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

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 (e.g., 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.

About the Authors
Richard H. Savel is coeditor in chief of the American Journal of Critical Care. He is director, surgical critical care at Maimonides Medical Center and a professor of clinical medicine at the Albert Einstein College of Medicine, both in New York City. Cindy L. Munro is coeditor in chief of the American Journal of Critical Care. She is associate dean for research and innovation at the University of South Florida, College of Nursing, Tampa, Florida.
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.

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REFERENCES

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