

# Reflection

The topic that we chose to present on was emotional intelligence. I thought that this information was something that we all knew already - in order to be quality nurses, we would need to have a high level of emotional intelligence. Administering medications, putting in IVs and patient care aside, the thing we do most as nurses is communicating and interacting with people. We discuss the plan of care with the primary care team, delegate tasks to aids and ask for help from other nurses, we talk with the patient's family and most importantly, we talk with the patient. Since this is a career that is not an isolated job and depends on human interaction, it's extremely important to have a high level of human emotion intelligence.

The most interesting thing I learned (or saw written out) was regarding relationship management. When talking about emotional intelligence, I think that most people (including myself) tend to focus on self-awareness and regulation. I do agree that these two are the first in line, but what do you do once you've reached a certain understanding about yourself? I mentioned in our presentation that sometimes nurses say that "they don't have to like someone, they are just working with them", and that this *may* be a sign of emotional intelligence since they recognize that they don't really like this person. Putting down clear boundaries and understanding your feelings is the first step to making things better for yourself. But since nursing is such a human-relation dependent career, it is crucial that we all put as much effort as possible to maintain good relationships with the people we work with.

The topic I learned about in the recorded presentations was on staffing ratios and patient outcomes. I think that staffing is a very important issue that is always pertinent. We've all heard that "there's a nursing shortage" right now, but it was exemplified with COVID. The high stakes during the pandemic increased nurse turnover rate at hospitals around the globe. I learned that each nurse costs the hospital about \$82,000 per nurse, which is not an insignificant number.

High staffing ratios also incentivize nurses to leave, which increases the unit's dependencies on travel nurses. A higher ratio of travel nurses also decreases morale (typically from what I've seen, as floor nurses are unhappy with the difference in pay), which further pushes floor nurses to leave the unit. This becomes a positive feedback loop. The solution presented in the presentation was to: listen to nurse feedback to increase retention on floors and to provide adequate salaries and benefits to nurses. I also agree with this solution, although I do recognize that it is much easier said than done. Even with difficulty with staffing, each hospital does the most it can to put goals at the forefront, such as decreased CLABSI, sepsis, hospital acquired pressure injuries and readmissions. All of these goals are typically achieved with lower staffing ratios, but everybody is doing the best they can with the current resources.