Emotional Intelligence Rounds:
Developing the EI Abilities of Clinical Oncology Nurses

Beth Freitas, RN, MS, OCN, ACHPN
Lynn Muneno, RN, MS
Estelle Codier, RN, MSN, PhD
Rethinking Thinking

- Traditional measures of intelligence
- Do not correlate with workplace performance
- Does not correlate with:
  - Success parameters
  - Life satisfaction
  - Career success
  - Wellness parameters
1985 Theory of Multiple Intelligences (Howard Gardner)
Emotional Intelligence

- New concept in nursing
- 20 years
- Roots in cognitive psychology
- Business applications
  - American Express
  - Johnson & Johnson
- Hundreds of research studies
  - Organization/Large Corporations
Emotional Intelligence: Ability Model

- The ability to correctly identify emotions in self and others
- The ability to use emotions in reasoning
- The ability to understand emotions
- The ability to manage emotions
Literature Review

- Emotional intelligence (EI) abilities correlate with:
  - ↑Retention
  - ↓Burnout
  - ↑Team Performance
  - ↑Safety
  - ↑Customer Satisfaction

- Professions outside nursing show EI abilities can be developed
Literature Review

- Professions outside nursing show EI abilities can be developed
- EI positively correlates with performance, safety, and customer satisfaction
- This pilot study: first attempt to develop EI in clinical nurses
Research Questions

- Do the emotional intelligence abilities of nurses change after a 10-month period of emotional intelligence rounds?
- What are the strengths and weaknesses in nurses’ demonstrated emotional intelligence abilities?
- Does nursing documentation of patients’ emotional issues and planning for emotional care change after participation in EI Check-In rounds?
- Do nurse satisfaction, turnover, sick leave data, patient satisfaction, and safety data change after the study?
Design/Method

- Descriptive, feasibility study
- 24-bed acute care oncology unit staffed by 33 RNs
- EI Check-In Rounds
  - Lead by 2 co-investigator nurses
  - Over 10-month period
  - 3 min intervention per staff nurse
- Questions posed to nurses in rounds
  - “What is going on emotionally with your patients?”
  - “What is going on with you emotionally?”
  - “How do you cope with difficult emotions?”
Results

- 94% of nurses (31) participated in EI Check-In Rounds
- Significant increase in documentation: emotions and emotional care plan $p = .003$
- 100% of nurses found EI rounds to be helpful
- 32% of responses reflected emotions
Difficulty Identifying Emotions

- 32% of responses reflected emotions
- 68% of responses categorized as
  - Physical (11%)
  - Judgmental/evaluative (38%)
  - Behavioral (6%)
  - Diagnostic (1%)
  - Related to admission status (12%)
“What is going on emotionally?”

- **Emotions**
  - Sad,
  - Angry
  - Happy
  - Frustrated
  - Anxious,
  - Depressed

- **Physical**
  - Tired
  - Sleepless
  - In pain
  - Poor pain control

- **Behavioral**
  - Restless
  - Hyper
  - Hyper-verbal
  - Busy

- **Diagnostic**
  - OCD
  - Bipolar

- **Related to admission status**
  - Going home tomorrow
  - Long LOS

- **Judgmental/evaluative**
  - Okay
  - Fine
  - Good
  - Bad
Discussion

☐ Feasibility: very easy
☐ 100% Positive feedback from staff
☐ Increase in documentation and care plan: emotions
☐ Limited responses to EI Tests
References


We would like to acknowledge support of the UH-QMC partnership for a seed grant that funding this study, my colleagues Dr. Estelle Codier, Lynn Muneno, MS, RN, and Michelle Motas, RN, and the oncology nurses of QET7 for their participation.