

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

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

Differences between EQ and IQ

EQ

- Motivational
- Reflective & Self Aware
- Relationship Mgmt.
- Organization Dynamics
- Socially Aware
- Empathetic

IQ

- Technical Know-How
- Architecture Trade-Offs
- Expert in (s) Technology
- Senior Architect
- Styles and Patterns
- Critical Thinker

People associate strategy with rational thinking and other high-level functions of the prefrontal cortex...

but the best strategic thinkers show more activity in parts of the brain linked with emotion and intuition. Their nervous systems may even repress rational thought to free those areas up.

Principles of Emotional Intelligence (EI)

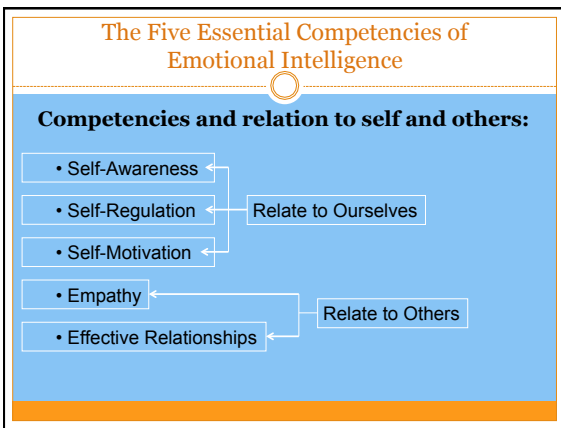
- Coined in 1990 by Salovey and Mayer:
 - The capacity for recognizing our own feelings and those of others, for motivating ourselves, and for managing emotions well in ourselves and in our relationships
 - Describes abilities distinct from but complementary to academic intelligence
 - Daniel Goleman, 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. 13*

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

The Five Components of Emotional Intelligence at Work

	Definition	Hallmarks
Self-Awareness	the ability to recognize and understand your moods, emotions, and drives, as well as their effect on others	self-confidence realistic self-assessment self-deprecating sense of humor
Self-Regulation	the ability to control or redirect disruptive impulses and moods the propensity to suspend judgment – to think before acting	trustworthiness and integrity comfort with ambiguity openness to change
Motivation	a passion to work for reasons that go beyond money or status a propensity to pursue goals with energy and persistence	strong drive to achieve optimism, even in the face of failure organizational commitment
Empathy	the ability to understand the emotional makeup of other people skill in treating people according to their emotional reactions	expertise in building and retaining talent cross-cultural sensitivity service to clients and customers
Social Skill	proficiency in managing relationships and building networks an ability to find common ground and build rapport	effectiveness in leading change persuasiveness expertise in building and leading teams

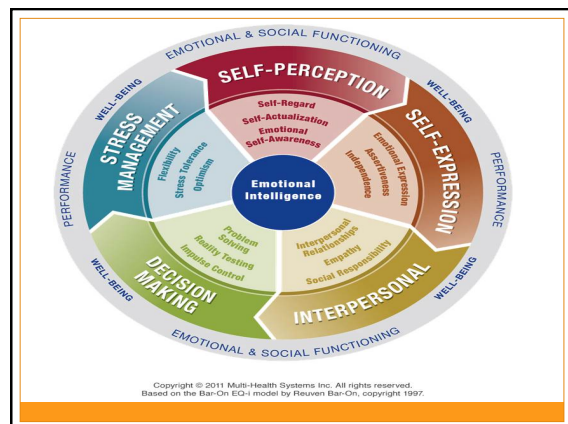
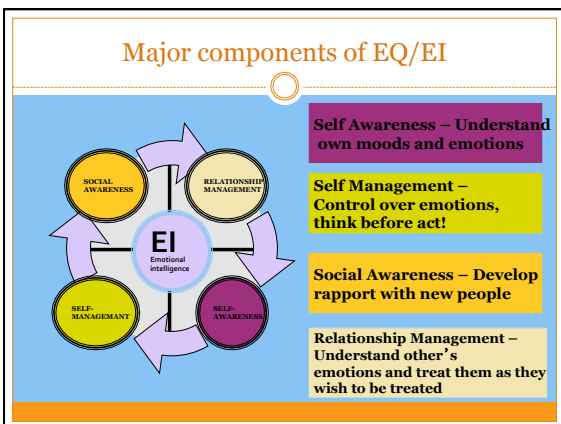
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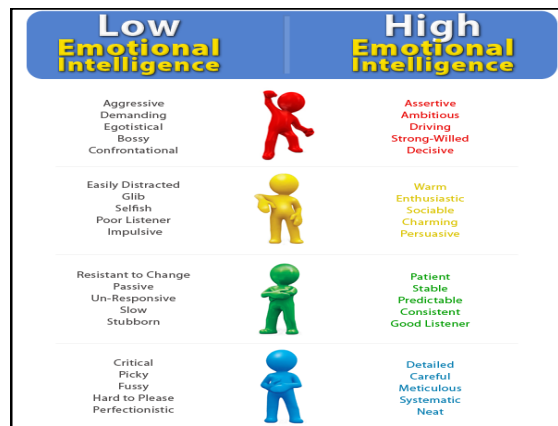
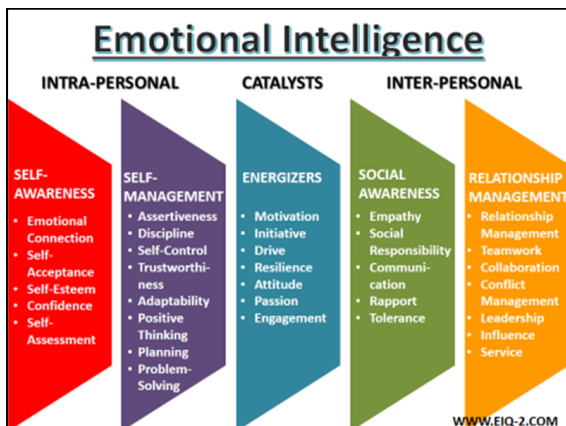


Emotional Intelligence

“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





EI in Nurse Anesthesia Programs

- Admissions
 - EI 'testing'
 - 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)
 - 4a. (follow-up if not addressed) Tell us about the busiest time in your life when you had too much to do, multiple different responsibilities, or other factors that made it so busy. How did you manage that situation?
 - 4b. (follow-up if not addressed) 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
 - Which of these situations would bother you more and why? How would you handle it if this happened to you? (stress tolerance, impulse control, social responsibility, flexibility)
 - I. You don't know your clinical site assignment until 3 weeks before it begins.
 - OR
 - II. You wanted to work at your clinical site on Tuesday and Thursday but instead got assigned Monday and Friday.
 - 7a. Describe a time when something unexpected happened regarding your schedule or plans. How did you react? What did you do?
 - 7b. Tell us about a time when you had to deal with ambiguity. What did you do? How did you handle it?

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

Current Issues with Today's SRNA

- 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
 - Integrated programs had higher stress levels c/t front-loaded: 7.9 vs. 7.1
 - SRNAs reporting depression: 47.3%
 - SRNA reporting suicidal ideation: 21.2%
 - Many SRNAs reported seeing a mental health professional (56.6%) and 17.1% taking medication to decrease stress
 - Alcohol 29.3%
 - OTC sleep aids 29.5%, prescription sleep aids 10.6%
 - Antidepressants 11.7%
 - 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
 - Cravings/compulsions
 - Decreased concentration
 - Frequent back/neck pain
 - Mood swings
 - Headaches
 - Agitation/anxious/irritable
 - Impatient with others

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.



someecards
user card

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

- 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

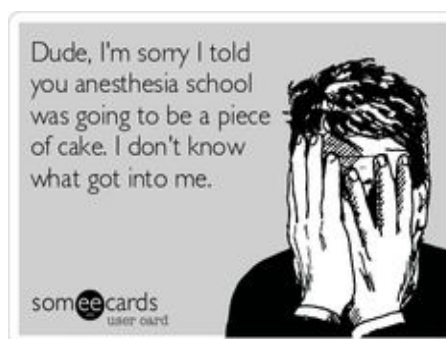
- **Silent Generation (Born 1925-1942)**
 - Few CRNA preceptors and very few SRNAs
 - Adaptive; willing to conform to beliefs of leaders
 - Accept and adapt easily; usually do not rebel
 - Believe in loyalty to an institution
 - Difficulty with new technology
 - May be hard to understand Gen X and Millennials

Generational Teaching

- **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

- **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
 - Simulation
 - 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

Boomer	Characteristics (or stereotypes?)	Potential Conflict	Prime Motivators
	Born: ~ 1945-1963 - Raised more liberally (Dr. Spock, "spare the rod") - Raised in time of optimism (post WWII) - Came of Age during Civil Rights, Vietnam, Hippie Movement - Live to work - Collaborative - Driven, achievement-oriented	- Work hard, put in the time - "face time" (time spend in the office) still valuable and respected - Seniority matters - Perfectionists - Where others don't show respect or don't observe political correctness	- Make a difference - Information/reward - Money - Recognition
	Born: ~1964-1980 - Raised in time of increasing divorce rates - Two earner families - Harsh economic times, saw parents "downsized" - Raised themselves (datchkey kids) - Saw scandals and failures (Dorland Tylenol, space shuttle) - Formed by 9/11, digital & connected world, technology, 24/7 - Work to live - Questioning, skeptical	- Mistrust - Don't bother me, I prefer to work alone - Strong commitment to family and work/life balance - Where others waste their time chatting about non-work related matters or bureaucratize and politicize the work environment	- Good benefits & competitive pay - Work/Life Balance - Time off - Autonomy - Flexible work - Mentorship - Personal Development - Recognition (private)
	Born: ~ 1981-2000 - Raised by "helicopter parents" - Told can be whatever they want - Continuous (mostly positive) feedback and recognition - Formed by 9/11, digital & connected world, technology, 24/7 - Formed by student debt, "Great Recession" - Career oriented, hard work, achievement, but with balance - Seeks recognition, detailed feedback - Community orientation (global & local) - Work/Life Blending*	- Strong sense of entitlement - Where, how, when work is done is unimportant, results count - Equality should trump hierarchy - Why? Why? Why? Want explanations, don't want to be told what to do without reasons - Impatience (open to and may even prefer constant change) - Where leaders are unfair, condescending and/or inconsistent	- Competitive pay - Coaching - Regular, detailed feedback and recognition (public) - Personal Development - Purposeful work - Giving back to community - Experiences (travel, assignments) - Fun - Free flowing, digital and mobile information - Egalitarianism

Inter-Generational Differences

	Traditionalists (Born before 1946)	Baby Boomers (Born 1946-1964)	Gen X (Born 1965-1980)	Gen Y (Born after 1980)
Potential Challenges	<ul style="list-style-type: none"> • Reluctant to buck the system and speak up when they disagree • Uncomfortable with conflict 	<ul style="list-style-type: none"> • Uncomfortable with conflict • Sometimes put process ahead of results 	<ul style="list-style-type: none"> • Skeptical • Distrust authority • May not be attracted to leadership positions 	<ul style="list-style-type: none"> • View changing jobs as a natural process • Likes to instill a sense of play and fun in the work
Perception	<ul style="list-style-type: none"> • Despise workers who appear to jump ladder rungs without "paying their dues" • Might not be as conscious to issues on cross culture 	<ul style="list-style-type: none"> • Might believe that employees who fail to put in "extra time" lack commitment, focus and loyalty • Might not recognize the off-site contribution of employees 	<ul style="list-style-type: none"> • Need to be reminded to delegate tasks and responsibilities 	<ul style="list-style-type: none"> • Multi-tasking abilities can be construed as rude
Communication	<ul style="list-style-type: none"> • Feedback is not necessary, but they want to know that they have made a difference 	<ul style="list-style-type: none"> • Documented feedback on a yearly basis is sufficient 	<ul style="list-style-type: none"> • Frequent, honest feedback to know they are on the right track 	<ul style="list-style-type: none"> • Immediate feedback that tells them what they are doing right or wrong

Source: Lynne C. Lancaster and David Stillman "When Generations Collide: How to Solve the Generational Puzzle at Work", 2002.



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

Anesthesia student tip #24. When your staff asks you what the mechanism of action for benzodiazepines are, don't say "magic".



somee cards
user card

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...

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