

Editorial

EMOTIONAL INTELLIGENCE: FOR THE LEADER IN US ALL

By Richard H. Savel, MD, and Cindy L. Munro, RN, PhD, ANP



All of us in critical care know that our chosen profession can be quite stressful. As the editors in chief of the *American Journal of Critical Care*, we therefore felt it was important to offer readers some helpful coping mechanisms for those inevitable stressful situations that crop up.

We have all had days filled with emotional highs and lows, whether owing to our patients, our colleagues, our supervisors, or all 3. It's not unusual to feel as though you are losing emotional control in some of these situations, and we subsequently feel we could have done better or reacted differently. The idea of taking a more structured approach to being aware of and modifying our emotions and reactions to them is known as emotional intelligence (EI).

Originally described by Peter Salovey and John Mayer in the early 1990s,¹ EI was further elaborated by Daniel Goleman in his book *Working With Emotional Intelligence* in 1998.² In this editorial we hope to share with all members of the multidisciplinary team exactly what EI entails, and how a greater understanding of the concept can help us function at our highest potential. One of the most important and encouraging things to note here is that one's skills in EI can improve through training, conscious effort, discipline, motivation, and repetition.

Models of Emotional Intelligence

Multiple models of emotional intelligence have been suggested, and all have some degree of validity.³⁻⁷ The one by Goleman, known as the "mixed" model, has 5 major components: self-awareness, self-regulation, social skill, empathy, and motivation.

Self-awareness is simply the process of being aware of our emotional response to a situation. It seems counterintuitive at first, but the simple act of stating, for example, "this situation is making me upset, and I can feel my heart beating quickly," can be enough to start down the road toward self-improvement.

Self-regulation is the process by which we consciously turn an instinctive emotional response into some sort of lesser response or no response at all.

Social skill is just what the words imply: conscious focused energy and efforts on managing relationships.

Empathy is making a deliberate effort to take other people's emotions into account.

Finally, *motivation* is the ability to propel ourselves toward a specific goal. For the purposes of this editorial, we feel that the first 4 components (self-awareness, self-regulation, social skill, and empathy) are the most important and relevant for practicing critical care clinicians.

Usefulness of Emotional Intelligence

There is controversy regarding the validity and usefulness of the construct of EI, specifically with

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doi: <http://dx.doi.org/10.4037/ajcc2016969>

“ We have a passion to help others, and we want to be with people who share our passion. ”

respect to nursing, but we feel there is value in using a structured approach when it comes to these “people skills.”⁸⁻¹⁰ Some critics claim that EI is nothing more than a description of personality combined with IQ.⁷ Others argue just as forcefully that EI has an important place in nursing education.^{8,9,11} The authors (R.S., C.M.) have come to the conclusion that—even if EI has a limited ability to be proved or measured—taking the time, effort, and energy to focus our efforts on recognizing emotion and practicing the concept of regulating our emotions can be a meaningful exercise.

In addition, it seems clear that the skills acquired by focusing on EI can become important tools for those approaching leadership tasks, even though we understand that not everyone is a “leader” per se. Having said that, each member of the multiprofessional team is both a team player and a team leader to one degree or another. Each of us is an “army of one” in the intensive care unit (ICU), fighting death, disease, illness, and injury on a daily basis. We need all the leadership skills we can get.

For nurses who are in formal leadership positions, such as nurse managers or those in similar administrative positions, achieving high levels of EI can be a great benefit. Nurses with these abilities are better equipped to handle the stress and conflict that come with their daily work. Specifically, the abilities to be aware of our own emotions and to be empathic toward others are critical components of successful leadership.

One facet of an effective leader is the ability to motivate colleagues and coworkers to seek a common goal. To do this, leaders should have a comprehensive understanding of their own emotions and an ability to rapidly assess the emotional state of other members of the team. Emotionally intelligent leaders understand that their staff must be given a chance to own their emotions and work through their problems; these should not necessarily be seen

as ills to be cured, but as important life events to be managed and people to be supported.¹²

Terms such as *leadership*, *conflict management*, and *emotional intelligence* can be vague and confusing, but the concepts are all interrelated. As a point of clarity, leaders often must have high-level conflict management skills, and one vital set of tools in the armamentarium of a quality leader is well-honed EI. The ability of leaders to be aware of their own emotional states to help choose how they will respond (rather than responding emotionally), combined with high levels of empathy, allows them to grow as leaders, gaining the trust of the people they are leading and becoming role models for appropriate behavior in the organization.

Keep the Passion, Control the Emotion

We began to notice a fundamental conundrum as we tried to develop our perspective of enhancing EI for the critical care practitioner. Those of us who practice in the ICU tend to be a passionate bunch. Usually this is why we went into the field in the first place. We want to help people who are critically ill and their family members. We have a passion to help others and we want to be with people who share our passion. We are naturally drawn to those who have infectious enthusiasm for every aspect of their job. We want to work with people who bring that passion to the ICU each and every day. But herein lies a problem.

As we move along in our careers, we must keep passion alive, but also we must learn to temper and modulate our emotions as we take on progressively more responsibility. For example, if we see something new in the literature that we feel should be implemented locally, it's natural to feel excitement and passion. But what happens if, upon bringing this new idea to our leaders (eg, managers, physician leadership), we discover they do not understand or share our passion? What happens if they don't “get it?” Our response may be to get up and storm out of the room. We might want to scream, “but of course we must do this!” Or perhaps, by contrast, our instinct is to be silent and give up at the first sign of resistance. We become frustrated and potentially cynical or jaded. None of those reactions is helpful, nor are they efficient ways to implement a plan. This is where EI can save the day.

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“ Being successful requires more than just passion... ”

Emotional intelligence allows us to distance ourselves from our emotions just enough so we can function at a higher level. In the previous example, EI could help us transition from the *idea* of implementing a new protocol in the ICU to the actual *implementation* itself. That is, EI would help us say to ourselves “OK, I’m about to present this new idea at our staff meeting. I can feel my heart beating more quickly than usual; that’s just me being excited. No need to overreact.”

Emotional intelligence also can help us to strategize by knowing ahead that there likely will be pushback or resistance during the initial presentation. Plan for it. Expect it. Change is never easy. But it is easy—especially if it is your first time acting as a change agent—to become disheartened when you realize that not everyone is on the same page as you. Be at peace with that.

Use your EI to help you understand that wanting to make change is just the first step. Slowly, it will dawn on you that being successful requires more than just passion; it requires the development of an elusive combination of passion, resilience, follow-through, and EI. Perhaps some people in your group will never be as excited as you are about implementing the new protocol. Let that be OK. Become comfortable with the realization that, for those people, your leadership goals might be different. They may need to see the protocol fully implemented for some time before they are completely behind the project. In that case, your goal is to dissuade the naysayers from actively preventing your new protocol from being implemented. Again, EI gives you a structured approach to something as complex as working in an ICU and helping to be part of the implementation team of a new project.

Emotional Intelligence in Critical Care

We hope this exploratory discussion of EI was helpful. Every member of the multiprofessional critical care team can benefit by taking time to think about his or her emotions in a structured way. Of course, there is much more to read, learn, and digest about EI. This has simply been an overview to encourage the integration of EI into your daily work. Emotional intelligence helps us deal with our

emotions more analytically, reminding us to carefully measure how we react to a situation. Important aspects of a quality EI skill set include becoming a better and more active listener and enhancing our relationship management abilities. The most difficult part of integrating the concepts of EI for the average practitioner in the ICU is striking a balance between keeping our youthful enthusiasm intact while tempering and modulating our emotions and emotional responses in important situations. Reaching that balance can be difficult, but we believe it is worth the effort.

The statements and opinions contained in this editorial are solely those of the coeditors in chief.

FINANCIAL DISCLOSURES

None reported.

eLetters

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Am J Crit Care 2016;25:104-106 doi: 10.4037/ajcc2016969

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