

The Effectiveness, Feasibility and Staff Satisfaction with Emotional Intelligence Training: Aged Care Staff Perspectives

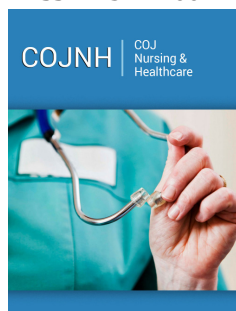
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Abstract

Objectives: This study investigated the importance of Emotional Intelligence (EI) for effective practice, particularly in delivering person-centred care. It also evaluated staff's experience with EI training and the perceived importance of the training for their jobs.

Methods: EI training was delivered over a six-month period via a series of interactive workshops. Data was gathered by means of a mixed method, using training evaluation survey and focus group interviews.

Result: The training group achieved many of the benefits associated with improved EI. Many of the benefits, including positive personal changes, improved connection with others, and the acquisition of important tools and skills, have transferred not only to their workplace but also to their personal lives and relationships.

Discussion: The results show that staff EI training is feasible and effective and may be productively contributing to the organisation in delivering patient-centred care.

Keywords: Emotional intelligence training; Patient-centred care; Aged care; Quality of care

Introduction

The benefits of Emotional Intelligence (EI) have been widely debated since the 1980's; however, many of the astonishing claims are without strong scientific support. While many researchers believe that EI is important for many types of jobs and is a strong predictor of job performance, no research has adequately addressed the value of EI for effective practice with respect to delivering patient-centred care. This research examines whether EI assessment and training can directly affect patient care, based on the evidence that understanding one's own emotions enables healthcare workers to reason more effectively, better self-assess and self-regulate, and thus better work together to transform challenges in patient care. This study is also the first of its type in Australia especially designed for aged care.

Researchers as well as organizations have been searching for strategies to improve job performance for well over a century. Many improvement methodologies, such as lean management, Six Sigma, organizational development, knowledge management and training have been used with various successes. Traditionally, we equate better performance with "Smartness" and intelligence. An Intelligence Quotient (IQ) is typically associated with the capacity for learning, reasoning, understanding, abstract thoughts and similar forms of high mental capacity. While the use of IQ is very common in our society, the definition of intelligence is not.

The theory of IQ was challenged in the 1930's by Edward Thorndike who described the concept of 'social intelligence' as the ability to get along with other people. In the 1940's, David Wechsler suggested that affective components of intelligence may be essential to success in life [1]. In the 1970's, Howard Gardner introduced the concept of multiple intelligences[2]. The term Emotional Intelligence (EI), which a subset of social intelligence, was introduced in the 1980's and has been gathering momentum ever since. It refers to the ability to recognise, perceive, control and evaluate emotions - not only our own emotions but also the emotions of others. It is the level of our ability to understand other people, what motivates them and how to work cooperatively with them [3].

However, it was only after the publication of a popular book *Emotional Intelligence - Why it can matter more than IQ* by Daniel Goleman in 1995 that the term EI has become widely known and used [4]. Goleman argued that in the workplace, non-cognitive skills are just as important as IQ. He believed that employees with better EI skills are better communicators, have better abilities to manage relationships, navigate social networks, influence and inspire others, and form strong emotional bonds with their organizations. Goleman also suggested that we would be better off if we would understand our own emotions as well as those of others. By doing so, we might not only be able to better control our emotional impulses but also help others who may struggle, cope with grief, or who are angry, fearful or irritated. Also, because EI is easier to learn than cognitive abilities, companies may do well to invest in training people in the necessary emotional skills [4].

There is growing evidence that emotional intelligence is more important than one's cognitive intelligence (IQ) in attaining success in our lives and our careers. One of the most popular claims is the notion that EI is the most important factor for achieving success in life - in the workplace, at home or at school [5]. Many experts believe that social intelligence, rather than quantitative intelligence, is important for quality of life and makes us what we are. Many researchers suggest that emotional intelligence can be learned, developed and strengthened rather than being biologically based [6].

There are many characteristics of emotional intelligence. According to Goleman, emotionally intelligent people tolerate high levels of stress, have smoother life, and experience more success in life. They are also being curious about and enjoy meeting new people, know their strengths and weaknesses and are able to say no, trust their own intuitions and emotions, are able to control their impulses, and care deeply about being good, moral and ethical individuals [7]. New evidence also suggests that emotional intelligence and cognitive skills improve with age, giving older people an advantage in the workplace and in personal relationships [8]. Emotional intelligence training is also an important factor in improved health and well-being, greater career success, happier and healthier relationship, as well as increased EI [9]. There are also indications that experiencing positive emotions may not only improve quality of life but also prolong life.

Many researchers believe that emotional intelligence has a strong impact in many areas of our life, including the health sector. More and more companies are testing potential applicants using EQ tests and train workers as well as leaders in EI. Emotional intelligence has also become a hot topic in business management, human resources planning, and job profiling.

Recent research also shows that EI may be successfully contributing to organisations in delivering patient-centred care. There is evidence that EQ positively contributes to overall workplace performance, teamwork, communication, organizational commitment, and nurse career satisfaction [10]. Emotional intelligence is also good for customer service, helping staff engage with customers and build a deeper connection by ability to listen

and having the resilience to manage difficult clientele [11]. Aged care workers who attend to their own emotions tend to be more effective at supporting others [12].

Many participants in this study were nurses and personal care assistants. Nursing studies show a high correlation between EI and nurses' performance. Studying a group of Australian community nurses, Karimi et al. found that emotional intelligence had a major effect on nurses' well-being and perceived job-stress while investigating the extent to which emotional labour and emotional intelligence are associated with well-being and job-stress [13]. According to Codier, nurses' EI skills correlate with professionalism and expert practice and their level of emotional intelligence correlates with both physical and emotional wellness [14]. Nurses' EI has also a direct effect on the quality of hospital services. Additionally, nurse's job satisfaction and communication skills play a significant role in the emotional intelligence and service quality relation [15].

A 2009 Press Ganey international survey of 2.5 million patients found that most place a very high priority on the degree to which a medical staff meets their emotional needs [16]. According to Copperman, staff EI assessment and training can directly affect patient care. Evidence suggests that health practices that train staff in EI tend to experience an improved workplace environment and better outcomes [17].

The current study was based on the notion that EI is a skill and, just like any other skill, it can be learned and developed. The training was designed for staff to be able to better understand and manage emotions (both their own and those of the residents), to reason more effectively, and have greater ability to transform challenges in patient care. We need to train all health personnel in dealing with emotional issues because every disease has an emotional component; modern medicine too often lacks emotional intelligence. Goleman claims that by treating people's emotional state together with their disease, medical effectiveness will increase [4]. Perhaps emotional intelligence is the answer.

Methodology

Participants

A group of residential aged care staff (n=27) received training using an experienced emotional intelligence trainer and was observed over a six-month period.

Instruments

To measure the experience of the participants with the EI training, the study used a researcher-developed training evaluation survey and semi-structured focus group interviews.

Training

The emotional intelligence training was based on the globally validated Personal Leadership Seminars framework, consisting of two principles and six practices [18]. It was designed to help the participants to access higher levels of learning and insight, mutual cooperation and collaboration, and creativity in situations when

cultural difference is of great importance. Participants, working with partners in the workplace, applied specific practices to build emotional intelligence. The facilitator met with the participants once each month to facilitate progress and reinforce learning. The data for EI training evaluation was collected at the conclusion of the training.

Design

Data for evaluation of EI training was collected by mixed methods, using qualitative and quantitative procedures.

Data analysis overview

The study employed descriptive analysis for reporting the quantitative parts and thematic analysis for qualitative data. This method refers to categorizing qualitative data into meaningful themes. The process involved familiarising with the data and creating preliminary codes, producing a list of items that had a reoccurring pattern, searching for and refining overarching themes, and substantiating each theme by drawing on the data.

Result

Quantitative outcomes of EI training evaluation

The study used a researcher-developed training evaluation survey and semi-structured focus group interviews to measure the experience of the participants with the EI training. The training evaluation form had 16 questions designed to determine whether the training met its objectives in an effective and efficient manner. The statements were scored on a scale 1-5, from "strongly disagree" to "strongly agree". The mean was 4.90; 91% of participants strongly agreed with the statements. The last question was an open question. The results are in Table 1 below.

Table 1: EI training evaluation questions and their means.

1. Training objectives were clearly defined.	4.81
2. Instructions were clear and understandable.	4.93
3. Participation and interaction were encouraged.	4.96
4. Adequate time was provided for questions and discussion.	4.89
5. The topics covered were relevant for my job role.	4.78
6. The content was well organized and easy to follow.	4.93
7. The materials provided were helpful.	4.89
8. This training experience will be useful in my work.	4.89
9. The time allotted for the training was sufficient.	4.89
10. The training objectives were met.	4.81
11. The meeting room and facilities were adequate and comfortable	4.96
12. The trainer was knowledgeable about the training topics.	5
13. The trainer was well prepared.	4.96
14. The training met my expectations.	4.93
15. Overall, how would you rate the training?	4.96
Overall Mean	4.9

Question 16 asked the participants to share other comments or expand on previous responses. Almost half of the participants would

like a refresher every 6 or 12month with updated information. Other frequent responses called for every other aged care participation in EI training, acknowledged the course as being great for bringing the work team together on the job, and highlighted the notion that the training motivated employees at workplace as well as in their personal lives.

Thematic analysis

Information gathered in focus groups, the debriefing sessions, and the participant evaluation of the training program was analysed via thematic analysis. The prompt to focus on the application and impact of the training program produced wide-ranging responses from the participants. From the 27 entries, there were three identifiable key themes - namely positive personal changes, connection with others, and learned tools and skills. Collectively, these themes indicate how well the participants appraised the benefits of the EI training program.

Over half of the participant statements alluded to only one key theme (56%); 41% included two themes, and 3% identified three themes. The first two themes were associated with subthemes. The theme of 'positive personal changes' included a subtheme of feeling happy and relaxed. The 'connection with others' theme comprised of the subtheme of working as a team.

Positive personal changes focused on personal changes that took place as a direct result of the EI training. The theme spoke of the participants observing beneficial changes in themselves. Change for some meant not only understanding who they are, but also an attempt to explore why they are who they are. Few hinted at a new direction that their life would take [19].

- A. This course was the best investment for my life.
- B. I felt like I transformed myself.

Some participants noticed that others have observed significant changes in them. These included family, friends and work colleagues. Some participants commented that being positive and upbeat could influence everyone around them, and so can negativity.

- A. My family, my friends and colleagues noticed 'positive changes' in me.
- B. Since I started this course, I see changes through my colleagues. Even my boss. I see how to approach them.... from the top and also the staff.

Another openly expressed benefit was the impact of the course on coping. Participants mentioned both personal and workplace coping strategies to handle different situations as well as how to put the strategies into practice.

- A. The course made it easier to cope in difficult moments.

I greatly enjoy this course. I find it so nice, so calming. Opens so many different avenues so I can think differently. In so many ways...

The theme of positive personal changes was closely associated with the subtheme of feeling happy and relaxed. It seems reasonable

to assume that both, the specific exercises in the EI training course and the interaction among participants, were responsible for the considerable changes in how some participants felt [20].

- a. I feel happier and more empowered at work.
- b. I feel more relaxed with my job.

According to many participants, connecting with others was one of the strongest outcomes of the EI training. Prior to the training, some of them never had a chance to talk to colleagues who work in different parts of the organisation. They also did not have the opportunity to learn what others do and how others deal with work-related situations [21]. The theme was demonstrated by individuals enjoyed getting to know workers from different areas, mixing with others, spending time together, sharing together, working well with others, and coming together as a team to solve problems. Some also referred to connecting with others as 'working as a team'.

A. It was great... Coming together as a group from different areas of the facility...catering, lifestyles, nursing, people from other cultures.

B. We learned about our residents and their backgrounds but don't really learn about each other.

C. I think trust is one word, and just because we have spent this time together, there is a connection and effective communication. We have gone through something together.

Working as a team was an obvious subtheme of connecting with others. By 'mixing with others', the participants realised that they were like one team rather than several disjointed areas of work. They also acknowledged that by working as a team they could accomplish more and do it without undue stress.

A. It's made it more one team instead of different departments... because we have got to know each other as people.

B. We don't have to do this alone. We can support each other.

C. This is actually another part where the training program has helped because we are coming together as a team more to solve problems.

The last theme was learned tools and skills. Learning new work skills and strengthening those that people already have is essential for career success, as well as self-confidence, happiness, and opening new career opportunities. The participants spoke of the fact that they learned new practical skills as well as expended their knowledge and enjoyed the process along the way.

A. We have all learnt a new skill set.

B. Before we came here we got something but we didn't know what we got. Now we realize what we got and we have to practice to get the better results of the whole life.

C. Doing this course has helped entrench what I knew already but it helped instil these values a lot more in me.

It was heartening to find out that one of the participants bought Daniel Goleman's two books on emotional intelligence and was sharing the information and exercises with family and friends [22].

Discussion

Emotional intelligence training is a popular and lucrative field, but there seems to be no data available on the perspectives of those attending such training. This study tries to fill the gap. It is also the first study in the scientific literature specifically designed for an aged care setting. The majority of the previous studies on EI took place in business settings [23].

This EI project was based on the belief that EI is a skill that can be learned and developed. While the underlying focus of the project was to find out how EI training can enhance staff's ability to deliver better client care and enhance their sense of empowerment, satisfaction, performance and wellbeing, it evaluated an EI training program designed to give them important elements of EI based on better understanding and managing emotions.

Emotional intelligence is important in the workplace. It is about how people and relationships function. The following key findings and insights emerged from the study:

A. Emotional intelligence is trainable. The training group showed significant improvements in the level of EI at the end of six workshops.

B. Emotional intelligence leads to improved wellbeing, less job-stress, and higher psychological empowerment.

C. Emotional intelligence leads to positive personal changes and better organisational communication and teamwork (thematic results).

D. Emotional intelligence training is feasible in an aged care setting (results of EI training satisfaction).

Conclusion

The benefits of emotional intelligence to individuals as well as organizations have been widely debated in the past 30 years; however, there is lack of evidence regarding the value of EI for effective practice with respect to delivering patient-centred care. This research, the first of its type in Australia especially designed for aged care, was intended to give participants basic EI skills and new ways to manage on-the-job demands. As the evaluation suggests, many of the benefits have spread to their workplace as well as to their personal lives. This project sheds new light on the neglected issue of patient-centred care delivery.

Direction for future studies

The present study provides a starting-point for further research into the benefits of emotional intelligence training and its role in delivering better patient-centred care in organizations. Future studies may want to investigate the specific types of impact of EI training on person-centred care delivery, including staff turnover and burnout, employee engagement, productivity, and quality of care.

Ethics Approval

The study was approved by the La Trobe University Faculty of Health Sciences Human Ethics Committee (FHEC), reference number FHEC14/158.

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