

Promoting excellence within dementia care: Maintaining emotional intelligence and wellbeing of staff working within dementia care management

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Introduction:

Emotional intelligence (EI) has been defined as 'Being ready to motivate oneself and continue the face of frustrations; to manage impulse and delay gratification; to regulate one's moods and keep distress from swamping the power to think; to empathize and to hope. Given the centrality of emotions and power relationships within the welfare work task, the exponential growth of educational and popular literature about EI suggests that the necessity for a discussion of the potential relevance of EI to welfare work is overdue.

Additional impetus for this discussion arises from two sources. The standards underpinning the new social work degree include requirements for practitioners to 'to develop and maintain effective working relationships; reflect on your own background experiences and practice that may have an impact on the relationship. Second, the Common Core of Skills and Knowledge for the Children's Workforce provides a multidisciplinary framework of competence targeted at all those working with children and young people. The framework stresses the intra and inter-personal skills required of practitioners

The notion that there are sorts of intelligence, not captured by IQ and which are important in life skills and life chances, has long been established. For instance, Thorndike coined the term 'social intelligence' to describe the idea of acting wisely in human relationships. Wechsler proposed that the non-intellectual abilities were essential for predicting the ability

to succeed in life. More recently, Gardner developed the thought that humans possess multiple intelligences, including inter-personal, intra-personal, physical, visual, special, artistic, environmental and kinesthetic additionally to cognitive intelligence.

Objective:

Promoting excellence in commission and look after patients with dementia, has had a big impact on the staff working within the dementia care management arena. Stress levels and burnout of caregivers without adequate support, has resulted in the essential need of respite by way of development and coaching to support and promote their health and wellbeing whilst they administer and supply essential and effective care to their patients. Some have gone to the extent of seeking other opportunities due to lack of job satisfaction and challenges around demanding work commitments; consistently taking them beyond their core working hours. The use of the Emotional Intelligence Skills Assessment Profile 'EISAP' model as a mode for developing Dementia Care Management staff at all levels, although not referred to or identified as an integral part of their core clinical and non-clinical training or personal development plans, is none-the-less a skill that is interwoven throughout their practices and procedures delivering effective dementia care management. Caring for somebody living with dementia, is unlike the other sort of caring due to the emotional challenges and levels of complexity; EISAP allows the dissemination of complex situations in a relatively accessible

way. With the rapid changes with health provisions and more cases of dementia patients being identified, the need for emotionally intelligent care givers is crucial in this day and age. By enabling caregivers to understand their emotions, emotional meanings and to, reflectively regulate these emotions whilst undertaking their roles in effectively.

Despite these trends, writers such as Trevithick maintain that relationship-based practices remain at the heart of social work. Gregson and Holloway place the conversation between worker and user at the core of social work practice, and the essential tool for the formation of a relationship within which any movement or change can take place. The healing power of such relationships is recognized by Fosha, who states: 'Through just one relationship with an understanding other, trauma can be transformed and its effects neutralized.' The International Federation of welfare work (IFSW,) similarly lays emphasis on the centrality of relationship skills, defining the welfare work profession together which promotes social change, problem solving in human relationships and therefore the empowerment and liberation of individuals to reinforce well-being.

Conclusion:

Mood and the management of emotions play a significant role in decision making. For instance, Isen found that positive affect is associated with a range of mental capacities that have a direct impact on judgement and decision making. These include: expanded and creative thinking; ability to link between different sources and types of information or ideas; better elaboration about information; greater flexibility in negotiation situations; improved diagnostic/assessment ability. For example, doctors in whom positive affect had been induced (via a present of sweets!) identified the character of the medical problem more quickly, were more hospitable information than the controls and were less likely to distort information that did not fit their hypothesis. Clore and Schwartz and Frederickson have demonstrated that feelings

influence what we pay attention to and how we think, remember and make decisions. Caruso and Salovey argue that emotional awareness increases the ability to predict the future—either our own or others', e.g. the potential consequences of our interventions on service users: 'If we will generate an emotion or set of emotions that mimic some future or possible event we will transport ourselves and walk around in this future world

this research suggests that the boundary between feeling and thinking, and therefore the oft-heard involve the removal of emotions from so-called objective or professional decision, needs re-assessment. The notion that emotion doesn't employ reasoning is weakened by the stress on the role of cognition in emotional appraisal. Emotions play a central role in decision making. The illusion that they will be somehow removed or placed on ice whilst rational deciding is ongoing is neither helpful nor possible. Equally, Perception and receptivity become distorted and other people subsided ready to make effective use of evidence and knowledge that don't fit with their view. What is required, instead, is that the ability to harness all emotion as sources of data, and to hunt to market a positive climate within which the simplest decisions are likely to be made.

Biography:

Jacqueline A Hinds is Chair, Society of Emotional Intelligence UK & Board Chair & International Liaison for International Society of Emotional Intelligence, USA. A certified Emotional Intelligence Coach (CEIC) and Leadership Consultant. She has worked within the National Healthcare Service for over 10 years; in two of the largest merged healthcare organisations in UK and Europe (Imperial College Healthcare NHS Trust and Barts Health NHS Trust). She is a published author, having written a paper on Transformation in Healthcare and role of Emotional Intelligence; and has a wealth of knowledge and expertise within the Human Resource Development arena (HRD), working with people at all levels, establishing and enabling them to be emotionally intelligent during mergers and

organisational changes. She is now an independent consultant working on various training initiatives and coaching assignments, around Emotional & Cultural Intelligence, also

in collaboration with Culture Dementia UK on training projects within healthcare and the community.