Utilizing Emotional Intelligence in the Clinical Setting

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Objectives
- By the completion of the presentation, the participant will be able to:
  1. Explain the difference between EQ and IQ.
  2. Describe the basic tenets of Emotional Intelligence.
  3. Explain the advantages of strengthening Emotional Intelligence competencies in the anesthesia provider.
  4. Utilize strategies for clinical educators (CEs) to instruct and mentor nurse anesthesia graduate students in the clinical setting.

Intelligence Quotient vs. Emotional Quotient
- Intelligence Quotient (known as IQ): intelligent test score, obtained by a standardized intelligence test
  - Mental age is divided by chronological age and multiplied by 100
  - Test aims at assessing a person’s cognitive capacity of thinking and reasoning and was first introduced by William Stern
- Emotional Quotient (known as EQ): person’s capability of identifying his own and other’s emotions
  - Obtained by scores on EQ test
  - Measure of the emotional intelligence level of an individual, which demarcates between different feelings and use this intelligence to guide thinking and behavior
  - Ability of a person to identify, express and control thoughts and actions, understand other people and rightly interpret their situations, make right and quick decisions, cope with pressures and crisis

Differences between IQ and EQ

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<tr>
<th></th>
<th>IQ</th>
<th>EQ</th>
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<tbody>
<tr>
<td>Measures</td>
<td>General Intelligence</td>
<td>Emotional Intelligence</td>
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<tr>
<td>Acquisition</td>
<td>Inborn ability</td>
<td>Learned and improved ability</td>
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<tr>
<td>Ability</td>
<td>Learn, understand and implement knowledge, logical reasoning and abstract thinking</td>
<td>Recognize, control and express one’s own emotion’s, perceive and assess other’s emotion’s</td>
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<tr>
<td>Ensures</td>
<td>Success in school</td>
<td>Success in life</td>
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<tr>
<td>Recognizes</td>
<td>People with high intellect, common sense, mental challenges</td>
<td>Leaders, Captains, Managers and people with social challenges</td>
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Differences between EQ and IQ

- People excel in strategy with rational thinking and other high-level factors of the prefrontal cortex...
- But the left-brained thinkers show more activity in parts of the brain linked with emotion and intuition... Their various systems may even express rational thought to their team mates up.
**Principles of Emotional Intelligence (EI)**

Coined in 1990 by Salovey and Mayer:
- The capacity for recognizing our own feelings and those of others, for motivating ourselves, and for managing emotions well in ourselves and in our relationships
- Describes abilities distinct from but complementary to academic intelligence

Daniel Goleman, 1998,

*A set of emotional and social skills that influence the way we perceive and express ourselves, develop and maintain social relationships, cope with challenges and use emotional information in an effective and meaningful way.* — The EQ Edge by Steven Stein and Howard Book, 2011, p. 43

***MANAGING EMOTIONS TO CREATE BETTER PERFORMANCE AND RELATIONSHIPS***

**The Five Essential Competencies of Emotional Intelligence**

Competencies and relation to self and others:
- Self-Awareness
- Self-Regulation
- Self-Motivation
- Empathy
- Effective Relationships

**The Five Components of Emotional Intelligence at Work**

<table>
<thead>
<tr>
<th>Definition</th>
<th>Self-Awareness</th>
<th>Self-Regulation</th>
<th>Self-Motivation</th>
<th>Empathy</th>
<th>Social Skills</th>
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<td></td>
<td>The ability to recognize and understand our own feelings and emotions, and to regulate those feelings.</td>
<td>The ability to control and regulate our own emotional responses to stress.</td>
<td>The ability to set and pursue personal goals with tenacity and persistence.</td>
<td>The ability to recognize and understand the emotions of other people.</td>
<td>The ability to influence or change others' perceptions, emotions, and behaviors.</td>
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**Emotional Intelligence**

“We are being judged by a new yardstick; not just how smart we are, or by our training and expertise, but also how well we handle ourselves and each other.”

Daniel Goleman, Ph.D.

*Working with Emotional Intelligence*

**Major components of EQ/EI**

- Self Awareness – Understand own moods and emotions
- Self Management – Control over emotions, think before act!
- Social Awareness – Develop rapport with new people
- Relationship Management – Understand others' emotions and treat them as they wish to be treated
EI in Nurse Anesthesia Programs

Admissions
- Questions directed towards specific EI qualities
  - Tell us about a time you got feedback from someone else that was hard to hear. What was the feedback? How did you react and what did you do? (self-regard, empathy, self-actualization, reality testing)
  - Suppose you get feedback from your faculty advisor that you are not doing well in some aspect of the program or in your clinical work – what would you do?
- Tell us about a time when you did NOT manage your time well. What was the situation, what did you do and what was the outcome? (Problem solving, stress tolerance, self-actualization, impulse control)
  - Follow-up: What strategies do you use to manage those times when you have too much to do?

EI in Nurse Anesthesia Programs

Questions directed towards specific EI qualities
- Your preceptor (clinical supervisor) makes a treatment decision that you believe is incorrect based on what you’ve been learning in class. You also believe the decision could make the patient worse. What would you do? (reality testing, empathy, assertiveness, independence)
- Someone at your clinical site instructs you to do something you believe violates a patient’s rights. What would you do? (Note: If the candidate asks whether there are others present except the patient, ask the candidate how that would affect his/her answer.)

Role Play

EI and SRNA success

Attrition is a problem for students and programs
- Lost revenue
- Issues at clinical site
- Shortage of SRNA’s being trained
- Typical admissions requirements are not predicting who will be successful
- EI training throughout program
- Preliminary results show correlation with less clinical behavioral issues and NCE success also
Current Issues with Today’s SRNA

SRNA ANXIETY!!!!!!!
- Balancing didactic, clinical with learning new skills and family is difficult at best
- Volatile learning environment increases anxiety
- Major factor affecting level of anxiety was how students perceived their clinical preceptors’ teaching style and attitudes towards the student

Continual exposure to stress in NAP leads to depression and other physical and mental health issues
- Most common stressors:
  - Immersion in new environments
  - Information overload
  - Adaptation to instructor teaching styles
  - Examination anxiety
  - Loss of income
  - Role ambiguity
  - Firsts: first exam, intubation, spinal, etc.

SRNA Stress Data

2012 study by Chipas et al found the following results:
- Overall stress level of SRNAs on a 1-10 Likert scale: 7.2
  - Average CRNA stress level 4.6
- Minority SRNAs had a higher level of stress
- Black/AA: 7.5
- Hispanic: 7.4
- White (non-Hispanic): 7.1
-SRNA reporting depression: 47.3%
- Many SRNAs reported seeing a mental health professional (56.6%) and 17.1% taking medication to decrease stress
- Alcoholic 49.3%
  - OTC sleep aids 39.5%, prescription sleep aids 10.6%
  - Antidepressants 11.1%
  - H2 Blockers 11.4%
  - Benzodiazepines 1.3%
- 69.9% did not feel empowered to affect change in learning environment

SRNA Stress Response

Stress symptoms:
- Nervousness/tremors
- Sleep disturbance
- Eating disorders
- Overuse of alcohol
- GERD
- Too busy to do the things I used to do
- Annoyed by trivial things

Coping Mechanisms for Stress

- #1. Using alcohol or drugs
- Giving up on trying to deal with stress
- Giving up on coping
- Expressing negative feelings outwardly
- Criticizing themselves
- Gossiping about others
- Trying to see things in a more positive light

If I died and went straight to hell, it would take me a week to realize that I was not in anesthesia school.
### Current Issues with Today’s SRNA

**Entitlement**
- 'A self-centered disposition characterized by a general disregard for traditional faculty relationship boundaries and authority'
- 'A sense that the students deserve what they want and they want it now'
- Resulting from cultural norms and expectations → **millennial generation issue**
  - The consumer mentality
  - 'Ticket to a better job'
  - Narcissism
    - These SRNAs raised with an emphasis on being 'special' → absence of a balance of positive and negative feedback growing up
    - Inadequate development of self-reflection, self-assessment AND coping skills
  - Less than 10% of students fall into this category BUT.....they require a far greater amount of faculty member’s time and energy

### Strategies for Responding to Entitled Students

- Make expectations explicit
- Give students something to ‘lose’ by negotiating
- Provide examples of excellent work
- ‘Resocialize’ students into assuming responsibility for their own efforts and learning
- Establish intellectual and technical expectations from the start

### Generational Teaching and Learning Philosophies

- Most CEs have NO exposure to adult learning principles or educational theory → that’s OK if we discuss the practical aspects of SRNA clinical supervision
- Needs to be some consideration of how SRNA ‘lived’ before they came into your OR!
- Is it the CEs responsibility to adapt or the SRNAs?

### Generational Teaching

#### Silent Generation (Born 1925-1942)
- Few CRNA preceptors and very few SRNAs
- Adaptive; willing to conform to beliefs of leaders
- Accept and adapt easily; usually do not rebel
- Believe in loyalty to an institution
- Difficulty with new technology
- May be hard to understand Gen X and Millennials

#### Baby Boomers (Born 1943-1960)
- Encompass majority of CRNA preceptors
- SRNA’s pursuing second career or entering workforce after raising family
- Has great work ethic, comes prepared, and arrives on time
  - Tie personal experience to clinical setting
  - Great motivation to succeed
  - Very conscientious and willing to accept constructive criticism
  - Positive reinforcement and caring environment
  - Take a lot of notes
  - Prefer to know exactly what preceptor wants them to do
  - More process oriented compared to outcome oriented

#### Generational Teaching

- Each generation has its own set of ideas, ethics, values, beliefs, and learning styles
- Generational diversity of students and preceptors presents important teaching and learning considerations
  - Understanding the differences can help CRNAs use various teaching strategies to better meet the learning needs of the SRNA
  - Preceptors must also acknowledge their own biases and beliefs of different generations to best facilitate learning of all students
  - Must be cautious in generalizations but certain characteristics are shared by certain generations
Generational Teaching

Generational Teaching — Generation X (Born 1961-1981)
- Next highest number of CRNA preceptors
- SRNA as nontraditional student returning to graduate school after
  beginning or raising family
- Want information in straightforward manner and want to learn in
  the easiest and quickest way possible
- May do better when learn on own terms
- May not respect chain of command and go straight to CRNA they feel will
  take their side
- They do not want to learn things just for the sake of learning
- Only want to learn what will benefit them directly
- Education may be merely means to an end→ financial security
- Leisure time may take priority over studying
- May request flexible clinical schedules

Generational Teaching — Millennials (Born 1982-2002)
- Also known as Generation Y and the Net generation
- Typical SRNA attending graduate school after 1-5 years as an RN
- Most culturally diverse generation
- 34% are black, Hispanic, Asian, or Native American
- Demand immediate feedback on their performance
- Zero tolerance for delays
- Learn immediately from mistakes
- Appreciates the student-mentor relationship
- Want preceptors to be approachable, good communicators, professional, supportive, understanding, and motivating
- Tech savvy
- Prefer group projects (teamwork) rather than individualized thinking
- Want clinical instruction to be fun and interactive
- Strengths: multitasking, setting goals, positivity, collaboration

Generational Teaching — Generation Z (born late 1990s-early 2000s)
- Also known as iGen, post-Millennials, Centennials, Plurals
- Won’t see in our workplace for several more years
- Currently 25% of population (larger than BB and Millennials)
- Diverse population
- Nontraditional households
- Identified by technology
- Entrepreneurial spirits
- Plagued by reputation of Millennials so try to compensate for it
- Work hard
- Stressed out to succeed
- Listen to authority
- Want career and financial stability
- Appreciates face-to-face interactions despite use of technology

Inter-Generational Differences
- Characteristics (or stereotypes)
- Potential Conflict
- Prime Motivators

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<th>Potential Conflict</th>
<th>Prime Motivators</th>
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<td>Baby Boomers</td>
<td>“1925-1945”</td>
<td>Most often, the need for leadership is hidden behind a facade of authority</td>
<td>时间管理工作, 提前规划, 控制力, 可控性, 结果导向, 直接的反馈方式</td>
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| Generation X | “1961-1981”                      | Need to face the consequences of failure, may not respect authority, may not accept authority decisions |时间管理工作, 提前规划, 控制力, 可控性, 结果导向, 直接的反馈方式 |

| Millennials  | “1982-2000”                      | Need to face the consequences of failure, may not respect authority, may not accept authority decisions |时间管理工作, 提前规划, 控制力, 可控性, 结果导向, 直接的反馈方式 |

| Generation Z | “2000-2015”                      | Need to face the consequences of failure, may not respect authority, may not accept authority decisions |时间管理工作, 提前规划, 控制力, 可控性, 结果导向, 直接的反馈方式 |
**Are there advantages for clinical preceptors to understand EI principles?**

- Advantages for clinical faculty
  - Able to relate and understand where students are coming from better
  - Able to step back and reassess the motivation behind a students’ actions and reframe what occurred
  - Maybe, just maybe decrease the stress preceptors sometimes feel working with SRNAs!

- Advantages for our students….and our future!
  - Feel better understood and thus, less intimidated in clinical
  - May learn more since not focusing on controlling high levels of stress
  - Overall better experience and can model preceptor’s behaviors in the future

**So what do we all get out of embracing EI?**

- **Know one’s own emotions**
  - Recognize and name emotions you feel; understand why you feel that way; and distinguish between feelings and actions

- **Motivate oneself**
  - When considering how to productively harness your feelings, practice some emotional self-control and delay gratification

- **Recognize emotions in others**
  - Be sensitive to other people’s feelings and listen well

**More of what we may get out of embracing EI...**

- **Manage emotions**
  - Accept your feelings, but find a balance between over sensitivity or over expression and emotional suppression

- **Handle relationships**
  - Being perceptive, applying conflict management skills instead of ignoring conflict, and being considerate and cooperative

**Focus on Core Traits of Millennials**

- Special
- Sheltered
- Confident
- Team-Oriented
- Conventional
- Pressured
- Achieving

**Implications for Educators working with SRNAs**

- Need constant feedback to reinforce their specialness
- High expectations of relationship with and availability of faculty
- More risk-averse than previous generations, especially intellectual risks
- Less comfortable working independently
- Expect non-stop interaction with their peers
- Collegial opinion is very important

**Strategies for Working with SRNA’s**

- Recent studies have found that SRNAs value unique cases and reviewing case reports with their CEs the most valuable experience
- Keep in mind that overall SRNA’s are satisfied working with most CEs
- Tell the SRNA you may share the students experiences with other anesthesia providers for input
- Prebrief before cases start; if they have a case plan, look at it!
- Debrief either after each case, end of day, or another established time
- On evaluations, give specific examples of positive accomplishments AND areas needing improvement
  - Do NOT hesitate to give an SRNA negative feedback!!! They need it to learn! This is one of the biggest complaints from SRNAs!!!
  - Return them in a timely fashion
Things to remember!

- Emotional Intelligence is not about being nice all the time… it’s about being honest
- It’s also not about the need to be touchy-feely… it’s about being aware of your own and others feelings
- Lastly, it’s not about being emotional… it’s about being smart with your emotions
- It is not just technical and analytical abilities (IQ) that makes one successful
- To be successful in life, you need a combination of EQ and IQ
- Great news; EQ (unlike IQ) can be learned and developed!!

Challenging Clinical Interactions

- The ‘weak’ SRNA
- Tardiness or wanting to leave early
- Sick calls
- Inappropriate interactions with patient/staff
- SRNA with patient/staff and visa versa
- Unprepared for cases
- Inflexibility
- Familiarity
- Ethical conundrums

Challenging Clinical Interactions

- How would you handle these statements made by the SRNA?
  - “I’m soooo tired”; “I’ve hardly had any sleep”
  - “I didn’t have time to prepare for all the cases”
  - “I always do it this way”
  - “So and so does it like this”
  - “I’ve done hundreds of endos; they aren’t challenging”
  - “They didn’t teach us that”

Go to Anesthesia School they said...

It’ll be fun, they said...

References