



LOMA LINDA UNIVERSITY
School of Nursing

Emotional Intelligence Training in Nurse Anesthesia Students

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INTRODUCTION

Emotional intelligence (EI) is a person's capacity to identify, express, and manage emotions. Nurses and nursing students with high EI scores are more likely to demonstrate increased resilience and stress management skills. Additionally, studies show that EI is a learnable skill that can be improved through deliberate training.

Student Registered Nurse Anesthetists (SRNAs) transitioning to the clinical setting must navigate the challenges of skill acquisition and complex team dynamics while balancing heavy didactic courses and graduate program requirements. One study by Day et al. (2022) surveyed 530 SRNAs and found that 81.3% reported levels of burnout, highlighting the strain experienced by students entering the nurse anesthesia workforce. Burnout threatens professional wellness, organizational longevity, and ultimately patient safety. Interventions such as EI workshops and simulation in nursing education have shown promise in improving both clinical performance and student wellness.

Preliminary findings from a gap analysis (n=14) indicated that while more than 90% of SRNAs perceived EI as valuable to clinical training, only 28.6% reported confidence in their ability to enhance their own EI. These findings identified a clear gap between perceived importance and self-efficacy in EI skill development. In response, an EI training workshop was implemented for 17 junior SRNAs immediately prior to the start of clinical rotations. The intervention incorporated role-play simulation, guided reflection, and application of EI strategies to high-stress clinical scenarios.

Currently, the Loma Linda University School of Nursing DNP-NA program lacks a structured EI program for SRNAs at the transition from didactics and clinical training. This project aims to address the gap by integrating this evidence-based intervention to increase SRNA EI, resilience, and stress management to promote high quality anesthesia care.

PICOT

In Student Registered Nurse Anesthetists (P), how does participation in an emotional intelligence training program just prior to commencement of clinical education (I), compared to current practice (C), affect emotional intelligence levels, wellbeing, interpersonal dynamics, resilience, and stress levels (O) over a two to three-month period (T)

AIMS and ANTICIPATED OUTCOMES

Aim 1: Assess SRNA EI levels before and 8 weeks after attending the EI training utilizing the EQ-i 2.0 assessment tool (Appendix D)

Aim 2: Compare the EI levels of SRNA over time (upon entry into the program, at the completion of the didactic phase and at Week 8 after attending the EI training) utilizing the EQ-i 2.0 assessment tool (Appendix D)

Aim 3: Assess the stress levels among SRNAs before and after attending the EI training utilizing the PSS-10 (Appendix E)

Aim 4: Assess the relationship between stress level and EI score after attending the EI training (Appendix D, Appendix E)

Aim 5: Assess SRNA satisfaction level of the EI training 8 weeks after attending the training (Appendix F)

Outcome 1: Increase EI levels in SRNAs after EI training.

Outcome 2: Increase EI levels in SRNAs over time (upon entry into the program, at the completion of the didactic phase and at Week 8 after attending the EI training)

Outcome 3: Decrease stress levels among SRNAs after the EI training (Appendix E)

Outcome 4: Understand the relationship between stress level and EI scores in SRNAs after EI training

Outcome 5: Achieve a high level of satisfaction of EI training in SRNAs after EI training

THEORETICAL FRAMEWORK

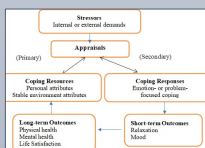


Figure 1. Lazarus and Folkman's Transactional Theory of Stress and Coping (Lazarus & Folkman, 1985)



Figure 2. Bar-On Model of Emotional Intelligence (Bar-On, 2006)

METHODS

- ❖ The participants (n=17) of this project are junior SRNAs transitioning from the didactic phase to the clinical phase of the LLUSN DNP-NA program.
- ❖ The QI intervention project consists of an evidence based Emotional Intelligence (EI) workshop and an Emotional Quotient-Inventory (EQ-i 2.0) assessment. The intervention focused on improving SRNAs emotional intelligence before the program's clinical phase. The intervention includes workshops tailored to experiences that SRNAs may encounter during their clinical rotations.
- ❖ The EQ-i 2.0 and Perceived Stress Scale (PSS) were administered pre- and post-intervention to measure EI, resilience, and Perceived stress levels.
- ❖ A CDC Post-Training Evaluation assessed participants' satisfaction and perceived workshop effectiveness.
- ❖ Pre- and post-intervention comparisons were used to evaluate changes in EI, well-being, interpersonal dynamics, resilience, and stress levels.

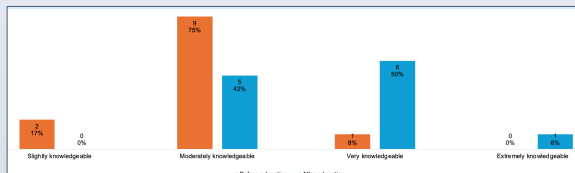


Figure 3. Perceived knowledge of (or skill in) EI and stress management before and after intervention.

RESULTS

- ❖ Despite intensive training, EQ-I 2.0 assessment scores did not exhibit a statistically significant change between pre- and post-intervention data, nor did EI scores change between the three measured points (at the beginning of the DNP-NA program, before intervention, and eight weeks after the intervention).
- ❖ Stress levels did not show any statistically significant increase post-intervention, despite the correlation with participants' commencement of clinical education experiences.
- ❖ Perceived knowledge of (or skill in) EI and stress management increased after the workshop.
- ❖ Participants reported the EI workshop content to be "extremely relevant," and the majority indicated that they would "definitely" utilize course content in their practice.

Emotional intelligence levels showed no statistically significant change between pre- and post-intervention data sets (n = 14). Scores within the interpersonal, stress management, and stress tolerance subgroups also showed no statistically significant changes in the pre- and post-intervention data. We also analyzed EI scores taken at the beginning of the participants' doctoral studies, approximately 1.5 years prior to our intervention. In this analysis, we found no statistically significant change in EI levels over time.

A total of 12 participants completed both pre- and post-intervention PSS-10 assessments. Although there was a marginal 12% increase in stress at the 8-week mark, it was not statistically significant. Of note, this time coincided with the onset of clinical training for the students, so the EI training may have served to buffer against a more significant increase in stress during this time.

Eight weeks following the EI workshop, our study participants answered questions related to their workshop experience. Perceived knowledge of (or skill in) EI and stress management shifted from a majority of "moderately knowledgeable" (75%) to "very knowledgeable" (50%) or "extremely knowledgeable" (8%) after intervention. Fifty eight percent of survey respondents indicated that the course was "extremely relevant" to their current work and over 90% indicated that they would "definitely" implement what they learned in the clinical setting.

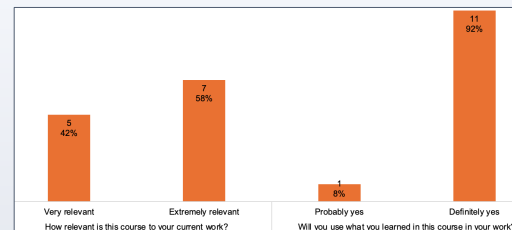


Figure 4. Perceived relevance of EI workshop, assessed eight weeks after intervention.

CONCLUSIONS

- ❖ A single EI workshop did not produce statistically significant changes in overall emotional intelligence, interpersonal skills, stress management, or stress tolerance.
- ❖ Participants showed a notable increase in knowledge of EI and stress management after the intervention.
- ❖ Participants reported high satisfaction with the training and found the content relevant to their current clinical experiences.
- ❖ These findings suggest that EI education may benefit the transition from didactic education to clinical training, but a single workshop may not provide enough exposure to produce measurable changes in EI.
- ❖ The positive knowledge and satisfaction findings support continued integration of EI education into nurse anesthesia training.

RECOMMENDATIONS FOR FUTURE RESEARCH

1. Integrate EI education at multiple points throughout the nurse anesthesia curriculum rather than relying on a single workshop.
2. Consider a multi-session educational approach that provides opportunities to practice, reflect on, and apply EI skills.
3. Include larger sample sizes and longer follow-up periods to evaluate changes in EI and stress over time.
4. Evaluate whether EI training has lasting effects after graduation and during transition into CRNA practice.
5. Explore integration of structured EI education into other Doctor of Nursing Practice programs.

REFERENCES

To view project references, please scan QR code.



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