Developing Emotional Intelligence Ability in Oncology Nurses: A Clinical Rounds Approach

Estelle Codier, RN, MSN, PhD, Beth Freitas, RN, MS, OCN®, and Lynn Muneno, RN

Emotional intelligence abilities have been demonstrated to correlate positively with important workplace outcomes in research from fields as disparate as academia, organizational development, psychology, sales, military leadership, and human relations (Mayer, Salovey, & Caruso, 2008). Demonstrated outcomes include reduced burnout and improved staff retention, team performance and communication, safety, and customer satisfaction (Cherniss, Grimm, & Liautaud, 2010; Nelis, Quoidbach, Mikolajczak, & Hansen, 2009). Those findings suggest an entirely new approach to improving nurses’ work environments as well as the quality and safety of patient care, which could be particularly important in specialty areas such as clinical oncology where turnover and burnout rates are high (Barnard, Street, & Love, 2006; Medland, Howard-Ruben, & Whitaker, 2004; Pifferling & Gilley, 2000; Potter et al., 2010). A literature review conducted by the authors in fall 2011 revealed no published nursing research investigating the impact of a program to develop the emotional intelligence abilities of nurses. Given the potential significance for workforce, workplace, and patient outcome improvement, this pilot study was undertaken to evaluate the feasibility and impact of a program designed to develop emotional intelligence abilities in oncology nurses.

Literature Review

In the general workforce research literature, measured emotional intelligence scores correlate positively with important workforce or workplace outcomes such as performance, reduced burnout, improved retention, team performance and communication, safety, and customer satisfaction (Abraham, 2005; Côté & Miners, 2006; Martin, 2008; Rosete & Ciarrochi, 2005; Schutte, Malouff, Thornsteinsson, Bhullar, & Rooke, 2006). A developing body of emotional intelligence research in nursing has demonstrated similar findings, although no specific interventions to develop emotional intelligence in nurses have been studied. In nurses, emotional intelligence scores correlate with performance level in nurse leaders and in nurses delivering bedside clinical care.

Purpose/Objectives: To explore the feasibility and impact of an emotional intelligence ability development program on staff and patient care.

Design: A mixed method, pre/post-test design.

Setting: A tertiary care hospital in urban Honolulu, HI. Rounds took place on a 24-bed inpatient oncology unit.

Sample: 33 RNs in an oncology unit.

Methods: After collection of baseline data, the emotional intelligence rounds were conducted in an inpatient oncology nursing unit on all shifts during a 10-month period.

Main Research Variables: Demographic information, emotional intelligence scores, data from rounds, chart reviews of emotional care documentation, and unit-wide satisfaction and safety data.

Findings: The ability to identify emotions in self and others was demonstrated less frequently than expected in this population. The low test response rate prevented comparison of scores pre- and postintervention.

Conclusions: The staff’s 94% participation in rounds, the positive (100%) evaluation of rounds, and poststudy improvements in emotional care documentation and emotional care planning suggest a positive effect from the intervention. Additional research is recommended over a longer period of time to evaluate the impact emotional intelligence specifically has on the staff’s identification of emotions. Because the intervention involved minimal time and resources, feasibility for continuation of the intervention poststudy was rated “high” by the research team.

Implications for Nursing: Research in other disciplines suggests that improvement in emotional intelligence ability in clinical staff nurses may improve retention, performance, and teamwork in nursing, which would be of particular significance in high-risk clinical practice environments.

Knowledge Translation: Few research studies have explored development of emotional intelligence abilities in clinical staff nurses. Evidence from this study suggests that interventions in the clinical environment may be used to develop emotional intelligence ability. Impact from such development may be used in the future to not only improve the quality of nursing care, but also potentially limit the negative effects of high-stress environments on nurses.

Higher emotional intelligence scores correlate with lower levels of perceived stress, positive stress adaptation, less burnout, and positive conflict styles (Augusto Landa,