The Knowledge and use of Emotional Intelligence by Registered Nurses and healthcare support workers in an Acute Hospital setting

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Emotional Intelligence

Discreet from academic intelligence and a necessity in order to be successful in the practicalities of life

(Thorndyke 1920)

Two Types: INTERPERSONAL- insight into others

INTRAPERSONAL - self awareness

(Gardner 1993)
Components of Emotional Intelligence

Four Factors:

1. **Wellbeing**: self esteem, positive outlook on life

2. **Self control**: regulate and control own emotions and stress

3. **Emotionality**: show empathy, communicate feelings

4. **Sociability**: Social skills, assertiveness

(Heffernan et al 2010)

'People who are emotionally intelligent perceive themselves to be confident and are better able to understand, control and manage their emotions'
Emotional Intelligence in Nursing

'The ability of a healthcare worker to manage their emotions while interpreting and responding to those of others is a prerequisite of anyone working in the caring professions.

(Cadmen and Brewer 2001)
Student nurses need to understand the emotional nature of nursing, have emotional skills in order to deliver competent nursing care and develop emotional intelligence in order to deal with chaotic working environments (Smith 2008).

A Nurse who is emotionally intelligent is one who can work in harmony with both their thoughts and feelings (Whyte 1997).
The impact of Emotional Intelligence levels

High Levels:
- A greater ability and willingness to use social support networks
- More confident in their ability to cope with stress
- Take responsibility for themselves and their behaviour
- Improved organisational and time management skills

Low Levels:
- Do not use social support networks
- Higher levels of stress
- Engage in destructive and harmful behaviours such as eating more, drinking alcohol and smoking
- Blame others - colleagues, managers, things outside their control for being disorganised

(Por et al 2010, Birks et al 2009)
Findings presented are part of a larger study

**Aim:** explore the experiences of ward staff to manage emotionally demanding situations, specifically in relation to patient death

**Objectives:** included comparing the responses of Registered Nurses and healthcare support workers and identifying strategies used by ward staff to manage emotionally demanding situations
Methodology and Data Analysis

- Heideggarian Phenomenology was used to interview 13 participants
- 8 Registered Nurses and 5 healthcare support workers from an acute medical ward in a large teaching hospital
- Personal accounts were obtained through informal individual interviews.
- Repeated thematic analysis was used to identify themes
Findings

Themes relevant to this issue were identified of:

• Emotional responses from participants in terms of behaviour and thoughts
• Expectations from other staff regarding emotional responses
• Types of support available and desired
• Strategies staff used to manage their emotions
"it upset me, I went home and cried" (healthcare support worker)

"I couldn't switch off from that [traumatic death]. It goes over and over in your head" (healthcare support worker)

"I lie in bed and think about it" (Registered Nurse)

"That played on my mind [a patient who had a cardiac arrest] I kept having flashbacks and felt anxious and hot when I thought about it" (Registered Nurse)
Expectations from other staff

"If I get upset, my colleague says 'You've got to leave it at work', and I try to do that, but sometimes it's difficult" (healthcare support worker)

"I think we hear that expression a lot as Nurses: Put your feelings in a box and move on" (Registered Nurse)

"There's a bit of pressure not to talk about death from some staff; it's done now it's part of the job" (Registered Nurse)
"I think you find your own support networks, I've got really good colleagues here" (Registered Nurse)

"There's not enough time for staff to be able to take time out, go and have a cup of tea or something" (Registered Nurse)

"I think staff need to be more open in talking about death" (Registered Nurse)
"My sounding board is my [relative] she's a brilliant listener; if you talk to someone it helps put things in perspective" (Registered Nurse)

"We all pulled together as staff, we got together and talked about it" (healthcare support worker)
Strategies used: Rationalising and keeping Boundaries

"You go over it a few times in your head and then you think, I did do everything" (Registered Nurse)

"You go to a certain point in relating to patients but you don't cross that boundary" (Registered Nurse)

"I know some people think it's wrong, but I have cried with relatives. I think it shows we are human and that we care. I think sometimes we try and put a brave face on things and we come across as being quite heartless" (Registered Nurse)
"We went and had a cup of tea" (Registered Nurse)

"There's not enough time for staff to take time out, to have a cup of tea" (Registered Nurse)

"We do it for relatives, we give them a cup of tea" (Registered Nurse)
The social and psychological effects of drinking tea

- The making and consuming of tea makes a significant contribution to moderating stress (Cross and Michaels 2009)

- Tea drinking is a ritual associated with feelings of communality and solidarity (de Beauvoir 1972)

- By holding a cup of warm tea people perceive those around them as possessing a warmer personality and being more caring (Williams and Bargh 2008)
Significant Findings

- No participants mentioned the term emotional intelligence
- Some staff identified clear strategies they used to manage their emotions
- Others did not appear to have clear strategies and found it difficult to detach from emotionally challenging experiences
- Collective emotional labour was described by some
Differences in Responses

Registered Nurses
- Actively sought out colleagues/others to talk to
- Rationalised what had happened through their thoughts
- Identified clear boundaries
- An expectation to be able to cope with emotional pressures and support others

Healthcare support workers
- Reported feeling supported by colleagues
- Some reported not being aware of their behavioural responses until pointed out by others
- Others had clear boundaries
Developing Emotional Intelligence

- It is possible to increase levels of emotional intelligence by developing:
  - Self awareness
  - Self regulation
  - Social skills
  - Constructive coping mechanisms/ resilience

(McQueen 2004)
Implications for Education and Practice

• Education and training for both Registered Nurses and healthcare support workers to increase their knowledge in identifying the emotional impact of their work and to develop skills in the use of emotional intelligence.

• Inclusion of emotional skills including Emotional Intelligence into the nursing curriculum for students.

• Support for staff in developing and establishing constructive strategies and resilience to manage emotionally challenging situations e.g. clinical supervision.
References


Thorndyke E. (1920) Intelligence and it's uses. *Harpers.* 140 227-235


Thank you

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