty interviews were completed, but more interviews could have been conducted to ensure more complete data saturation. Additionally, half of the interviews were conducted via the phone, rather than in person as originally planned, due to Covid-19 guidelines and a need for social distancing during the time of data collection.

Implications for Occupational Therapy Education

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 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. Occupational therapy 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 a review of the evidence as well as the results of 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. 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).

In addition to mentoring and peer coaching, online training modules may present an alternative option for improving the EI of OT and OTA students. While most studies on implementing EI training in an OT program have focused on face-to-face facilitation, a study conducted by Calabrese et al. (2019) found that the completion of online EI modules resulted in improved perceptions of EI skills, as well as increased knowledge regarding the key components of EI. This training format may be a more convenient and cost-effective answer to incorporating EI training into the OT curriculum.

Occupational therapy 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).

While EI components may be integrated into some courses during OT and OTA programs, the majority of programs are not addressing EI in a comprehensive manner (Calabrese et al., 2019). It is vital that OT programs address the levels of EI in students directly, as many of these components are noted within several Accreditation Council for Occupational Therapy Education (ACOTE, 2018) standards. The council for accreditation requires programs to provide evidence of interpersonal skill development as well as effective communication with clients and others. The preamble specifically states that a graduate from an OT or OTA program must be able to effectively collaborate and work interprofessionally with others (ACOTE, 2018), and this is not possible for students who do not possess EI.

Conclusion

It is evident that EI is a valuable prerequisite for students to be fully client-centered, collaborate with clients' 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 in this study suggests that having an elevated level of EI results in superior performance regarding these aspects of the fieldwork experiences.

This study adds 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.

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