

# Are OTs emotionally intelligent?

Having high emotional intelligence can improve both your personal and professional life.

Jacqui McKenna and Jo Anne Mellson discuss how

**A**t the University of Salford, we are carrying out research into emotional intelligence (EI) and its potential application by the OT (see box below right).

We would like to outline the concept of EI and consider how it might affect interactions with service users and colleagues, supporting the development of professional and therapeutic relationships. We will also discuss how EI abilities support the competent practitioner in terms of self awareness, expression, management and leadership.

The concept of EI as a set of desirable abilities that can be developed in the practitioner fits well within the remit of current, competent practice (McKenna 2007). EI is a psychological theory, which offers evidence of a new form of intelligence; one which describes the ability to understand, perceive, use and manage the emotions of self and others (Mayer and Salovey 1997).

Goleman (1996) claims that emotional competence enables resilience, survival, and self protection alongside use of key emotional skills, including self awareness, identifying, expressing and managing feelings, impulse control, delaying gratification and handling stress and anxiety. Weisinger (1998) claims that the intelligent use of emotion can be developed and increased.

EI comprises mental abilities, or capacities, which include emotional understanding, emotional perception, emotional management and emotional integration (Mayer and Salovey 1997).

Being able to recognise, control and manage emotions (therapists' and service users') that are heightened by anxiety (emotional perception/understanding) is key. As one service user comments: 'The OT needs to be able to listen and understand... so I can give correct information and answer honestly, because I trust the OT and believe they are trying to help me'.

Communication skills are required in order to gain

trust and empathise with nervousness and anxiety. Another service user comment states: 'I have had situations when I wasn't listened to and my thoughts and feelings were not considered. I tried to tell the OT I was anxious, but she just kept asking me stuff from her long list of questions; she didn't seem interested... it made me feel like I wasn't saying anything important and was not being treated like a valued person'.

The therapist also needs to be able to understand what the person is feeling and thinking in order to be able to meet their needs. This requires empathic understanding. If the OT [referred to in the case above] had been more able to listen, understand and manage the service user's emotions, and realise that genuine concerns were proving very distracting and making her anxious (emotional understanding/perception), the assessment conducted might have been more accurate and the service user engaged much more effectively by the therapist.

EI abilities would enable the therapist to think through these emotions and their impact, recognising that the anxiety and agitation need to be managed before any meaningful assessment can be conducted and any real therapeutic rapport established.

Experiencing this situation, managing the emotions effectively, and responding in a sensitive way, will meet the immediate needs of the service user, and also promote emotional, intellectual and personal growth (emotional management), enabling the therapist to feel more confident and better able to deal with the situation next time.

Therefore, an individual's EI ability has the potential to affect the way that he/she thinks and behaves.

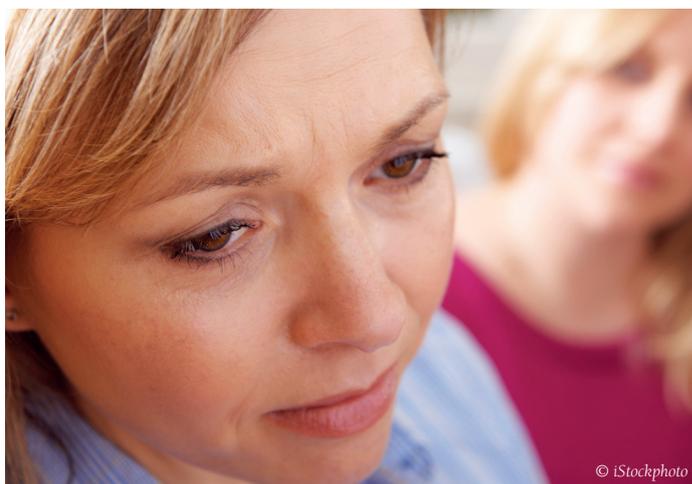
These comments illustrate how an OT's verbal and non-verbal cues are picked up by service users and interpreted, linking back to the importance of emotional understanding and the need for the OT to understand their own emotional signals and their impact on others (emotional integration).

Evidence supports that strong leadership skills are linked to high EI (Weisinger 1998). There are always people with whom we find it difficult to work, but we must manage our own emotions and those of others in order to function professionally within a team structure, contributing to effective team working and developing our own confidence, leadership and self management skills. This is something people with high EI are more able to do (Goleman 1996; Weisinger 1998).

## References

- Goleman D (1996) *Emotional intelligence – why it can matter more than IQ*. Bloomsbury. London
- Mayer JD and Salovey P (1997). What is emotional intelligence? In P Salovey and DJ Sluyter (Eds), *Emotional development and emotional intelligence: Educational implications: 3-31*. New York: Basic Books
- McKenna J (2007) Emotional intelligence training in adjustment to physical disability and illness, *International Journal Of Therapy And Rehabilitation*, 14(12): 551-556
- Weisinger H (1998) *Emotional intelligence at work*. Jossey-Bass: San Francisco

● **Jacqui McKenna and Jo Anne Mellson**, senior lecturers in OT, University of Salford, Manchester. Email: [J.Mellson@salford.ac.uk](mailto:J.Mellson@salford.ac.uk)



## How to get involved...

The authors are carrying out the first national survey of OTs' emotional intelligence. All OTs can take an EI test as part of this survey, simply by going to [www.survey.bris.ac.uk/salford/otei](http://www.survey.bris.ac.uk/salford/otei) and spending five to 10 minutes filling out an online questionnaire. You will receive feedback on your global EI score and your score for each of the four factors that make up EI, plus some comparison scores.

© iStockphoto