INCREASING KNOWLEDGE OF EMOTIONAL INTELLIGENCE:

AN EMOTIONAL INTELLIGENCE EDUCATION WORKSHOP

FOR CERTIFIED REGISTERED NURSE ANESTHETISTS

by

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A doctoral research project submitted in partial fulfillment of the requirements for the degree of

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Dedication and Acknowledgement

The completion of this project would not have been possible without the support of our DNP chair, Dr. Karen S. Dunn. Your commitment to going the extra mile for your students is incredibly appreciated and does not go unnoticed. We want to thank you for your patience, guidance, and expertise in nursing research.

We would also like to extend a warm thank you to our DNP content expert, Dr. Andrea Bittinger. Your expertise in emotional intelligence guided us to success throughout this project, and we are incredibly honored to also contribute to emotional intelligence research in the nurse anesthesia profession.

Abstract

Certified registered nurse anesthetists (CRNAs) provide safe, efficient, high quality yet low-cost anesthesia care for the United States of America. However, job-related stress can contribute to poor performance and burnout in the nurse anesthesia profession. Emotionally intelligent individuals are aware of their own emotional state, are able regulate their emotions and can handle stressful situations leading to a healthier physical and mental state. Existing literature cites various implications of emotional intelligence (EI) in the healthcare field such as improved job satisfaction, decreased burnout, improved interprofessional communication, and enhanced patient outcomes. EI is teachable; however, there is no standardized teaching methodology. The most frequently cited and successful interventions to increase one's emotional intelligence levels recommended multiple in-person education sessions lasting one to two hours over the course of a year; however, this pilot study was only conducted as a single one hour in-person workshop. Based on the literature, the purpose of this pre-test/post-test pilot project was to develop and implement an educational workshop to solely increase knowledge levels of EI in a sample of Michigan CRNAs.

A convenience sample of 39 Michigan CRNAs consented to participate in the workshop. No statistically significant difference was found [t (38) = $-.595$, $p = .55$] between the pre-test assessment ($M = 8.97$, $SD = 1.11$) and post-test assessment ($M = 9.05$, $SD = 1.05$). Statistical significance was found [t (37) = -5.441, $p < .001$] in the presentation evaluation item which prompted participants to rate their knowledge or familiarity with EI before ($M = 3.84$, $SD = .86$) and after ($M = 4.5$, $SD = .60$) the workshop [t (38) = -5.441, p <.001]. The workshop design was an effective teaching modality to increase participants personal knowledge levels of EI.

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Increasing Knowledge of Emotional Intelligence: An Emotional Intelligence Education Workshop for Certified Registered Nurse Anesthetists

For more than 150 years, certified registered nurse anesthetists (CRNAs) have been providing safe, efficient, high quality yet low-cost anesthesia care for the United States where they experience stressful situations in the workplace (Del Grosso & Boyd, 2019; Bittinger et al., 2020). Daily work requirements may include making critical life-and-death decisions, building rapport with patients quickly, demonstrating empathy, and managing their own emotions regarding personal and professional work (Heydari et al., 2016). In addition to daily work expectations, CRNAs practice in conflicting practice models and involve political unrest between the disciplines of nursing and medicine (Del Grosso & Boyd, 2019). As a result, job-related stress can contribute to poor performance and burnout in CRNAs due to feelings of being undervalued, displaced and disrespected (Lee, 2018). Extreme stress on a person can lead to a variety of health issues that may include depression, drug addiction, poor social relationships, fatigue, headaches, insomnia, gastrointestinal disturbances, and weight loss or gain (Chipas & McKenna, 2011). Research has shown that when CRNAs use appropriate coping mechanisms it can lead to a decrease in stress and increased motivation (Del Grosso & Boyd, 2019).

Emotional intelligence (EI) has been conceptualized as a component of mental operations that is comprised of physiological and behavioral response patterns within environments (Smith et al., 2009). According to Salovey and Mayer (1990), emotional intelligence is defined as the ability to " … monitor one's own and other's feelings and emotions, to discriminate among them and use this information to guide one's thinking and actions (p. 189). People who are emotionally intelligent are aware of their own emotional state and able to regulate it. These individuals, therefore, cope and handle stressful situations better leading to a

healthier physical and mental state (Lee, 2018). According to Bar-On (2006), emotional-social competence is teachable, learnable and leads one to self-actualization and/or influence their ability to accomplish set goals.

EI also has implications in healthcare regarding patient outcomes through controlling one's emotions and making critical decisions. Codier and Codier (2015) reported that the "management of emotions within the context of health care safety has a goal of constructively working with the emotions to present in a clinical situation to ensure that they support, not obstruct, patient safety" (p. 116). Smith and colleagues (2009) conducted a literature review and found that EI is an important skill to have when making ethical, clinical decisions that can lead to quality nursing care and patient outcomes. Ultimately, the importance in researching this topic is to improve job satisfaction, decrease burnout, improve interprofessional communication and enhance patient outcomes (Bittinger et al., 2020).

Problem Statement

There is a growing body of research evidence that supports EI as an effective tool to improve job satisfaction and that EI is teachable; however, there is limited research evidence that suggests what type of teaching methodology will increase the learners' level of EI. Therefore, the purpose of this pilot project will be to develop and implement an EI educational workshop that will increase the levels of EI in CRNAs to ultimately improve patient-centered outcomes.

The primary aim of this project is to determine if an educational workshop will increase the knowledge levels of EI in a sample of CRNAs. The secondary aim will be to add to the existing body of knowledge of effective or ineffective EI teaching methodologies.

Literature Review

Evidence in existing literature citing the use of emotional intelligence education was found by searching multiple renowned nursing and medical databases online. Databases utilized in the evidence search included the Cumulative Index to Nursing and Allied Health Literature (CINAHL Complete), National Library of Medicine (PubMed) and Cochrane Library. The search included specific terminology from the clinical question in addition to selective inclusion and exclusion criteria. A keyword general search was conducted for "emotional intelligence" with specific search terms that included: "emotional intelligence education," "emotional intelligence skills training," "emotional intelligence skills," "emotional intelligence AND intervention," and "emotional intelligence AND advanced practice nurse." Exclusion criteria included articles not in the English language and articles only pertaining to the benefits of emotional intelligence in professional settings. Inclusion criteria included the English language, articles less than seven years old, adults, humans, and articles specifically describing the method in which emotional intelligence was taught.

Upon the initial keyword search for "emotional intelligence" in the databases, over 45,000 combined results were found. After selecting the inclusion and exclusion criteria, 119 articles were identified. After screening the articles, 112 were excluded due to multiple variables resulting in six articles that were included in the literature review.

Kikanloo et al. (2019) conducted a quasi-experimental study based on the Salovey and Mayer (1990) EI framework. The purpose was to study the effects of an emotional intelligence skill training program and its impact on stress in one hundred nursing students. Subjects in the study were randomly stratified into two groups (control and experimental) with the experimental group attending six training sessions for 90 minutes in the form of lectures, group discussions

and role playing. Academic stress and professional competency levels were measured before and after the skill training program. The researchers found that academic stress was significantly lower and professional competency levels were significantly higher among the nursing students after attending EI training sessions. Among the stress variables, only the emotional, physical, and physiological responses were found to be significantly lower than the control group (Kikanloo et al., 2019). Therefore, an EI skills training program can be an effective intervention to decrease academic stress levels and improve competency levels in nursing students.

Foster et al. (2014) conducted an integrative literature review that summarized the three main EI theoretical frameworks: Salovey and Mayer (1990), Bar-On (1997) and Goleman (1998). The purpose of this review was to investigate and synthesize the state of knowledge on EI education in pre-registration nursing programs. The literature review included seventeen peer-reviewed research articles focusing on education for EI between the years 1992 and 2014. Many articles referred to multiple educational strategies including self-assessment, reflection activities, modeling of EI behaviors, and development of empathy with heavy influence from Goleman's model. Authors from seven articles recommended utilizing reflective or enquiry-based learning styles in addition to experiential learning via reflective groups and questioning aspects of practice within collective learning experiences. These experiences included sharing clinical stories, facilitating reflective discussion, role playing, video for observation, active feedback, and the incorporation of art, drama, music, film and poetry. Authors from six articles recommended ongoing assessment of EI competencies including self-assessment between teachers and students and having teachers model EI behaviors and empathy. Authors of two articles stated the need to provide clear goals and transparency around expectations for EI competencies. Overall, educational strategies to teach EI included: explicit education, mixing art-based and conventional

learning approaches, utilizing multimedia and online education, co-teaching strategies which result in increased self-awareness and self-management of interpersonal communication. (Foster et al. 2014).

Kozloski et al. (2018) conducted a cross-site quasi experimental study that tested the effects of a brief EI training program for 60 registered nurses (RNs) with a single four-hour workshop followed by individualized one-on-one feedback and follow-up session two weeks later. The researchers conducted a pre-test using the *GENOS EI Self-Assessment tool* and conducted a post-test utilizing the same tool three months later. The experimental group that received the EI training significantly increased their EI scores. Overall, a single training resulted in a significant increase in EI scores over baseline levels for the experimental group. Findings from this study suggest multiple sessions may not be required to produced significant increases in EI.

Orak et al. (2016) conducted a quasi-experiment that investigated the effect of EI training on 66 (31 in experimental group and 35 in control group) first-year nursing students. The theoretical framework for this study was the four-branch mental ability model (Salovey & Mayer, 1990). The study was conducted over a four-month period consisting of eight two-hour sessions weekly featuring lectures, role playing, brainstorming, homework assignments and group teaching. The results from this study were not significantly different than the post-intervention EI scores. The authors concluded two reasons for this insignificant finding: too much information in a short period of time and lack of clinical experience in first year nursing students.

Sarabia-Cobo et al. (2017) conducted a pilot study that tested the impact of theoretically based training on different components of EI and coping styles in a sample of 92 nurses who worked in long-term care facilities utilizing the Salovey and Mayer (1997) theory. The Mayer and Salovey model have four-branches: (1) perception, appraisal, and expression of emotion; (2) emotional facilitation of thinking; (3) understanding and analyzing emotions, and (4) reflective regulation of emotion. The experimental group attended four-hour sessions conducted over a four-week period held at one-week intervals. Each weekly session was based on one of the four branches of the Mayer and Salovey model, which provided the nurses an opportunity to practice at work what they had learned. Each learning session consisted of one hour of theoretical content, two hours of work-based group activities/dynamics and one hour of case studies. Measurement scales used in this study were the Trait Meta-Mood Scale (TMMS-24) and Coping Strategies Questionnaire (CAE). Statistically significant differences between pre-test and post-test TMMS-24 and CAE scores were found in the experimental group upon completion of the session (n=92) and one year later (n=87). The authors concluded that an EI workshop can make an immediate, long-term impact on emotional awareness and improve coping styles (Sarabia-Cobo et al., 2017).

Shahid et al. (2018) conducted a pre-test/post-test research design utilizing the Goleman's EI theory emphasizing the four components of self-awareness, self-management, social awareness, and social skill to determine if an educational intervention could increase EI levels in 31 medical residents (20 pediatric and 11 med-peds residents). Specific attention was given to their stress management and wellness score. The first workshop conducted in the fall of 2015 introduced EI and strategies to improve self-awareness and self- management skills; the second workshop conducted in the spring of 2016 provided strategies to improve social awareness and

social skills. Overall, the workshops were taught didactically with open discussion. A statistically significant increase in EI scores after the education intervention was found along with stress management and wellness scores. These authors concluded that teaching EI focused on self-awareness, self-management, and social skills may improve stress management, promote wellness, and prevent burnout among medical residents (Shahid et al., 2018).

In summary, this literature review consisted of articles depicting ways in which emotional intelligence can be taught effectively. The existing literature confirms a need for standardization in terms of teaching emotional intelligence to various audiences: "the lack of empirical evidence on EI curricula development and implementation can be understood to reflect the emergent nature of the EI construct in nursing education and more widely" (Foster et al., 2014, p. 515).

Limitations to teaching emotional intelligence were identified among the articles. One limitation demonstrated in two articles was a lack of a control group for comparison (Sarabia-Cobo et al. 2017; Shahid et al. 2018). This contributes to bias towards positive results when other unknown factors could have influenced the results separate from teaching EI as an intervention. Small, non-random samples can skew results because the participants are presumably highly motivated and exhibit positive attitudes to begin with (Sarabia-Cobo et al., 2017; Shahid et al., 2018). Literature reviewed from other countries other than the United States may reflect cultural impacts on academic embedded curriculum and ability to understand EI (Kikanloo et al., 2019; Foster et al., 2014). One study reflected results that indicated EI increased academic related factors of stress such as frustration, conflict, academic pressure, changes, and self-imposed increased stress in participants (Kikanloo et al., 2019). These authors suggested that the results may have been influenced by culture-dependent stress, known as the culture-bound syndrome

phenomena, and recommended EI training to be an in-service to increase efficiency and empowerment of the individual learning the content.

In terms of this project, there are no published articles in the research literature that have examined whether CRNAs will demonstrate an increase in their knowledge and EI levels after attending an EI educational workshop. Therefore, the implementation of this project is warranted.

Theoretical Framework

Two theoretical frameworks were chosen for this pilot study: the "Bar-On Model of Emotional-Social Intelligence" (Bar-On, 2006) and the "Humanism Theory of Education" (Pearson & Podeschi, 1999). According to Bar-On (2006), "emotional-social intelligence is a cross-section of interrelated emotional and social competencies, skills and facilitators that determine how effectively we understand and express ourselves, understand others, and relate with them, and cope with daily demands" (p. 3). The five key components of the Bar-On model include the abilities to: (1) recognize and express emotions and feelings; (2) understand how others feel and relate to them; (3) manage and control emotions; (4) manage change, adapt, and solve problems of a personal and interpersonal nature, and (5) generate positive affect and be self-motivated. These five components of the Bar-On model will be the theoretical basis of the educational workshop.

The humanism theory of education is applicable to this pilot project due to its focus on adult education and individualistic learning. According to Pearson and Podeschi (1999), the humanism learning theory was developed from Maslow and highlights the "self-determining individual" has the "capacity for self-knowledge and willed self-renewal lead[ing] to growth" both individually and socially (p. 44). Essentially, once an individual understands themselves

fully, this leads to a collective knowledge of universal human nature. Based on this postulate, an assumption of this project is that the CRNAs who volunteer to participate will want to increase their EI knowledge levels to further enhance their ability to recognize, control, and manage their emotions and recognize the emotions of others.

Method

The purpose of this pre-test/post-test pilot project was to determine if an educational workshop would increase the knowledge levels of EI in a sample of CRNAs. Findings from this project may add to the existing body of knowledge of effective and/or ineffective EI teaching methodologies. Prior to the implementation of this project, approval from the Institutional Review Board (IRB) (see Appendix A) and Michigan Association of Nurse Anesthetists (MANA) was obtained (see Appendix B). After the MANA conference, a second research site to conduct this study was offered (see Appendix C). A modification to the original IRB was submitted and approved to include a second research site (see Appendix D).

Participants

This pilot project was conducted at the Fall 2022 MANA conference and at a local Michigan hospital. Overall, the participants of this study were a convenience sample of CRNAs that attended the conference in-person and voluntarily signed-up for the EI educational workshop. Inclusion criteria for this study were the ability to read and write in the English language and be a current CRNA practicing in the state of Michigan. Participants excluded in this study were non-practicing CRNAs, retired CRNAs, and students.

Recruitment Strategy

Recruitment for this pilot project was through the MANA conference registration form. On the form, information about the EI workshop was advertised (see Appendix F) and CRNAs voluntarily signed-up to attend one of two workshop sessions at their own discretion, which served as implied consent obtained for this project. The advertisement disclosed that this workshop is a part of a pilot project conducted by Oakland University Doctor of Nursing Practice (DNP) Nurse Anesthesia students. There was no limitation as to how many CRNAs were allowed to sign-up for the workshop. Recruitment for the Michigan hospital was done by the CRNA manager at the Michigan hospital.

Procedures

Prior to the education workshop at MANA and the Michigan hospital, a packet was handed out to participants that included an index card with their assigned identification number to de-identify the data, an information sheet about the study (see Appendix E), EI exercise worksheets (see Appendix H), demographic questionnaire (see Appendix I), the pre -test and post-test (see Appendix J) and the presentation evaluation form (see Appendix K). The principal investigators reviewed the information sheet with the participants and answered any questions they had. When all questions were answered and the participants stated and understood that by attending this workshop they were committing to participate in this project, they were asked to fill out the demographic survey and pre-test. The completed demographic questionnaire and pre-test was then collected and participants were told to hold onto the post-test and evaluation form. The principal investigators presented their educational workshop. Immediately following the educational session, the post-test and presentation evaluation form was completed by the participants and was collected as they left the workshop.

Educational Workshop

A one-hour educational workshop was conducted to the MANA and hospital participants. The workshop entailed an introductory PowerPoint (see Appendix G) about EI followed by two EI exercises (see Appendix H). The EI exercises utilized in this workshop were developed by "PositivePsychology.com" (Ackerman, 2019). The first exercise, titled *Ripple Effects from Emotions*, increased awareness about the influence one's own emotions may have on individuals around them. The second exercise, titled *The Consequences of Experiential Avoidance*, brought awareness to one avoiding negative emotions through the action of emotional suppression. It should be noted that exercise tools were approved to be used by the authors from "PositivePsychology.com." Learner objectives were included in the PowerPoint presentation (see Appendix G).

Data Analysis

Analysis using SPSS was used in this study. Descriptive statistics were computed that included frequency distributions, means and standard deviations. Bivariate correlations were computed to determine if there were any statistically significant relationships between study variables. A t-test was used to determine whether there was a statistically significant difference between the pre-test and post-test. The level of significance was pre-set at $p = .05$.

Results

The primary purpose of this pilot project was to develop and implement an educational workshop that aimed to increase the knowledge levels of EI in a convenience sample of CRNAs. The knowledge gained from this workshop could indirectly improve interprofessional collaboration and patient-centered outcomes. A secondary aim was to determine if the use of an interactive face-to-face PowerPoint presentation was found to be an effective or ineffective EI teaching modality.

Participant Characteristics

The EI educational workshop was implemented at the Fall MANA conference, and to CRNAs at a local Michigan hospital. A total of 39 CRNAs consented to participate. Majority of the participants were female [n = 26 (64.8%)], between the ages of 36 – 40 [n = 8 (21.1%)], obtained a Masters' degree [n = 26 (89.5%)], and have been working between seven to ten years [n = 10 (26.3%)]. Most of the CRNAs reported that they worked in an Anesthesia Care Team (ACT) practice setting model [n = 33 (89.2%)] and were employed within a Group [n = 14 (36.8%)]. Finally, 31 (79.5%) cited they heard about EI before the workshop and 14 (35.9%) had read an article(s) on the topic (see Table 1).

Educational Workshop Effectiveness

A pre-test/post-test research design was conducted to determine the effectiveness of the interactive PowerPoint presentation. No statistically significant difference was found [t (39) = -.595, p = .55] between the pre-test (M = 8.97, SD = 1.11) and post-test (M = 9.05, SD = 1.05). Anecdotal written comments by some participants reported that the test questions were common-sense and too easy. However, the presentation evaluation items that prompted the participants to rate their knowledge or familiarity with EI before

($M = 3.84$, $SD = .86$) and after ($M = 4.5$, $= SD$ .60) the presentation was found to be statistically significant [t (38) = -5.441, p <.001]. CRNAs rated their knowledge or familiarity with EI was significantly higher after the presentation (see Table 2). Various participants approached the researchers at the end of the workshop endorsing the importance of EI in the health care field and attested to the value found in the exercises performed during the workshop. In addition, a CRNA hospital manager found the workshop to be so beneficial, she asked the researchers to come and present at her place of employment.

Discussion

The purpose of this pilot project was to determine if an interactive educational workshop would increase the knowledge levels of EI in a sample of Michigan CRNAs. Results of this project revealed that the workshop was effective yet ineffective. Unfortunately, the pre-test and post-test results did not reflect a statistically significant difference in EI knowledge levels before and after the interactive PowerPoint presentation amongst the participants. However, when evaluating the educational workshop, the participants did report a statistically significant increase in their personal overall knowledge levels of EI.

Overall, the principal investigators of this study were aware that a single one-hour educational workshop would not directly impact a participant's personal level of EI based on the literature reviewed. Hence, this study focused on increasing overall knowledge levels of EI for the participants of the study. Additionally, the literature review highlighted various strategies to teach EI that included reflection-based learning, self-assessment, case studies, and roleplaying; however, there is not a single, standardized method to teaching EI that is superior. The principal investigators of this study created an in-person didactic workshop that utilized reflection-based

learning with the combined use of a PowerPoint presentation and two reflection-based EI exercises.

Limitations

Although this study adds to the existing body of literature regarding effective or ineffective EI teaching modalities, it does impose some limitations. Firstly, anecdotal written comments reported by some of the participants on the evaluation form stated that the test items were “too easy” and “common-sense questions.” Secondly, the pre-test and post-test administered to the participants was created by the principal investigators of this study; therefore, the tool lacked validity and reliability because it was not a standardized testing tool. Lastly, this study lacks generalizability to CRNAs across the United States because participants represented a small sample size of only Michigan CRNAs.

Recommendation for Sustaining Intervention

According to Foster et al. (2014), EI is teachable; however, there is no standardized teaching methodology. The most frequently cited and successful interventions to increase EI recommends multiple in-person education sessions lasting one to two hours over the course of a year (Kikanloo et al., 2019; Sarabia-Cobo et al., 2017; Shahid et al., 2018). To sustainably maintain this study’s intervention, the principal investigators of this project recommend multiple in-person workshops over the course of a year. One recommended method to evolve this study would be to implement a two-part EI workshop for Michigan CRNAs that plan to attend both the Spring and Fall MANA conferences. A second recommended method to evolve this study would be to implement an EI workshop at the American Association of Nurse Anesthesiology (AANA) Annual Congress to allow for a larger and more generalizable sample.

Implications for Practice and Career Development

As a profession, it is important for CRNAs to take interest in developing their own EI as it directly impacts their patients and other healthcare professionals present in the operating room. Managing the emotions present in daily work environments ensures positive patient outcomes, decreased levels of burnout or stress and the ability to make ethical clinical decisions that lead to improved quality of care (Bar-On, 2006; Bittinger et al., 2020; Lee, 2018).

Contribution of Project to DNP Essentials

Of the eight DNP essentials, this project contributes to five. Essential I was fulfilled because this project evaluated a new practice approach based on nursing theory. Essential II was fulfilled because this project highlights advance communication skills amongst skilled providers to improve patient safety initiatives. Essential III was fulfilled by this project's critical appraisal of current literature and evaluation of practice outcomes. Essential VI was fulfilled because this project improves patient outcomes through effective communication and improved collaborative skills between skilled healthcare providers. Lastly, Essential VIII was fulfilled because this project supports advance practice nurses towards achieving excellence in nursing practice.

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Table 1

Participant Demographics (N = 39)

Variable	n (%)
Age	
26 – 30 y	2 (5.3)
31 - 35 y	4 (10.5)
36 – 40 y	8 (21.1)
41 – 45 y	4(10.5)
46 – 50 y	7 (18.4
51 – 55 y	5 (13.2)
56 – 60 y	5 (13.2)
61 – 65 y	1 (2.6)
> 66 y	2 (5.3)
Gender	
Male	12 (31.6)
Female	26 (68.4)
Current years as a practicing CRl	
1 – 3 y	4 (10.5)
4 – 6 y	4 (10.5)
7 – 10 y	10 (26.3)
11 – 15 y	4 (10.5)
16 – 20 y	4 (10.5)
21 – 25 y	6 (15.8)
> 26 y	6 (15.8)
Highest Level of Education	
Bachelor's	1 (2.6)
Masters	34 (89.5)
Doctorate	3 (7.9)
Primary Anesthesia Model Utilized in Practice Setting	
Anesthesia Care Team	33 (89.2)
All CRNA	4 (10.8)

Table 1 (cont.)

Participant Demographics (N = 39)

Variable	n (%)
Type of Employment	
Hospital	11 (28.9)
Anesthesia Group	14 (36.8)
Self-Employed	1 (2.6)
Agency (Locum) & Anesthesia Group	3 (7.9)
Hospital & Anesthesia Group	1 (2.6)
Hospital & Faculty Member	1 (2.6)
Hospital, Self-Employed & Agency (Locum)	1 (2.6)
Hospital & Agency (Locum)	2 (5.3)
Hospital & Self-Employed	2 (5.3)
Hospital, Anesthesia Group, Self-Employed & Agency (Locum)	1 (2.6)
Anesthesia Group & Self-Employed	1 (2.6)
Have you heard about emotional intelligence before this workshop?	
No	8 (20.5)
Yes	31 (79.5)
If you said yes to the question above, select all that apply:	
Read in textbooks/articles	14 (35.9)
Taught in a course	4 (10.3)
Attended a conference session devoted to the topic	7 (17.9)
Internet search	8 (20.5)
Other	11 (28.2)

Table 2

Presentation Evaluation (N = 38)

Variable	*M*	*SD*	*Range*
How would you rate the relevance of the information to your advanced nursing practice?	4.39	.633	3 – 5
How would you rate usefulness of the information to your advanced nursing practice?	4.39	.680	3 – 5
What was your knowledge or familiarity with this subject matter prior to the presentation?	3.84	.855	2 – 5
How would you rate your knowledge or familiarity with this subject matter at the conclusion of this presentation?	4.50	.604	3 - 5

Appendix A

(Oakland University IRB)

OAKLAND UNIVERSITY

Institutional Review Board

Date: November 30, 2022

Study #: IRB-FY2022-365

Study Tlle: Emotional Intelligence Education Workshop for Certified Registered Nurse Anesthetists

Submission Type: Modification

IRB Decision: Exempt

Research Team:
Hadley Knudsen
Karen Dunn, Alyssa Romprey
Andrea Bittinger

The IRB has reviewed the Modification submission related to the above referenced study and determined that the changes listed below do not affect the exemption status of the study. The Modification submission is Approved and the study remains Exempt per federal regulations.

The approved modifications are the following:

1. Addition of a new data collection site, Beaumont Hospital - Troy. The study will be conducted with CRNA at Troy Beaumont during their staff meeting. The actual content of the presentation remains the same as well as the inclusion/exclusion criteria. The workshop and subsequent data collection at the staff meeting was granted permission by the head CRNA at Troy Beaumont, Lisa Hosko.
2. Revise the recruitment document and consent form to remove reference to the MANA conference in Traverse City and allow flexibility in conducting the research at other sites.

This submission includes the following approved documents:

- Revised Recruitment Document
- Date-Stamped Information Sheet V 11-30-22

The IRB approved (date-stamped) consent document(s) has been published under Attachments in the Submission Details page. Please make sure to use the most recent IRB approved version of the consent form in consenting participants.

Appendix B

(MANA Workshop Approval)

OAKLAND UNIVERSITY
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Hadley Knudsen <hknudsen@oakland.edu>

Fwd: Fall MANA workshop
3 messages

Andrea Bittinger <bitting2@oakland.edu> Mon, Mar 28, 2022 at 5:08 PM
To: Karen Dunn <kdunn@oakland.edu>, Hadley Knudsen - OU <hknudsen@oakland.edu>, Alyssa Romprey - OU <aromprey@oakland.edu>

We are good to go for the fall meeting & Karen you do not need to pay to attend just to come to the workshop!

Andrea C. Bittinger, DNP, CRNA
Clinical Coordinator & Adjunct Instructor
Oakland University - Beaumont Graduate Program of Nurse Anesthesia

---------- Forwarded message ---------
From: **Olivia Hagerman** <ohagerman@managedbyamr.com>
Date: Mon, Mar 28, 2022 at 12:34 PM
Subject: RE: Fall MANA workshop
To: Linda McDonald <lamcdonald@oakland.edu>, Andrea Bittinger <bitting2@oakland.edu>
Cc: Jennifer Dickie <jennifer@miana.org>

Hi Andrea,

I just want to clarify, this is for fall conference?

We do not offer a one day price, but the chairperson is welcome to come watch the students free of charge!

Thanks,

Liv Hagerman

From: Linda McDonald <lamcdonald@oakland.edu>
Sent: Friday, March 25, 2022 3:19 PM
To: Andrea Bittinger <bitting2@oakland.edu>
Cc: Liv <liv@miana.org>; Jennifer Dickie <jennifer@miana.org>
Subject: Re: Fall MANA workshop

Lol-

There could be more than one session if you would like- I don't know how the survey would help (just seems complicated). We could have a sign-up sheet for both sessions and just see what happens. I would think the students would be willing to do more than one session, even if there are only a few people in the session.

You would just need to get the title and the objectives into Liv so she can apply for CEUs. I believe there is a one-day fee so they can just pay for that day, but I'm not 100% sure. I think that's it.

On Fri, Mar 25, 2022 at 3:13 PM Andrea Bittinger <bitting2@oakland.edu> wrote:

> Hello!

Appendix C

(Troy Beaumont Workshop Approval)

OAKLAND UNIVERSITY
Powered by Google

Hadley Knudsen <hknudsen@oakland.edu>

Fwd: [EXTERNAL] - Workshop approval

Andrea Bittinger <bitting2@oakland.edu> Tue, Nov 22, 2022 at 10:28 AM
To: Hadley Knudsen - OU <hknudsen@oakland.edu>, Alyssa Romprey - OU <aromprey@oakland.edu>, Karen Dunn <kdunn@oakland.edu>

---------- Forwarded message ---------
From: **Lisa Hosko** <Lisa.Hosko@northstaranesthesia.com>
Date: Tue, Nov 22, 2022 at 10:02 AM
Subject: Re: [EXTERNAL] - Workshop approval
To: Andrea Bittinger <bitting2@oakland.edu>

Hi Andrea,
I am writing to express my approval for you and your Oakland University SRNAs to present, along with conduct research and collect data, to the Troy Anesthesia Group on Emotional Intelligence.
Thank you, Lisa Hosko

Appendix D

(Modification Approval to Original IRB)

Date: November 30, 2022

Study #: IRB-FY2022-365

Study Tile: Emotional Intelligence Education Workshop for Certified Registered Nurse Anesthetists

Submission Type: Modification

IRB Decision: Exempt

Research Team:
Hadley Knudsen
Karen Dunn, Alyssa Romprey
Andrea Bittinger

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The approved modifications are the following:

1. Addition of a new data collection site, Beaumont Hospital - Troy. The study will be conducted with CRNA at Troy Beaumont during their staff meeting. The actual content of the presentation remains the same as well as the inclusion/exclusion criteria. The workshop and subsequent data collection at the staff meeting was granted permission by the head CRNA at Troy Beaumont, Lisa Hosko.
2. Revise the recruitment document and consent form to remove reference to the MANA conference in Traverse City and allow flexibility in conducting the research at other sites.

This submission includes the following approved documents:

- Revised Recruitment Document
- Date-Stamped Information Sheet V 11-30-22

The IRB approved (date-stamped) consent document(s) has been published under Attachments in the Submission Details page. Please make sure to use the most recent IRB approved version of the consent form in consenting participants.

You are approved to implement the aforementioned modifications. Please retain a copy of this notification for your records.

This letter can also be found in Cayuse under the Letters tab in the Submission Details page.

If you have any questions, please contact the IRB office.

Thank you.

The Oakland University IRB

Appendix E

(Information Sheet)

AN EMOTIONAL INTELLIGENCE (EI) EDUCATION WORKSHOP FOR

CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNAs)

Introduction

You are being asked to be in a research study that is being done by Hadley Knudsen and Alyssa Romprey under the direction of Karen S Dunn PhD, RN, FGSA and Andrea Bittinger DNP, CRNA from Oakland University, School of Nursing.

Your decision to participate in this study is voluntary. You can choose to stop your participation at any time or skip any part of the study if you are not comfortable. Your decision will not affect your present or future relationship with Oakland University, the School of Nursing at Oakland University and/or the researchers on this project.

What is the purpose of this study?

The purpose of this project is to develop and implement an EI educational workshop that aims to increase the levels of EI in CRNAs. Specifically, this workshop will focus on (1) how avoiding your emotions and (2) how you express your emotions can have negative consequences. These skills have been found to improve patient-centered outcomes, facilitate interprofessional communication skills, decrease stress levels, and increase job satisfaction. The secondary aim will be to add to the existing body of knowledge of effective or ineffective EI teaching methodologies. It is hypothesized that after implementation of an in-person workshop CRNAs will develop an understanding of EI and learn how to apply EI skills in the clinical setting.

Who can participate in this study?

You are being asked to participate in the study because you are a currently a practicing CRNA. To be included in this study you must be (1) able to read and write in English and (2) currently employed as a CRNA. You will only be excluded if you are currently unemployed, retired or a student.

What do I have to do?

You will be asked to complete a survey about who you are (demographics), your background knowledge of emotional intelligence (pre-test), participate in the EI workshop, and complete a post-test. This research will take approximately 60 minutes to complete.

Are there any risks to me?

There are no risks for being in this study.

Are there any benefits to me?

The possible benefits to you for participating in the research study may be an increase in your emotional intelligence knowledge levels that you can use in your workplace.

Will I receive anything for participating?

You will not receive any compensation for taking part in this study.

What if I want to stop participating in this study?

If you do not want to participate, you are allowed to exit the room at any time or you may remain seated to attend the workshop; however, your results will not be included in data analysis.

Who can I contact if I have questions about this study?

If you have any concerns you can contact us at the following email addresses:

Hadley Knudsen – hknudsen@oakland.edu

Alyssa Romprey – aromprey@oakland.edu

Andrea Bittinger – bitting2@oakland.edu

Karen Dunn – kdunn@oakland.edu

For questions regarding your rights as a participant in human subject research, you may contact the Oakland University Institutional Review Board at 248-370-4898.

Appendix F

(Recruitment Letter)

Dear MANA members,

Our names are Hadley Knudsen RN, SRNA (PI) and Alyssa Romprey, RN, SRNA (Co-PI), and we are graduate students pursuing a Doctor of Nursing Practice in Nurse Anesthesia at Oakland University School of Nursing. Under the direction of Karen S. Dunn, PhD, RN, FGSA, who is serving as our faculty advisor for this project, we are conducting a research study to implement an emotional intelligence educational workshop that aims to increase your knowledge regarding emotional intelligence. Specifically, this workshop will focus on (1) how avoiding your emotions and (2) how you express your emotions can have negative consequences.

We are recruiting individuals who are currently practicing CRNA's to complete a short survey about who you are (demographics) and your background knowledge of emotional intelligence (pre-test). We will then provide you with an emotional intelligence educational workshop to help you learn more about this topic followed by a short survey evaluating your knowledge after the workshop (post-test). It will take approximately 60 minutes for you to complete the study from start to finish.

Your data will not be considered if you are a non-practicing CRNA or SRNA.

You are still welcome to participate in the workshop for your own benefit.

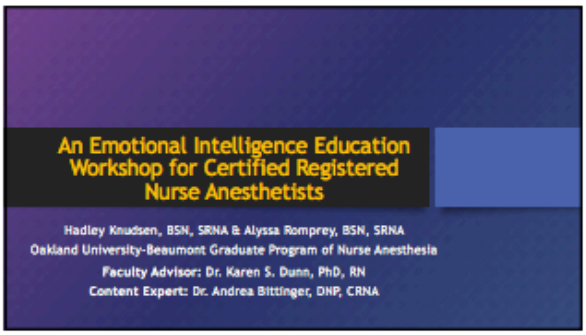
Your participation in the research study is voluntary.

The research will take place at the Fall MANA conference in Traverse City, MI.

If you have any questions concerning the research study, please contact hknudsen@oakland.edu or aromprey@oakland.edu. Thank you! Hadley Knudsen & Alyssa Romprey

Appendix G

(Workshop PowerPoint)



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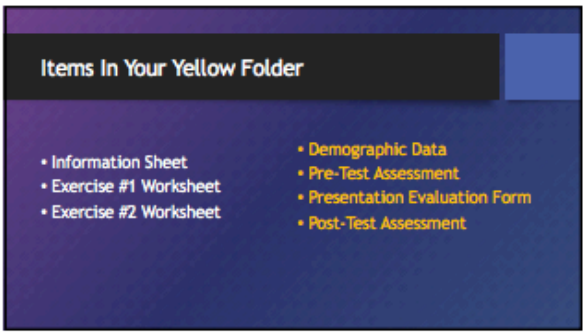

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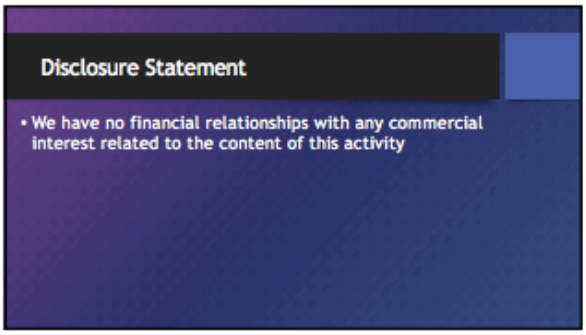

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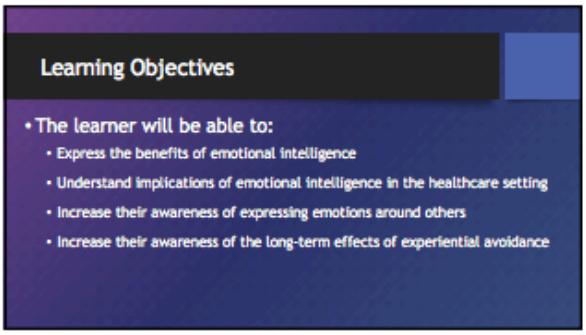

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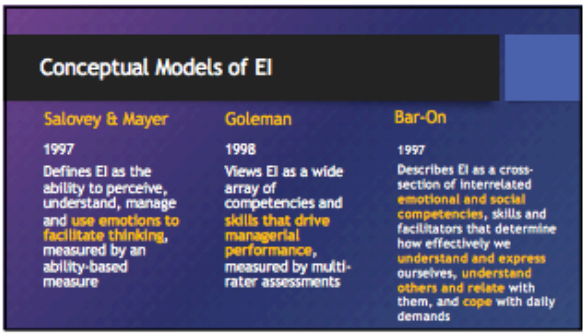

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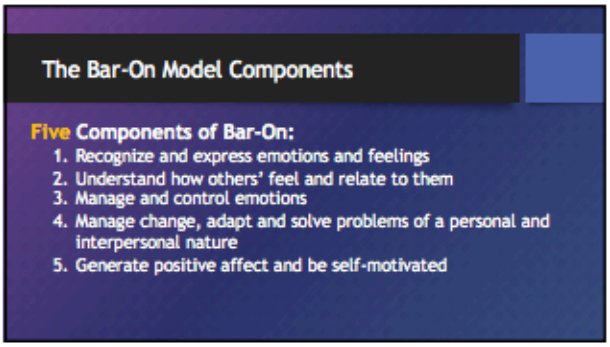
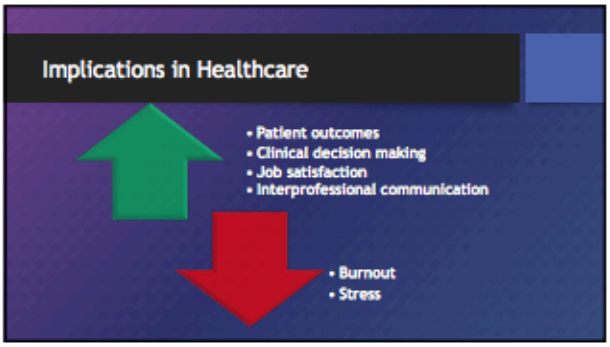

The Bar-On Model Components
Five Components of Bar-On:
1. Recognize and express emotions and feelings
2. Understand how others' feel and relate to them
3. Manage and control emotions
4. Manage change, adapt and solve problems of a personal and interpersonal nature
5. Generate positive affect and be self-motivated

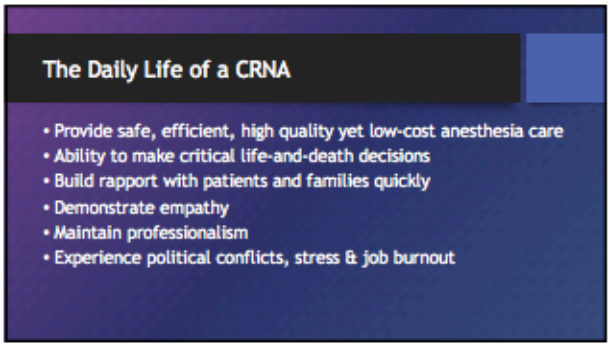
7


Effectively manage personal, social and environmental change
Be realistic & flexible in coping with immediate situations
Exhibit problem solving
Make executive decisions
EMOTIONAL INTELLIGENCE

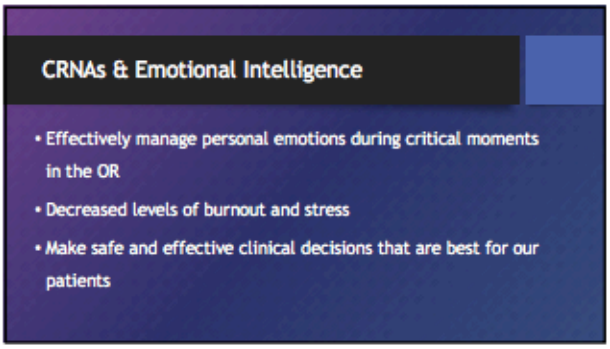
8


Implications in Healthcare
• Patient outcomes
• Clinical decision making
• Job satisfaction
• Interprofessional communication
• Burnout
• Stress

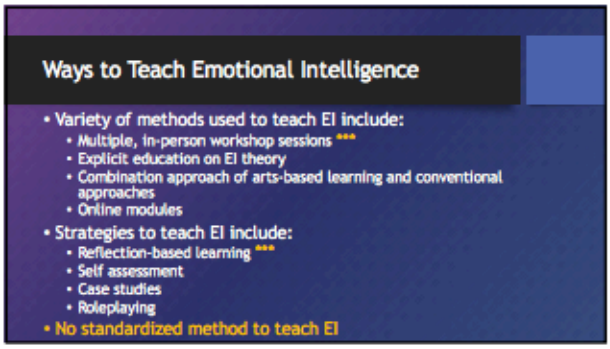
9


The Daily Life of a CRNA
• Provide safe, efficient, high quality yet low-cost anesthesia care
• Ability to make critical life-and-death decisions
• Build rapport with patients and families quickly
• Demonstrate empathy
• Maintain professionalism
• Experience political conflicts, stress & job burnout

10


CRNAs & Emotional Intelligence
• Effectively manage personal emotions during critical moments in the OR
• Decreased levels of burnout and stress
• Make safe and effective clinical decisions that are best for our patients

11


Ways to Teach Emotional Intelligence
• Variety of methods used to teach EI include:
• Multiple, in-person workshop sessions ***
• Explicit education on EI theory
• Combination approach of arts-based learning and conventional approaches
• Online modules
• Strategies to teach EI include:
• Reflection-based learning ***
• Self assessment
• Case studies
• Roleplaying
• No standardized method to teach EI

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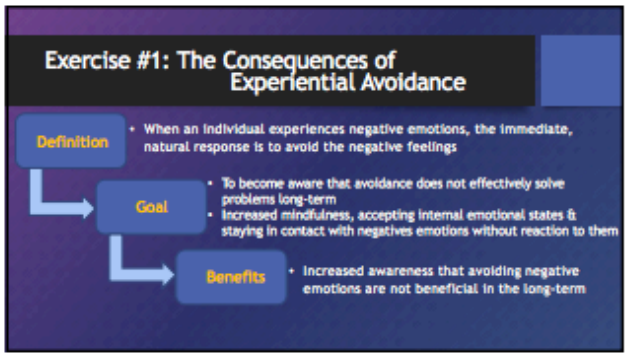

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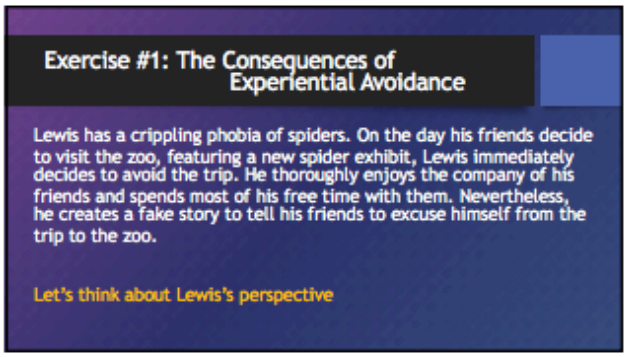

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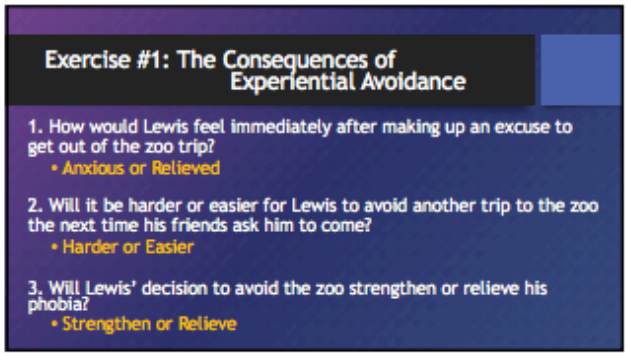

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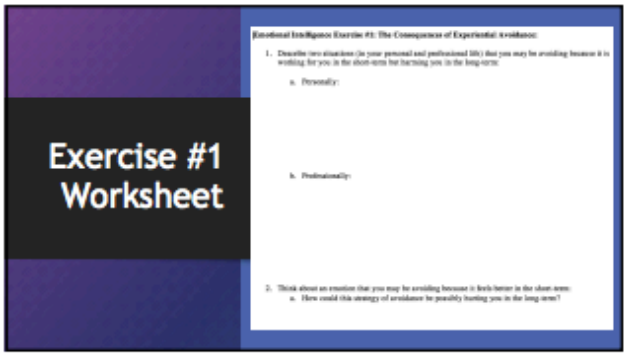

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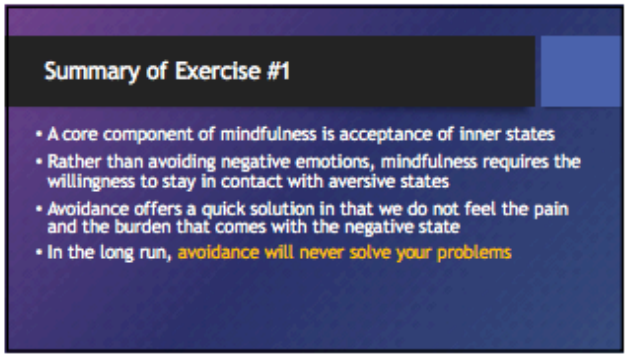

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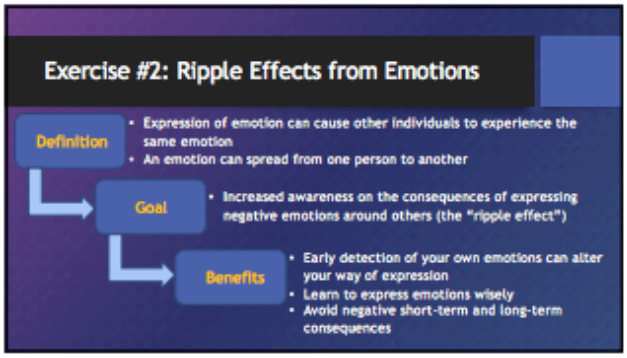

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Exercise #2 Worksheet

19

Step 1: Select Any Emotion

- Possible emotions to choose:
  - One that you often share with others
  - One that you are afraid of expressing
  - One that you do NOT know how to express
  - One that you would like to express more often
- Example: anger
- Once you choose your emotion, write it in the center circle

20

Step 2: Fill Out The Context About Your Emotion

- Context includes:
  - The person involved
  - The setting
  - The trigger of the emotion you chose
- Example:
  - Context: anger
  - Person: my spouse
  - Setting: at home
  - Trigger: coming home late again from work
- Write these details about your emotion at the top of the page where it states context, person(s) involved, setting and trigger.

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Step 3: First Ripple

- How do you express this emotion?
- How could you express this emotion?
- Example: shouting and accusing
- Write down the way your emotion is expressed in the box labeled the 1st ripple

22

Step 4: Second Ripple

- How do you think your emotional expression affects the other person/people involved?
- What do you think the other person may feel when you express the emotion in this way?
- What emotions may be triggered within the person?
- Example: Sad, angry, frustrated
- Write down the emotions that may be triggered in the other person that is in response to your emotional expression in the box labeled the 2nd ripple

23

Step 5: Third Ripple

- What might be a consequence of the emotion that is triggered in the other person?
- What may this person say, think or do?
- How will the other person likely respond to your emotion?
- Example:
  - Want a divorce
  - Cry
  - Shout and yell back
- Write down the ways the other person responds to your emotional expression in the box labeled the 3rd ripple

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Step 6: Fourth Ripple

- How would you be affected by the other person's response?
- How would you feel?
- What would you be inclined to do or say?

- Example:
  - Agree to the divorce
  - Suggest couple's therapy
  - Cry

- Write down the ways you respond to the other person's emotional response in the box labeled the 4th ripple

25

Step 7: Tenth Ripple (The Future)

- What would be the long-term consequences for you?
- How would it affect the relationship with the other person/people involved?

- Example:
  - Regretful
  - Relieved
  - Children upset

- Write down the potential long-term consequences to the overall interaction in the box labeled the 10th ripple

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Summary of Exercise #2

- Goal of this exercise is not to prevent you from expressing your emotion
- Letting people know how you feel is important and helpful
- Remember, it's about *how* you express your emotion

- The ripple effect that is created by our emotions is a direct consequence of how we express our emotions - not of the emotions themselves.

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Workshop Summary

- "The ability to monitor one's own and other's feelings and emotions, to discriminate among them and use this information to guide one's thinking and actions."
- Ultimately, EI is an important topic for CRNAs to take interest in:
  - Improved job satisfaction, decreased burnout, improved interprofessional communication and enhanced patient outcomes
- Managing emotions present in a clinical situation ensures positive patient outcomes and overall safety

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Recommended EI Books

Emotional Intelligence: Why It Can Matter More than IQ - Goleman

Working with Emotional Intelligence - Goleman

The EQ Edge: Emotional Intelligence and Your Success - Stein & Book

Emotional Intelligence in Health and Social Care - Hurley & Linsley

E.Q. Librium - Bethel

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References

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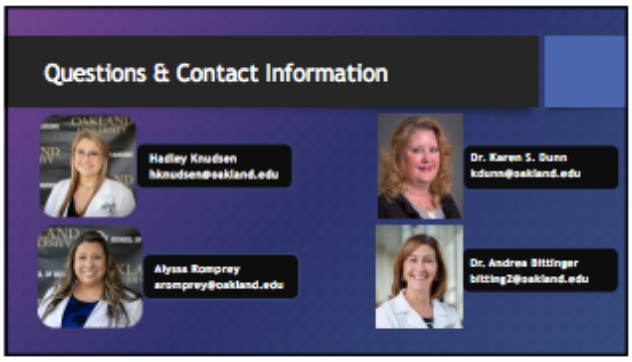
Questions & Contact Information
Hadley Knudsen
hknudsen@oakland.edu
Dr. Karen S. Dunn
kdunn@oakland.edu
Alyssa Romprey
arompprey@oakland.edu
Dr. Andrea Bittinger
bitting2@oakland.edu

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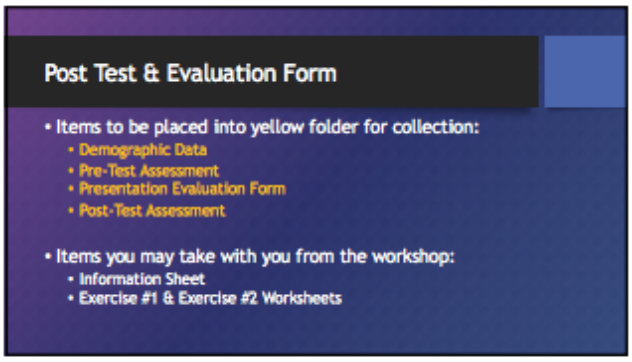
Post Test & Evaluation Form
• Items to be placed into yellow folder for collection:
• Demographic Data
• Pre-Test Assessment
• Presentation Evaluation Form
• Post-Test Assessment
• Items you may take with you from the workshop:
• Information Sheet
• Exercise #1 & Exercise #2 Worksheets

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Appendix H

(EI Exercise Worksheets)

Emotional Intelligence Exercise #1: The Consequences of Experiential Avoidance:

1. Describe two situations (in your personal and professional life) that you may be avoiding because it is working for you in the short-term but harming you in the long-term:

    a. Personally:

    b. Professionally:

2. Think about an emotion that you may be avoiding because it feels better in the short-term:
    a. How could this strategy of avoidance be possibly hurting you in the long-term?

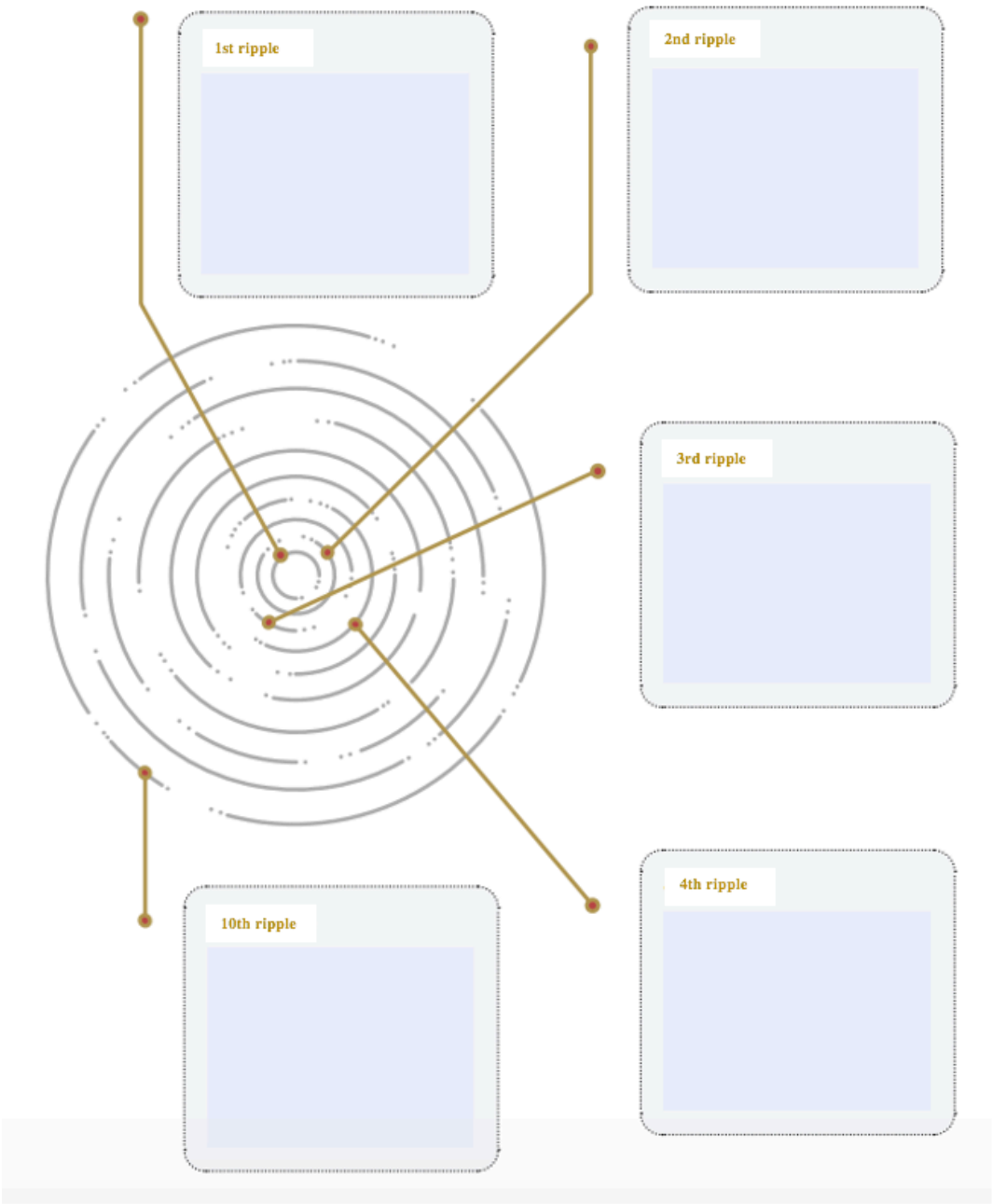
Emotional Intelligence Exercise #2: The Ripple Effect:

Context: _____

Person(s) involved: _____

Setting: _____

Trigger: _____



Appendix I

(Demographic Data Collection Tool)

Unique Identifier: _____

Demographic Data

Gender:

1. Male
2. Female
3. Prefer not to say

Current age:

1. <25
2. 26-30
3. 31-35
4. 36-40
5. 41-45
6. 46-50
7. 51-55
8. 56-60
9. 61-65
10. >66

Highest level of education:

1. Masters
2. Doctorate

Primary anesthesia model utilized in practice setting:

1. Anesthesia Care Team (ACT)
2. All CRNA

Type of Employment (select all that apply):

1. Hospital employee
2. Anesthesia group employee
3. Self-employed
4. Agency (Locum)
5. Other

Current years in practice as a CRNA:

1. 1 – 3 years
2. 4 – 6 years
3. 7 – 10 years
4. 11 – 15 years
5. 16 – 20 years
6. 21 – 25 years
7. 26 or more years

Have you heard about emotional intelligence before this workshop?

1. Yes
2. No

If you said yes to the question above, select all that apply:

1. Read in textbooks/articles
2. Taught in a course
3. Attended a conference session devoted to the topic
4. Internet search
5. Other

Appendix J

(Pre/Post Test Assessment)

1. Emotional Intelligence means that one monitors only their own feelings and emotions
    a. True
    b. False

2. Emotions are personal and have no influence on how others feel
    a. True
    b. False

3. One can alter the outcomes of an interaction by being aware of their emotions
    a. True
    b. False

4. Emotional intelligence allows an individual to adapt, problem solve and manage personal conflicts
    a. True
    b. False

5. Avoiding your emotions may help with short and long term-situations
    a. True
    b. False

6. My emotions do not impact others in the OR
    a. True
    b. False

7. When an individual experiences negative emotions, the natural and immediate response is to address the negative feelings
    a. True
    b. False

8. Increased levels of emotional intelligence are associated with decreased (select one):
    a. Job satisfaction
    b. Patient outcomes
    c. Stress and burnout
    d. Communication

9. During your first case in the OR, you were yelled at by an irate surgeon. What would be the immediate best course of action?
    a. Snap back at the surgeon stating: “you are being unprofessional”
    b. Report the incident to your supervisor
    c. Avoid the situation and continue the case as normal
    d. Recognize my own emotions before addressing the surgeon

10. On the way to work this morning, you were involved in a minor car accident. You still have to come into work because you are doing a request case. Upon entering the OR, you feel angry and rushed to start the case without delay. However, you blame the OR nurse for delaying the case which then leads to the OR nurse blaming the surgical tech. What would have been the best way to handle this situation initially?
    a. Avoid your negative emotions and focus on the day
    b. Remain quiet so that the OR personnel are not aware of your emotions
    c. Inform OR staff about your morning and how you will need additional time to adequately prepare for the case
    d. Call off your scheduled shift

Appendix K

(Presentation Evaluation Form)

RATING SCALE (Please circle your answer)

1 = Well below average 2 = Below average 3 = Average 4 = Above average 5 = Superior

1. How would you rate the relevance of the information to your advanced nursing practice?				
1	2	3	4	5
2. How would you rate usefulness of the information to your advanced nursing practice?				
1	2	3	4	5
3. What was your knowledge or familiarity with this subject matter prior to the presentation?				
1	2	3	4	5
4. How would you rate your knowledge or familiarity with this subject matter at the conclusion of this presentation?				
1	2	3	4	5

Comments: