Nursing

The VEIGA Emotional Competence Scale Short Version: A Validation Study of the Italian Version

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Keywords

Veiga Emotional Competence Scale • Validation study • Emotional Competencies • Emotional Intelligence • Nursing Students

Summary

Background. *There is increasing evidence that nurses experience a high degree of emotional stress already as undergraduate students during their clinical placements, especially in their first year. Students who develop emotional competencies improve their coping skills and decrease stress-related negative effects. A European Erasmus+ project developed an educational program on Emotional Intelligence to be incorporated into European nursing curricula for undergraduate nursing students. To evaluate the efficacy of the study, the Veiga Emotional Competence Scale Short Version for nursing students was used.*
Aim. *To adapt and validate the Italian version of the Veiga Emotional Competence Scale Short Version for nursing students.*
Methods. *This was an instrument validation study, performed following the EORTC Quality of Life Group and the COSMIN guidelines for the translation process. The process consisted of four phases: translation, content validation, face validation, and pilot test. Data were collected between May and July 2023.*
Results. *The Italian Version of the Veiga Emotional Competence Scale Short Version proved to have a good level of content validity Scale-Content Validity Index=0.93). A pilot test was conducted with 100 nursing students of different years of course, showing a good level of internal consistency and reliability (Cronbach's alpha=0.852).*
Conclusion. *The validated and adapted instrument was successfully used during the Serious Game for Nursing Students (SG4NS) project in Italy for the evaluations of the study intervention. This instrument could be used to effectively analyse and evaluate nursing students' emotional competencies for future studies in Italy.*

Introduction

Nursing is one of the most stressful professions, as nurses deal with various stressors on a daily basis such as work overload, interprofessional conflicts, shift work, handling deceased patients, corpses, and family support [1]. One way to cope with high levels of job stress is to develop Emotional Competencies (EC) [2]. EC refer to a set of acquired competencies, based on Emotional Intelligence (EI) and include self-control, empathy and conflict management [2]. In nursing, EC and EI are often used interchangeably [3]. Rakhshani et al. [4] reported that under the best conditions mental intelligence determines only 20% of a person's success, and the remaining 80% depends on other factors such as emotional ones [4]. Since nurses are physically and emotionally more exposed compared to other professions, they need to enhance their emotional skills to adapt to the work environment [5]. If nurses do not have adequate skills to control their emotions, they will not be able to maintain their peace of mind when communicating with patients, family members, colleagues and especially in stressful overloaded crisis situations [3, 5, 6]. Instead, emotionally competent nurses can work in harmony with their thoughts and feelings [2-6]. In addition, EI has been shown to help nurses develop therapeutic relationships with patients, their families, and manage stress and consequently are more likely to provide high-quality services [2]. EI has been found to facilitate the emotional well-being of nursing professionals and helps to improve competence in practicing skills that will benefit patients, colleagues, and families, both as professionals and as individuals [2-6]. Therefore, it is important to provide targetedtraining courses right from the start for undergraduate students to develop their emotional skills, even because undergraduate nursing students experience a high degree of emotional stress already during their clinical placements [7] and increase over the years [8]. There is evidence that students who possess high levels of EI have better coping skills and fewer stress-related negative effects [9, 10].
The "Serious Games - Developing Emotional Competence for Nursing Students" (SG4NS) Erasmus+ project aimed to develop an educational program on Emotional Intelligence for undergraduate nursing students to be integrated into European curricula [11]. The project was

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a multi-national quasi experimental study involving five European countries: Portugal, Spain, Malta, Romania, and Italy. The SG4NS project integrated two important dimensions of the active and dynamic teaching-learning process and the development of soft skills, such as EI [11]. To evaluate the effectiveness of the study, the Veiga Emotional Competence Scale Short Version was used. The instrument had already been validated in Portuguese, it's self-report instrument based on 4 EI's dimensions (self-knowledge, self-regulation, empathy, and social skills) [12, 13]. In the SG4NS Project, the study intervention was evaluated using the Veiga Emotional Competence Scale – Short Version [12, 13]. This instrument evaluates emotional competencies and has already been successfully used to evaluate nurses' emotional competencies [12]. The instrument is divided into 5 sections. Each section explores a different aspect of emotional intelligence: self-awareness (1), self-management (2), self-motivation (3), empathy (4), and social management (5). Each section provides a series of statements regarding a particular emotional behaviour, and participants are asked to state how frequently they perform the behaviour reported in the statement. The answers are given on a Likert scale from 1 (never) to 7 (always). The total score is obtained by calculating average of all the mean values f each subscale [12]. The scores of some subscales had to be reversed before calculating the mean score [12]. To administer the questionnaire in the Italian undergraduate nursing student population, it was translated into Italian to make it easier for them to complete and understand.

Methods

Aim

To adapt and validate the Veiga Emotional Competence Scale Short Version in Italian Language for undergraduate nursing students.

Design and instruments

This quali-quantitative descriptive study was conducted to investigate the experiences of undergraduate nursing students who participated in a Virtual Reality game developed for the SG4NS European project.

To validate the Veiga Emotional Competence Scale Short Version, we followed the EORTC Quality of Life Group [14] and the COSMIN [15] guidelines. The validation process included four phases with three different survey: translation, content validation, face validation, and pilot testing. The translation phase is reported in results section.

To validate the content of the instrument, we submitted a survey to a panel of experts, who were invited to rate the relevance of all the items in the questionnaire. Ratings were assigned using a four-point Likert scale, ranging from 1 (not relevant at all) to 4 (highly relevant). Subsequently, we calculated the Content Validity Index (CVI) for each item and for the instrument as a whole. Consistent with recommended thresholds for content validity, we established that each item-CVI (I-CVI) had to obtain a score of at least ≥0.78 to be deemed relevant, while the scale-CVI (S-CVI) had to obtain a score of at least ≥0.90 for the overall instrument validity [16].

For the face validity process, we enrolled a volunteering group of first-year master's degree nursing students to evaluate the questionnaire. A self-reported survey (second survey) composed by 4 main questions was distributed to identify any items perceived as unclear (question 1), inappropriate (question 2), or difficult to understand (question 3), and asking the overall understanding (question 4) in line with expert guidelines [14-16]. Their responses underwent qualitative analysis, focusing on whether all items were perceived as difficult to comprehend, confusing, contained complex language, featured offensive terminology, or required rephrasing. Afterwards, we incorporated all the changes suggested by the students and made the necessary cultural and linguistic adaptations.

To evaluate internal consistency, we conducted a pilot test and calculated Cronbach's alpha (third surey). We asked a convenience sample of nursing students to complete the questionnaire. No EI education was provided for the student involved in the validation study.

Participants

Sample sizes were calculated based on the EORTC Quality of Life Group guidelines [14] and COSMIN guidelines [15]. The participants were selected using convenience sampling throughout phases of this study. For the content validity phase, a group of 5 experts of nursing education and emotional competencies were involved in line with EORTC and COSMIN guidelines [14-15] and Polit et al. [16]. For the face validity phase, we involved 21 first-year undergraduate nursing students from our university. Finally, the pilot test was conducted at our University, which was one of the partners of the Serious Game for Nursing Students (SG4NS) project. For this phase, we enrolled 100 undergraduate nursing students attending any of the three years of the course.

Data collection

Data were collected between May and July 2023. The data across all the validation phases were collected using a Microsoft Forms® link. Nursing students were enrolled in the study directly from our university. Forward and backward translations were performed in May 2023. Content validity and face validity were performed between June and July, and the pilot test in July 2023.

Data analysis

For content and face validity, the data were encoded and analysed utilizing a Microsoft Excel® spreadsheet. The I-CVI was derived from the average relevance score of each item, while the S-CVI was computed by calculating the total average score of the mean scores of all the I-CVIs. Face validity underwent qualitative analysis. Data pertaining to the pilot test were entered into a Microsoft Excel sheet and analysed using Jamovi® software version 2.2.2 [17]. Cronbach's alpha was

calculated to gauge internal consistency and was utilized to assess internal reliability. Data were analyzed using descriptive statistics, including means and standard deviations (SD) to summarize the emotional competence profiles of the participants. To examine the relationships between subscale scores and their correlation with the year of attendance, Pearson's r coefficient was employed [18].

Ethical consideration

In Italy, ethics approval was obtained from the local regional Ethics Committee before starting the study (427/2023 - DB id 13389). Moreover, the European protocol of the study was approved by the Subcomissão de Ética para as Ciências da Vida e da Saùde da Universidade do Minho, which was the Ethics Committee of the partner that coordinated the SG4NS project and this study, with a positive outcome. Both written and verbal consent was obtained from all participants including the authorisation to audiotape their interviews and all participants were informed that results would be published.

Results

Translation

For the translation, we employed the backtranslation method. Two native Italian translators (a nurse and a midwife) with a good level of proficiency in English (both C1 level of English), who were unfamiliar with the study and questionnaire content, independently translated the questionnaire. Discrepancies in translation primarily involved a distinction between literal and colloquial interpretations of the original Italian phrasing. The resulting translations were harmonized with the collaboration of the translators and researchers. During the reconciliation phase, a supervisor chaired the session to facilitate consensus and ensure the selection of the most linguistically appropriate equivalents.The reconciled final version was then back translated into English by a native English translator with an excellent knowledge of the Italian language as required by the guidelines [14-15].

Content and face validity

Content validity was conducted with a expert panel composed by 5 nurses, of which four were female and the mean age was 44.4 (SD 14.28) years. Four members of the expert panel worked in the field of research. Each item score (I-CVI) and the whole scale score (S-CVI) were analysed to obtain the Content Validity Index (CVI). All the scores obtained for the I-CVI are reported in Table 1. We obtained an S-CVI score of 0.93, therefore the scale was identified as relevant to the study and then underwent face validity (Tab. I).

Face validity was performed by involving 21 students from our master's degree program in nursing and midwifery. The mean age of the participants was 33.52 (SD=9.42) years, and the majority were female (76.19%; n=16). The great majority (90.48%; n=19) had working experience in clinical settings. Of these, 52.38% (n=11) had completed a post-graduate course. Generally, they rated the scale positively and none of the items were considered offensive, confusing, or difficult. Moreover, no negative comments were received. The latest version of the Veiga Emotional Competence Scale in Italian language is reported in the supplementary material (Tab. S1).

Finally, to evaluate internal consistency, a pilot test was performed. One hundred of undergraduate nursing students from our university, who had not been involved in the SG4NS project, were enrolled in the pilot test. One participant declined to provide informed consent; consequently, the final analysis was conducted on a sample of N=99 participants. Most of them were female (83.8%, n=83) and the mean age was 24.4 (SD=5.9) years. Most of them, (47.5%; n=47), were first-year students (Tab. II). Cronbach's alpha was calculated for the whole scale (α=0.852) and for each sub-scale (Self-awareness α=0.79; Emotional management α=0.57; Self-motivation α=0.68; Empathy α=0.77; Social Management α= 0.76).

Descriptive data analysis

Regarding the mean values obtained from the descriptive data, 'self-awareness' (mean=4.9; SD=0.99) and 'empathy' (mean=4.9; SD=0.9) were the emotional competencies that were developed most in the undergraduate nursing students (Tab. III). However, the subscale means, and the total mean scores were different across the three years although no significant differences were found (Tab. III). We performed Pearson's r test to check if there was a correlation between the course years and emotional competencies (Tab. IV), but we found that there was no relationship between the students' course years: 'self-awareness' and 'students' course years' (r=-0.02, p=0.84); 'emotional management' and 'students' course years' (r=0.06, p=0.51); 'self-motivation' and 'students' course years' (r=-0.08, p=0.51); 'empathy' and 'students' course years' (r=0.05, p=0.60); 'social management' and 'students' course years' (r=-0.01, p=0.89). However, we did find that there was positive relationship between the subscales. In particular, there was a strong positive relationship between 'self-awareness' and 'emotional management' (r=0.639; p<.001), and between 'self-awareness' and 'self-motivation' (r=0.755; p<.001).

Discussion

We found that the Italian Veiga Emotional Competence Scale had a good level of validity and reliability. Therefore, the instrument can be effectively used to analyse the EI levels also in Italian nursing students. In a study conducted by da Conceição [19], the Veiga Emotional Competence Scale was adapted to nurses, and showed a good level of validity and reliability in the nursing population.

Tab. I. Content Validity Index of the Veiga Emotional Competence Scale.

Item	I-CVI
Self-awareness a) I let myself absorbed by these emotions, which I'm unable to escape, and they end up conditioning my behavior	1
Self-awareness b) I have an exact sense of the kind of feelings that come over me; *e.g.*, if it's anger, fear, contempt… hate, frustration… I can define them	1
Self-awareness c) Once I'm invaded by negative feelings, I can't control them…	1
Self-awareness d) It decreases my reasoning level. I can't concentrate easily…	1
Self-awareness e) My relational behavior changes… I become muted; euphoric, pouting	1
Self-awareness f) I'm mentally held back by these feelings for a long time. This feeling always comes back…	1
Self-awareness g) I'm an unstable type, with various mood swings…	1
Self-awareness h) I'm an unlucky type, with no luck in life…	1
Emotional management a) I did active physical exercise (aerobic). I spent the energy on activity	0.8
Emotional management b) I reasoned. I tried to understand … and identify what led me to anger. I thought better about that situation	1
Emotional management c) I needed to vent… I tend to use objects, people, or situations as the target of my anger, although afterward, I feel uncomfortable with myself.	1
Emotional management d) I live in a state of chronic worry about the fact that caused my anger… and I keep thinking about the words/people/attitudes that caused it	1
Emotional management e) Apparently calm… Intrusive, persistent thoughts that haunt me day and night	1
Emotional management f) I feel relief if I exercise or play sports	0.8
Emotional management g) I feel relief if I eat or drink	1
Self-motivation a) Pessimistic… (whatever I do, it will go wrong)	1
Self-motivation b) Capable of getting out of any trouble!	0.8
Self-motivation c) Quiet in life. I am absolutely absorbed in what I am doing, indifferent to my surroundings	0.8
Self-motivation d) Seemingly calm, I go about doing what I must… ruminating the thoughts that occur to me	1
Self-motivation e) Uninteresting… Self-pity invades me. I end up feeling "down"	1
Self-motivation f) Resentful… I am invaded by contempt and resentment. I cut with the person who rejects me, I feel resentment for that person(s)	0.8
Self-motivation g) Who thinks: It went wrong as a result of a personal defect, I am like that	1
Empathy a) "register"/perceive the feelings of others	1
Empathy b) "Read" non-verbal channels (tone of voice, hand gestures, facial expression, gaze direction, behavioural attitude, position, etc.) empaths	1
Empathy c) Perceive the consonance between the person's words and body attitude	1
Empathy d) Use calmness (but consciously) to listen…I perceive that I feel good listening to people	1
Empathy e) Become receptive to the other person's instability and I trigger an unstable attitude. I get irritated	0.8
Social management a) I can understand how people are feeling	1
Social management b) In my dealings with others, I clearly say what I think, regardless of what opinion they express	1
Social management c) I have mastery over my feelings	1
Social management d) I can capture their feelings and seem to begin to absorb them	1
Social management e) I have an innate sensitivity to recognize what others are feeling	1
Social management f) I sense interaction…I feel physically synchronized with those around me	0.8
S-CVI	0.93

In our study, the levels of self-awareness and empathy were the competencies that were developed most by our students and there were no differences in terms of gender or age. The competence of 'self-awareness' was discovered also in Australian university students where high scores were obtained also for emotional management and empathy [20]. In a study conducted by Deng et al. [21], females showed higher levels of EI and were more emphatic than males. They concluded that in the Chinese culture, males are more inclined to repress their emotions, so they identified the cultural background as a mechanism to either foster or hinder emotional competencies.

Furthermore, the longitudinal analysis of the mean scores indicates a high and stable EC across all different years of course, with no statistically significant differences observed. This stability suggests that core competencies, particularly, may represent a high baseline characteristic of individuals drawn to the nursing profession, rather than a direct result of academic progression related to EC [22]. This phenomenon is not unique to Italy; international literature highlights a similar trend. Aguilar-Ferrándiz et al. [23] reported that nursing students showed improved cognitive empathy after a coaching-based emotional skills intervention, while emotional intelligence also increased; similar but discipline-specific effects were observed in physiotherapy and occupational therapy students. At the same time also Aradilla-Herrero et al. [24] found that traditional nursing education often fails to increase EI scores, as the "hidden curriculum"

Tab. II. Characteristics of pilot test's student (N=99).

Characteristics	n (%)	Mean (SD)
Age		24.4 (5.86)
Sex		
Male	16 (16.2)	
Female	83 (83.8)	
Year of attendance		
First	47 (47.5)	
Second	31 (31.3)	
Third	21 (21.2)	

tends to prioritize clinical-technical proficiency over the development of emotional regulation. It is interesting to note that, although year of study did not influence EI, our Pearson correlation analysis revealed strong internal relationships between the dimensions, particularly between 'self-awareness' and 'emotion management' (r=0.639) and 'self-motivation' (r=0.755). This suggests that students' emotional profiles are internally consistent and robust. From an international perspective, this reinforces the 'Integrated Model of EI' proposed by Goleman, according to which self-awareness is the foundation upon which all other emotional competencies are built [25]. The high correlation found in our study confirms that for Italian students, as well as for their international peers [19-24], the ability to manage emotions is intrinsically linked to their level of self-perception.

However, the lack of significant growth in areas such as 'Social Management' and 'Emotional Management' contrasts with literature suggesting that clinical exposure should theoretically enhance EC as students navigate complex patient interactions [26-28]. A notable limitation of this study is the absence of formal comparisons with normative data or diverse nursing populations using the Veiga scale.

The development of emotional competencies should become a cornerstone of nursing education, since

Tab. III. Mean scores of the Veiga Emotional Competence Scale (N=99).

Year of attendance	Self-awareness mean (SD)	Emotional management mean (SD)	Self-motivation mean (SD)	Empathy mean (SD)	Social Management mean (SD)	Total mean (SD)
First year	5 (1.04)	4.29 (1.08)	4.52 (0.95)	4.91 (1.10)	4.22 (0.97)	4.59 (0.73)
Second year	4.96 (0.89)	4.34 (0.87)	4.5 (0.82)	4.87 (0.89)	4.22 (0.67)	4.58 (0.58)
Third year	4.84 (1.07)	4.46 (0.85)	4.45 (0.87)	5.07 (0.74)	4.19 (0.65)	4.60 (0.58)
p-value	0.848	0.780	0.953	0.660	0.987	0.990

Tab. IV. Correlations between the course years and emotional competencies.

Emotional competencies		Year of attendance	Self-awareness	Emotional management	Self-motivation	Empathy	Social management
Year of course	Pearson's r	-					
	p-value	-					
	95% CI Upper	-					
	95% CI Lower	-					
Self-awareness	Pearson's r	-0.059	-				
	p-value	0.561	-				
	95% CI Upper	0.140	-				
	95% CI Lower	-0.254	-				
Emotional management	Pearson's r	0.066	0.639	-			
	p-value	0.515	<.001	-			
	95% CI Upper	0.260	0.742	-			
	95% CI Lower	-0.133	0.505	-			
Self-motivation	Pearson's r	-0.031	0.755	0.555	-		
	p-value	0.757	<.001	<.001	-		
	95% CI Upper	0.167	0.829	0.678	-		
	95% CI Lower	-0.227	0.656	0.402	-		
Empathy	Pearson's r	0.053	0.140	0.153	0.121	-	
	p-value	0.601	0.167	0.130	0.234	-	
	95% CI Upper	0.248	0.328	0.340	0.311	-	
	95% CI Lower	-0.146	-0.059	-0.046	-0.079	-	
Social management	Pearson's r	-0.013	0.238	0.299	0.220	0.521	-
	p-value	0.898	0.018	0.003	0.028	<.001	-
	95% CI Upper	0.185	0.416	0.468	0.400	0.652	-
	95% CI Lower	-0.210	0.043	0.107	0.024	0.361	-

nurses must learn how to manage their own and others' emotions to deal with the difficult experiences of life, such as suffering, death, anger, and fear [29]. Emotional intelligence and the education of nursing students are closely associated because the challenges of nursing require them to deal with issues such as death, illness, caregiver management, increasing workloads, the pressure given by job timelines, and the failure to follow hierarchies [30]. Currently, nursing students seem to be poorly prepared in terms of emotional competencies, mainly because the teaching content in this area is often scarce or lacking altogether. To concretely develop EI, it is necessary to start with self-reflection, which is instrumental to promote the development of self-awareness.

Limitations

Despite the significance of the results obtained, this study has certain limitations. Firstly, the sample size is small, which may limit the generalisability of the results to the all population of Italian nursing students. To confirm these preliminary findings and ensure greater statistical power, a larger and more diverse multicentre sample would be required. Secondly, due to the strict deadlines imposed by the international research protocol, it was not possible to conduct a test-retest reliability analysis. Thirdly, although the overall scale demonstrated good internal consistency, some subscales showed lower Cronbach's alpha coefficients. This suggests that some dimensions may contain items that are less internally consistent when translated into the Italian context, or that the constructs themselves are perceived with greater variability by participants. Finally, a Confirmatory Factor Analysis (CFA) was not performed. This decision was taken to maintain methodological alignment with the primary validation study, which did not include CFA.

Conclusion

The Italian version of the Veiga Emotional Competence Scale Short Version proved to have a good level of validation and reliability. This instrument could be used to analyse and evaluate nursing students' emotional competencies in Italy. The validated and adapted instrument was successfully used during the Serious Game for Nursing Students (SG4NS) project for the evaluations of the study intervention. Our findings suggest that a significant pedagogical shift is required to move beyond a purely technical-theoretical focus. By adopting a hybrid model that treats EI as a measurable and trainable professional competences, academic institutions can address the 'emotional labor' of nursing more effectively. Indeed, the observed stability of emotional scores across the three-year program highlights that the transition from instinctive empathy to professional emotional regulation is not a spontaneous process. Consequently, this instrument serves as a cornerstone for future research and practice, bridging the gap between a student's EC and the high-performance demands of modern, person-centered healthcare environments.

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Conflicts of interest statement

The authors of this manuscript have no conflict of interest.

Authors' contributions

All authors contributed to the study conception and design. Material preparation and data collection were performed by FN, IC, MC, MB and GC.Data analyses were performed by FN, MC and IC. The first draft of the manuscript was written by FN, MC, GC and GA. All authors commented on previous versions of the manuscript. All authors read and approved the final manuscript.

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Supplementary material

Tab. S1. Veiga Emotional Competence Scale (Italian version).

SCALA VEIGA PER LA COMPETENZA EMOZIONALE – VERSIONE BREVE							
Questo questionario è anonimo e confidenziale. Per favore legga ciascuna delle seguenti affermazioni e rispondere segnando il numero corrispondente alla sua opinione utilizzando la scala riportata di seguito:							
1	2	3	4	5	6	7	
Mai	Raramente	Qualche volta	Abitualmente	Frequentemente	Molto frequentemente	Sempre	
1. In una situazione/relazione negativa della mia vita, quando provo emozioni spiacevoli (tristezza, senso di colpa, vergogna, angoscia, rabbia…), "dentro" di me sento che:							
a) Mi lascio assorbire da queste emozioni a cui non riesco a sfuggire e che finiscono per condizionare il mio comportamento.	1	2	3	4	5	6	7
b) Sono perfettamente in grado di riconoscere le emozioni che provo; es. se è rabbia, paura, disprezzo, odio, frustrazione, posso definirle.	1	2	3	4	5	6	7
c) Non riesco a controllarle.	1	2	3	4	5	6	7
d) La mia capacità di ragionamento diminuisce e non riesco a concentrarmi facilmente.	1	2	3	4	5	6	7
e) Cambia il mio comportamento relazionale. Divento silenzioso, euforico, imbronciato.	1	2	3	4	5	6	7
f) Continuo a pensare e rivivere queste emozioni.	1	2	3	4	5	6	7
g) Ho sbalzi d'umore e instabilità emotiva.	1	2	3	4	5	6	7
h) Non ho fortuna nella vita.	1	2	3	4	5	6	7
2. In una situazione/relazione della mia vita personale o professionale che mi provoca rabbia o collera provo:							
a) A rasserenarmi sfogando la mia rabbia con l'esercizio fisico attivo.	1	2	3	4	5	6	7
b) A rasserenarmi ripensando alla situazione per provare a capire e identificare le cause della rabbia.	1	2	3	4	5	6	7
c) A rasserenarmi sfogando la mia rabbia usando come bersagli oggetti, persone o situazioni, anche se dopo non mi sento a mio agio.	1	2	3	4	5	6	7
d) Un costante stato di preoccupazione su ciò che mi ha causato la rabbia e continuo a pensare a parole/ persone/atteggiamenti che l'hanno causata.	1	2	3	4	5	6	7
e) Calma apparente, ma con pensieri intrusivi e persistenti che mi tormentano giorno e notte.	1	2	3	4	5	6	7
f) Sollievo se faccio esercizio o sport.	1	2	3	4	5	6	7
g) Sollievo se mangio o bevo.	1	2	3	4	5	6	7
3. Le emozioni che provo in una situazione di rifiuto (a livello personale, sociale, professionale), mi fanno sentire come una persona:							
a) Pessimista (qualunque cosa farò andrà male).	1	2	3	4	5	6	7
b) Capace di risolvere ogni problema!	1	2	3	4	5	6	7
c) Tranquilla. Sono completamente assorbito/a da quello che sto facendo, indifferente a ciò che mi circonda.	1	2	3	4	5	6	7
d) Apparentemente tranquillo, continuo a fare quello che devo, ma continuo a pensarci	1	2	3	4	5	6	7
e) Poco interessante, l'autocommiserazione mi pervade. Finisco per sentirmi giù di morale.	1	2	3	4	5	6	7
f) Rancorosa, pervasa da disprezzo e risentimento. Taglio i rapporti con la/e persona/e che mi rifiuta/ rifiutano, sento rancore nei confronti di quella/e persona/e.	1	2	3	4	5	6	7
g) Che pensa: "è andata male a causa del mio carattere, io sono fatto/a così.".	1	2	3	4	5	6	7
4. Nelle mie relazioni ed interazioni personali, familiari, intime ho avuto la sensazione di poter:							
a) Comprendere/percepire le emozioni degli altri.	1	2	3	4	5	6	7
b) Riconoscere i canali non verbali (tono della voce, gestualità, espressione facciale, direzione dello sguardo, atteggiamento, posizione).	1	2	3	4	5	6	7

▶

c) Percepire la corrispondenza tra l'espressione verbale di qualcuno e il suo atteggiamento corporeo.	1	2	3	4	5	6	7
d) Usare consapevolmente la calma per ascoltare. Percepisco che mi sento bene quando ascolto le persone.	1	2	3	4	5	6	7
e) Percepire l'instabilità delle altre persone che provocano in me atteggiamento instabile. Mi irrito.	1	2	3	4	5	6	7
5. Nelle mie relazioni personali, sociali, professionali normalmente ho la percezione che:							
a) Riesco a capire come si sentono le persone.	1	2	3	4	5	6	7
b) Dico chiaramente ciò che penso, indipendentemente da ciò che gli altri esprimono.	1	2	3	4	5	6	7
c) Ho padronanza delle mie emozioni.	1	2	3	4	5	6	7
d) Riesco a cogliere le emozioni degli altri e mi sembra di esserne assorbito.	1	2	3	4	5	6	7
e) Ho un'innata sensibilità nel riconoscere che cosa gli altri provano.	1	2	3	4	5	6	7
f) Mi sento emotivamente e fisicamente sincronizzato con quelli intorno a me.	1	2	3	4	5	6	7