Authors

Erin Wakefield
PhD Candidate, MN, Grad Cert Perioperative Nursing, Grad Cert Clinical Simulation, RN, MACORN
Monash University

Tara Rogers
MNursPrac, BNurs, BHealthSc, RN, MACORN
Monash Health

Corresponding author

Erin Wakefield
PhD Candidate, MN, Grad Cert Perioperative Nursing, Grad Cert Clinical Simulation, RN, MACORN
Monash University

Emotional intelligence education for perioperative nurses

Abstract

The social and professional applications of emotional intelligence (EI) in health care leadership are widely supported with evidence; however, there is limited contemporary literature on EI in the perioperative environment. How this skill can most effectively be taught to clinical perioperative nurses for improved patient and staff safety and wellbeing is imperative for future research.

EI is correlated to positive patient care outcomes via effective communication, improved teamwork and critical thinking. EI has been found to mediate professional issues such as stress, burnout and conflict, as well as promote resilience and optimism. Educators are asked to consider incorporating EI into learning programs, both formally and informally. The literature describes a range of teaching and learning strategies for facilitating the development of EI in nurses in both planned education sessions and through ad hoc reflection upon clinical practice. This discussion outlines how vignettes of patients in the Post Anaesthesia Care Unit (PACU) were used to challenge postgraduate perioperative nursing students to understand and apply EI concepts.

Keywords: emotional intelligence, nursing education, reflection, perioperative nursing

Introduction

Emotional intelligence (EI) is a set of skills used in appraising, regulating and using feelings to motivate, plan and solve problems[1]. It involves the accurate interpretation and understanding of emotion, both within the self and others[1]. EI is considered a trait of the effective leader[2], and much research exists on this important issue. It is a crucial part of generalist pre-registration nursing education in many countries and is cited as being necessary for the provision of competent clinical nursing care[3]. Contemporary literature further highlights the importance of EI for nurses both in the general ward and intensive care unit (ICU) settings. However, there is an absence of research into the impact of EI for perioperative nurses and how EI can be most effectively taught to current perioperative clinicians.

This discussion paper will provide an overview of EI for the clinical perioperative nurse working in the Post Anaesthesia Care Unit (PACU) – what EI is, why it is important and how it can improve patient care. Insightful use of EI has implications for patients, nurses, nurse educators and the micro-cultures in each perioperative clinical workplace. This discussion will describe how the theoretical underpinnings of EI were introduced to a group of postgraduate nursing students. Tips for sparking self-reflection and critical thinking will be outlined alongside the vignettes used to ensure a clear link from theory to practice. Student feedback was positive and it is hoped this discussion paper will be of benefit to clinical nurses and, in particular, to preceptors.

Discussion

Emotional intelligence

Now an increasingly valued interpersonal skill, EI is applied in a variety of professional environments. While many iterations exist, EI requires nurses to identify emotions in themselves and others, understand motivating factors and regulate their own emotions to influence colleagues or patients[4]. EI is the salient relationship between knowledge and emotion, and makes visible the degree to which these attributes are integrated into an individual's nursing practice[5].

There are many theories, frameworks and models used to describe EI[2,6,7]. Trait theory is commonly identified in contemporary nursing literature, as it is simple and clear[2,7]. Encompassing personal aspects, such as self-awareness and self-reflection[2,7,8], trait theory has strong links to the qualities of transformational leadership[8].

While the nursing profession is known to attract people with higher levels of EI[9], this skill can be emphasised and enhanced via explicit training[10]. In education, each EI component is considered through the lenses of self (self-awareness, control and motivation), social interactions (social awareness, empathy, interpersonal skills and communication skills) and actions (critical thinking, problem solving and decision making)[7].

Importance of EI

Much literature exists about the importance of teaching EI to pre-registration nurses and it is a core feature in many programs of study[7]. A recent systematic review highlights that education in EI is beneficial for nursing students, not only for managing feelings in stressful situations but also for developing resilience and improving clinical performance and communication[6]. Knowledge and use of EI in clinical nursing care helps to mitigate the stressors of the role, such as staff shortages, workload demands and challenging interpersonal relationships[7]. Nurses are exposed to a wide range of emotions, as patients in their care experience pain and suffering[11], and EI facilitates decision making, assists with managing ethical dilemmas and lessens burnout[5].

For practising clinical nurses, burnout is an issue of particular concern[12,13]. Evidence from the ICU field shows a lack of EI leads to stress, high rates of attrition, lack of motivation, an unhappy workplace, dissatisfaction with the profession and poor care delivery[5]. Conflicts with colleagues, patients and their families are also cited[5]. On the other hand, EI can empower nurses to be better psychologically adjusted and more self-compassionate, leading to increased resilience and job satisfaction[9] and improved physical and mental wellbeing[14].

While links can be made from both the generalist nursing and ICU settings, there is a lack of contemporary literature relating to the use of EI for perioperative clinicians providing direct patient care. It can be surmised that the insight into self and others gained from EI education in these settings will similarly impact perioperative nurses. Such understanding will have a flow-on effect to patient care, and a positive impact on the micro cultures to be found in each theatre and PACU.

EI in individual team members contributes to improved team performance, positively influencing patient safety and care outcomes in the perioperative environment[15]. EI can strengthen critical thinking in nurses, an essential component in clinical judgement and optimal patient care outcomes[16]. Theoretically, EI supports effective clinical communication[4,10]and the resolution of both intrapersonal and interpersonal conflicts and problems. EI contributes to holistic care of patients and improved work performance[17], ultimately enhancing the patient's experience[14].

A recent study examined perioperative staff culture, identifying threats to and enablers of a positive multidisciplinary environment in theatres[18]. EI was identified as important in establishing trust between co-workers, and clinicians acting as mediators of cultural change would be facilitated by systematic training in EI[18].

An understanding of one's own current level of EI is required when integrating EI into clinical perioperative practice. Perioperative educators and leaders – including clinical preceptors – are needed to highlight the theoretical concepts of EI and to support and facilitate reflection for growth by using day-to-day clinical scenarios.

EI education

Teaching of EI is overall successful, but inconsistently applied[6]. Many studies describe the incorporation of EI within formal learning programs, such as a bachelor syllabus[11]. Short training programmes are an effective way to improve the EI skills of nurses and support them to maintain their emotional and mental well-being. In the perioperative environment, in-service time could be used to introduce the theory of EI. Experiential learning within the clinical environment can build on this, facilitated by role modelling

and mentorship for junior staff[4]. However, this requires senior staff to have a good understanding of EI and be proficient in its use, which is not necessarily the case.

Teaching postgraduate nurses is different to pre-registration education[3] and training in the clinical area. Perioperative nurses bring their own unique experiences, beliefs and values to the classroom. While the level of EI exhibited by clinical nurses is positively impacted by their own academic background and amount of clinical experience[5], currently there are few educational opportunities for nurses to learn EI[11]. Much like the theoretical concept of surgical conscience, the authors have found that EI is not specifically identified as a foundational knowledge requirement for the provision of safe and competent perioperative nursing care. Rather, it is just passively and implicitly transferred via micro-interactions or developed by reflection on adverse events.

The prevalent formal method of learning EI is via classroom-based teaching activities[7,16]. Commonly used strategies include learner self-assessment, opportunity for reflection and problem-based learning, for example through concept mapping and simulation[3,7]. EI can be taught via lectures, role play, case studies and discussion[6]. In tandem with the clinical environment, experiential learning allows students to share and reflect upon their own experiences thus learning new ways to manage clinical situations which challenge them emotionally[7]. Reflection allows insight into their strengths and areas for development, not only personally but also socially and practically[19].

How EI was introduced to a group of postgraduate nursing students

The PACU is a high stress area, where perioperative nurses must build a rapid rapport and ensure the patient's psychological safety, while assessing and responding to clinical indicators[20]. It provides a rich setting for EI education. Unlike other areas of perioperative nursing, patient interaction may be extensive and, given the nature of the environment, personal. Providing professional, compassionate and patient-centred care can sometimes be difficult when patient values and decisions are contradictory to or misaligned with the ones held by the perioperative nurse providing care.

Reflection on teaching practice and observed clinical deficits in provision of patient-centred care led the education team to include a session on EI in a postgraduate program of study. The gynaecological surgery module was used as a basis, due to the ease with which to devise patient vignettes.

Theoretical underpinnings of EI were introduced via a short didactic lecture and supported with an 'infographic' visual representation. Fictional patient vignettes were purposefully chosen to spark student emotion.

A safe space for discussion was created for the students, as psychological safety is important in education[21,22]. Facilitator-guided discussion supported participants to identify their immediate emotional reactions then link their feelings to their personal values. Discussion then highlighted professional, patient-centred nursing care delivery. This enabled students to clearly link EI theory to practice, using reflection upon the self and others. Facilitators encouraged verbal role play of real-life clinical actions, such as potential statements to the patient, through the lens of EI-empowered, patient-centred, respectful care.

The students engaged in robust discussion, facilitated by the educator, to express different life values and experiences which informed the expressed emotions. Students were then challenged to formulate responses based on respect and professionalism to meet the PACU patient's physical, emotional, social and spiritual needs Examples are detailed in Table 1.

Self-reflection is an important precursor to learning and development and it is important for individual nurses to have an understanding of their current level of EI to use as a springboard for growth[15].

On review of the session delivered, ideas for potential improvement included a pre- and post-test evaluation of the objective effectiveness and value of the teaching activity[23]. The student group gave informal feedback at the end of the day, which identified increased knowledge, increased skill and intention to share knowledge of and implement EI in their workplaces. Altering the introduction of EI training to earlier in the learning program may increase clinical use and, secondarily, may perhaps work as a stress mediator in terms of balancing advancing clinical practice with a new study workload, shiftwork and other life commitments[4].

Perioperative leaders could facilitate development with interested and motivated staff (such as the preceptor group) to embed EI training within their own clinical environments or micro cultures. There may be opportunities for clinical partners to link their

Table 1: Vignettes

Patient (age) surgical procedure	Case notes	Facilitation notes including tips for sparking self-reflection and critical thinking using the Hamad and Gurbutt[7] lenses of self, social interactions and actions
Patient 1 (23 years) surgical termination of pregnancy (STOP)	Past history of three surgical terminations in the last two years.	After highlighting the overturning of the Roe vs Wade case in the United States of America (social awareness, critical thinking), students were asked to reflect on their own beliefs about what it means to provide patient-centred care (empathy, motivation, problem solving, critical thinking), and to articulate their attitudes and values around access to reproductive services in the context of unplanned pregnancy here in Australia (self-awareness and control, empathy, social awareness, interpersonal and communication skills, critical thinking).
Patient 2 (30 years) elective re-anastomosis of fallopian tubes, five years post tubal ligation	Past history of four vaginal births. All four children are in state care. Patient in unstable short-term relationship, drug use.	After an emotive first vignette, students were asked to consider their own beliefs about access to public health and equitable care provision (self-awareness, control and motivation; social awareness, empathy; interpersonal and communication skills; critical thinking; problem solving). How best to support this patient throughout the surgical journey? (interpersonal and communication skills, decision-making, critical thinking)
Patient 3 (35 years) surgical termination of unviable twin foetus via laser ablation of umbilical cord	Past history of depression and in vitro fertilisation (IVF)	Evoking an alternative yet still potentially uncomfortable response (self-awareness, control and motivation; social awareness, empathy, communication skills; critical thinking), students were asked to consider their feelings and thoughts from a different perspective (decision-making).

postgraduate students with motivated clinical champions to further role model, mentor and support experiential learning within the clinical environment[4].

Supporting the findings of contemporary literature, this educational initiative has highlighted the need for formalised research into how both clinical perioperative nurses and post-registration students manage their own and others' emotions in situations they may find personally challenging[7]. EI should be clearly and consistently taught to perioperative nurses. There is a need for formalised research to determine which methods are best suited for nurses in this unique environment[7].

Conclusion

Perioperative nurses working in the PACU provide care to patients in clinical situations where their own emotions may be challenged. Rapidly building rapport and ensuring a safe physical and emotionally supportive environment for the patient while working in a high stress situation where clinical decisions need to be made quickly can hijack nurses' best intentions. Teaching EI highlights the importance of managing one's own and others' emotions and the tangible difference this makes not only to the patient but also to nurses and the teams in which they work.

The anecdotal feedback received from students was heartening and provided concrete evidence that the EI classroom activity was engaging, interesting and, above all, useful. Students were able to describe the impact that new knowledge and personal insight had on their clinical practice. Changes will be made to future iterations of the activity incorporating more formal self-assessment of EI and linking with motivated role models, such as preceptors, within the clinical environment. As the students move forward into leadership roles, it is hoped that the benefits they have gained from linking EI to the provision of professional, respectful, empathetic and patient-centred perioperative care will eventually become visible on a broader scale.

Conflict of interest declaration and funding statement

The authors of this manuscript declare no conflict of interest or affiliations with any organisation

or entity with any financial interest (grants, membership, employment etc.) or non-financial interest in the subject matter or materials discussed herein. No funding was received for the preparation of this discussion paper.

References

1. Salovey P, Mayer J. Emotional intelligence [Internet]. Imagin Cogn Pers. 1990[cited 2024 Jul 14];9(3):185–211. DOI: 10.2190/DUGG-P24E-52WK-6CDG
2. Rhodes E, Foran P. Leading with emotional intelligence in perioperative nursing: An integrative review [Internet]. Journal of Perioperative Nursing. 2022[cited 2024 Jul 14];35(4):e18–e23. DOI: 10.26550/2209-1092.1224
3. Christiansen K. Emotional intelligence and critical thinking in nursing students [Internet]. Nurse Educ. 2020[cited 2024 Jul 14];45(6):E62–E65. DOI: 10.1097/NNE.0000000000000801
4. Butler L, Park SK, Vyas D, Cole JD, Haney JS, Marrs JC et al. Evidence and strategies for including emotional intelligence in pharmacy education [Internet]. Am J Pharm Educ. 2022[cited 2024 Jul 14];86(10):8674–1113. DOI: 10.5688/ajpe8674
5. Lampreia-Raposo C, Rodrigues-Correia P, Caldeira-Berenguer S, Mascarenhas-Rabiais I, Madureira-Mendes M. Critical care nurses' emotional intelligence: A scoping review [Internet]. Enferm Clín (Engl Ed). 2023[cited 2024 Jul 14];33(1):68–71. DOI: 10.1016/j.enfcle.2022.04.005
6. Dugue M, Sirost O, Dosseville F. A literature review of emotional intelligence and nursing education [Internet]. Nurse Educ Pract. 2021[cited 2024 Jul 14];54:103124. DOI: 10.1016/j.nepr.2021.103124
7. Hamad M, Gurbutt R. Emotional intelligence in preregistration nurse education [Internet]. Nurs Stand. 2023[cited 2024 Jul 14];38(11):61–66. DOI: 10.7748/ns.2023.e11994
8. Building an empathetic culture [Internet]. AORN J. 2022[cited 2024 Jul 14];115(6):565–567. DOI: 10.1002/aorn.13694
9. Nightingale S, Spiby H, Sheen K, Slade P. The impact of emotional intelligence in health care professionals on caring behaviour towards patients in clinical and long-term care settings: Findings from an integrative review [Internet]. Int J Nurs Stud. 2018[cited 2024 Jul 14];80:106–117. DOI: 10.1016/j.ijnurstu.2018.01.006
10. Mosallanezhad M, Torabizadeh C, Zarshenas L. A study of the relationship between ethical sensitivity and emotional intelligence in nursing, anesthesia and operating room students [Internet]. Int J Emot Educ. 2023[cited 2024 Jul 14];15(1):89–104. DOI: 10.56300/JAER8536
11. Saikia M, George LS, Unnikrishnan B, Nayak, BS, Ravishankar, N. Thirty years of emotional intelligence: A scoping review of emotional intelligence training programme among nurses [Internet]. Int J Ment Health Nurs. 2024[cited 2024 Jul 14]; 33(1):37–51. DOI: 10.1111/inm.13235
12. Badu E, O'Brien AP, Mitchell R, Rubin M, James C, McNeil K et al. Workplace stress and resilience in the Australian nursing workforce: A comprehensive integrative review [Internet]. Int J Ment Health Nurs. 2020[cited 2024 Jul 14];29(1):5–34. DOI: 10.1111/inm.12662
13. Perkins C. Emotional intelligence takes practice [Internet]. American Nurse Journal. 2021[cited 2024 Jul 14];16(8). Available from: www.myamericannurse.com/ei-emotional-intelligence-takes-practice/
14. Mao L, Huang L, Chen Q. Promoting resilience and lower stress in nurses and improving inpatient experience through emotional intelligence training in China: A randomized controlled trial [Internet]. Nurse Educ Today. 2021[cited 2024 Jul 14];107:105130–105130. DOI: 10.1016/j.nedt.2021.105130
15. Anderson, M. Using emotional intelligence to improve perioperative teamwork [Internet]. AORN J. 2020[cited 2024 Jul 14];111(6):19–20. DOI: 10.1002/aorn.13086
16. Christodoulakis A, Kritsotakis G, Linardakis M, Sourtzi P, Tsiligianni I. Emotional intelligence is more important than the learning environment in improving critical thinking [Internet]. Med Teach. 2023[cited 2024 Jul 14];45(7):708–716. DOI: 10.1080/0142159X.2023.2193305
17. Turjuman F, Alilyyani B. Emotional intelligence among nurses and its relationship with their performance and work engagement: A cross-sectional study [Internet]. J Nurs Manag. 2023[cited 2024 Jul 14]:1–8. DOI: 10.1155/2023/5543299
18. Bello C, Filipovic, G, Andereggen, L, Heidegger T, Urman RD, Luedi MM. Building a well-balanced culture in the perioperative setting [Internet]. Best Pract Res Clin Anaesthesiol. 2022[cited 2024 Jul 14];36(2):247–256. DOI: 10.1016/j.bpa.2022.05.003
19. Daus C, Stein K, Baecht L. Redefining competencies for nurse anesthesia education – integrating emotional intelligence assessment and training into a nurse anesthesia DNP program [Internet]. AANA J. 2024[cited 2024 Jul 14];92(1):27–34. Available from: https://tinyurl.com/5n98m5zy
20. Nilsson U, Gruen R, Myles, PS. Postoperative recovery: The importance of the team [Internet]. Anaesthesia. 2020[cited 2024 Jul 14];75:e158–e164. DOI: 10.1111/anae.14869
21. Torralba KD, Jose D, Byrne J. Psychological safety, the hidden curriculum, and ambiguity in medicine [Internet]. Clin Rheumatol. 2020[cited 2024 Jul 14];39:667–671. DOI: 10.1007/s10067-019-04889-4
22. Vaughn J, Ford SH, Killam L, Sims S, Arms T, Roberto A et al. 'STEPS': A simulation tool to enhance psychological safety [internet]. Clin Simul Nur. 2024[cited 2024 Jul 14];90:101532–. DOI: 10.1016/j.ecns.2024.101532
23. Walsh R. Chapter 12: Staff development, the specialty of nursing professional development. In: DeBoor S, editor. Keating's curriculum development and evaluation in nursing education. New York: Springer; 2022