



Practicing emotional intelligence may help reduce lateral violence

By Tara Slagle, MSN, BSN, RN

It's been a stressful day at work—nothing new. One confused patient pulled off her ostomy bag, you're having difficulties applying negative-pressure wound therapy on another, and a third patient's family is angry with you. We all experience stressful days, but unfortunately, sometimes we take our stress out on each other. Too often, this ineffective way of identifying and managing stress leads nurses to engage in lateral violence.

Lateral violence is identified and described by the American Nurses Association as acts between colleagues that include covert or overt aggression. These

acts of displaced stress can create a tense work environment and psychological anguish, and may even lead some clinicians to quit their jobs or abandon their profession all together. The unnecessary outcomes of lateral violence require that we, as professionals, proactively seek out meaningful methods to identify and reduce its formation and occurrence. The first step in this endeavor is to examine and develop our emotional intelligence (EI).

What is EI?

EI is the ability to understand and control our own emotions while reading and adjusting to the emotions of others. The behaviors and traits of people who have high EI levels are also those of people who are less likely to engage in lateral violence. There are other benefits, too. For example, a study conducted with ICU nurses demonstrated that EI education increased nurses' general health.

Improving EI skills

A study by Sharif and colleagues reported that EI can be taught, meaning we all have the potential to increase our self-awareness, self-regulation, and empathy. Strengthening these aspects of EI can help us to not only understand ourselves, but also how our emotions impact our colleagues.

The first step is to educate ourselves about EI. Next, we must adapt our daily culture to incorporate EI into our practice. Clinicians are, after all, nothing if not adaptable. We have gone from paper charting to electronic charting, from wet-to-dry dressings to better wound care options, and from provider-centered interventions to patient-centered, evidence-based practice.

This adaptation requires the use of three tools: purposeful reflection, improvisation, and empathy.

Purposeful reflection

Self-awareness occurs when we engage in purposeful reflection, viewing a situation from multiple angles with the intent to learn and improve decision making.

Take a moment to think about a recent situation when an interaction or conversation did not go well. What started it? What were you feeling at the time? Did you have a long day at work? Did you expect this person to say something you didn't want to hear? Did someone approach you and demand an immediate conversation?

Now remove yourself from that moment and think of yourself as another person looking in. If you removed the emotions, what was that conversation truly about? Was fear involved? Were you put in a situation that should have been handled at another time? Reflecting purposefully on the situation enables you to recognize the irrational responses.

Purposeful reflection also enables you to identify negative patterns, called triggers. Learning to recognize triggers may prevent unfavorable situations or reactions. Purposeful reflection, when done consistently, will aid in reducing negative energy, cut short the conflict, and possibly prevent tense situations. Once you make purposeful reflection a habit, you can then use improvisation to process conflicts on the spot and provide thoughtful feedback.

Improvisational skills

Applying improvisation skills can help us to control our emotions and can teach us to notice the difference between reactive words and thoughtful words. Here are the

steps of improvisation in a situation:

1. Be present in the conversation. This can be achieved by counting to 10 before speaking. Counting to 10 releases the limbic system of the body from the flight or fight emotion, so we can be more thoughtful.
2. Listen to the other person in the situation.
3. Eliminate bias and establish an objective or overall goal for the situation. For example, in nursing we may need to stop thinking how the situation affects us and think about how it affects the patient.
4. Be encouraging even if you don't agree with someone. Try to find a positive spin on another person's view before sharing your own opinions.
5. Seek to provide the necessary feedback that will allow the other person to walk away knowing they were heard, whether or not an agreement was made.

Once you've honed the tools of purposeful reflection and improvisation, you can develop a stronger sense of empathy.

Empathy

Empathy, the process of walking in another's shoes, moves us away from focusing on ourselves and towards thinking about the needs of others. It is a fundamental aspect of social interaction. As nurses, we consistently do this with our patients, but rarely do it with our coworkers. If the previous shift's staff caused a problem that you want to discuss with them, you must protect yourself from letting your emotions become reactive and ask yourself, "Why am I so angry?"

Empathy begins with listening. Begin to discuss the situation with the nurse from the last shift by asking an open-ended

question. For example say, “How was your night?” Then listen: Your coworker may share that he or she had a significant problem on the shift. Follow through with the conversation to better understand why this coworker was unable to complete a task or complete a task correctly. Do not listen to solve a problem or to think about how this affects you, but rather listen with an open mind as it may present an opportunity to learn or an opening to pose clarifying questions.

An agent of change

By developing and sharing the tools of EI—purposeful reflection, improvisation, and empathy—you can be an agent of change. Being a leader has many challenges, but when others see how calmly you manage

yourself, aggressive coworkers, and tense situations, they will be inspired. ■

Tara Slagle is a course mentor for Western Governor’s University in Salt Lake City, Utah, and a clinical educator at Hanover Hospital in Hanover, Pennsylvania.

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