

The Role of Emotional Intelligence in Perioperative Nursing and Leadership: Developing Skills for Improved Performance

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ABSTRACT

Many responsibilities of perioperative professionals involve concrete tasks that require high technical competence. Emotional intelligence, referred to as EQ, which involves the ability to relate to and influence others, may also be important for perioperative professionals. High EQ has been linked to higher performance in the workplace, higher job satisfaction, lower turnover intentions, and less burnout. Perioperative professionals who demonstrate a combination of technical skills and EQ could be more attuned to the humanity of health care (ie, providing more holistic care for the patient). Perioperative nurses who value providing holistic care for their patients may possess many of the elements of EQ. Leaders who recognize the importance of their own EQ and actively assist staff members to enhance and develop their EQ competency may help to create a competitive advantage by establishing a workforce of nurses who possess strong technical skills and high EQ. *AORN J* 106 (October 2017) 317-323. © AORN, Inc, 2017. <http://dx.doi.org/10.1016/j.aorn.2017.08.002>

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The perioperative environment is changing. Years ago, competencies for perioperative nurses were heavily weighted toward technical skills. Today, an emphasis on technical skills alone may not ensure success as a perioperative nurse. Patients and their family members not only are active participants in their health care but are considered health care consumers. It is essential that perioperative leaders educate staff members in the art of *emotional intelligence* (referred to as EQ) and hire nurses not only for their technical skills but also for their EQ skills. Emotional intelligence is the ability to influence and motivate people by being attuned to their needs, effectively handling conflict, and creating an environment in which everyone can work at their best level.¹ Emotional intelligence in action can move an

organization forward toward a common goal and can differentiate star performers from mid- or low-level performers.¹

Developing EQ is important for both staff nurses and nurse leaders because EQ has been associated with a variety of benefits. In a literature review, Bulmer Smith et al² found that EQ has been linked to clinical decision making, collegial and interprofessional relationships, and proper use of knowledge in the clinical environment; additionally, EQ was found to be essential to nurses who want to form genuine, authentic, and compassionate relationships with their patients. The authors stated that a nurse leader with high EQ may be able to influence staff performance and patient care by establishing positive relationships with team members and by using his or

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her passion and enthusiasm to motivate nurses to provide high-quality patient care.

The benefits of EQ for perioperative leaders and nurses reach beyond patient care and can positively affect the workplace. In a 2011 meta-analysis, O'Boyle et al³ reported a correlation between high EQ and high job performance. A 2014 study by Ngirande and Timothy⁴ found a significant relationship between a leader's EQ and employee job satisfaction. A staff nurse's level of EQ is also important to consider because employees with higher EQ have been found to have higher job satisfaction, greater organizational commitment, and lower likelihood of intention to leave their place of employment.⁵ A 2011 study by Weng et al⁶ found that physicians with higher self-rated EQ experienced significantly higher job satisfaction and less burnout. Similarly, Görgens-Ekermans and Brand⁷ found that nurses with high EQ reported significantly lower job stress and burnout. The ability of the perioperative nurse leader to influence the health care team may depend on understanding and embracing his or her own EQ. Therefore, EQ training should begin with leaders and filter to nurses.

Perioperative leaders and nurses should be examples of the *humanity of health care* (ie, providing holistic care based on truly caring for the patient and seeing him or her as a person), while also providing technically competent care based on clinical expertise. Developing EQ can result in viewing the patient not only as part of a procedure but as a person who needs both technical skills and personal kindness. Consider the experience of a patient being transported to surgery. Along the way, the nurse talks to the patient and seems to take a genuine interest in her and her upcoming surgery. After talking and seeking to understand the patient's concerns, the nurse can sense that the patient is afraid of undergoing surgery. Before the nurse leaves the bedside, she leans down to give the patient a hug, which the patient finds to be comforting. The nurse in this scenario sees beyond the task of transporting the patient to surgery and instead sees the patient as a person who is concerned about her surgical outcome.

In the 1973 article "Testing for competence rather than for 'intelligence,'"⁸ McClelland discussed the traditional intelligence quotient and what would become known as EQ. McClelland stated that it is critical to be able to understand a setting and to respond appropriately to what is happening in that setting,⁸ which is a component of EQ that is critical in the OR environment. Consider a procedure in which, when the relief RN circulator enters the room, the scrub person, surgeon, and anesthesia care provider are quiet. It appears to be a difficult procedure. The relief RN circulator's ability to

read the situation and respond appropriately (eg, maintain the quiet environment) can make a critical difference in the outcome for that patient. In this scenario, the relief RN circulator needs to be aware of the nonverbal cues of EQ, which can include a single look, motion, or eye movement to communicate ideas. During a procedure in which all of the participants are wearing masks, nurses may often rely on nonverbal cues to determine what the surgeon or scrub person needs. This unspoken communication may come in the form of a lifted eyebrow, a gesture, or a nod of the head.

DEVELOPING THE ELEMENTS OF EQ

Several key attributes are present in individuals who possess a high EQ, including self-awareness, self-management, empathy, and social skills (Table 1). The first step toward developing these attributes is to assess one's current state.⁹ This can be accomplished by completing an honest personal inventory. The Consortium for Research on Emotional Intelligence in Organizations offers multiple options for EQ tests that perioperative leaders or nurses may consider taking to assess their EQ.¹⁰ After taking an assessment, nurses should consider ways to further assess and develop their EQ attributes.

Self-Awareness

People who are self-aware possess the ability to honestly and openly assess themselves and recognize not just their strengths but also their areas for improvement. Self-aware leaders seek constructive criticism and are open to both positive and negative feedback. Those who are not self-aware may believe that no one will notice their weaknesses, when in fact the opposite is true. Self-aware leaders take personal responsibility for their actions, including their mistakes.^{9,11} Consider a scenario in which the surgeon asks for a suture that the scrub person did not pull or open to the sterile field. The RN circulator scrambles to get the suture from outside the room, while the scrub person makes a conscious choice either to take responsibility for the missing suture or to make excuses. The RN circulator has the same choice when returning with the suture. A self-aware team member would take responsibility for his or her own mistake in this situation.

Self-aware leaders view obstacles as opportunities and remain positive in the face of challenges. Additionally, people who are self-aware may be more self-confident¹ and may have no need to be the center of attention. They operate with a quiet confidence, publicly acknowledge the accomplishments of others, and let their work speak for itself.

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