

Published based on [Emotional Intelligence Training: Just Talking About it Won't Improve Skills](#)

# **Emotional Intelligence Training: Just Talking About it Won't Improve Skills**



I recently read a study that was designed to improve the [Emotional Intelligence](#) of nurse managers ("The Impact of Emotional Intelligence Development on Nurse Managers," *Nursing Administration Quarterly*, 35(3): 270-276). While there have been numerous studies showing very positive results of implementing Emotional Intelligence training, this study had mixed and disappointing results. Based on the information provided in the study, there appear to be several assumptions and program design factors that led to results so unlike other, more successful initiatives.

Initially there were 31 nurse managers who volunteered for the study. Six-months later that number was down to 15. A year before this study was initiated volunteer nurse managers completed a work-life balance survey. Almost 90% of them reported physical symptoms they related to overwork. To measure the Emotional Intelligence of the nurse managers pre and post of the study the MSCEIT (Mayer-Salovey-Caruso Emotional Intelligence Test) survey was selected. In the MSCEIT participants are shown pictures of a people's faces and asked to select from multiple choices the emotions the people are experiencing.

The study itself consisted of two thrusts: monthly informational meetings and weekly peer coaching sessions. The study did not describe what was covered in these monthly meetings. Basic peer coaching guidelines were introduced. The focus of the peer coaching sessions was on listening to each other and reflecting. Nurse managers were encouraged to "think out loud" during these sessions. Each participant was asked to identify 1 or 2 emotional skills they wanted to develop during the study.

After six months the results were mixed. On one hand the nurse managers perceived they had improved their EI skills and that they were better managers. On the other hand the MSCEIT scores actually decreased at the end of the study and 95% of the nurse managers reported physical symptoms including:

- 47% with headaches
- 40% with hypertension
- 33% with inability to concentrate
- 33% with mental restlessness

Given the fact there are numerous studies over the past 15 years showing positive results of improving EI skills, this study raises some questions. Why did the MSCEIT scores decrease and why did 94% of the participants still report physical symptoms of stress and overwork? Following are some observations and thoughts about not only why the results were negative but also what could be done to improve the outcomes.

There appears to be a couple of unstated assumptions made in this study. The first is if nurse managers are paired in peer coaching relationship and they talk weekly about whatever is on their mind, their ability to choose the emotions someone in a picture is feeling will somehow improve. The second assumption is that this will

somehow reduce the physical symptoms of stress including headaches and hypertension.

The place to start looking for answers is all the way back to the competencies of EI. In the applied EI skill-building training I provide we focus on five EI competencies: three intra-personal (Emotional Self-Awareness, Emotional Self-Management, and Emotional Self-Motivation) and two inter-personal (Empathy and Nurturing Relationships). It is my belief that the intra-personal are most important because the better one gets (the greater the skill level he or she has) in managing one's own emotions the easier it is to manage the inter-personal situations.



**Emotional Self-Awareness** is not simply self-awareness, but Emotional Self-Awareness. To build skill in this competency is to get better at knowing/naming the emotions you are experiencing, preferably in the moment they are happening, rather than 30 minutes later. If you are not good at being aware of your emotions the research shows that you have very little likelihood of being able to manage them. **Emotional Self-Management** is developing the skill, the ability, to transform out of emotions you don't want or that are not good for you, and to choose emotions that are better for you — better for your thinking, better for your relationships, and better for your health. And to be able to do that preferably in the moment, not 2 hours later after the detrimental effects of negative emotions have occurred. **Emotional Self-Motivation** — using positive emotions that build energy enables you to be more persistent and more successful. For each of these three competencies I teach a technique to develop participant's skills.

The two inter-personal competencies that we focus on include **Empathy** and **Nurturing Relationships**. The Empathy competency includes developing abilities to recognize the emotions of others, listen for the truth under words and emotions so the other person feels understood, and eliminate/transform judgmentalness,

From a training point-of-view, the steps below detail the actions that need to be taken to achieve the best results (increased ability and skill level) when developing an intervention:

1. First, ask the question, "What we want the participants to be able to do better as a result of the training/intervention?" The answers to this question are called the learning objectives. For example, we want participants to be better able to:
  - Recognize emotions from people's facial expressions, or
  - Identify/name the emotions they are feeling in the moment, or
  - Transform negative emotional states into positive emotional states, etc.
2. Then, create training in which...
  - A. Participants are given/taught information, techniques, or processes about how to do it (the learning objective).
  - B. Participants practice using the information, techniques, or processes of doing it, preferably on/in situations that are as close to the real thing as you can get.
  - C. Participants get feedback (from self/others) so they can assess or measure how well they are doing it.
  - D. Appropriate evaluation methods are used to determine the effectiveness of the training.

So lets look at what the study told us about the process that was used. Although there were monthly "informational sessions" it does not sound like nurse managers received any training in "how to" recognize

emotions from people's facial expressions. If they were not trained about how to improve this ability then it should not be surprising that the MSCEIT survey showed no improvement or even a decline. Even if the nurse managers were trained by being shown pictures of a people's faces and asked to select from multiple choices answers the emotion the people were experiencing, that is not as close to real life as say being able to name the emotion(s) another person may be feeling in a situation typical to your work. In other words, the context in which the facial expression occurs (depicted in the picture) is important. It gives us more information than just an expression.

As it concerns peer coaching the study does not indicate that the focus of the sessions was on recognizing emotions in others. If there had been a focus on that during the peer coaching sessions the post MSCEIT scores might have improved. But most likely, since there didn't appear to be any training to do this during the informational sessions it would be doubtful.

I have used peer coaching with participants of our training programs and have found that it helps but only if the process is explained and practiced and if the focus is on how each of the specific EI techniques were used, what made use of them successful, what could have been done to make them more successful, etc. Analysis of anecdotal comments about the peer coaching supports this observation - the nurse managers felt that more structure for the peer coaching process would be desirable.

Lastly, and most importantly, I have learned from sixteen years of providing applied EI skill-building training that you will get the biggest improvements in the inter-personal EI competencies if you provide good solid training and practice in the intra-personal EI competencies first. For example, if a person is not good at recognizing and managing his or her own emotions it will be hard to recognize others' emotions, show empathy, resolve conflicts constructively, etc. By following this approach (enhancing inter-personal skills and building upon those to develop intra-personal skills), participants have been able to show very positive [results](#) related to physical symptoms associated with overwork, including reduced sleeplessness, reductions in hypertension, 35% reduction in stress, and more.

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