

Needs analysis for programme developing emotional intelligence of nursing students: a qualitative study

Nil Kucuk Yuceyurt, Hulya Kaya

Abstract

Objective: To determine the emotional intelligence training programme needs of nursing students.

Method: The qualitative study was conducted from December 2018 to July 2020 after approval from the ethics review committee of Istanbul University-Cerrahpasa, Turkiye. Data was collected between January 2019 and May 2020 using in-depth individual interviews with stakeholders of nursing education, including nurse educators, hospital nurses, nursing students, and patients. The data collected was subjected to thematic analysis.

Results: Of the 25 subjects, 3(12%) were nurse educators, 7(28%) were hospital nurses, 10(40%) were nursing students, and 5(20%) were patients. On the basis of the data collected, 4 main themes were identified; expectations, educator and student responsibilities, emotional intelligence skills, and developing emotional intelligence skills. There were 11 sub-themes within the main themes. The participants revealed that they expected nursing students and nurses to have advanced skills in terms of emotional intelligence.

Conclusion: Emotional intelligence skills are an indispensable part of nursing, and represent a priority in professional development. According to nursing education stakeholders, nursing students were not sufficiently competent in terms of the skills constituting the sub-dimensions of emotional intelligence.

Key Words: Education, Nursing, Emotional intelligence, Students.

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Introduction

The ability of nurses to provide qualified care depends on whether they recognise their own emotions.¹⁻³ This requires the development of nurses' emotional intelligence.⁴ Nursing students' professional practices and professional identities are influenced by their level of emotional intelligence.^{1,4,5} Emotional intelligence is the awareness about one's own emotions and the emotions of the others, and one's ability to distinguish those emotions, to utilise them in behaviours and thoughts, to establish positive social relations, and to solve problems effectively.⁵⁻⁷

Although there are many different approaches and models available, the emotional intelligence model is an important and comprehensive model with a mixed approach, and forms the basis of the larger Bar-On model, which defines skills, such as recognising and expressing oneself, understanding others' emotions, establishing positive interpersonal relationships, problem-solving, coping with stress, adaptation and looking to the future with hope.³

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Istanbul University-Cerrahpasa, Istanbul, Turkiye.

Correspondence: Nil Kucuk Yuceyurt.

Email: nil.kucukyuceyurt@iuc.edu.tr

ORCID ID: 0000-0003-2620-934X

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It is possible to train nurses regarding advanced emotional intelligence through training programmes. For the achievement of the goals of educational programmes aiming at improving emotional intelligence skills, it is important to structure them in line with the programme development stages.¹⁻⁴ Programme development in education is the study process in which educational activities are developed, revised and updated with a systematic and scientific understanding for the purpose of training qualified people, creating a quality education system, and helping overall development.⁸⁻¹⁰ The primary stage in the process is needs analysis,¹⁰ which is an important step in developing a curriculum because of its ability to guide objectives, content, educational situations, teaching strategies, methods and techniques, teaching materials, and assessment methods. In the needs analysis phase, the needs of society and individuals are determined. For this purpose, stakeholders of the field become the subjects. There are four approaches adopted in needs analysis; differences approach, democratic approach, analytic approach, and descriptive approach. The descriptive approach aims at describing the circumstances created by a particular phenomenon or educational experience.¹⁰

The current study was planned to conduct a needs analysis regarding an emotional intelligence training programme for nursing students.

Subjects and Methods

The qualitative study was conducted from December 2018 to July 2020 after approval from the ethics review committee of Istanbul University-Cerrahpasa, Türkiye. A descriptive approach was used, considering the need to restructure and evaluate the education process from the beginning.^{9,10} In studies focussing on narrative inquiry, the individual in-depth interview method enables individuals to see the phenomenon from their perspectives and to reveal all aspects of the social structure and processes that constitute those perspectives.¹¹⁻¹³ After taking informed consent, data was collected between January 2019 and May 2020 using in-depth individual interviews with stakeholders of nursing education, including nurse educators, hospital nurses, nursing students, and patients. Effort was made to select instructors and nurses from different fields and with different titles, students from different classes, and patients from different fields of care.

The sample size was not calculated and individuals were enrolled till data saturation.¹⁴ Also, inclusion and exclusion criteria were not determined, and effort was made to enrol all possible stakeholders and people with different demographic characteristics, ages and experiences.

Table-1: Interview questions.

Main Questions	Sub-Questions
• What qualifications do nursing students graduate with?	o What qualifications do you think he/she should have graduated from?
• Do nursing students have problem solving skills?	o How do you think he/she uses these skills?How do you think these skills can improve?
• Do nursing students have the ability to recognize and express themselves?	o How do you think he/she uses these skills?How do you think these skills can improve?
• Do nursing students have interpersonal relations/communication skills?	o How do you think he/she uses these skills?How do you think these skills can improve?
• Do nursing students have empathy skills?	o How do you think he/she uses these skills?How do you think these skills can improve?
• Are emotional intelligence skills important for nursing students?	o If yes: Why?
Is it possible for nursing students to develop emotional intelligence that includes these skills?	o Do you believe this can be achieved?
• How can the emotional intelligence skills of nursing students be improved?	o What methods can be used?Which approaches can be used?What content should be given?

During the individual in-depth interviews, a semi-structured interview form was used that included all aspects of emotional intelligence^{3,5,6,13} through main and follow-up questions (Table 1). The interviews were conducted face-to-face in quiet, bright, safe and easily accessible environments.¹⁵ To prevent data-loss, audio recordings and observation notes were used with the participant's permission. Each interview took about 65 minutes.

The audio recordings were transcribed along with all the details and observation notes verbatim. In order to ensure internal validity in analysing the qualitative data, two researchers specialising in nursing education examined patterns at different times, analysis and data interpretation. For internal reliability, the consistency of the coding made by the two researchers was examined, and the findings were confirmed by both. Meaningful and important quotes from the interview transcripts were identified and recorded in a separate file. The identified important quotes were formatted and coded using Colaizzi's method.¹⁵ The data subjected to thematic analysis, and main themes and sub-themes were generated through content analysis.

Results

Of the 25 subjects with age ranging 24-51 years and professional experience ranging 3-25 years, 3(12%) were nurse educators, 7(28%) were hospital nurses, 10(40%) were nursing students, and 5(20%) were patients (Table 2).

On the basis of the data collected, 4 main themes were identified; expectations, educator and student responsibilities, emotional intelligence skills, and developing emotional intelligence skills. There were 11 sub-themes within the main themes (Table 3).

Expectations constituted one of the main themes. During the interviews, the instructors stated that the students should graduate equipped with knowledge and skills both professionally and individually. The instructors emphasised that, during vocational training, professional knowledge was given sufficiently, but it should be questioned whether such knowledge was given through the right methods. They stated that, in order for students to be sensitive and empathic, practical methods rather than theoretical content should be adopted.

"... We just explain to them and expect them to improve their skills in the lessons. However, there is a need for action-based learning in which the student is directly involved." (Instructor-1)

The nurses stated that the students did not graduate with

Table-2: Characteristics of the participants (n=25).

Age Min: 24-Max: 51 Mean: 39,42±7,19						
Year of Nursing Experience Min:3-Max:25 Mean: 13,60 ±7,29						
Participant	Age	Gender	Title	Year of Nursing Experience	Year of Academic Experience/ Class of students	Field of Study/ Specialisation or Care Field
Instructor-1	46	Female	Associate Professor	5	23	Mental Health Nursing
Instructor-2	50	Female	Associate Professor	11	19	Child Health Nursing
Instructor-3	33	Female	Assistant Professor	8	5	Women’s Health Nursing
Nurse (Manager)-1	36	Female	Doctor (PhD) Nurse	19	3	Deputy Director of Health Care Services (6 years)
Nurse (Manager)-2	44	Female	Nurse (MsC)	23		Health Care Services Manager (2 years)
Nurse-3	43	Female	Nurse (MsC)	25		Operating room
Nurse -4	34	Female	Nurse (MsC)	13		Internal Unit
Nurse -5	37	Female	Nurse (MsC)	13		Internal Unit
Nurse -6	40	Female	Nurse	16		Surgical Unit
Nurse -7	24	Female	Nurse	3		Intensive Care Unit
Patient -1	51	Female				Long-Term Inpatient-(Internal Unit)
Patient -2	38	Male				Long-Term Inpatient-(Internal Unit)
Patient -3	41	Female				Short-Term Inpatient (Surgery)
Patient -4	35	Female				Short-Term Inpatient (Surgery)
Patient -5	63	Male				Long-Term Inpatient-(Internal Unit)
Student-1	19	Female			1	
Student-2	20	Male			1	
Student-3	18	Female			1	
Student-4	18	Female			1	
Student-5	20	Female			2	
Student-6	21	Male			2	
Student-7	20	Male			3	
Student-8	21	Female			3	
Student-9	22	Female			4	
Student-10	21	Female			4	

sufficient knowledge, skills and attitudes. They stated that this was caused by the differences between universities, the lack of role model nurses and educators, and the lack of cooperation between schools and hospitals.

“I do not think students are graduating right now with good abilities. There is no cooperation between schools and hospitals. Is it our responsibility to educate the students?” (Nurse-5).

The students stated that they wanted to graduate as confident individuals with an improved educator role, equipped with professional knowledge and skills, with

enhanced empathy skills, and with the ability to communicate effectively with patients.

“Some schools are weak in practice. I think students need more practice ... The school also needs to be modern, and visionary.” (Student-5)

The patients stated that they expect nursing students to be friendly, tolerant and patient, and that they wanted to be cared for not only in terms of treatment, but also in terms of their social needs. The patients stated that nursing students showed fatigue, impatience and anger.

Table-3: Themes and subthemes identified.

Main Themes	Sub-Themes
• Expectations	<ul style="list-style-type: none"> o Expectations from nursing education program o Expectations from the trainer o Expectations from nursing students
• Educator and student responsibilities	<ul style="list-style-type: none"> o Educator responsibilities o Student responsibilities
• Emotional intelligence skills ?	<ul style="list-style-type: none"> o Ability to recognize and express oneself and emotions o Problem solving skills o Empathy skill o Interpersonal skills
• Developing emotional intelligence skills	<ul style="list-style-type: none"> o Importance of developing emotional intelligence skills o Methods and approaches to developing emotional intelligence skills

"... I do not know if it is too much to expect from nurses a friendly, pleasant conversation. But every patient is looking for a supporter, while fighting against pain and illness all day long." (Patient-1)

The second main theme related to the responsibilities of educators and students regarding nursing education and emotional intelligence skills. The instructors stated that there was a need to increase the number of educators who paid due regard to the characteristics of students.

"The characteristics of the students change day by day. Generational differences are emerging. There should be educators who act with the knowledge of the characteristics of this generation." (Instructor-1)

The instructors stated that students should adopt self-learning as a lifestyle choice, and that this is the main responsibility of the students. They also pointed out that only basic knowledge and skills can be gained in the four academic years, and the students have the responsibility to improve themselves for individual and professional development.

"... (T)he students only think that 'how can I pass easily?', 'how can I finish the course tirelessly? Nothing can be achieved by this way. The students should be willing and responsible." (Instructor-1)

The nurses stated that the educators should be role models and leaders in the teaching-learning process by keeping their knowledge up to date. They also stated that the students had the responsibility to improve their

professional knowledge and skills, and develop foreign language skills, conduct research, continue their professional development, develop critical thinking, problem-solving, decision-making, time management and empathy skills as well as communication skills.

"The educators should be role models and leaders in the teaching-learning process by keeping their knowledge up to date."(Nurse-4)

The nursing students stated that they should take the responsibility to be aware of their responsibilities, know and defend their rights, develop the profession, be socially active, take part in social clubs and create social projects as a student.

"Social clubs increased my self-esteem and I enjoyed many different things that enabled me to establish effective relationships and recognise myself." (Student-9)

The third main theme was emotional intelligence skills. Regarding the ability to recognise and express oneself and emotions, the instructors and the nurses indicated that the students were successful in expressing their feelings even though they were not very good at knowing themselves.

"I think self-recognition is about the personality of students. There are also those who are trying to learn, who are sociable, who are aware of their shortcomings, and who introduce themselves, but they often remain recessive and do not know themselves." (Nurse-2)

The students stated that self-recognition and self-expression are related to personality and are variables.

"Most of them do not know themselves, but I think a lot of people are trying to find themselves in college." (Student-7)

With regard to problem-solving skills, the instructors and students stated that the nursing students' problem-solving skills were weak and this was due to the lack of knowledge and self-confidence.

"When students encounter a problem, they remain unresponsive because they have no knowledge of what might have caused the problem, or how it can be solved. They always expect solution from others. They cannot solve their problems." (Instructor-2)

"I think we cannot trust ourselves. When we have an idea, we do not know if it is dangerous because we do not know what we know exactly." (Student-5)

The nurses stated that the students' problem-solving skills were better when compared to the past. They stated

that, even though nursing students have a low sense of responsibility and willingness, they can think fast and creatively, and have no problem in finding solutions, but they do not want to apply the solution.

"I think today's students can produce ideas, so solving problems is okay, but they do not execute it in practice. And it is no good if the idea is not put into practice." (Nurse-3).

As for the empathy skills, the instructors and nurses stated that the empathy skills of the students were not sufficient and needed to be further improved.

"I think students get a bit empathetic over time ... But it is still not enough. Nursing requires more empathy." (Nurse-6)

The students stated that they had difficulty in using their empathy skills effectively and it was hard for them to identify the limits of empathy.

"I think the nurses are losing their empathy skills over time. Sometimes we cannot set the limit." (Student-7)

The patients stated that the nurses' empathy skills were good, and the nurses understood them the most.

"I think nurses and nursing students are the ones who understand us the best." (Patient 2)

In terms of interpersonal relationship skill, the instructors and nurses stated that the students were successful in developing positive interpersonal relationships in their social life, but not in their professional life. They further stated that, although students knew the importance of professional relations, they had difficulty in maintaining these relations at a positive level because of generational characteristics.

"The students are changing. Every day they are becoming more impatient, more self-centred, and focussing on their own wishes. This makes it difficult to maintain professional relationships in the hospital. Most of the time we have to step in. We have problems with almost all students because of their relationships with patients or colleagues." (Nurse-2)

The final Developing main theme was emotional intelligence skills. The instructors, nurses, students and patients emphasised that if emotional intelligence, which underlies the professional relations, remained insufficient, significant problems would arise in the nursing profession.

"Emotional intelligence is essential for nursing. Is there a day when we do not use one of these skills? In particular,

nursing cannot be performed as needed, if the nurses do not improve their emotional intelligence." (Nurse-4)

The instructors, nurses and students stated that emotional intelligence was a skill that could be improved. However, they stated that, due to the high number of students in today's conditions, this skill could be improved in a long time although it is very difficult.

"I think it can be improved, but there is a need for different methods, a need for vision and time to take them beyond just knowledge. There are not enough educators. How can one educator deal with 200 students (with a critical approach)?" (Instructor-2).

"I believe that if social opportunities are provided, we can improve our skills much better." (Student-6)

The instructors stated that in order to improve emotional intelligence of students, the education process should first be suitable for the new generation's learning styles. They emphasised that the educators should be familiar with the characteristics of the new generation. They also suggested that methods, such as simulation and psychodrama, can be utilised and various educational activities should be included in the educational programmes.

"... Simulative methods will be very effective, but there will be times when it remains inadequate in terms of affections, so methods that can improve emotions, such as psychodrama, creating awareness among the students should be used." (Instructor-1)

The nurses emphasised that the common problems should be solved by organising workshops through the cooperation of schools and hospitals. They also pointed out that mentoring would be effective.

"Students should be involved in simulative processes for their development. Case studies and real-life experiences should be used in the learning processes ..." (Nurse-1)

The students stated that in order to develop emotional intelligence, extracurricular activities that improve educator-student interaction should be increased, and more interactive methods, such as role playing and case studies, should be adopted instead of didactic teaching methods.

"I think that if we do extracurricular activities with the teachers, such as informative events like trips or social activities, it will contribute to our development more." (Student-8)

Discussion

Nurses need to have improved emotional intelligence skills, be aware of their own feelings and thoughts, and have problem-solving, empathy, interpersonal relationship skills in order to fulfill the requirements of the profession effectively.¹⁶ Nurses who have developed emotional intelligence skills can get into therapeutic communication with the patient and family, cope better with stress, provide more qualified patient care, and get higher job satisfaction.^{1,16-20} These explanations clearly prove the need for the development of emotional intelligence skills in nursing. Improving the emotional intelligence skills of nurses can be achieved through structured educational programmes.²

In the current study, it was determined that emotional intelligence skills of nursing students were not good, and needed to be improved. In studies analysing emotional intelligence of nursing students quantitatively, emotional intelligence levels of nursing students were found to be high.^{1,6,21,22} The fact that the current results are not similar to the literature may be attributed to the methodological difference. These results suggest that the current study is important for identifying the needs related to emotional intelligence.²¹

The current study determined that nursing education programmes should be organised in a way to improve emotional intelligence skills of nursing students, and that educators have the primary responsibility in this respect. A study¹⁵ found that educational institutions and educators are expected to adopt an improving approach in terms of knowledge, skills and attitudes. Such results are similar to the current findings in terms of drawing attention to the insufficiency in the number of instructors. In the Bar-On emotional intelligence model, it is emphasised that the elements that constitute emotional intelligence are interrelated and that the development of a sub-dimension can affect other dimensions and emotional intelligence as a whole. Based on this, initiatives aimed at developing the elements (sub-dimensions) that constitute emotional intelligence can also contribute positively to the development of emotional intelligence.³

The instructors, nurses and students were of the opinion that the educators should use interactive teaching methods for improvement of emotional intelligence and take responsibility for the solution of problems in nursing education, and that the students were responsible for their own development. Similarly, a study¹⁷ found that instructors use a limited number of teaching methods in educational activities and they should include more

methods, and suggested trainers' training in order to eliminate this problem. These results show that interactive teaching methods should be included in educational programmes, and the educators have a responsibility in this respect.

In the current study, it was found that even though the self-recognition skills of nursing students were not good, they did not have problems in terms of self-expression, and they were incompetent in terms of problem-solving skills. A study¹⁸ found that emotional intelligence was effective in coping with the challenges in life and psychological stress situations, revealing the need for nursing students to improve their self-recognition and problem-solving skills.

The current study determined that the empathy skills of the students were not sufficient and should be developed, which was in line with earlier findings.^{19,20}

The current study found that emotional intelligence was indispensable for qualified care in nursing. and it needed to be developed during the education phase. A study⁴ pointed out that nursing education should be structured in a way to improve emotional intelligence, while another study⁶ found that student nurses' performance was affected by their emotional intelligence.

During the interviews in the current study, it was stated that the course content was mostly theoretical and limited, duration of courses was long and intense, and, therefore, did not contribute to the development of emotional intelligence. It was proposed to enrich the courses with teaching methods, such as role playing, reflection, psychodrama, case studies and simulation. Similar suggestions were presented earlier as well.^{15,17,21}

Literature clearly indicates the need for educational programmes targeting improvement in emotional intelligence of nurses.¹ The current study identified specific needs in such improvement activities, the actions that can be taken for improvement, and how such improvement can be achieved.

The current study has limitations, as it depended solely on individual interviews, and did not make use of additional methods, such as focus group discussion (FGDs).

Despite the limitations, however, the current study showed that an education programme should be prepared to develop emotional intelligence skills among nursing students. The teaching methods should be developed and interactive methods should be included in such an educational programme. It is recommended that individual and professional development should be

addressed together for students' improvement.

Conclusion

Emotional intelligence skills are an indispensable part of nursing, and a priority in professional development. It should be developed during undergraduate education. According to nursing education stakeholders, the nursing students were incompetent in terms of most aspects of emotional intelligence.

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NKY & HK: Concept, design, data acquisition, analysis, interpretation, drafting, revision, final approval and agreement to be accountable for all aspects of the work.