FRONTLINE HEALTHCARE EMPLOYEES:

PERSPECTIVES ON LEARNING TO USE EMOTIONAL INTELLIGENCE

STRATEGIES TO COPE WITH WORKPLACE STRESS

by

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ABSTRACT

FRONTLINE HEALTHCARE EMPLOYEES: PERSPECTIVES ON LEARNING TO USE EMOTIONAL INTELLIGENCE STRATEGIES TO COPE WITH WORKPLACE STRESS

Monique Dawkins

Nonclinical frontline employees (FLE) work in a complex role that provides critical administrative support to healthcare organizations and they are extremely vulnerable to workplace stress. These employees frequently encounter challenging situations and routinely interact and serve many demanding customers. The purpose of this exploratory study was to understand how FLEs have learned the abilities they utilized to cope with workplace stress and how these relate to emotional intelligence. Utilizing a comprehensive survey; comprised of a demographic questionnaire, three assessment instruments (PSS, Brief COPE and SSEIT), a critical incident series and individual interviews, this study sought to understand the learned strategies acquired through personal and professional experiences and how those experiences impacted coping tendencies. FLEs were found to perceive high self efficacy and routinely regulated emotions in an effort to manage stress. Employees also adeptly managed routine conflict and impromptu difficult interactions. Formal, Nonformal and informal learning were pivotal to cultivating the strategies utilized in the workplace. Despite unpredictable stress levels, role ambiguity and the desire for stress management training, FLEs were optimistic, demonstrated the ability to use emotional intelligence and coped relatively well in the workplace.

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I would like to especially acknowledge the frontline workers that openly shared their darkest hours and triumphant learning moments. You may work in a thankless job but I recognize your contributions to the patient care team and salute you for your diligence and commitment.

Finally, I dedicate this dissertation to my children, Mackenzie and Bryson. I completed this degree for myself; however I pray that my accomplishments are only a fragment of your future endeavors.

M.D.D.

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Chapter I

INTRODUCTION

The purpose of this exploratory study was to understand how nonclinical frontline employees learned the abilities they utilized to cope with workplace stress and how these relate to emotional intelligence. Of particular interest was learning how the past experiences of these workers influenced the coping tendencies they used in stressful situations. The knowledge generated from a sample of 54 healthcare workers that consisted of 51 frontline employees and three supervisors provided insights that may help advocates and educators who develop future trainings and interventions to better tailor programs for nonclinical frontline employees. In addition, these insights may contribute to more efficacious programs that address ways to cultivate emotional intelligence capabilities to cope with perceived stress in the workplace.

Background and Context

Frontline employees (FLEs) who work in healthcare frequently encounter challenging situations and routinely interact and serve many demanding customers. Workplace stress is commonplace and has been determined to be the result of the relationship with the environment that the individual appraises as significant for his or her well-being, and in which demands taxed or exceeded available coping resources (Montero-Marin, Prado-Abril, Demarzo, Gascon, & Garcia-Campayo, 2014, p. 2). Lack of support, limited job control, and high demands are customary barriers for nonclinical

frontline employees. According to Leiter and Maslach (2005), job stress is estimated to cost the U.S. economy $300 billion in sick time, long-term disability, and excessive job turnover (p. 3). While role ambiguity, work overload, and lack of autonomy are also known stressors for frontline employees, Walters and Raybould (2007) reported that perceived organizational support is also a key contributor to work-related burnout.

It is clear that high stress levels among frontline personnel have a negative impact on service quality and stressed-out employees do not deliver services as well as employees with lower levels of stress (Varca, 1999). Presumptions have been made regarding the intention and level of ownership in the workplace of nonclinical frontline employees. "Because their work is monotonous and their chances for advancements are limited, most frontline employees work for a regular paycheck and nothing more; they never emotionally connect with their employers, let alone care about the company's long term performance" (Katzenbach & Santamaria, 1999, p. 2). Understanding the barriers to effective emotional connection from the frontline perspective has not been prescribed in healthcare. Emotional connection is not optional; it is necessary to manage stress efficiently, fortunately this skill is typically developed and highly regarded by nonprofessional and nonclinical employees. Emotional Intelligence (EI) can impact the way individuals respond to stress. Zeidner, Matthews, Roberts, and MacCann (2003) reported that "EI designates the potential to become skilled at learning certain emotional responses. Emotional incompetence often results from habits deeply learned early in life and goes beyond cognitive ability" (p. 5). Research has also shown that "emotional learning often involves ways of thinking and acting that are more central to a person's identity" (Cherniss, Goleman, Emmerling, Cowan, & Adler, 1998, p. 6).

The ability to manage emotions of self and others is the core concept of EI. Salovey and Mayer (1990) explained that EI is viewed as an ability or competency and not a personality attribute or trait. Emotions can facilitate thinking and entails integrating emotional information with cognitive processes. The ability to understand emotions entails appreciating emotional dynamics and blends of emotions and how these influence thinking and behavior (Lopes, Grewal, Kadis, Gall, & Salovey, 2006). EI is a crucial competency that can and should be developed in FLEs. "Developing a competency of any kind strengthens the sense of self- efficacy, making a person more willing to take risks and seek out more demanding challenges" (Goleman, 1995, p. 90). Boud, Keogh, and Walker (2013) stressed that "positive feelings and emotions can greatly enhance the learning process; they can keep the learner on task and can provide a stimulus for new learning" (p. 11). Bandura, a psychologist well-versed in self-efficacy, stated in a 1988 *New York Times* interview that:

> People's beliefs about their abilities have a profound effect on those abilities. Ability is not a fixed property; there is a huge variability in how you perform. People who have a sense of self-efficacy bounce back from failures; they approach things in terms of how to handle them rather than worrying about what can go wrong. (Bandura, in Goleman, 1995, p. 90)

The Salovey and Mayer (1990) model of EI is grounded on perceiving emotion, using emotion to facilitate thought, understanding emotion, and managing emotion—all of which are abilities that can be acquired through learning and experience (Lopes et al., 2003, p. 643). Numerous studies (Pau & Croucher, 2003; Por, Barriball, Fitzpatrick, & Roberts, 2011; Slaski & Cartwright, 2002) have confirmed the positive influence of EI capabilities on coping with perceived job stress. As Slaski and Cartwright (2003) stated, "the link between EI and stress is founded on the notion that negative emotions and stress

are the result of some dysfunctional relationship between aspects of the self and the environment" (p. 234). Bandura (1993) also discussed the relationship between coping and self-efficacy, stating that once coping efficacy is strengthened by mastering past experiences, the individual can handle the same tough situations that were once challenging without being burdened with stress reactions. A 2006 *McKinsey Quarterly* article reported that "emotional intelligence may be largely innate, yet companies can take concrete steps to improve the [EI] of their frontline workers. Doing so can pay off in improved interactions—and more profitable relationships—with customers" (Beaujean, Davidson, & Madge, 2006, p. 73).

Research Problem

Nonclinical frontline employees work in a complex role that provides critical administrative support to healthcare organizations and they are extremely vulnerable to workplace stress. Many studies have supported the concept that emotional competence is a learned capability (Horton-Deutsch & Sherwood, 2008). While the majority of existing EI and stress-coping research in healthcare has focused on clinical practitioners and leadership development, it is imperative that healthcare organizations understand how frontline employees have learned the EI abilities that they utilize to inform their coping tendencies in response to workplace stress. If organizations are unaware of how employees have learned EI abilities, then they will be relatively uninformed of the educational tools that workers require and will be unable to develop and customize relevant trainings and interventions. Furthermore, healthcare organizations may be unsuccessful in accomplishing the goal of providing skills that are fundamental to

ensuring high-quality patient care, which is a joint effort between clinical, administrative, and professional staff employed by these institutions.

Stress is an expected hazard of working as an FLE. Hartline and Ferrell (1993) have reported that FLEs "are typically underpaid, undertrained, overworked and highly stressed" (p. 62). Singh (2000) eloquently summarized the ongoing battle that FLEs face in the workplace by stating: "dealing with the stress created by expectations and demands of customers and management, FLEs seek coping resources that will help them self-regulate and stunt the dysfunctional effects of stress on their performance and well-being" (p. 19). While healthcare specific research on FLEs is rare, Rod and Ashill (2010) contributed to existing research on FLEs; moreover,

> findings suggest that non-clinical healthcare workers experience emotional exhaustion because they lose time and energy in dealing with various problems that emanate from role overload, role conflict, and interpersonal conflict, and they experience depersonalization as a result of both the effects of emotional exhaustion and role ambiguity. (p. 1123)

Stress, described as a "crisis" that can occur during a service encounter, was explored by Varca (2009) in the statement that "for FLEs, the crisis could arrive when it is apparent that you lack enough decision authority to creatively resolve a customer problem" (p. 52).

The job responsibilities of the frontline worker are often multifaceted; while individual tasks are simple, the notion of multitasking is not an explicit prerequisite for the job, yet it is an implicit requirement. Workers are expected to complete routine work while troubleshooting problems as they arise, all while critically thinking and making sound judgment calls. For example, an FLE would be expected to quickly check in a patient who arrives 5 minutes late for his or her appointment, while ensuring all demographic and medication information is updated accurately. This should occur

seamlessly even if a physician calls the secretary while she is checking in the patient to ask for an unrelated task for a secondary patient. The FLE is expected to expedite all tasks calmly, with a genuine smile and without missing a beat.

Frontline workers are expected to serve multiple customers on a daily basis, including patients, physicians, and managers. All of these customers have high demands of the worker and are often unaware of the competing simultaneous requests. In addition to working in a fast-paced environment and meeting the expectations of many needy customers, the frontline worker also has to be able to adapt to change effortlessly. These constant changes in healthcare stem from a mix of internal and external decision makers, and they come quickly and with force.

Frontline workers have very little control in their work environment, which can lead to them feeling powerless. A sense of control is necessary to cope efficiently with stressful events, or else progress toward a solution is unlikely (Gohm, Corser, & Dalsky, 2004, p. 1018). Because frontline workers are typically the face of the practice as well as its gatekeepers, patients who are unsatisfied with a practice will report complaints that often target the frontline workers. Complaints may include long hold time on the telephone; long wait time in the waiting room with no updates; rude and discourteous interactions with staff when asking for assistance; and a lack of willingness to help if the outcome of a patient request does not meet his or her expectations. These workers routinely experience dysfunctional behavior from not only patients, but also clinicians and employees in superior roles. Rose and Neidermeyer (1999) concluded that the overall quality of life of frontline staff will decline upon prolonged exposure to such behaviors by customers. As the aforementioned workplace stress is unavoidable for the FLE, these

individuals need to be prepared with the educational tools needed to manage the environment in which they work.

Research Purpose and Research Questions

The purpose of this qualitative descriptive study was to understand how 51 nonclinical frontline employees (FLEs) learned EI capabilities and other strategies that contributed to how they coped with workplace stress. This was accomplished with the knowledge generated from 54 healthcare workers that consisted of 51 FLEs and three supervisors. There was a specific interest in exploring what they learned from past experiences and how many of those experiences have impacted their coping tendencies.

The adult learning lens used for this study was learning from experience. The researcher explored the relationship between EI abilities and the formation of coping tendencies that were encouraged by prior experiences. Both professional and personal past experiences with stress were relevant and studied to understand how participants developed selected coping tendencies. Boud and Walker (1993) discussed helping learners to discover barriers to learning and noted that "raising awareness of the existence of barriers, and their origin and nature" (p. 81) is a key element in the facilitation of learners.

The following research questions were central to this study:

Primary: What do frontline employees report they have learned from utilizing emotional intelligence strategies and how does this impact their ability to cope with workplace stress?

Sub-questions:

1. How do professional (and personal) past experiences reportedly influence coping styles and techniques and what impact do these have on coping with workplace stress?
2. How does formal and/or nonformal workplace learning contribute to or hinder the development of emotional intelligence abilities and techniques that are used to cope with workplace stress?
   2a. What aspects of formal and/or nonformal workplace learning have contributed to the use of successful coping tendencies?
3. How do reported coping tendencies and techniques relate to emotional intelligence competencies and self-efficacy?

Research Design Overview

This study aimed to attain a comprehensive understanding of how FLEs have learned the abilities used to cope with stress in the workplace. The researcher used a qualitative approach to gain subject-generated feedback, in contrast to the abundance of subject-generated quantitative studies that have identified coping efficacy as a prerequisite to managing stress in healthcare. The researcher completed a comprehensive review of the literature to present as well as compare and contrast the relevant findings that have been identified and to highlight the importance and potential value of this study.

The researcher contacted the Teachers College Institutional Review Board (IRB) for approval prior to beginning the research with the 54 participants. Once approval was obtained, the researcher reached out to her professional network and recruited participants and relied on word-of-mouth and snowballing recruitment. FLE subjects were asked to

complete a survey with 93 items that included a demographic questionnaire and several assessment instruments to measure stress, coping tendencies, and emotional intelligence. The survey concluded with a critical incident questionnaire that explored self-perceived stressful situations that have occurred in the workplace.

Fifty-one participants completed the survey and 20 of those participants agreed to take part in semi-structured interviews. The preferred coping methods and EI scores varied across the subjects and did not play a determining role in selecting participants. The interviews were scheduled for 60 minutes and took place face-to-face at their workplace or a mutually agreed-upon location or by telephone. The participants were asked about how they have learned to manage their emotions and cope when faced with stress in the workplace and how their experiences have informed their strategies. The purpose of the interviews was to gain knowledge and understanding of their learning. The questions asked in the interview were designed to obtain candid information about professional and personal experiences that have helped develop the skills considered beneficial for coping with stress in the workplace.

Additionally, a focus group was conducted with three participants who were manager-level employees who worked in a role that supervised FLEs. The focus group was scheduled for 90 minutes and took place at a mutually agreed-upon location. The participants were asked to sign a consent form that obtained their approval to discuss private information in a group setting that hindered the ability to maintain anonymity. The purpose of the focus group discussion was to share the challenges reported by the frontline employees and to gain the manager-level perspective of the stress faced by

FLEs as well as to gather potential recommendations for broadening EI strategies and coping mechanisms in the workplace.

Researcher's Perspectives

The researcher's interest in stress coping and FLEs stemmed from working in the healthcare industry for the past 15 years. The professional journey of the researcher started with working in a nonclinical frontline position; she ultimately advanced to a director-level role that was responsible for managing and supporting both managers and FLEs. Based on the previous roles held by the researcher, there was firsthand knowledge and empathy for FLEs regarding the stress they faced in the workplace.

The objective of hearing and sharing "the voice of the voiceless" (McElroy-Johnson, 1993) was a critical component of this study initiative. Hospital senior leadership is often unable to relate to the gritty experiences of the FLE, particularly those experiences concerned with stress. It was important to hear the frontline staff perspective of which emotionally intelligent-driven approaches they have learned from past experiences before coming into their role, what abilities they gained on the job through informal and nonformal learning, and what educational measures they reported that helped them to cope with stress and continuously deliver good care to patients. The researcher's primary intent was to develop deeper insights into the vulnerability of FLEs and their need to overcome stress and burnout. It is hoped that the study recommendations that are grounded in real-world work experiences can serve as a guide for educational support for training, interventions, and content that are often unavailable for nonclinical workers.

The researcher recognized that professional empathy acquired from starting her career as a frontline worker was a potential liability, due to the preconceived notions and biases of the obvious benefits that this research could bring to healthcare organizations at large. This first-hand past experience, however, was assumed and found to be an asset to the study because it aided in the researcher's relatability to the participants. It was hoped that the participants' instinctive trust would translate into candid and unreserved information that showcased their learning needs related to developing EI capabilities in order to cope with stress.

Assumptions of the Study

Healthcare organizations need to prioritize training for FLEs, who are often only provided with technical training that usually occurs within the office. Lynch and Black (1998) affirmed that it is a big decision for organizations to invest in training. "Employees who are perceived to have higher turnover rates are less likely than other workers to receive employer-provided training" (p. 65). FLEs do not have the same training opportunities as other levels of staff. Derose and Tichy (2013) in their *Harvard Business Review* article, "Here's How to Actually Empower Customer Service Employees," commented that "too often, companies reserve big budgets for senior management training while spreading funding thin for front line personnel." Additionally, Lynch and Black (1998) noted there have been "comparisons of the amount of employer-provided training in the United States with that in other countries such as Japan [that] suggest that U.S. firms are investing much less in their workers, especially in their front-line production employees, than are some of their major competitor" (p. 66). It is important, then, that FLEs begin to have the same educational opportunities as other

clinical and professional-level staff. Bansal, Mendelson, and Sharma (2001) also emphasized "the importance of training because frontline employees need the requisite knowledge and ability to recognize and solve problems" (p. 67).

EI abilities are pertinent to individual performance outcomes and can be learned. Managing emotions in the workplace is an essential skill. "Emotional Intelligence involves the ability to monitor one's own and others' feelings and emotions, to regulate them, and to use emotion-based information to guide thinking and action" (Salovey, Bedell, Detweiler, & Mayer, 1999, p. 141). Emotional competencies are learned capabilities, based on EI, that result in outstanding performance at work (Goleman, 2001). Organizations need to prioritize the development of EI for all employees. As Clarke (2006) stated:

> Engagement with learning communities through joint working, problem-solving and dialogue provides a means through which a greater understanding of emotional knowledge associated with emotional abilities can be gained.... The benefit of learning opportunities is that there is a greater likelihood for tacit learning and development of emotional abilities to occur. (p. 8)

Salovey and Mayer (1990) voiced concern for those who have a deficit in EI. "People who don't learn to regulate their own emotions may become slaves to them. Individuals who can't recognize emotions in others, or who make others feel badly may be perceived as cloddish or oafish and ultimately be ostracized" (p. 201). According to Boud, Keogh, and Walker (1985), positive and negative emotions can affect the learning process. The positive emotion can enhance the learning process by keeping the learner on the task. Positive feelings can act as a stimulator or motivator for the learner in doing and learning something. On the other hand, negative emotions can distort perceptions and undermine learning the will to persist.

Research found that EI qualities can, in fact, be developed. The findings from Slaski and Cartwright's (2003) research suggested that "emotional intelligence can be taught, can be learnt and may be useful in reducing stress and improving health, well-being and performance" (p. 238). Moreover, as Lopes et al. (2003) noted, "The concept of emotional intelligence has inspired numerous school-based programs of social and emotional learning, as well as management training programs" (p. 642). Even graduate programs have proven to play a positive influence on learning. "An MBA education can help people develop cognitive and emotional intelligence competencies needed to be outstanding managers and leaders" (Boyatzis, Stubbs, & Taylor, 2002, p. 160). Some FLEs successfully manage emotions and cope with workplace stress. It was the researcher's mission to find out how they learned those abilities and tendencies.

Rationale and Significance

The rationale for this study was the desire to understand how nonclinical FLEs learned and developed the EI capabilities that inform coping techniques used to deal with workplace stress. Healthcare organizations often provide training and development opportunities for employees—some mandated and others optional. There is an overwhelming lack of educational sessions geared toward the frontline worker on using EI capabilities to manage emotions in the workplace or dealing with FLE stress or burnout. This research hopefully can contribute to the ongoing conversation on the prevalence of stress and the benefits that learning to use EI strategies has on effectively coping with stress in the workplace.

The findings were informative and helped the researcher to develop recommendations to healthcare organizations and educators on the necessity of creating

customized training and developing materials for nonclinical FLEs that focus on the importance of learning how to use EI capabilities to manage workplace stress. Additionally, the study may serve others interested in exploring and expanding such research specific to the development of FLEs and possibly lead to the development of strategies for employees working in high-stress environments.

Definition of Terms

Frontline employee: For this study, frontline employee is a nonclinical entry-level employee who works in a customer service-focused role that supports clinical and managerial roles in a healthcare setting. The front-desk employee is usually stationed at the reception desk and is responsible for greeting, scheduling, registering, and assisting patients, in addition to completing backend administrative tasks in order to support physicians. The employee that functions as an operator may be assigned to answer telephone calls for a medical practice. The primary tasks include scheduling appointments, problem-solving patient issues, and taking messages for physicians. The FLE who participated in this study was called a Patient Service Representative or Business Associate and may perform a combination of both roles described above. The researcher used the demographic questionnaire to capture titles and years of experience in healthcare that were analyzed in this study.

Emotional Intelligence abilities: Goleman (2001) proposed that the underlying abilities of emotional intelligence can lead to competence in managing, using, understanding, and perceiving emotions. “Individuals who experience feelings clearly, and who are confident about their abilities to regulate their affect, seem to be able to repair their moods more quickly and effectively following failure and other disturbing

experiences" (Salovey& Mayer, 1993, p. 437). Salovey and Mayer (1990) reported that developing EI is possible and may benefit individuals who are trying to work and learn in challenging environments.

Coping efficacy: Bandura (1993) believed that individuals can learn abilities if they perceive self-efficacy. The social learning theory construct, according to Bandura, is built on the concept of perceived self-efficacy and affects an individual's thoughts, actions, and coping efforts (Bandura, 1977). The stronger the perceived self-efficacy, the more active the coping efforts appear to be for the individual.

> Those who persist in subjectively threatening activities will eventually eliminate their inhibitions through corrective experience, whereas those who avoid what they fear, or who cease their coping efforts prematurely, will retain their self-debilitating expectations and defensive behavior. (Bandura, Adams, & Beyer, 1977, p. 288)

Aldwin and Revenson (1987) defined coping efficacy as people's subjective evaluations of whether their coping efforts were successful in meeting their goals within a specific stressful situation.

Coping tendencies: For this study, coping tendencies are considered the coping response that an individual subconsciously uses when faced with stress. Carver, Scheier, and Weintraub (1989) discussed two ways to think about how individual differences might influence coping. The first is that people bring stable coping "styles" or "dispositions" to the stressful situations they encounter. The second is the theory that certain personality characteristics predispose people to cope in certain ways when they confront adversity (p. 270). Cohen and Lazarus (1973) also emphasized the role played by various coping responses per se; they pointed out that coping reaction can change from moment to moment across the stages of a stressful transaction.

Chapter II

REVIEW OF THE LITERATURE

This chapter presents a review of existing research and theory that has been published on workplace stress, emotional intelligence (EI), and learning from experience. First, workplace stress is explored, starting with the etiology of stress and providing insights into the need for coping efficacy. Second, EI is defined and associated abilities are discussed. Next is a particular focus on the instruments that exist to measure EI, in addition to uncovering what the literature has proposed regarding learning the EI abilities that positively impact coping tendencies. The researcher also reviewed available research findings on the positive relationship between EI and workplace stress—that is, how individuals may learn EI abilities that aid in coping with workplace stress. In the following important section, adult learning theories grounded in the concept of Boud and Walker's reflective practice model (Boud, Keogh, & Walker, 1991) and Bandura's (1977) social learning theory are utilized to connect learning EI and learning from experience. Concluding the chapter is a consideration of the present gaps in the literature. This evaluation of the literature serves to demonstrate how learning is facilitated through experience and reflective practice, which can potentially benefit individuals who work in high-stress environments.

Workplace Stress

Etiology of Stress

"Psychological Stress is a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being" (Lazarus & Folkman, 1984, p. 19). Stress can be further defined into eustress and distress. "Eustress is considered good stress and conversely distress is associated with negative events such as 'unpleasant' pressure to perform, when a catastrophic event occurs, or when they are dealing with the everyday stressors that create general frustration" (Colligan & Higgins, 2006, p. 90). The primary type of stress discussed for this study is the distress that occurs in the workplace.

Colligan and Higgins (2006) argued that

> employees experiencing chronic work stress have been shown to develop unstable blood pressure, increased cholesterol levels, muscle tension, diabetes, hypertension, ulcers, headaches, substance abuse, and clinical depression. Moreover, their capacity to concentrate and retain information becomes a problem. (p. 93)

Additionally, "workplace stress places significant psychological, physiological, and financial costs on both the individual employee and his or her organization" (p. 96).

Healthcare is considered to be a complex-adaptive system (Rouse, 2007) and there are various reasons why individuals face workplace stress. The changing environment creates distress when a challenge is perceived as a threat to the employee and his or her well-being (Lazarus & Folkman, 1984). "Acute stress occurs when new demands, pressures, and expectations are placed on an individual and these demands place their arousal levels above their threshold of adaptability" (p. 91). As McVicar (2003) stated, "the basic concept is that stress relates both to an individual's perception of

the demands being made on them and to their perception of their capability to meet those demands" (p. 633). "An individual's stress threshold, sometimes referred to as stress 'hardiness', is likely to be dependent upon their characteristics, experiences and coping mechanisms, and also on the circumstances under which demands are being made" (p. 634). Chronic stress is characterized by the accumulation of stressors that persist and are long-standing. "It is a condition that arises when an individual experiences a demand that exceeds his or her real or perceived abilities to successfully cope with the demand, resulting in disturbance to his or her psychological and psychological equilibrium" (Kobell, 1995, p.31).

The effects of stress vary on the individual. Colligan and Higgins (2005) elaborated that

> symptoms of acute stress include emotional disturbance such as increased anxiety, worry, frustration, and hostility. Physical symptoms of acute stress can include fatigue, increased blood pressure (temporarily), rapid heart rate, dizziness, headaches, jaw pain, back pain, inability to concentrate, and confusion. (p. 91)

Episodic stress is a subset of acute stress, but "the person who experiences episodic stress will tend to exhibit aggressiveness, low tolerance, impatience, and a sense of time urgency" (p. 91). There are potential benefits for both organizations and individuals in taking steps to challenge stress in the workplace, and likewise both are likely to suffer if stress is ignored or mismanaged (Quick, Quick, Nelson, & Hurrell, 1997).

Montero-Marin et al. (2014) confirmed that an accumulation of evidence has linked coping styles with stress and burnout, and in order to prevent and workplace stress, individuals need to learn coping strategies and techniques. "Stress education and stress management serve a useful function in helping individuals to recognize the symptoms of stress, and to overcome much of the negativity and stigma still associated with the stress

level" (Cartwright & Cooper, 1997, p. 6). MacBride (1983) concluded that employees must assume the responsibility for recognizing stress within themselves and for taking appropriate steps to reduce and/or manage the stress.

Self-efficacy and Coping

Self-efficacy levels are related to the preferred coping style of an individual. According to Bandura (1997), perceived self-efficacy refers to beliefs in one's own capacity to organize and execute the courses of action required to manage prospective situations. Additionally, Bandura reported that individuals with a stronger sense of perceived self-efficacy experience low stress in threatening situations and consider situations as less stressful owing to their belief in their ability to cope. Research completed by Grau, Salanova, and Peiro (2001) indicated that self-efficacy of the employee should be considered as organizations determine appropriate stress prevention strategies. The term *coping* generally refers to adaptive coping strategies used by the individual; when those strategies are used effectively, they reduce stress. Bandura (2008) also stressed that "efficacy beliefs affect whether individuals think optimistically or pessimistically, in self-enhancing or self-debilitating ways" (p. 38). Additionally, Bandura reported a direct relationship with self-motivation and perseverance in the face of adversity.

According to Holton, Barry, and Chaney, 2016), "the evaluation of a coping strategy is inherently tied to its adaptive (protective) or maladaptive (detrimental) effect on one's health" (p. 100). Evans and Ondrack (1990) acknowledged that individuals may cope with stress in different ways, some of which are more effective than others. Aspinwall and Taylor (1997) described proactive coping as a process that involves the

accumulation of resources and the acquisition of skills that are not designed to address any particular stressor, but to prepare in general, given the recognition that stressors do occur; in short, to be forearmed is to be well prepared. Problem-solving strategies are efforts to do something active to improve a stressful situation, while emotion-focused coping is used to regulate emotional responses. Frone and Windle (1997) described active and avoidant coping styles. Active coping is the habitual use of strategies aimed at dealing directly with problems through cognitive or behavioral means. Avoidant coping refers to the habitual use of strategies aimed at the regulation of negative emotions. Learning to cope effectively can be valuable to an individual who routinely experiences stress. As Boud and Walker (in Edwards, Hanson, & Raggatt, 2013) acknowledged, "if we establish a positive affective state, we are able to pursue both cognitive learning and to develop our emotional lives" (p. 44).

There is an abundance of research on the relationship between stress and coping. Shinn, Rosario, Mørch, and Chestnut (1984) contributed to this body of research on coping with job stress by collecting data from 141 health professionals who completed mailed surveys. They found that individual coping may not have much impact on work situations and highlighted the notion of providing social support to counteract burnout. Their key findings reported that organizations should support workers in coping with burnout.

Because coping is a process, the options to cope may change over time, depending on the situation (Schoenmakers, van Tilburg, & Fokkema, 2015, p. 155). Based on Lazarus and Folkman's (1984) theory, coping has two major functions, which are to deal with the problem that is causing the distress and to regulate emotion. The

terms *problem-solving coping* and *emotion-focused coping*, derived by Lazarus and Folkman, have been described as strategies used to deal with stressful events.

Anderson (2000) conducted a study of 151 child protective service workers with 2 or more years of service. The workers attended a workshop that explored the perceived coping style used to resolve burnout. The key findings showed that regardless of avoidant or active coping styles, both resulted in emotional exhaustion. The results suggested that these workers needed opportunities to discharge the emotions that can build up; emotional debriefing was mentioned as a potential coping exercise.

Bandura, Reese, and Adams (1982) also contributed research on phobia that suggested the generality of the relation between perceived coping inefficacy and stress reactions. They found that when the more efficacious individuals perceived themselves to be coping with various threatening tasks, they experienced weaker stress reactions while anticipating or performing the activities.

Carver et al. (1989) developed an instrument, named the COPE Inventory, to measure coping responses. They published findings on several studies using COPE in order to assess the different ways in which people respond to stress. The researchers proposed that "we do suggest, however, that there may be merit in studying coping preferences apart from personality traits. Whether traits or coping dispositions will turn out to be more important, or whether both contribute to successful coping, should be a subject for further research" (p. 281).

Stress and Socioemotional Needs

Healthcare workers need to feel supported by the organization. Kahn (1990) found that supportive and trusting interpersonal relationships as well as supportive

management promoted psychological safety. Kahn also explained that employees feel obliged to bring themselves more deeply into their role performances as repayment for the resources they receive from their organization. When the organization fails to provide these resources, individuals are more likely to withdraw and disengage themselves from their roles. Rhoades and Eisenberger (2002) reported that organizational support theory refers to the employee-employer relationship and the Perceived Organizational Support (POS) of the employee with regard to their contributions and overall well-being. They also found that the caring, approval, and respect connoted by POS should fulfill socioemotional needs, leading workers to incorporate organizational membership and role status into their social identity. When workers are faced with burnout, their POS decreases, and they withdraw from job responsibilities. Similarly, Saks (2006) conducted a research study with 102 participants who completed an engagement survey; their findings suggested that organizations wishing to improve employee engagement should focus on employees' perceptions of the support they receive from their organization. Lee and Bruvold (2003), who studied Perceived Investment on Employees' Development (PIED), reported that employees will be more satisfied with the job and more affectively committed to an organization when the employer commits to developing employees' skills and competency; this, in turn, reduces the employees' intent to leave the organization.

Employee perception of job control also contributes to the individual perception of workplace stress. Litt (1988) reported that perceptions of control in a situation and estimates of self-efficacy to use that control to the individual's advantage relates to how a person will appraise the situation and how much distress will be elicited. Schuabroeck

and Merritt's (1997) research on work stressors found that when people are confident in their abilities, having control mitigates the stress consequences of demanding jobs. A lack of control may be particularly harmful for people with high self-efficacy in demanding circumstances because uncontrollable situations may challenge personal perceptions. Hui and Bateson (1991) discussed the need for control as one of the forces that drives the competing parties (customer, employee, and organization) apart. The theory of personal causation that was defined by Decharms (2013) introduced the concept of "pawns" and "origins." Origins feel they have control over their actions and outcomes, whereas Pawns feel they are pushed around and have no control over their own actions and outcomes (p. 275). Ryan and Grolnick (1986) explained that the "concept of locus of control places emphasis on outcomes, and what or who controls them" (p. 551).

Research on learned helplessness has also shown there is a relationship with loss of control and emotionality (Seligman, 1975). The helplessness theory was originally developed by Maier, Seligman, and Solomon (1969), revised by Seligman (1975), and later reformulated by Abramson, Seligman, and Teasdale (1978) to point out that the explanations people establish for the good and bad outcomes they experience directly influence expectations for future outcomes, thereby influencing their reactions to the outcomes.

Emotions are an important component of stress, and the environmental factors that produce stress typically also produce emotions (Evans-Martin, 2009). Basic emotions were previously considered innate and unlearned; however, recent EI theories (Gole, 1995; Salovey & Mayer, 1990) have claimed that individuals can learn to manage emotions. Maslach and Jackson (1981) argued that the high level of emotional demands

on individuals who interact with others is thought to contribute to negative health outcomes such as stress and burnout. Morris and Feldman (1997) suggested the necessity for managing emotions in the workplace, given the rapid and significant increase in daily expectations that require regulated displays of emotion in order to impact service quality and customer service positively.

The literature validates that healthcare employees routinely face stress in the workplace and strongly advocates that organizations support employee learning to cope in challenging environments. Additionally, it was found that individuals who reported high efficacy levels also reported lower perceptions of stress and increased perception of job control, thus advocating the need to learn self-efficacy. Lastly, individuals who perceive stress may struggle to communicate appropriately. Inappropriate emotions and feelings are likely to surface in a stressful environment but learning to manage emotions and developing EI abilities may be beneficial in reducing the perception of stress on the job. While learning and support have been found to be linked and crucial to the workplace, few studies have described how employees learned these techniques.

Emotional Intelligence

Origin of Emotional Intelligence

E. L. Thorndike (1920), professor of educational psychology at Teachers College at Columbia University, was one of the first to explore social intelligence, which he defined as "the ability to understand and manage men and women, boys and girls—to act wisely in human relations" (p. 228). His son, R. L. Thorndike, attempted to expand this research in a 1938 study, which resulted in subpar findings that led to the conclusion that "it may be that social intelligence is a complex of several different abilities, or a complex

of an enormous number of specific social habits and attitudes" (p. 284). In 1983, Howard Gardner resurrected the theory with a new influential model of multiple intelligence that included two varieties of personal intelligence: interpersonal and intrapersonal intelligences.

While the research implied that emotions were an aspect of social intelligence, Salovey and Mayer (1990) have been credited with expanding Gardner's research and terming the concept of Emotional Intelligence in a groundbreaking publication that defined EI "as the subset of social intelligence that involves the ability to monitor one's own and others' feelings and emotions, to discriminate among them and to use this information to guide one's thinking and actions" (p. 189). Salovey and Mayer determined that individuals differ in their ability to harness their own emotions to solve problems; they promoted the use of EI abilities to manage situations (p. 198). The theory is ability-based, and Salovey and Mayer argued that EI referred to a strategic use of emotions.

Many educators have studied the theory, and some found it to be innovative while others criticized it as being redundant. Mayer, Caruso, and Salovey (1999) favored the theory, stating that "emotional intelligence does indeed describe actual abilities rather than preferred courses of behavior" (p. 270). Schutte et al. (1998) also supported the concept as relevant because "even though emotions are at the core of this model, it also encompasses social and cognitive functions related to the expression, regulation and utilization of emotions" (p. 168). Lopes et al. (2003) found the framework to be innovative due to its details on the concept of emotion as abilities. Early critics of EI felt that the framework was too similar to an already existing and clearly defined construct of

Social Intelligence, which is defined as "the ability to understand and manage people" (Thorndike & Stein, 1937, p. 275).

Mayer and Salovey (1997) were encouraged by the feedback and released a publication to expound on the theory and respond to critics. They continued to advocate that the vital difference between social intelligence and emotional intelligence is that processing emotion is the crucial component that goes beyond learning from social elements. They argued that "emotional intelligence, as compared with social intelligence, may therefore be more clearly distinguished from general intelligence as involving the manipulation of emotions and emotional content" (p. 436).

In 1997, Mayer and Salovey refined the definition and conceptualization of their EI framework, stating that the new version "gives more emphasis to the cognitive components of emotional intelligence and conceptualizes emotional intelligence in terms of potential for intellectual and emotional growth" (in Schutte et al., 1998, p. 168). The new definition was stated as follows: "emotional intelligence involves the ability to access and/or generate feelings when they facilitate thought; the ability to understand emotion and emotional knowledge; and the ability to regulate emotions to promote emotional and intellectual growth" (Mayer & Salovey, 1997, p. 10). Salovey and Mayer (1993) described the core abilities as "the scope of emotional intelligence includes the verbal and nonverbal appraisal and expression of emotion, the regulation of emotion in the self and others, and the utilization of emotional content in problem solving (p443) and EI was explained to have four distinct and related abilities or "branches": (a) Managing Emotions, (b) Understanding Emotions, (c) Using Emotions to Facilitate Thinking, and (d) Perception of Emotions.

The following figure depicts the EI abilities in the revised model that are suggested as being necessary to exercise full control of emotions.

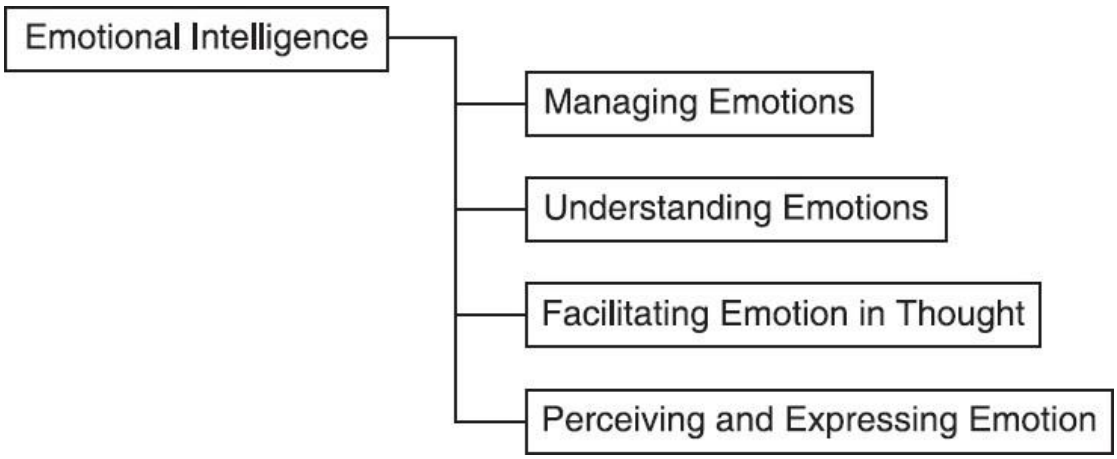

Figure 1. Mayer and Salovey's (1997) branches of Emotional Intelligence (p. 11)

Goleman, a *New York Times* researcher, popularized EI by publishing a book that expanded on Mayer and Salovey's theory. Schutte et al. (1998) reported that Goleman had successfully "presented many important correlates of emotional intelligence and somewhat expanded the construct to include a number of specific social and communication skills influenced by the understanding and expression of emotions" (p. 168).

Bar-On (1997, 2000, 2006) later expounded on the theoretical framework by defining it as emotional-social intelligence (ESI), which was influenced by Darwin's (1872) early work on the importance of emotional expression for survival and adaptation. Bar-On (2006) defined his construct as follows: "Emotional-social intelligence is a cross

section of interrelated emotional and social competencies, skills and facilitators that determine how effectively we understand and express ourselves, understand others and relate with them, and cope with daily demands" (p. 3).

Researchers have divided EI into two different schools of thought: ability and mixed. The Mayer and Salovey model is described as being strictly ability-based, but the Bar-On and Goleman models are said to be mixed models because they suggest influence from both ability and traits. According to Petrides (2011), trait EI theory maintains that certain emotion profiles that are related to personality will be advantageous in some contexts, but not in others (p. 660). Salovey and Mayer (1990) purposefully focused on ability because they argued that while one may be unable to alter or change individual personalities, one can develop and teach individuals to learn to use emotions in a way that benefits them during interactions.

Instruments and Measurement

Once the concept of EI was accepted, many researchers eagerly attempted to measure this competency (Bar-On, 1997; Mayer et al., 1999; Schutte et al., 1998; Tapia, 2001). The various instruments differed because some were based on an individual's perception of competency as opposed to tools that formulate questions to go beyond perception and measure the actual EI competency level.

Bar-On's *Emotional Quotient Inventor*y is a 133-item self-report measure consisting of 15 distinct scales that were based on Bar-On's (1997) view of EI, which was expressed as "an array of non-cognitive capabilities, competencies, and skills that influence one's ability to succeed in coping with environmental demands and pressures" (p. 14). The scales include ones measuring emotional self-awareness, assertiveness, self-

regard, self-actualization, independence, empathy, interpersonal relationships, social responsibility, problem solving, reality testing, flexibility, stress tolerance, impulse control, happiness, and optimism.

Bernet (1996) developed the 93-item Style in the *Perception of Affect Scale*, which is "based on the premise that being able to attend rapidly, appropriately and effortlessly to feelings is the cornerstone of emotional intelligence" (Schutte et al., 1998, p. 169). The measure assesses the preferences of respondents on three styles: body-based, evaluation-based, and logic-based perception of affect.

Schutte et al. (1998) developed the *Schutte Self-Report Emotional Intelligence Test* (*SSEIT*), a brief 33-question, validated measure of EI that is based on a cohesive and comprehensive model of EI, which they believed was the Mayer and Salovey (1990, 1997) model. Later, the *Multifactor Emotional Intelligence Test* (*MEIT*) was developed in 1998 and ultimately expanded to the *Mayer-Salovey-Caruso Emotional Intelligence Test* (*MSCEIT*) (Mayer, Salovey, & Caruso, 1997) in 2001. Lopes et al. (2003) explained this as an assessment of the knowledge of appropriate strategies for managing emotions rather than the actual skill in implementing them.

While measuring the ability can serve a valuable purpose in exploring the benefits, Petrides (2011) stressed that it is vital to remember that high-trait EI scores are not necessarily adaptive and low scores are not necessarily maladaptive (p. 661). High scores could be indicative of self-promotion and low scores could simply result from low levels of self-validation (p. 661).

Emotional Intelligence and Coping

All healthcare employees are susceptible to stress and the ultimate burnout and EI levels have been shown to vary based on the employee's role. Nikolaou and Tsaousis's (2002) exploratory study gave 212 mental health workers a questionnaire comprised of the *Emotional Intelligence scale (EIQ)*, *Occupational Stress Inventory (OSI)*, and *ASSET* which is a workplace stress scale. The sample included a mix of various roles and found that medical and psychological personnel scored significantly higher in EI than administrative and paraprofessionals. The researchers concluded that increased occupational control can impact individuals to manage their own and others' emotions. Ultimately, they noted that certain roles, such as nonclinical frontline employees, would still have challenges with coping with stress, despite high levels of EI.

While it has been strongly suggested that EI impacts coping, the impact varies greatly depending on the individual. Por et al. (2011) facilitated a correlational mixed-method study on 130 nursing students using a questionnaire that included a *Perceived Stress Scale (PSS)*, *Ways of Coping Scale (WCS)*, and a few other instruments, and they found a direct association between high EI and low stress. The study was able to highlight the potential value of facilitating the development of EI in the workplace. Conversely, Gohm et al. (2005) led an investigative qualitative study on 158 freshman students from a U.S. university using a questionnaire compiled of several instruments, including the *MSCEIT*, *PSS*, and *COPE Scale*. Results suggested that while EI may help some individuals, it does not help all. A relation was lacking between EI and stress among those who reported feeling overwhelmed. Ultimately, the researchers concluded that those with reported low EI would benefit from education and skills training, while

feedback to individuals with average or high EI might give them greater awareness of their own resources.

Coping methods can vary based on the use of EI. A British longitudinal qualitative study (Pau, Croucher, Sohanpal, Muirhead, & Seymour, 2004) on 20 dental undergraduate students validated the relationship between stress-coping methods and the development of EI skills. Additionally, the study results indicated that students with high EI demonstrated positive reflection and appraisal, social and interpersonal, and organization and time management skills, as opposed to health-damaging behaviors that were associated with students with low EI.

EI is determined to be valuable in helping individuals navigate stressful environments and developing these abilities may lead to constructive coping tendencies. Learning to use existing abilities will influence the perceived stress level of the individual in the workplace. While development of EI is often reserved for leadership positions, it is clear that all employees can benefit from mastering this competency. Because stressful encounters are commonplace in the healthcare industry, using past experiences to reflect on how to use emotional intelligence is suggested.

Experiential Learning

John Dewey (1910) defined reflective thought as being educative and the "ground or basis for a belief is deliberately sought and its adequacy to support the belief examined" (p. 1). Dewey (1938) advocated the principles of continuity and interaction that must be exhibited in order for learning to happen through experience. He stated, "The principle of the continuity of experience means that every experience both takes up something from those which have gone before and modifies in some way the quality of

those which come after" (p. 27). Merriam, Caffarella, and Baumgartner (2007) urged learners to connect what they have learned from current experiences to those in the past as well as see possible future implications (p. 167). The principle of interaction posits that "an experience is always what it is because of a transaction taking place between an individual and what, at the time, constitutes his environment" (Dewey, 1938, p. 41).

Kolb (1984) expanded on Dewey's construct and conceptualized that learning required four different abilities. Merriam et al. (2007) summarized these four preferred dispositions of where to enter the learning cycle as concrete experience, reflective observation, abstract conceptualization, and active experimentation (p. 164). According to Kolb, individuals may have different styles of learning, which include: learning through "feeling," learning through "watching," learning through "thinking," and learning through "doing." According to Muscat and Mollicone (2012):

> Kolb's system enables individuals to analyze their most efficient learning styles and identify where they can make improvements in their learning process. Kolb described a cyclical learning pattern: concrete experience, reflective observation, abstract conceptualization, and active experimentation. (p. 68)

Boud, Keogh, and Walker's Reflective Practice

Boud and Walker (1991) augmented the Kolb model according to Fenwick (2003) by recognizing that specific contexts shape an individual's experience in different ways and taking a particular interest in "how past histories, learning strategies and emotion influence the sort of learning developed through reflection on experience" (p. 11). They expanded on the concept of reflective practice, which was advocated by Donald Schön.

Schön (1983) introduced the concept of reflection-in-action and reflection-on-action. Reflection-in-action is the ability to reflect throughout a situation in order to process the moment and determine suggestions to improve or maintain the situation

(Schön, 1987). The learner demonstrates the ability to perform a task and reflect simultaneously. Conversely, reflection-on-action describes the ability to reflect on both the process and outcome after the situation has ended; it is explained as focusing on outcomes such as a specific experience. According to Tannebaum, Hall, and Deaton (2013), "[Schön] was cognizant of the impact of reflection on our ability to either correct or expand upon our tacit understandings" (p.250). Schön (1983) affirmed that "[a practitioner] can surface and criticize the tacit understandings that have grown up around the repetitive experiences of a specialized practice and can make new sense of the situations of uncertainty or uniqueness which he may allow himself to experience" (p. 61).

Boud, Keogh, and Walker contributed to the theory of reflective practice with the development of a model, which Merriam et al. (2007) summarized as consisting of three stages: returning and replaying the experience, attending to the feelings that the experience provoked, and reevaluating the experience (p. 165). This model is now presented in Figure 2 and discussed in detail.

Boud and Walker (in Edwards, Hanson, & Raggatt, 2013) proposed a reflective learning model that "has two main components: the experience and the reflective activity based upon that experience" (p. 32). The experience is comprised of the "total response of a person to a situation or event: what he or she thinks, feels, does and concludes at the time and immediately thereafter" (p. 32). The event or situation can arise from formal or informal activities, be provoked by an external agent, or be an internal experience (p. 33). After the experience, there is a processing phase during which the reflection takes place. Boud and Walker affirmed that "reflection is an important human activity in which

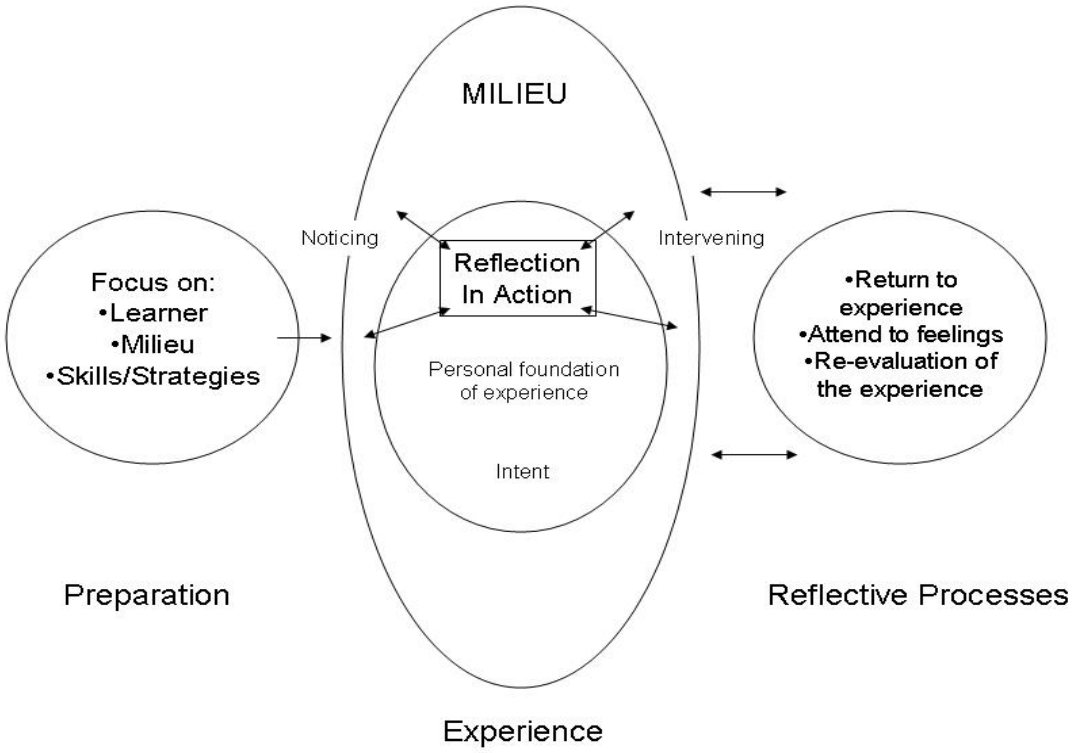

Figure 2. Boud, Keogh, & Walker's (1993) reflective learning model (p. 77)

people recapture their experience, think about it, mull it over, and evaluate it (p. 33). Learning arises from the reflection on the experience. The individual brings a personal perception about the experience and "what the learner brings to the event is essential to an understanding of what occurs" (p. 36). The second phase includes the reflective process that has three elements: "returning to the experience, attending to feelings, and re-evaluating the experience" (p. 36). This is crucial to how the learner works on the experience, links knowledge, re-examines the initial experience in light of current goals, and finally integrates learning into the existing framework.

Returning to the experience is the recollection of events or the replaying of the initial experience in the learner's mind. *Attending to feelings* has two separate aspects: using positive feelings and removing obstructing feelings. The positive feelings about learning and the experience is what the individual needs to reflect. Removing the obstructing feelings "is a necessary precursor to a rational consideration of events" (Edwards et al., 2013, p. 41) because it shifts the expression about the feeling when recounting an event. An example to describe this impact is that of an individual laughing when telling an embarrassing story. *Re-evaluating experience* is the most important stage, but is omitted if the previous two steps do not take place and Boud and Walker (1993 summarized:

> By re-evaluating the experience in light of the new knowledge, the individual's learning conceptual framework is altered. Additionally, the learner is said to single out a specific part of an encounter and compare it with a previous experience and learning; this is called 'association' and thus relates the current experience with a previous experience. It is only then that the learner can 'integrate' the previous learning and test validity and affirm 'validation' that leads to making our own 'appropriation.' (p. 73)

Boud and Walker (in Edwards et al., 2013) explained that "emotions and feelings are a significant source of learning; they can also at times become barriers" (p. 44). They further elaborated that

> depending on the circumstances and our intentions we need either to work with our emotional responses, find ways of setting them aside, or if they are positive ones retaining and enhancing them. If they do form barriers, these need to be recognized as such and removed before the learning process can proceed. (p. 44)

According to the researchers, while learners are attending to feelings, they should not aim to repress or distort feelings intentionally; however, they should remove the undesirable influence which, then, will facilitate future learning. As Boud and Walker stated, feelings can be "discharged by being expressed opening in a sustaining environment" (p. 45).

Boud, Keogh and Walker (2013) also discussed the differences in learning based on what the individual learner has already experienced. "Those who approach the new learning experience from a history of success in similar situations may be able to enter more fully into the new context and draw more from it" (p. 36). Similar to Kelly's (1955) personal construct theory, the idea is that people form constructs in order to understand and explain the world around them; that is, "a person's processes are psychologically channelized by the ways in which he anticipates events" (p. 46). This lends itself to the belief that an individual's perception of a situation or experience is formed from his or her reality. Learning alters the individual's habitual ways of thinking. As Mezirow (1978) defined, "the process of perspective transformation is the process of becoming critically aware of how and why our assumptions about the world are formed." Intentions also play a role in the desire to learn." Boud, Keogh and Walker (2013) also stated that "intentions also influence a learner's approach to a situation and the ways which are chosen to process experience" (p. 24).

Studies in reflective practice have found that using reflective practice can be essential in the healthcare setting. Wong, Kember, Chung, and Yan (1995) analyzed 45 nursing essays using the models of Boud and Walker (1985) and Mezirow (1978) in an effort to establish a method to determine the extent and quality of reflective practice. The study helped to demonstrate the importance of understanding the reflective practice techniques used by individuals in order to promote and educate training practices adequately. Duffy (2009) explored nursing perspectives on reflection from eight teaching nurses who performed preceptor duties for students. The study found that preceptors were able to optimize the learning environment by encouraging and engaging students through the use of guided reflection. Moreover, the study demonstrated the benefit of reflective practice for students learning in clinical work settings. When Larsen, London, and Emke (2016) examined the reflective practices of 26 third-year medical students, they found that learning from clinical experiences was positively impacted for 85% of the participants who used daily reflections. Despite the many studies conducted on clinical staff that have demonstrated the benefits of reflective practice, the researcher was unable to find similar studies for nonclinical healthcare workers.

Bandura and Self-efficacy

In social cognitive theory, perceived self-efficacy operates as a cognitive mechanism by which controllability reduces stress reactions (Bandura, 1985). “It is mainly perceived inefficacy to cope with potentially aversive events that makes them stressful” (Bandura, Taylor, Williams, Meford, & Barchas, 1985, p. 407).

Maslach, Schaufeli, and Leiter (2001) found that self-efficacy has also been recognized as an important factor in burnout and engagement. Self-efficacy is a key

element in social learning theory and suggests a direct correlation between a person's perceived self-efficacy and behavioral change. As Bandura (1997) stated, perceived self-efficacy refers to the person's belief in his or her ability to organize and execute the course of action required to achieve goals. He explained that individuals with a stronger sense of perceived self-efficacy experience low stress in threatening or taxing situations, and experience situations as less stressful owing to their belief in their ability to cope.

Bandura (1977) described the three dimensions of self-efficacy as magnitude, strength, and generality. Magnitude applies to the level of task difficulty that a person believes he or she can attain. Strength refers to the conviction regarding magnitude as strong or weak. Lastly, generality is the degree to which the expectation is generalized across situations. Individual comfort plays an important role in determining the perceived level of self-efficacy in an employee. As Bandura reported, people fear and tend to avoid threatening situations that they believe exceed their coping skills, whereas they become involved in activities and behave assuredly when they judge themselves capable of handling situations that would otherwise be intimidating.

Bandura (1997) also identified four principal sources of self-efficacy: past performance, vicarious experience, verbal persuasion, and emotional cues. Lunenburg (2011) explained that past performance refers to employees who have succeeded on job-related tasks and suggested they are likely to have more confidence to complete similar tasks in the future (high self-efficacy) than employees who have been unsuccessful (low self-efficacy). According to Lunenburg, vicarious experience is most effective when one sees oneself as similar to the person one is modeling. Self-efficacy is said to be boosted if an employee sees an example of someone else excelling in the workplace because this

provides clear insight into what to expect. The third source of self-efficacy is verbal persuasion, which Lunenberg stated primarily involved convincing people that they have the ability to succeed at a particular task. Bandura (1977) described emotional cues as dictating self-efficacy and referred to the symptoms that accompany challenging or uncomfortable tasks such as heart palpitations or sweaty palms.

Vicarious experience or learning through modeling was encouraged by Bandura (1977), who elaborated that modeled behavior with clear outcomes conveys more efficacy information than if the effects of the modeled actions remain ambiguous. Modeling was used in a quasi-experimental study conducted by Salanova, Schaufeli, Martínez, and Bresó (2010) with an intervention group of 23 students and a control group of 27 students over a 6-month time span. Both groups were given questionnaires that measured their levels of self-efficacy, and the intervention group participated in four one-on-one intervention sessions over the 6-month timeframe. When both the intervention and the control group took the same surveys at the completion of the study, the findings revealed that only the intervention group showed improved self-efficacy and engagement scores. These results suggest that self-efficacy can be promoted through positive trainings and coaching methods. Gist (1987) discussed the notion of self-modeling, which can be done to as an effort encourage self-belief by showing a subject a videotape of his or her mistake edited to illustrate the individual completing the task correctly.

Verbal persuasion is also reported to influence human behavior. Bandura (1977) stated that people are led, through suggestion, into believing they can cope successfully with what has overwhelmed them in the past. Hackett and Betz (1981) also stated that encouragement and persuasion toward a given behavior function to increase efficacy

expectations, while lack of encouragement or overt discouragement at best fail to increase and at worst decrease efficacy expectations.

Feltz (1982) performed a path analysis study of 80 deep divers who were attempting to perform a modified back flip for the first time. The study measured psychological, self-reported, and performance measures. Each diver's heart rate was measured after every dive to see if emotional cues were reduced as self-efficacy improved. The divers participated in an anxiety survey that was used to calculate perceived self-efficacy; lastly, a trained diver acted as an observer and provided feedback after every dive attempt. The results revealed that as each diver gained experience on the task, performance had a greater influence on self-efficacy than self-efficacy had on performance. Despite hypothesizing that emotional cues would decrease as self-efficacy increased, the results reported no correlation of the heart rate after each performance. This study provided a useful review of Bandura's principles of self-efficacy.

Meier (1983) discussed Bandura's concept of contextual processing, which indicated that efficacy information contained in environmental events is filtered by the individuals' cognitive processing of those events. Ultimately, each individual will have personal perceptions of what is considered a stressful environment and will then rely on different coping techniques based on individual levels of self-efficacy. Bouffard-Bouchard (1990) conducted a study on 54 college students who performed a cognitive task which they had not been trained to complete. While the results showed that the students were able to complete the task at varying levels, the students who received positive feedback on the task judged themselves to be more efficacious than those who received negative feedback. This study served as a nod to verbal persuasion and Bandura

(1977) reaffirmed that not only can perceived self-efficacy have directive influence on choice of activities and settings, but, through expectations of eventual success, it can affect coping efforts once they are initiated.

Matsui and Onglatco (1992) published research findings that strongly confirmed the identification of career self-efficacy as a moderator of the relation between stress and strain in work settings. The impact of stress and strain on self-efficacy has also been explored in the research. Jex, Bliese, Buzzell, and Primeau (2001) conducted a large survey of 2,293 army members to see whether coping impacted the moderating effect of self-efficacy on stressor-strain relations. The findings determined that self-efficacy mitigated the effects of low role clarity on strain only when active coping was high. Also, as expected, strain levels were lower for participants with high self-efficacy than for participants with lower self-efficacy when work overload was low but avoidance coping was high.

The impression that self-efficacy can be taught lends itself to Bandura's (1993) statement that human functioning is affected by the beliefs people hold about ability. Perceived ability impacts individual initiative, which ultimately affects the individual's perception of self-efficacy. Bandura (1977) also confirmed that self-efficacy can change as a result of learning, experience, and feedback.

Workplace Learning

While reflective practice and self-efficacy are important in how learning can take place, it is also necessary to discuss the various ways that learning occurs in the workplace. Informal learning and nonformal learning are two different forms of learning that regularly occur and can influence how an individual has learned to respond to stress.

Tough (1979) termed “deliberate learning” that describes when learners are aware they are learning and often have specific goals, as opposed to generalized learning. While this type of learning takes place at educational institutions and training and development departments within healthcare organizations, much learning is learned informally.

Informal learning is described as an unplanned and implicit process with unpredictable results (Hager, 1998). “Informal learning often happens spontaneously and unconsciously without any a priori stated objectives in terms of learning outcomes” (Kyndt, Dochy, & Nijs, 2009, p. 369). Not everyone benefits from informal learning; as Marsick and Volpe (1999) commented, “it is extremely difficult for many people to explain what they have learned or even to affirm that they have in fact learned something” (p. 6).

Conversely, nonformal learning consists of all education that takes place outside of the school system (Schugurensky, 2000) and is seen as an individual process where the individual learns by his or her own will (Fordham, 1993). In a study by Kyndt et al. (2008), 1,162 employees from 31 different companies and professional organizations completed a questionnaire on learning considerations for informal and nonformal learning. This “identified five learning conditions that were identified and different kinds of groups of employees have different chances for non-formal and informal learning” (p. 380).

Active learning is necessary for both informal and nonformal learning. As Eraut (2007) reported, “early career professional learning is characterized by the accumulation of a massive amount of experience, not all of which is consciously processed; and their representations of their acquired knowledge change as their learning progresses”

(pp. 407-408). Reflective practice appears necessary in order to process appropriately and learn from experiences in the workplace.

Smith (2001) also noted that "people possess slightly different types of tacit and explicit knowledge and apply their knowledge in unique ways. Individuals use different perspectives to think about problems and devise solutions" (p. 313). While employees may share the same level of explicit knowledge, the types of tacit knowledge vary according to the individual. Reber (1993) defined implicit learning as "the acquisition of knowledge independently of conscious attempts to learn and in the absence of explicit knowledge about what was learned" (p. 4). Eraut (2000) further explained that because there is no intention to learn, there is no awareness of learning at the time it takes place. Reflective practice can shift tacit knowledge to explicit knowledge, and so reduce stress levels that are caused by insufficient training or knowledge. It is helpful to understand the various influences that workplace learning has on individual learners.

Using reflective practices to learn valuable information from past experiences is strongly suggested. Similarly, learning how to increase efficacy is necessary when attempting to learn and develop abilities such as emotional intelligence. Reflecting in a stressful environment is difficult, but it can be done if the individual is willing to remove barriers that arose in previous experiences while also being mindful of informal and nonformal learning in order to generate new knowledge and abilities in future situations.

Chapter Summary

This literature review of workplace stress, emotional intelligence, and experiential learning has suggested that there is a strong relationship between how EI capabilities can influence the coping tendencies used during stressful experiences in the workplace. It is

crucial that learners reflect on experiences in order to assess how they managed emotions during difficult situations and modify actions based on successful coping techniques. Boud and Walker (in Edwards et al., 2013) promoted self-efficacy by saying, "Unless we believe in ourselves and our own capabilities we can constrain ourselves to such an extent that we deny ourselves learning opportunities and fail to extract what is available to us in any given situation" (p. 44). The literature, however, does not indicate how individuals who use EI to inform coping efficacy have learned these necessary skills. The researcher set out to understand what EI abilities were useful in managing stress and explore how individuals have learned these abilities.

Description of Conceptual Framework

Informed by the literature, the conceptual framework that helped to situate the study was the belief that individual learning is influenced by past experiences that have been processed, based on Boud, Keogh, and Walker's reflective learning model. Because workplace stress is often inevitable, learners are urged to revisit an experience by reflecting with a focus on attending to feelings and removing stigmas in order to re-evaluate the situation with purpose. The individuals were able to connect with their feelings and emotions, as consistent with Bandura's social learning theory, and used vicarious learning, modeling, and reinforcement of behavior in order to increase efficacy and ability. Emotional intelligence is defined as an ability that can be developed, and when individual learners used these competencies in stressful situations, their coping efficacy is strengthened; in turn, this informs coping tendencies that can be used to deal with stress in the workplace. The rationale of this study, then, was fundamentally grounded in exploring the relationship between coping tendency and the emotional

intelligence strategies of the learner. A purposeful effort was spent on exploring how individuals learned to develop and ultimately used their EI abilities. Reflective practice was crucial to understanding how individuals attend to feelings and what impact it had on their ability to cope with workplace stress. Ultimately, past experiences, coping tendencies, and EI abilities shape individual learning.

Figure 3. Conceptual framework

Chapter III

METHODOLOGY

This chapter begins with an explanation of the reason for choosing a qualitative research approach with a quantitative survey as a supplemental component. Next is a discussion of the selection criteria used to determine the participant sample chosen for the study. Lastly, the instruments and tools used to collect and analyze the data are described to allow for auditability. The chapter concludes with a presentation of the limitations of the study.

The researcher selected the qualitative method as the primary methodology for this study. Many advantages for using this method have been identified in the research field. "The strengths of qualitative research derive significantly from this process orientation toward the world, and the inductive approach, focus on specific situations or people, and emphasis on descriptions rather than the numbers" (Maxwell, 2012, p. 30). The following research questions were central to this study:

Primary: What do frontline employees report that they have learned from utilizing emotional intelligence strategies and how does this impact their ability to cope with workplace stress?

Sub-questions:

1. How do professional (and personal) past experiences reportedly influence coping styles and techniques and what impact do these have on coping with workplace stress?

2. How does formal and/or nonformal workplace learning contribute to or hinder the development of emotional intelligence abilities and techniques that are used to cope with workplace stress?
    2a. What aspects of formal and/or nonformal workplace learning have contributed to the use of successful coping tendencies?
3. How do reported coping tendencies and techniques relate to emotional intelligence competencies and self-efficacy?

Qualitative data, as described by Miles, Huberman, and Saldana (1994), "are a source of well-grounded rich descriptions and explanations of human processes. With qualitative data, one can preserve chronological flow, see which events led to which consequences, and derive fruitful explanations" (p. 4). The choice of qualitative study has many strengths; one major feature is "that they focus on naturally occurring, ordinary events in natural settings, so that we have a strong handle on what 'real life' is like" (p. 11). The qualitative data collected for this study served as a means of locating the "meanings people place on the events, process, and structures of their lives and for connecting these meanings to the social world around them" (p. 11). The researcher was interested in *how* and *what* individuals learned and used a comprehensive dataset to form recommendations. The purpose of this study, then, was to explore how nonclinical frontline employees (FLEs) learned the emotional intelligence abilities that informed the coping tendencies they used when facing workplace stress. It was important to focus on how they developed abilities and how past experiences impacted their learning.

Constructivist Theoretical Perspective

A constructivist theoretical underpinning grounded this study. Constructivism is a theory based on observation and scientific study about how people learn. The primary belief is that people construct their own understanding and knowledge of the world, through experiencing things and reflecting on those experiences. Fenwick provided additional insight (as cited in Merriam, Caffarella and Baumgartner, 2012, p.169) and stated, "those who see experiential learning through a constructivist lens want to foster critical reflection on experience and challenge learner's assumptions while validating personally constructed knowledge." Qualitative inquiry increases individual understanding of "otherness" through its in-depth studies of specific groups, for the goal is not to explain their reality but to understand it (Morales, 1995). Rather than seeking to measure or categorize behavior or attitudes, interpretive researchers have focused on the understandings of research respondents, pursuing an analysis based on the constructivist ontological position that individuals actively negotiate meaning (Broom, 2007). Particularly, the benefits of interpretivism (seeking understanding) and naturalistic approach (collecting data in everyday life) are important to the researcher. The constructivist theory encourages continual thinking about subject matter and is grounded in subjectivity and complexity. "It seeks not necessarily to count or reduce, but to represent rich, subjective experience in such a way as to reflect on consistencies and parallels, while retaining the various nuances of the data" (Broom and Willis, 2007, p. 26).

Description of the Sample

A convenience sample of approximately 54 healthcare workers that included 51 frontline employees and 3 supervisors were recruited from various ambulatory care (outpatient) departments within not-for-profit academic health systems located throughout the tristate area or in New York City (NYC). The participants selected for this study were drawn from six of the top 10 influential hospitals in New York City, according to *U.S. News & World Report* (Kroeger, 2018). The participant organizations represent prominent healthcare institutions that employ thousands of frontline employees. Many FLE's in NYC are members in a union organization. In this study, 50% of the FLEs that participated in an individual interview shared that they were in position that was protected by a union. Although union participation was not discussed or disclosed by the remaining participants in the study, many of these FLEs worked for hospitals that had union members. New York State has the largest amount of union workers in the country and NYC hospital workers comprise almost 50% of all union members in the State (Milkman and Luce, 2016). The study participants in the sample were representative of the race and ethnicity rates of unionized members, which is 40% of African Americans, 20% of Whites and 20% of Hispanics (Milkman and Luce, 2016).

There were two recruitment periods for this study. The first recruitment period lasted four months, from July to October and focused on enrolling frontline employees to participate in the survey. The targeted population was nonclinical FLEs who worked in entry-level direct patient care roles that provided administrative support to clinical providers, such as physicians or nurses. The primary job responsibility of the participants

was largely registering patients at the front desk of a medical practice, coordinating surgery for patients, or answering large volumes of patient calls in a medical practice.

The second recruitment period lasted one month and took place in November. This recruitment was focused on attaining a manager sample group. Despite initially receiving a moderate response of six confirmed participants, only three supervisors participated in a small focus group, provided their feedback on the coping tendencies of FLEs, and offered recommendations on how to support them in navigating stressful environments.

The researcher did not place restrictions on the eligible roles/titles of the selected frontline employees to encourage and recruit various cross-functions of the roles. Attempts were made to recruit participants who represented different specialty departments such as oncology, adolescent health, obstetrics and gynecology, cardiology, and other outpatient specialty practices. Additionally, the researcher also attempted to recruit participants who had a range of work experience and were diverse in age, race, and gender. These participants were required to complete a survey including a demographic questionnaire (Appendix A) as well as a group of three instruments: *PSS* (Appendix B) to measure self-perceived stress; the *SSEIT* (Appendix C) to measure EI; and the Brief *COPE* (Appendix D) to highlight coping tendencies. Lastly, a series of open-ended questions about a critical incident (Appendix E) with stress concluded the questionnaire and served as a self-report of experiences with stress in the workplace. The survey was available in both paper and electronic format.

Individual semi-structured interviews were facilitated to gain deeper insight. The participants were interviewed using the narrative behavioral interview technique that

solicited stories and information about the environment in which the learners gained knowledge to cope with stress. The focus of the questions was on emotions and the abilities and techniques they used to manage those emotions in the workplace and how they were learned. It was important for the researcher to ask thought-generating questions that were relevant to the experiences of the participants' professional and personal background. The researcher used all completed surveys submitted for purposes of the study. The *SSEIT* scores gave the researcher a greater sense of the perceived ability to use EI in the workplace; however, it was not used as a determining factor of who participated in the interview.

The participants in the sample were acquired from referrals from the researcher's network and referrals from others who participated in the study. The recruitment goals of this study were to recruit approximately 30 nonclinical FLEs to partake in either a survey or interview. However, the researcher surpassed the goal as 51 FLEs successfully completed the survey. Twenty of the survey participants also agreed to participate in a semi-structured interview. The interview participants shared that they used a range of coping styles inclusive of both constructive and maladaptive methods.

The secondary recruitment period began after all interviews were completed with the FLE's that volunteered to participate. The focus group recruitment lasted for 30 days and was not concluded until the day of the focus group. Ten supervisors were invited to participate through word of mouth and snowball recruitment from the researcher's professional network. Six supervisors agreed to attend and three ultimately participated in a focus group that sought to obtain recommendations from the supervisor perspective on

how to aid frontline workers with coping and workplace stress. See Tables 1 and 2 which depict the participants' frequency of completion for each component discussed.

Table 1

Frontline Employee Sample: Demographic Survey Sections and Completion

Collective Group Participation of Survey		
Section of Survey	# Participated	# Completed
Demographics	51	33
Perceived Stress Assessment	51	51
EI Assessment	51	44
Coping Tendency Assessment	51	41
Critical Incident	51	29

Table 2

Subject Participation Distributions

	Invited	Confirmed	Participated
Survey	200	N/A	51
Semi-structured Interview	51	20	20
Focus Group	10	6	3

Participants for the survey were recruited via the researcher's professional network. Initially, the researcher intended to solely focus recruitment efforts on one hospital system, for which its Institutional Review Board (IRB) office provided approval in writing; FLEs eagerly completed the survey and snowballing quickly occurred as they forwarded the electronic survey to their peers at various hospitals throughout the New York City area. A customized electronic recruitment email (Appendix F) was utilized for

the survey and also for the focus group (Appendix G). Participants who asked for permission to share with potential subjects were given approval. See Figure 4, which depicts the recruitment process, participants and order of events.

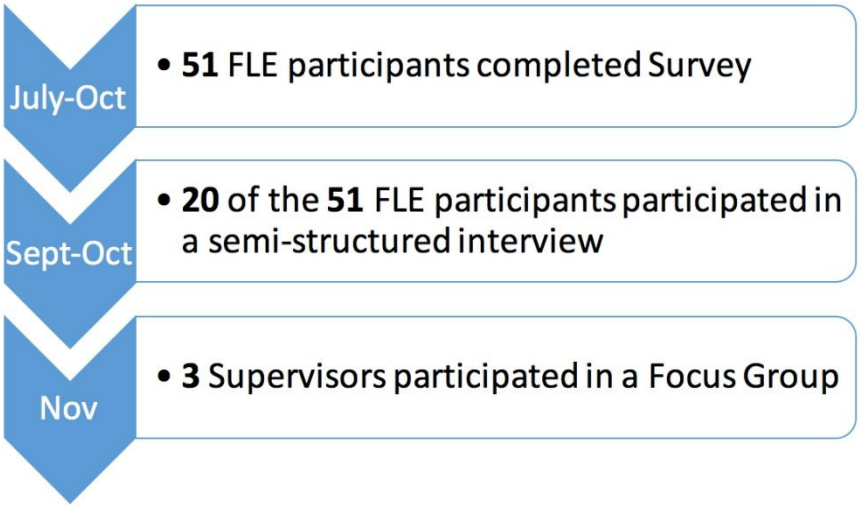

Figure 4. Methodology Recruitment Process

Methods for Assuring Protection of Human Subjects

The researcher obtained approval from the Teachers College, Columbia University IRB and adhered to the recruitment policies as mandated by the various health systems. Participants of the research study were selected voluntarily and there was no threat of repercussions. All participants were informed of the aim and purpose of the study, and risks and benefits were also explained. Written consent was obtained from all participants prior to the start of the study and these consents were reviewed with the participants prior to the semi-structured interview and the focus group. The researcher kept separate files, one with the participants' name and contact information and another with researcher data. The information collected by participants was identified by a pseudonym. All interviews were recorded and transcribed. The transcriptions were only

identifiable by the agreed-upon pseudonym provided by the participant. The researcher completed the required Human Subject Assurance Training.

Methods for Data Collection

Data were collected from three primary sources. First, the survey results were retrieved from the three separate sections of the survey. The results included responses to a demographic questionnaire; results from a series of instruments measuring the perception of several areas that include perceived stress (*PSS*), emotional intelligence (*SSEIT*), and coping style (Brief *COPE*); and results from a critical incident involving stress. The individual interviews and a focus group served as the last two sources of data. Table 3 illustrates the information required and culled from each data set. This section then describes how each method was used and how it contributed to the study.

Piloting Impact on Design

Early piloting completed by the researcher aided in the intentional methodology design employed for the study. In a previous pilot conducted in a private medical practice with eight frontline employees, the researcher piloted three different instruments to measure burnout and coping. All of the participants completed an extensive 120 question survey and one participant volunteered to take part in a semi-structured interview. Additionally, the researcher facilitated a focus group with the eight individuals who completed the questionnaire to gain their feedback on the questions and their thoughts on the potential research topic. The participants voiced concern about answering too many questions and had comprehension difficulty in understanding the questions being asked.

The pilot questionnaire also included open-ended questions that were not descriptive and requested the participant to describe a situation leading to burnout.

Table 3

Desired Data and Sources of Information

Information Needed	Data Collection Methods	Data Analysis Methods
Survey and instrument results of perceived sense of job stress, emotional intelligence, and coping tendencies.	Use of a Screening Survey that is inclusive of demographics; instruments of measure perceived stress and EI.	Obtained scores from instruments, used demographic data for reference, and utilized ATLAS Ti to analyze the survey data.
First-hand report by 20 participants on their experiences with stress, the emotions they use, and how they have learned to cope.	Individual 60-minute semi-structured interviews.	Used ATLAS Ti to analyze, code, and synthesize the transcripts of the interviews.
First-hand report by three participants in a focus group to attain feedback and recommendations on stress and emotions in the workplace.	Focus group with participants.	Insufficient information gathered and therefore not included in the study.

Many revisions to the methodology were made based on the results of the pilot. Burnout was transitioned to workplace stress due to the negative stigma that participants had with the term *burnout*. The instruments were revised to include the short version of the desired assessments, which reduced the survey to under 100 questions. The open-ended questions were reworded and revised carefully into a critical incident questionnaire that purposefully guides the responder to elaborate on feelings and behavior. The pilot was instrumental in designing the current methodology.

Survey

The researcher recruited participants to complete a 93-question survey as a means of gathering information to assess the trends of perception regarding EI, workplace stress, and reported coping strategies. The intention behind using three assessment instruments was to obtain a baseline report of the participant's perceptions. The perception of a situation or skill can vary based on an individual's interpretation of their environment and can differentiate between individuals that are experiencing the same event. Additionally, the survey responses aided the researcher in selecting potential participants for the study based on individuals who had specified interest in participating in individual interviews. The survey contained three sections and participants were strongly encouraged to complete all sections. The survey was available electronically by using Qualtrics for 4 months as well as in a paper format. All participants signed a Survey Consent (Appendix H), which was also built into the electronic survey and served as approval to use the information gathered in the survey.

Demographic Questionnaire

The demographic questionnaire is comprised of questions that provide useful background information such as race, gender, age, marital status, extracurricular activities, and preferred relaxation methods. Dominicé (2000) stated that "the way adults think often reveals their social background, the formal level of their education, and what they have experienced in their vocational as well as personal lives" (p. 83). Additionally, certain questions asked the participants about their potential interest in participating in an interview and focus group and requested their preferred contact information. This portion

of the survey collected the demographic information of the subjects and provided specifics about the intentions of the potential participants.

Fifty-one FLEs returned the survey and only 33 of the surveys were completed in their entirety. The remaining 18 surveys were incomplete; however, the submitted information was still utilized in the study. The survey participants were divided into two distinct groups: the Interview group and the Survey Only group. The Interview group was inclusive of FLEs who both completed the survey and participated in an individual interview. The Survey Only group chose to participate solely in the survey. The *Survey Participant Profile* is listed below in Table 4 and showcases all of the FLE survey participants and their results. The table also highlights the sections that were left incomplete and therefore are missing information. The first 20 participants in the profile represent the Interview group and include the selected or assigned pseudonyms that were utilized throughout the study. The remaining 31 participants represent the Survey Only group and have been assigned numerical pseudonyms that were utilized in the study.

Perceived Stress Scale (PSS)

The *Perceived Stress Scale* (*PSS*) is an instrument that measures the perception of stress and the degree to which situations in one's life are appraised as stressful (Cohen, Kamarck, &Mermelstein, 1994). The questions use a Likert scale from 1-4 and ask about feelings and thoughts of stress during the last month. In each case, respondents were asked how often they felt certain way. "Because levels of appraised stress should be influenced by daily hassles, major events, and changes in coping resources, predictive validity of the PSS is expected to fall off rapidly after four to eight weeks" (Cohen et al., 1994, p. 4). Roberti, Harrington, and Storch (2006) conducted research on college

students and reported that “normative results, internal consistencies, and construct validity were supported. The current findings reveal that the PSS-10 is a reliable and valid instrument for assessment of perceived stress” (p. 144).

It was necessary to include this instrument because perception plays an important role in how the individual functions in an environment. The tool confirmed the perception of workplace stress for each participant who completed the assessment. Once the assessment was scored, the participants fell into one of three categories: low, moderate, or high levels of perceived stress. The researcher interviewed subjects who reported various perceived levels of stress, which diversified the participants’ perspectives and responses.

Schutte Self-report Emotional Intelligence Test (SSEIT)

The *Schutte Self-report Emotional Intelligence Test* (*SSEIT*) is a self-administered questionnaire consisting of 33 questions measured according to a 5-point Likert scale; higher scores indicate higher EI. This method was validated in a study published by Arunachalam and Palanichamy (2017) who stated that “using exploratory factor analysis, a four-factor structure model of SSEIT is reported. A four-factor model has been hypothesized, which is tested using confirmatory factor analysis. The model is found to be fit with the necessary indices falling within the acceptable limits” (p. 49).

The *SSEIT* was purposefully designed to assess EI in only a few questions. It is important to note that the EI level results are not the actual EI level, but rather the perceived EI level. The researcher thought it was appropriate to use a perception-based EI instrument because it aligned with Bandura’s theory that ultimately explained that

Table 4

Survey Participant Profile

x= no response	DEMOGRAPHICS						ASSESSMENTS			CI
Participants	**Gender**	**Ethnicity**	**Age**	**Children**	**Tenure**	**Education**	**Brief Cope**	**EI (SSEIT)**	**Stress (PSS)**	**Critical Incident**
Jae Rich	Male	Black	35-44	0	15-20	Associate	Complete	MOD	HIGH	Complete
Terry	Female	Black	45-54	1	20+	Some College	Complete	MOD	MOD	x
Regina	Female	Black	35-44	2	10-15	Some College	Complete	MOD	HIGH	Complete
Tiffany	Female	Black	25-34	2	5-10	Associate	Complete	HIGH	LOW	Complete
Natalee	Female	White	18-24	0	0-4	HS	Complete	MOD	HIGH	Complete
Alice	Female	Hispanic	45-54	2	10-15	Bachelor	Complete	HIGH	LOW	x
Stephanie	Female	Hispanic	25-34	2	5-10	Some College	Complete	MOD	MOD	Complete
Pedro	Male	Hispanic	35-44	3	15-20	Associate	Complete	MOD	LOW	Complete
Faryn	Female	Black	35-44	2	20+	Some College	Complete	MOD	LOW	Complete
Shirley Baker	Female	White	35-44	0	15-20	Some College	Complete	MOD	LOW	Complete
Evelyn	Female	Black	45-54	2	20+	Some College	Complete	HIGH	MOD	Complete
Philip	Male	White	35-44	0	5-10	Bachelor	Complete	MOD	MOD	Complete
Erica	Female	Black	45-54	2	20+	HS	Complete	MOD	MOD	Complete
Jason	Male	Other	45-54	0	10-15	Master	Complete	MOD	MOD	Complete
Kate	Female	White	25-34	0	5-10	Some College	Complete	MOD	MOD	Complete
Jaime	Male	Hispanic	35-44	2	5-10	Bachelor	Complete	MOD	LOW	Complete
Nicole	Female	Black	25-34	1	5-10	HS	Complete	MOD	LOW	Complete
Shaina	Female	Black	25-34	0	0-4	Some College	Complete	MOD	MOD	x
Patricia	Female	Other	18-24	0	5-10	Bachelor	Complete	MOD	MOD	Complete
Darren	Male	Hispanic	25-34	0	5-10	Bachelor	Complete	MOD	MOD	Complete
#21	Female	Hispanic	18-24	0	0-4	Some College	Complete	x	MOD	Complete
#22	Female	Hispanic	18-24	0	0-4	Some College	Complete	MOD	MOD	Complete
#23	Female	Hispanic	25-34	1	5-10	Associate	Complete	x	MOD	Complete
#24	x	x	x	x	x	x	x	x	MOD	x
#25	Male	Black	25-34	0	0-4	Bachelor	Complete	MOD	MOD	Complete
#26	x	x	x	x	x	x	x	MOD	MOD	x
#27	x	x	x	x	x	x	Complete	MOD	MOD	Complete
#28	x	x	x	x	x	x	Complete	MOD	MOD	x
#29	x	x	x	x	x	x	Complete	HIGH	LOW	x
#30	x	x	x	x	x	x	x	x	MOD	x
#31	x	x	x	x	x	x	x	x	MOD	x
#32	x	x	x	x	x	x	x	MOD	MOD	x
#33	Female	Hispanic	35-44	1	0-4	Associate	Complete	LOW	LOW	Complete
#34	Female	Hispanic	55-64	0	20+	Some College	Complete	x	MOD	Complete
#35	x	x	x	x	x	x	x	x	MOD	x
#36	x	x	x	x	x	x	x	MOD	LOW	x
#37	Female	Hispanic	25-34	0	5-10	Bachelor	Complete	MOD	LOW	x
#38	x	x	x	x	x		Complete	MOD	LOW	x
#39	Female	White	25-34	0	0-4	Associate	Complete	MOD	MOD	x
#40	x	x	x	x	x	x	x	MOD	MOD	x
#41	x	x	x	x	x	x	Complete	LOW	MOD	x
#42	x	x	x	x	x	x	x	HIGH	MOD	x
#43	x	x	x	x	x	x	Complete	HIGH	MOD	x
#44	x	x	x	x	x	x	Complete	MOD	LOW	x
#45	Male	Black	25-34	2	5-10	Some College	Complete	MOD	MOD	Complete
#46	Female	Black	25-34	1	10-15	Some College	Complete	HIGH	LOW	Complete
#47	Female	Black	35-44	2	15-20	Some College	Complete	MOD	LOW	Complete
#48	x	x	x	x	x	x	x	MOD	LOW	x
#49	x	x	x	x	x	x	Complete	MOD	LOW	x
#50	Female	Hispanic	25-34	0	0-4	Bachelor	Complete	MOD	LOW	x
#51	Male	White	35-44	0	10-15	Bachelor	Complete	MOD	MOD	Complete

perception of ability (efficacy) may be more crucial than not having the confidence to use the ability.

Measuring the participants' EI ability with the *SSEIT* provided valuable information for the study because it was necessary to know the EI level in order to have a baseline of the skill. It is important to note that the researcher was not interested in high versus low EI ability, but in being able to compare the relationship of perceived ability and actual ability that was established by the critical incident question.

Using the *SSEIT* provided baseline information on the perception of the employees' ability to manage stress. As mentioned in the EI theory, "EI involves a set of cognitive abilities used for processing emotionally relevant information" (Śmieja, Orzechowski, &Stolarski, 2014, p. 1). The researcher was particularly interested in understanding how individuals have learned the various EI abilities that were assessed and measured by using the *SSEIT*. The scale measured the perception of the individual to perceive, use, understand, and manage emotions. The higher the reported score, the higher the perceived emotional ability level. The *SSEIT* scale in particular is attractive because of the detailed information it provides in a relatively brief questionnaire, compared to comparable instruments. The *SSEIT* has also been tested and validated (Arunachalam &Palanichamy, 2017).

Brief COPE

The Brief COPE assessment scale was utilized in this study as assesses coping tendencies. It contains 28 items and is rated by a 4-point Likert scale, ranging from "I haven't been doing this at all" (1) to "I have been doing this a lot" (4). The original full *COPE* is a 60-item instrument with four items per scale that was found to have

considerable redundancy. “We have found that patient samples become impatient with completing the full COPE. The Brief COPE is intended to foster a wider examination of coping in naturally occurring settings” (Carver et al., 1989, p. 98). Yusoff, Low, and Yip (2009) reported that the “Brief COPE scale was designed to assess a broad range of coping responses among adults” (p. 41). A study on Malaysian women undergoing chemotherapy found that the Brief *COPE* showed fairly good reliability and validity. The scale could distinguish between 14 coping dimensions: self-distraction, active coping, denial, substance use, use of emotional support, use of instrumental support, behavioral disengagement, venting, positive reframing, planning, humor, acceptance, religion, and self-blame.

It is necessary to explain that the researcher was interested in the reported coping tendencies of the participants in order to give context to how they responded to workplace stress and how this impacted their EI strategies. The instrument highlighted prominent coping styles and reported a score that indicated the preference for each of the 14 coping dimensions, including both adaptive and maladaptive coping strategies. Initially, the preferences were divided into these two groups, adaptive and maladaptive, for the purposes of determining the type of coping tendency as defined by Lazarus and Folkman. The researcher purposefully did not score participants or assign them into one specific category; rather, she looked at each individual’s coping habits as a whole in order to understand his or her preferences. Ultimately, the researcher realized that both adaptive and maladaptive coping tendencies were able to positively impact the FLE when processing stressful situations and coping in the workplace. For this study, the coping

styles reportedly used by the participants as a result of completing the COPE assessment were broken down into the following categories, as presented in Table 5.

Table 5

Coping Tendency Distribution

Constructive Coping	Maladaptive Coping
Active coping	Self-distraction
Emotional support	Denial
Instrumental support	Substance use
Positive reframing	Self-blame
Planning	Behavioral disengagement
Humor	Venting
Acceptance	
Religion	

Critical Incident Questionnaire

The final component of the survey included three open-ended questions that aimed to uncover a critical incident with stress in the workplace. It was the researcher's intention to use these responses to the questions as a validation of the types of experiences faced and explore the outcome after the situation. Seventeen subjects in the Interview group and 12 subjects in the Survey Only group completed this portion of the survey, and the 29 responses helped to enhance the first-hand knowledge learned from the frontline. The questionnaire included a series of questions that encouraged each individual to reflect on feelings and thoughts that occurred in both positive and negative situations. Those who did complete the critical incident questions provided some insightful information, but the researcher recognized that some had trouble answering

these open-ended survey questions due to such factors as the time it took to reflect and respond or their level of comfort in divulging intimate feelings.

While the critical incident was not a selection criterion, it was used as a guide in the interview discussions for those participants who completed that portion of the questionnaire. The researcher referred to individual critical incident responses in the semi-structured interview to build on the reflective thought process of dealing with stress. The reflective responses from the critical incident played a small role in assisting these individuals to return to the experience and help them recall emotions and behaviors, both expressed and not expressed. The literature review on workplace stress suggested that efficacy is increased when an individual continually experiences a specific encounter or situation. The critical incident encouraged the participants to reflect on specific emotions and cognitive behaviors that they experienced during a specific self-perceived stressful or challenging situation. More importantly, the researcher expanded on the incidents reported on the questionnaire in both the individual interviews and more broadly in the focus group. She also explored how individuals have learned to use select emotions when facing stress and understood how experiences informed their coping tendencies.

The critical incident questions directed participants to describe their perspective of their worst day or craziest day at work. Some sub-questions were intended to guide the respondents through reflection that queried those involved in the event and what feelings they recalled during the incident. Other questions sought to understand the participants' emotion regulation ability by asking them to recall a situation that frustrated or angered them but where they were able to modify their feelings in the moment in order to handle the situation.

Table 6

Collective Group Critical Incident Response Rate

	Completed	%	Omitted	%
Interview Group n=20	17	85	3	15
Survey Only Group n=31	12	39	19	61
Total n=51	29	57	22	43

The responses to the critical incident with stress provided insights into the types of experiences the participants encountered and clarified the types of situations perceived as stressful in the workplace. Additionally, the responses to the questions also provided insight into the EI strategies that were utilized due to various workplace stressors. Strong positive responses to the critical incident questions suggested that the participants had the ability to both reflect and manage emotions and cope with workplace stress. Ambiguous positive and strong negative responses to the critical incident questions suggested that these individuals had experienced difficulty coping during and after stressful situations.

Semi-structured Interviews

The researcher used an Interview Protocol (Appendix I) as a guide when conducting individual interviews. The participants were asked to sign a Consent Form (Appendix J) that served as interest to participate and approval to use blind information for research purposes. All participants opted to create a self-selected pseudonym to ensure anonymity. The researcher started each interview by reminding the participant of

how confidentiality would be assured. The interviews lasted approximately 60 minutes and the protocol included 12 interview protocol questions that served as prompts to obtain answers to the study's research questions in order to understand the individual's experiences with learning to use emotions and stress in the workplace.

"Qualitative research can give us compelling descriptions of the human world, and a qualitative interviewing can provide us with well-founded knowledge about our conversational reality" (Kvale & Brinkmann, 2015, p. 55). Interviewing was defined by Kvale and Brinkmann (2015) as "an active process where interviewer and interviewee through their relationship produce knowledge" (p. 21). Marshall and Ross (2016) also explained that an in-depth interview serves as the overall strategy and method employed in qualitative studies (p. 147). Additionally, "one of the most important aspects of the interview's approach is conveying the attitude that the participant's views are valuable and useful" (p. 148). Moreover, interviews have benefits that Marshall and Ross described as being able to obtain large data in quantity and being able to follow up and clarify immediately and as needed (p. 148).

The limitations of interviews related to how the intimate encounter often depends on building trust in a time-restricted timeframe (p. 148). Brinkmann and Kvale (2015) described a semi-structured research interview as one that focuses on the subject's experience of a theme; while the interviewer's questions are aimed at a cognitive clarification of the subject's experience of learning, they are also geared at letting the subject describe as freely as possible (p. 29). Brinkmann and Kvale also urged that "the interviewer should be aware of potential ethical transgressions of the subjects' personal

boundaries and be able to address the interpersonal dynamics within an interview" (p. 35).

The behavioral event interview (BEI) method is a semi-structured interview that the researcher used to discuss the critical incident responses from the survey. When using this method, the respondent is asked to recall recent specific events in which he or she felt he or she used effective strategies (Boyatzis, 1982; Spencer & Spencer, 2008). According to Boyatzis (2009), once the person recalls an event, he or she is guided through telling the story of the event via a basic set of four questions:

1. What led up to the situation?
2. Who said or did what to whom?
3. What did you say or do next? What were you thinking and feeling?
4. What was the outcome or result of the event? (p. 752)

Merriam et al. (2007) explained that "constructivists foster critical reflection on students' assumptions and assess learner's prior experiential learning" (p. 171). The researcher used semi-structured interviews as a way to gather useful data that the participants were willing to share. Their reflections on past experiences included explanations on how they learned to use specific techniques that guided their responses to stress.

Focus Group

The researcher used a Focus Group Protocol (Appendix K) to facilitate a small group discussion with three participants. They all signed a Focus Group Consent form (Appendix L) that explained the purpose of the study and formally served as a confirmation of interest in participating. The focus group was held in a central location in

a private room. The participants in this sample group were supervisors of FLEs and represented three different large academic medical centers in New York City.

Table 7

Focus Group Demographic Profile

	Gender	Race	Age	Marital Status	Education	Healthcare Experience	Tenure
Supervisor A	Male	Black	25-34	Single	Bachelor	7	1-2
Supervisor B	Female	Black	25-34	Married	Master	10	3
Supervisor C	Female	Black	25-34	Single	Some College	8	>1

The researcher used an icebreaker before the discussion commenced so that the participants could casually learn something about each other before moving into a collaborative discussion that elicited personal feelings. Six focus group discussion questions served as a guide to the discussion and helped to triangulate some of the findings that answered the study's overarching research questions. The supervisors in the focus group shared similar perceptions of the stress faced by their FLEs and spoke positively about their belief of the FLEs' ability to utilize EI in the workplace. The supervisors provided recommendations on how educators and organizations can train and support the frontline, which were intended to corroborate the data found in the study.

Focus groups are helpful because they provide an interactive environment. "Focus groups enable people to ponder, reflect, and listen to experiences and opinions of others" (Krueger & Casey, 2015, p. 13). The small size of the group provided an intimate and safe environment for the participants. A supportive environment was provided and the

researcher "[encouraged] discussion and the expression of differing opinions and points of view" (p. 154). The strengths of a focus group were described by Marshall and Rossman (2016) as follows: "the method is socially oriented, studying participants in an atmosphere more natural than artificial experimental circumstances and often more relaxed than a one-to-one interview" (p. 154). Challenges included successfully coordinating a convenient date that worked for interested parties. Despite the concerted effort of the researcher, three members of the confirmed group had to cancel on the day of the event.

Ultimately, the researcher was interested in exploring recommendations on how managers and organizations can support workers with stress management and coping efforts. The questions asked of the participants of the focus group led them into a reflective opportunity and allowed them to think and share tactics with the group that might support their employees.

One commonality among the supervisors in the focus group was that they all previously were FLEs themselves and had been promoted within the past 3 years into a supervisor position. The literature review on learning from experience suggested that a focus group can provide exceptional insights into understanding the participants' learning journey in the workplace. This study's focus group brought individuals from different organizations with varying professional experiences together to discuss tangible recommendations. No one individual monopolized the conversation and the group appeared comfortable in sharing relevant hardships that they faced in their roles, which negatively influenced their ability to support ailing FLEs. Due to the limited number of

participants and scarce information gathered, there were insufficient findings and therefore the focus group discussion is not included this study.

Methods for Data Analysis

The semi-structured interviews and the focus group were audio recorded and then transcribed. The transcribed documents were uploaded into ATLAS Ti, a qualitative data management program, and the data were analyzed. Marshall and Rossman (2016) stated that "the process of bringing order, structure, and interpretation to a mass of collected data is messy, ambiguous, time-consuming, creative, and fascinating" (p. 214). The critical incident responses were brief and were therefore analyzed manually.

The interview and critical inquiry questions were cross-analyzed with the research questions (Appendix M) to ensure that the individuals were being asked the correct questions that would lead to desired information. All data received from the survey, instruments, and interviews were used to gain insight into the inquiry. The researcher used demographic information to track trends and the potential influence of social factors on stress and coping tendencies. The analytic procedures that took place followed the seven phases, as described by Marshall and Rossman.

First, the researcher *organized* the data by ensuring that all relevant documents such as field notes, researcher journal, transcribed data, and other information were useful to analyze. Second, the researcher *immersed herself in the data* by reading and reviewing the data. Third, the generation of potential categories and *themes* were assessed and then *coding* commenced. Initially, the proposed coding themes (Appendix N) utilized a deductive approach and evolved based on the literature. Some of the deductive codes surfaced in the initial stages of coding. Boud and Walker's approach to the reflection

process, was articulated by the participants in relation to how they recalled, processed, and re-evaluated the experience. Bandura's experiential learning themes evolved through how the participants explained how they learned new techniques through observation, past experiences, and modeling. Lazarus and Folkman's themes emerged as participants described their coping preferences such as instrumental support, emotional support, and positive reinforcement. Samples of a coded interviews were provided (Appendix O).

Fourth, a table with final coding categories and themes (Appendix P) was created. The researcher primarily used an inductive approach and utilized the participants words to code the data. The codes were then built and modified into themes throughout the coding process. This revealed the essence of stress triggers and their relationship with coping and emotional intelligence strategies. The coding scheme was updated many times throughout the research process until the final version was reached. Fifth, analytic memos were recorded electronically in the ATLAS ti program, as Wolcott (1994) encouraged the researcher to write notes, reflective memos, thoughts, and other insights that might be helpful to the analysis process. The researcher kept a journal that she routinely used throughout the entire process. Sixth, ample time was spent understanding the data. She spent many months reviewing the data and searching for alternative understandings of the findings. Then, lastly, she presented the findings in the detailed Chapter IV that included descriptive findings illustrated with participant quotes, patterns, and themes that emerged during the analysis. All data collected were analyzed in the sequence presented in Table 8.

Table 8

Sequence of Data Collection and Analysis

Phase One	Phase Two	Phase Three	Phase Four
Survey	Semi-structured Interviews	Critical Incident	Analysis of Dataset
Obtained results from instruments	Coding and analysis of emergent themes from interviews	Analysis of critical incident summary themes	Analysis of demographic data
Code and analysis of themes from critical incident	Analysis of themes across entire participant sample with attention to variation and commonality	Comparison of critical incident and interview summary of themes	Comparison of demographic data, interview, and critical incident summary of themes

Critical incident coding followed the same potential coding themes as the semi-structured interviews and offered substantial value to the study. While all of the participants chose not to complete this section of the survey, those who responded were honest and provided detailed accounts of how they successfully resolved conflict or handled stressful situations. A sample of a coded critical incident is included in Appendix Q.

The researcher initially proposed to analyze the data in ways that were easily detected (Appendix R), and after cross-referencing the data set and maximizing the comprehension of the data by comparing and contrasting the data, a series of final analytic matrices were developed (Appendix S).

Soundness of Study

Theoretical Sufficiency

The researcher attempted to achieve theoretical sufficiency, which Marshall and Rossman (2016) described as exploring categories and patterns in the data in the search for the truth (p. 229). The data were grouped in various ways in an effort to explore all possible connections using demographics, assessment scores, and similar shared experiences. It was important that the researcher established trustworthiness of the data.

Credibility

Marshall and Rossman (2016) stated that "the credibility/believability of a qualitative study that aims to explore a problem or describe a setting, a process, a social group, or a pattern of interaction will rest on its validity" (p. 261). The researcher utilized the rich findings from a diverse group of participants. It was important to ensure that meaningful qualitative sampling and significant analysis were performed to seek comprehensive and truthful interpretation of the findings. Credibility of a qualitative report was also noted by Patton (2002) on the "fundamental appreciation of naturalistic inquiry, qualitative methods, inductive analysis, purposeful sampling, and holistic thinking" (pp. 552-553) and on "the use of rigorous methods of fieldwork, on the credibility of the researcher" (Marshall & Rossman, 2016, p. 260). The data collection methods used aided the credibility of the study. The participants were provided multiple ways to provide feedback and to share important information that helped to shape the study. The critical incident portion of the survey enabled participants to anonymously share intimate events that might otherwise be uncomfortable to share in a face-to-face setting with a stranger. The qualitative information learned in the questionnaire was also

supplemented by the quantitative assessments that measured and helped to validate self-perceived abilities that were fundamental in this study.

Triangulation

Triangulation of data collection methods was a crucial and necessary element in this study. It is defined as "the act of bringing more than one source of data to bear on a single point" (Marshall & Rossman, 2016, p. 262). The researcher used the survey assessment instrument results, critical incident responses, and interviews to support credible data interpretation. There was complexity in the methodology utilized in this study and the multiple components all played a role in ensuring the participants felt comfortable enough to provide candid and honest feedback about their experiences. The strength of the recommendations in this study was supported by the researcher's ability to garner various perspectives and options from many sources. First, the anonymous FLEs who completed the survey assessments but did not want to participate in a face-to-face interview provided important data that supported the notion that FLEs have EI that is at least at a moderate level. Second, the responses to the critical incident questions provided crucial evidence that FLEs demonstrate the ability to utilize EI strategies despite experiencing countless raw emotions in the workplace. Finally, the semi-structured interviews provided the most valuable information in the form of detailed qualitative discussion surrounding current and past experiences with stress that included coping tendencies and specific preferred EI strategies. All of the various datasets helped to provide sound recommendations for educators, organizations, and frontline employees.

Member Check

The researcher also member-checked, as suggested by Marshall and Rossman (2016), by sharing an executive summary (Appendix T) of the transcribed data with four participants prior to writing the study. The researcher also had brief telephone calls with an additional four participants to garner feedback and no one asked the researcher to make any changes. Peer debriefing was conducted by asking fellow doctoral researchers and subject matter experts to review a selection of coded transcripts and coding themes; in addition, the researcher held face-to-face and telephone discussions to obtain reactions and ensure the coding similarity of the dataset (p. 230). All data were retained and are available for re-analysis at the conclusion of the data analysis and interpretation process.

Limitations of the Study

The purpose of this study was to understand how FLEs have learned EI capabilities and other strategies that contributed to how they coped with workplace stress. The FLEs' insights from this study assisted the researcher in making informed recommendations to leaders and organizations about the need for educational support with training and interventions that may currently be unavailable for nonclinical workers.

The small sample size of FLE participants in the study was a limitation to the study. The researcher performed an in-depth exploration of the perceptions of the participants, but the generalizability of the findings beyond the sample is limited. The findings add to a theoretical view that suggests the need for additional research. The participants were recruited from at least 7 academic medical institutions in New York City based on those that elected to share their affiliated organization. Many of these hospitals have multiple locations throughout the five boroughs and Westchester County,

which helped to expand the diversity of the participants and the patient clientele serviced in their workplace settings.

Lastly, although the researcher has a personal interest in empowering FLEs and providing them with an outlet to share how their past experiences influence their learning in terms of coping with stress, the researcher acknowledged that despite the potential persuasive findings shared by the subjects, this body of work will not lead to actual change. It may, however, help leaders and organizations understand the importance of prioritizing the learning needs of frontline workers and reiterate the importance of providing all levels of staff with necessary training and intervention programs to cope with workplace stress.

Chapter IV

DESCRIPTIVE FINDINGS

This chapter discusses the findings of this study which are based on the research questions and derived from 51 non-clinical frontline employees who participated in this study. The findings that emerged from a survey and semi-structured interviews further distinguished the coping and emotional intelligence strategies reportedly used to manage workplace stress. The researcher also elaborated on the origination of the perceived stress faced by frontline employees.

The chapter begins with a brief discussion about the 51 FLEs who completed the survey. This group included two distinct sets of participants—the Survey Only group (31) and the Interview group (20)—and this is referred to as the Collective group. Surveys were sent to an estimated 200 FLEs and 51 participants responded to the survey. All individuals who completed any portion of the survey's three parts (demographics, instruments, or critical instrument) were included as participants.

The chapter concludes with the findings that emerged from both the 29 survey critical incident responses and the 20 semi-structured interviews that were completed by select participants in the Collective group. The participants' perspectives are presented through the use of quotations, tables, and descriptive discussion. The four findings that are described are: Workplace Stressors, Ways of Coping, Emotional Intelligence Proficiency, and the Learning Process.

Overview

Fifty-one frontline employees participated in a survey as part of the study. The findings that surfaced from each section are discussed in detail for the Collective group. There was a noticeable difference in the survey completion between the Survey Only and Interview groups. The majority of the Survey Only group omitted various sections of the survey and 13 out of 31 (42%) of the Survey Only participants completed all three sections in their entirety. The demographic and critical incident section of the survey was omitted in the majority of these cases, and the Assessment section was the most completed for this subset of participants. The Interview group had a higher completion rate and 17 out of 20 (85%) participants completed all sections. The remaining 15% of the Interview group chose to omit the critical incident section. The varying completion rate for some participants was attributed to the number of questions for each instrument and the sequence order of the sections in the survey. Additionally, the Interview group included all individuals who expressed interest in participating in an individual interview and therefore were likely more committed to ensuring they completed the entire survey. The *Survey Participant Profile* (Table 4, p. 61) in the Methodology section presents comprehensive details for each section of the survey.

Demographics

The demographics section of the survey briefly asked participants to disclose gender, ethnicity, age, number of children, tenure, and education. A total of 33 out of 51 (65%) of the Collective group completed the demographic section in its entirety. Only 13 out of 31 (42%) in the Survey Only group completed this portion of the survey, while

all 20 (100%) in the Interview group completed this portion. The information provided in this section provided context that helped the researcher make sense of the shared perceptions of these workers.

Similarities between the two groups included the fact that both groups were split in a 75% female to 25% male ratio. Additionally, the two groups shared an even split across ethnic groups. Differences in the groups included the fact that 70% of the Survey Only group were under the age of 35, while only 40% of the interview group fell into that range. The Interview group had an even distribution across all age groups. Seventy percent of the Survey group had less than 10 years of professional experience and there was an even split of 50% of the Interview group that had more or less than 10 years of experience. Lastly, the survey group participants all had at least some college and 54% had at least an Associate degree. Only 40% of the Interview group held an Associate degree or higher and 15% of the participants in that group did not have any college-level education.

Instruments

Three assessment instruments were included the survey: the *Brief COPE*, the *SSEIT*, and the *PSS*. The results for each section are shown in the Collective Group Assessment Results (Table 9) and described throughout this section; they are broken down by Survey Only (31) and Interview (20) group participants.

Table 9

Collective Group Assessment Results

ASSESSMENTS				(continued)			
Participants	**Brief Cope**	**EI (SSEIT)**	**Stress (PSS)**	**Participants**	**Brief Cope**	**EI (SSEIT)**	**Stress (PSS)**
Jae Rich	Complete	MOD	HIGH	#27	Complete	MOD	MOD
Terry	Complete	MOD	MOD	#28	Complete	MOD	MOD
Regina	Complete	MOD	HIGH	#29	Complete	HIGH	LOW
Tiffany	Complete	HIGH	LOW	#30			MOD
Natalee	Complete	MOD	HIGH	#31			MOD
Alice	Complete	HIGH	LOW	#32		MOD	MOD
Stephanie	Complete	MOD	MOD	#33	Complete	LOW	LOW
Pedro	Complete	MOD	LOW	#34	Complete		MOD
Faryn	Complete	MOD	LOW	#35			MOD
Shirley Baker	Complete	MOD	LOW	#36		MOD	LOW
Evelyn	Complete	HIGH	MOD	#37	Complete	MOD	LOW
Philip	Complete	MOD	MOD	#38	Complete	MOD	LOW
Erica	Complete	MOD	MOD	#39	Complete	MOD	MOD
Jason	Complete	MOD	MOD	#40		MOD	MOD
Kate	Complete	MOD	MOD	#41	Complete	LOW	MOD
Jaime	Complete	MOD	LOW	#42		HIGH	MOD
Nicole	Complete	MOD	LOW	#43	Complete	HIGH	MOD
Shaina	Complete	MOD	MOD	#44	Complete	MOD	LOW
Patricia	Complete	MOD	MOD	#45	Complete	MOD	MOD
Darren	Complete	MOD	MOD	#46	Complete	HIGH	LOW
#21	Complete		MOD	#47	Complete	MOD	LOW
#22	Complete	MOD	MOD	#48		MOD	LOW
#23	Complete		MOD	#49	Complete	MOD	LOW
#24			MOD	#50	Complete	MOD	
#25	Complete	MOD	MOD	#51	Complete	MOD	
#26		MOD	MOD				

Coping Tendency Instrument (Brief COPE)

The *Brief COPE* measured the preferred coping mechanism by asking a series of questions that gauged how the participant prefers to deal with stress. The responses to the questions were attributed to one of 13 categories that described the coping tendency for the participant. The *Brief COPE* was completed by a total of 39 participants, which represented 76% of the Collective group. A total of 19 out of 31 (61%) of the Survey Only group completed this instrument and all 31 (100%) of the Interview group completed this section (see Tables 10 and 11 for results).

Table 10

Interview Only Coping Tendency (Brief COPE) Results

	ADAPATIVE COPING METHODS							**MALADAPTIVE COPING METHODS**						
	Acceptance	Emotional Support	Humor	Instrumental Support	Planning	Religion	Active Coping	Substance Abuse	Behavioral Disengagement	Denial	Self-blame	Self-distraction	Venting	Positive Reframing
Jae Rich	x		x	x	x	x	x				x	x	x	x
Terry	x	x	x	x	x	x	x		x	x	x	x	x	x
Regina	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Tiffany	x	x	x	x	x	x	x				x	x		x
Natalee	x	x	x	x	x	x	x	x	x		x	x	x	x
Alice	x	x	x	x	x	x	x			x	x		x	x
Stephanie	x	x	x	x	x	x	x	x		x	x	x	x	x
Pedro	x		x	x	x	x	x				x	x	x	x
Faryn	x	x	x	x	x	x	x					x		x
Baker	x	x	x	x	x		x	x			x	x	x	
Evelyn	x		x		x		x		x	x		x	x	x
Thomas	x	x	x	x	x	x	x		x	x	x	x	x	x
Erica	x	x	x	x	x	x	x				x	x	x	x
Jason	x		x		x		x		x	x	x	x	x	x
Kate	x	x	x	x	x		x					x	x	
Jaime	x	x	x	x	x	x	x					x		
Nicole	x	x	x	x	x	x	x			x		x	x	x
Shaina	x	x	x	x	x	x	x			x	x	x	x	x
Patricia	x	x	x	x	x		x				x	x	x	x
Darren		x		x	x	x	x					x		x
# participants used	20	16	19	18	20	15	20	4	6	9	14	19	16	17
% of participants used	100%	80%	95%	90%	100%	75%	100%	20%	30%	45%	70%	95%	80%	85%

The most popular coping tendencies commonly found were Emotional Support, Instrumental Support, Active Coping, and Positive Reframe for both groups. The Denial method was less commonly used for both groups and the Substance Use and Behavioral Disengagement were rarely used in both groups.

Many differences were found between the preferred methods used by the two groups. There was a high reported preference in both groups to use Acceptance, Humor, Planning, and Self Distraction; there were other noticeable differences in the reported

Table 11

Survey Only Coping Tendency (Brief COPE) Results

	ADAPATIVE COPING METHODS							MALADAPTIVE COPING METHODS						
	Acceptance	Support	Humor	Support	Planning	Religion	Coping	Abuse	Disengagement	Denial	Self-blame	distraction	Venting	Reframing
Survey 21	x	x	x	x	x	x	x					x	x	x
Survey 22	x	x	x	x	x	x	x		x		x	x	x	x
Survey 23	x	x	x	x	x	x	x				x	x	x	x
Survey 24														
Survey 25	x	x	x	x		x	x			x		x	x	x
Survey 26														
Survey 27	x	x			x	x	x			x	x	x	x	x
Survey 28	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Survey 29					x	x	x							x
Survey 30														
Survey 31														
Survey 32														
Survey 33	x	x		x		x	x			x				
Survey 34														
Survey 35														
Survey 36														
Survey 37	x	x	x	x	x	x	x					x		x
Survey 38	x	x		x	x	x	x							x
Survey 39	x	x		x	x	x	x				x	x	x	x
Survey 40														
Survey 41	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Survey 42														
Survey 43	x	x	x	x	x	x	x			x	x	x	x	x
Survey 44	x		x	x	x	x	x			x		x	x	x
Survey 45	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Survey 46	x	x	x	x	x	x	x				x	x		x
Survey 47		x	x	x	x	x	x				x	x		x
Survey 48														
Survey 49				x										
Survey 50		x	x	x	x		x				x	x	x	x
Survey 51	x	x	x	x	x	x	x	x	x	x	x	x	x	x
# of participants	16	17	14	18	17	18	19	4	5	9	12	16	13	18
participants	76%	81%	67%	86%	81%	86%	90%	19%	24%	43%	57%	76%	62%	86%

preferences for each group. Both groups had a high reported tendency to use Acceptance and Planning coping tendencies; however, while 100% of the Interview group expressed a strong preference for these methods, only 79% of Survey Only group preferred this method. A large percentage of the Collective group reportedly used Religion to cope; however,86% of the Survey Only group used this method, while only 75% of the Interview group reportedly relied on this method. The Interview group highly preferred to

use Self-distraction and Humor, yet it was only moderately preferred by the Survey Only group. Lastly, both groups moderately reported using Self-blame and Venting, but more of the Interview group preferred to use these methods.

Emotional Intelligence Instrument (SSEIT)

The *SSEIT* measured the perceived emotional intelligence abilities in four distinct areas: Managing Others, Managing Self, Perception, and Utilization of Emotions; an overall score of the level of EI was provided. A total of 44 participants, representing 86% of the groups, completed the *SSEIT*. Most of the Survey Only group, 24 out of 31 participants (80%), completed this instrument, while 100% of the Interview group completed it. (See Table 12 for results.)

Roughly (85%) of both groups were assessed to be moderately emotionally intelligent. While 15% of the Interview group was assessed to be highly emotionally intelligent, only 8% of the Survey Only group was included in that category. Additionally, no participants were assessed to have low emotional intelligence in the Interview group, but 8% of the Survey Only group fell into that category. The scores of the subcategories also yielded some similarities and differences between the groups. Both groups scored similarly in the Managing self (Interview, 60%; Survey Only, 67%) and the Perception categories (both groups, 50%). Large discrepancies were noted in the Managing emotions of others (Interview group, 40%; Survey Only, 54%), with both groups scoring as competent in the subcategories. The same was noted in the Utilization of emotions (Interview group, 45%; Survey Only, 54%), with both groups scoring as competent in these areas.

Table 12

Collective Emotional Intelligence (SSEIT) Results

ASSESSMENTS		(continued)	
Participants	**EI (SSEIT)**	**Participants**	**EI (SSEIT)**
Jae Rich	MOD	#27	MOD
Terry	MOD	#28	MOD
Regina	MOD	#29	HIGH
Tiffany	HIGH	#30	
Natalee	MOD	#31	
Alice	HIGH	#32	MOD
Stephanie	MOD	#33	LOW
Pedro	MOD	#34	
Faryn	MOD	#35	
Shirley Baker	MOD	#36	MOD
Evelyn	HIGH	#37	MOD
Philip	MOD	#38	MOD
Erica	MOD	#39	MOD
Jason	MOD	#40	MOD
Kate	MOD	#41	LOW
Jaime	MOD	#42	HIGH
Nicole	MOD	#43	HIGH
Shaina	MOD	#44	MOD
Patricia	MOD	#45	MOD
Darren	MOD	#46	HIGH
#21		#47	MOD
#22	MOD	#48	MOD
#23		#49	MOD
#24		#50	MOD
#25	MOD	#51	MOD
#26	MOD		

Perceived Stress Instrument (PSS)

The *PSS* measured the perception of stress that the individual has endured over the past month in the workplace. The *PSS* was completed by the entire Collective group (100%) of survey participants. This is the only section of the survey that was completed

by all survey participants, most likely because of its placement as the first assessment and the briefest with only 10 questions.

Both group participants had a similar percentage of individuals who perceived low stress at work (Interview, 35%; Survey Only, 35%). The primary difference in the groups was that the Survey Only group had no participants who perceived high stress in the workplace, while 15% of the Interview group self-assessed in that category. Lastly, most participants in both groups perceived a moderate level of stress in the workplace (Interview, 50%; Survey Only, 65%). (See Table 13 for results.)

Critical Incident

The critical incident questionnaire asked a total of three questions that were inclusive of sub-questions used to encourage the participants to reflect on poignant workplace situations and share the emotional impact and lessons learned from real-life situations. The tables for *Critical Incident Emotional Responses* (Table 14) and *Critical Incident Emotional Intelligence Strategies and Outcomes* (Table 15) summarize the questions and pertinent themes in the responses. The *Critical Incident Emotional Responses* table depicts the antagonist or event that triggered stress for the respondent and also shares the emotions that were reportedly felt before, during, and after a stressful workplace interaction. The second table, *Critical Incident Emotional Intelligence Strategies and Outcomes,* details the emotional intelligence strategy utilized by the respondents and depicts the learned outcome.

Twelve participants of the Survey Only group wrote brief yet informative critical incident responses that disclosed the stress triggers and provided emotional responses to various situations in the workplace that suggested themes similar to those found in the

Table 13

Collective Perceived Stress (PSS) Results

	PERCEIVED STRESS SCALE		
Participants	**PSS Results**		**PSS Results**
Jae Rich	HIGH	#27	MOD
Terry	MOD	#28	MOD
Regina	HIGH	#29	LOW
Tiffany	LOW	#30	MOD
Natalee	HIGH	#31	MOD
Alice	LOW	#32	MOD
Stephanie	MOD	#33	LOW
Pedro	LOW	#34	MOD
Faryn	LOW	#35	MOD
Shirley Baker	LOW	#36	LOW
Evelyn	MOD	#37	LOW
Philip	MOD	#38	LOW
Erica	MOD	#39	MOD
Jason	MOD	#40	MOD
Kate	MOD	#41	MOD
Jaime	LOW	#42	MOD
Nicole	LOW	#43	MOD
Shaina	MOD	#44	LOW
Patricia	MOD	#45	MOD
Darren	MOD	#46	LOW
#21	MOD	#47	LOW
#22	MOD	#48	LOW
#23	MOD	#49	LOW
#24	MOD	#50	LOW
#25	MOD	#51	MOD
#26	MOD		

Interview group responses. The critical events shared in the survey had such a major impact on the interview participants that 11 out of 17 (68%) eagerly elaborated on these incidents when they participated in the semi-structured interviews.

The employees shared raw feelings. One of the Survey Only participants, a Hispanic woman in her mid-30s to early-40s who was fairly new to working in the role of a frontline employee (#33), briefly shared a stressful day. She explained that she encountered a situation with her manager involving patients that led to a bad day. She stated that she felt "like I was going to conquer the day" upon arrival to work but after the situation occurred, her feelings quickly shifted: "I felt anguish. I felt pressured and then I felt a bit depleted." Another participant (#34), an older Hispanic woman in her mid- to late-60s who has more than 20 years of experience, described a busy day with limited help in the office. She explained that she had forewarned her supervisor to hire a temp due to the expected volume, yet that was not an option. Her supervisor sent a trainee who simply took messages that she would need to handle after the clinic day had ended. She shared: "It took all my might to control my anger and keep me from smacking her in the head with that pad. I think I just had a heart attack instead, literally." Similarly, a White male in his mid- to late-30s (#51) explained after facing a situation with his manager and the medical director, he stated, "I wanted the office to burn down."

The Survey Only group also made comments that highlighted positive coping methods and their ability to utilize emotional intelligence. A Black male in his late-20s to early-40s (#45) described feeling stressed at work: "I stepped away and took deep breaths to cope." He also elaborated that he often had difficult interactions with patients and management; however, "I reacted in ways that I knew would keep me employed."

Table 14

Critical Incident Emotional Responses (n = 29)

Q1 Summary: How did you feel on your 'Worst Day Ever'?	**Antagonist/Event**	**Emotion Before**	**Emotion During**	**Emotion After**
Jae Rich	Manager	Pleasant	Controlled	Betrayed
Regina	Patient	Pleasant	Upset	Angry
Tiffany	Co-worker	Pleasant	Uncomfortable	Uncomfortable
Natalee	Manager	Pleasant	Judged	Concerned
Stephanie	Manager	Overwhelmed	Sad	Confused
Pedro	SKIPPED			
Faryn	Manager	Pleasant	Calm	Angry
Shirley Baker	Physician	Pleasant	Disrespected	Angry
Evelyn	Busy Workplace	Pleasant	Overwhelmed	
Thomas	Manager/Medical Director	Pleasant	Attacked	
Erica	Co-worker	Calm	Upset	Concerned
Jason	Manager	Pleasant	Disrespected	pleasant
Kate	Patient	Pleasant	Disrespected	Sad
Jaime	SKIPPED			
Nicole	Patient	Pleasant	Attacked	Confused
Patricia	Patient	Pleasant	Frustrated	
Darren	Co-worker	Anxiety	Overwhelmed	Relieved
#21	Manager		Shocked	Sad
#22	Busy Workplace		Overwhelmed	Accomplished
#23	Co-worker		Overwhelmed	Concerned
#25	Co-worker	Motivated		Concerned
#27	Manager		Overwhelmed	
#33	Manager/Patients	Motivated	Anguished	Depleted
#34	Patient	Motivated	Calm	Abused
#39	SKIPPED			
#45	Busy Workplace		Overwhelmed	Optimistic
#46	Patient	Pleasant	Upset	Disgusted
#47	Manager	Pleasant	Disappointed	Hurt
#51	Manager/Medical Director	Pleasant	Angry	Furious

Another participant in this group, a young Hispanic woman under the age of 25 (#21), described a hectic workday in which many patients arrived simultaneously to the clinic and she needed to assist them all in a short timeframe. She explained, “I felt overwhelmed, but I knew not to show it and made sure everyone had my attention.” She also shared another stressful encounter with a manager and spoke about her ability to avoid reacting to provoking situations: “Negative situations should never affect your work ethic.”

Similar themes emerged regarding the stressors faced by the Interview group.

Table 15

Critical Incident Emotional Intelligence Strategies and Outcomes

	Q2 Summary: What EI strategy did you use to maintain your composure?	*Q3 Summary: Why did you choose to alter your original emotional response?*
Participant	**EI Strategy**	**Reason**
Jae Rich	Self-awareness	Accepted Limitations
Regina	Deep breath/Walk away	Attempted to do the right thing
Tiffany	Self-awareness	Accepted Limitations
Natalee	Organization	Defined Boundaries
Stephanie	Self-awareness	Accepted Limitations
Pedro	Self-awareness	Recognition of Boundaries
Faryn	Self-awareness	Empathized for others
Shirley Baker	Self-awareness	Attempted to do the right thing
Evelyn	Self-awareness	Defined Boundaries
Thomas	Ask for help	Attempted to do the right thing
Erica	Self-awareness	Recognition of Boundaries
Jason	Self-awareness	Defined Boundaries
Kate	Deep breath/Walk away	OMITTED
Jaime	Organization	Attempted to do the right thing
Nicole	Organization	Accepted Limitations
Patricia	Mindfulness	Attempted to do the right thing
Darren	Ask for help	Recognition of Boundaries
#21	Self-awareness	Recognition of Boundaries
#22	Organization	Empathized for others
#23	Ask for help	Recognition of Boundaries
#25	Self-awareness	Recognition of Boundaries
#27	Mindfulness	Accepted Limitations
#33	Organization	OMITTED
#34	Self-awareness	Accepted Limitations
#39	Mindfulness	OMITTED
#45	Deep breath/Walk away	Recognition of Boundaries
#46	Self-awareness	Attempted to do the right thing
#47	Mindfulness	Defined Boundaries
#51	Mindfulness	Attempted to do the right thing

Stephanie, a Hispanic female in her mid- to early-30s, described her worst day:

> The day began like a regular day at work, stressful but a regular day. By noon, I found out that one of my closest coworkers was fired, an hour later another close coworker was fired, and then another coworker. I was sad, upset, confused, and worried that I would be next. My boss assured me that I was not going to get fired, but it still did not change the sadness and frustration that I felt.

The element of surprise in the office also included unexpected patient outbursts. Faryn, a Black female in her mid-30s to early-40s, shared a difficult interaction with a patient who was upset that she could not provide an earlier appointment with a doctor:

> [The patient] started screaming and yelling at me over the phone. I remained calm and did not take the person's attitude personally and I understood the severity of their diagnosis and the need to see a doctor ASAP. I pictured myself in their shoes and how desperate I too would be to get a sooner appointment if I were faced with the same situation.

The majority of these stressors were expected and included various factors such as busy clinic settings with large volumes of patients. Conflicts with various colleagues, managers, and patients and being overwhelmed by the necessity to complete multiple urgent tasks with limited downtime were also expressed. There were elements of surprise that led to conflicting situations that were shared, such as the termination of multiple employees, perceived racist comments, and last-minute notice of job duties or desk location. Both the Survey Only and Interview groups demonstrated the ability to describe their emotional response patterns to stress and routinely reinforced their ability to regulate emotions, particularly when confronting face-to-face conflict.

Elements of systemic racism also surfaced in one of the interviews. Erica shared an off-putting conversation that she had with a therapist at work, in which she asked the therapist a question:

> She responded with "Yes sir, masser," which took me by surprise because I am African American and she is Caucasian. I didn't know how to respond to her

> without it becoming a big mess, so I totally ignored what she said and continued to do my work.

Erica commented that she did not respond to the seemly inappropriate comment because she did not want to cause a scene at work. There appeared to be an unspoken power dynamic between the FLE and the clinician, which hindered the FLE's ability to respond to a comment that she perceived as racist.

Many of the critical incident responses described using adaptive coping methods to manage stress. Some examples included walking away after difficult interactions to take a break, prioritizing organization in the office in an attempt to maintain a steady pace, and using empathy and religion to ground their decisions. Additionally, many of the critical incidents that were shared by the Survey Only group reinforced the understanding of using emotional intelligence strategies, such as asking for help, avoiding personalizing conflict, and utilizing problem-solving skills that mimicked the findings from the Interview group; this will be elaborated on later in the chapter.

Finding 1: Workplace Stressors

The findings in this section were reported by the 20 participants of the Interview group. A comprehensive Interview Participant Profile (Appendix U) provides a brief overview of each participant who was interviewed in this study. This section describes the events or experiences that occurred that reportedly led FLEs to be stressed in the workplace. The four primary stressors were reported: Conflict at Work, Environmental Conditions, Role Issues, and Lack of Engagement. The categories are not mutually exclusive and many of the participants reported being affected by more than one stressor. Discussion based on relevant findings from the critical incident responses from the

Survey Only group are also included in this section. Table 16 summarizes the categories in which the participants perceived stressors. Each of these components is described in more detail in this section.

Table 16

Workplace Stressors

	Conflict at Work	Environmental Conditions	Role Stress	Job Dissatisfaction
Jae Rich	X		X	X
Terry	X	X	X	X
Regina	X	X	X	
Tiffany	X		X	
Natalee	X	X	X	
Alice	X	X		
Stephanie		X	X	X
Pedro	X	X	X	X
Faryn	X			
Shirley Baker	X	X	X	X
Evelyn	X	X	X	
Thomas	X	X	X	
Erica	X		X	
Jason	X		X	X
Kate	X	X	X	X
Jaime	X	X		
Nicole	X	X		
Shaina	X	X	X	X
Patricia	X	X	X	X
Darren	X	X	X	
Participants	19	15	16	9
% (n=20)	95%	70%	80%	45%

Conflict at Work

The Conflict at Work category encompassed events that occurred between the participant and a secondary person. The conflicts were separated into two categories: Task Conflict and Relationship Conflict. Nineteen interviewees reported they had experienced a conflict in the workplace that led to them feeling stressed. Table 17 below depicts the type of conflict identified as a stressor and the role of the adversary in each event.

Relationship conflict was the most prominent type of conflict reported by FLEs and involved the perception of tension that was due to personal differences, including attitude, personality, and work preferences (De Dreu & Van Vianen, 2001). Sixteen interviewees discussed feeling strain at work from interactions with patients, managers, or physicians in the workplace because of difficult interactions that were considered stressful. It was not uncommon for employees to experience relationship stress with multiple individuals at any given point in time during the workday (see Table 17).

Table 17

Conflict Type Distribution

CONFLICT AT WORK				
Participant	Patient	Manager	Physician	Co-worker
Jae Rich	Relationship	Relationship	Relationship	
Terry	Relationship	Relationship	Relationship	
Regina	Relationship	Relationship		
Tiffany				Task
Natalee		Relationship		Task
Alice		Relationship		
Stephanie				
Pedro	Relationship			Task
Faryn	Relationship		Relationship	
Shirley Baker			Relationship	Task
Evelyn				Task
Thomas	Relationship	Relationship		
Erica		Relationship		Task
Jason		Relationship		
Kate	Relationship			
Jaime	Relationship			Task
Nicole				Task
Shaina		Relationship		Task
Patricia	Relationship			Task
Darren		Relationship		Task
% (n=20)	45%	50%	20%	55%

Ten of the participants reported manager relationship conflicts the most frequently. Striking similarities were noted as the root cause of the conflict and the sub-themes reported in this category were feeling that the manager either communicated in a belittling manner or failed to support the employee when the FLE really needed assistance.

For example, Thomas recalled the discontent he felt as he attempted to get to know a newly hired manager: "She was very dismissive. I wanted to show her the ropes, but the lack of respect from her part and questioning my abilities and my work ethic made me feel really insulted." Thomas admitted that he felt so appalled by her overall demeanor, including the lack of respect for his work experience, that it affected his sleeping patterns; he ultimately followed his wife's advice to leave the department and accept a new position.

Jae Rich and Terry also expressed concern about routine difficult interactions with their managers that caused them to experience physiological trauma. Jae Rich ultimately left his position as well because of the level of stress and the belittling communication style he perceived his manager to use when interacting with him at work. Terry was forced to take a short leave of absence a few years ago after she suffered from a nervous breakdown that stemmed from the overzealous conduct of her manager. Physiological feedback was a common denominator for these three participants and is discussed later in this chapter.

Patient relationship conflict was the secondary cause of conflict reported by nine interviewees. The most common cause that materialized this conflict was tension due to rude or threatening verbal communication that the employees perceived when they

assisted patients in the office. Another emerging theme was that the employees sensed the patient was unappeasable and there was no way to satisfy the patient.

Regina, Kate, and Patricia reported volatile experiences in which they felt threatened by patients. Regina reported that she was burned out by the abusive interactions she routinely faced in her position. She explained that her desk was located next door to the mental health department and she frequently received unwarranted visits from hospital patients who were not being seen in her department. Regina described a situation in which a patient who had been informed that his benefits were being reduced went on a rampage in her hospital. Although he did not have an appointment in her area, he stormed in, picked up a chair, and threatened to throw it at her. She detailed her discussion with the security team that was tasked with locating the suspect who fled after the attack:

> I was shocked at first and angry, like where is this man? And why you aren't doing anything about it. Everyone is just telling me to calm down. No! I will not calm down because if it were you wife or your daughter or somebody that was going to get a chair thrown at them, they would be just as upset as I was.

In her critical incident, Kate shared a humiliating interaction involving a patient and reflected on the event more intimately in her interview:

> He was very agitated and said, "You don't know what you're talking about, you don't know your job. You're just a fat bitch!" and he yelled it in front of the entire waiting area. That's a lot to take in when you're dealing with a lot going on at the job and having this agitated patient coming back and forth to you and then just curse you out like that. It's a lot, so I just removed myself and stepped away.

She recalled feeling ashamed and insulted and reportedly went to the bathroom and cried immediately following the incident.

Relationship-related conflicts between an FLE and a physician were reported by four interviewees. The primary cause for these conflicts was the perceived disrespectful

communication style of a physician. Terry, Jae Rich, Shirley Baker, and Faryn all specifically discussed personal or indirect interactions that were stressful for them. Terry voiced frustration with the way she observed physicians behaving in the workplace.

> What I think is that people look at the doctors as if they are God. They are so superior. They are untouchable. Because I'll see a doctor do something or say something to you and it rolls over but if you should say the same to the doctor, you're fired.

Other interviewees reaffirmed how the physicians demonstrated a lack of respect. Jae Rich agreed with this notion and stated in his interview, "I've been around some doctors who will talk to you like you're underneath their shoe." He went on to explain his bewilderment about some people who think physicians are above giving respect:

> And I mean, are they not human? They are human! But I don't understand that whole, "This is a doctor." What do you mean? They're not the king of America. They are human beings. They also they need to humble themselves and have a type of respect when they speak to people. You know, I don't understand why people feel that they're on some type of pedestal.

Difficult interactions with physicians were explained as going beyond verbal interactions. Shirley Baker felt the nonverbal communication and actions of physicians alluded to a social inequity. She stated, "I mean there are doctors that won't even sit next to you in the lunch room. You know, because you guys are of two different classes."

Faryn, with over 20 years of experience, took matters into her own hands when she felt disrespected by the physician she was assigned to support and work with on a daily basis. She recalled initiating a crucial conversation when she was newly assigned to a physician who spoke in a dismissive manner and always appeared angry. She explained the reason she needed to address the situation in the following statement:

> Well, I thought that if I was going to continue working with him, it's not gonna work if he continues giving me this attitude. Then I am not going to be able to do what I need to do if I feel that every time you speak to me, you're talking to me in

> a tone that I don't appreciate. If you're talking to me like I'm less of a person because I'm the secretary and you're the doctor.

Task conflict was a stressor that was explained as existing when views and opinions differed about the tasks being performed and the interpretation of the task-related information (Yang & Mossholder, 2004). Task-related conflict was categorized by 11 interviewees. Friedman, R.A., Tidd, S.T., Currall, S.C. and Tsai, J.C. (2000) warned that overtime, task conflict usually produces relationship conflict (p.37). All of the task-related conflicts reported by interviewees involved interactions with the employee and a co-worker. The primary reason for these conflicts was reported to be a lack of teamwork or perceptions of being micromanaged by peers in the office. For example, Pedro conveyed frustration when reflecting on the lack of teamwork in his department.

> I have co-workers that slack like you just don't believe. I'm not worried about them no more! I do what I can do in my time period. You know what you're supposed to do, and you don't do it? That's not my business. I'm not literally working so you can get paid and I get paid while you just chill out.

Tiffany reported having a hard time onboarding into a new position due to her interactions with one of her co-workers. In her interview, she stated, "She was just giving me such a hard time. She was a coworker, but she is micromanaging me and critiquing everything that I did, and I just got to the point where I was fed up." It is not uncommon for differences in viewpoints and ideas to be experienced in the workplace, which ultimately lead to these task-related conflicts (Yang & Mossholder, 2004).

Shirley Baker, Patricia, and Natalee all reported experiencing irritation when they felt their colleagues were taking advantage of them. As advocates of interoffice teamwork, they all reported that they often readily volunteered to assist others. They similarly shared that they did not appreciate it when their assistance was not reciprocated.

The critical incident responses shared by the 12 Survey Only participants echoed similar notes regarding conflict at work. The worst day ever described by these participants also included interactions with managers, patients, colleagues, and physicians. The interactions led to them sharing their perception of feeling attacked, concerns about job security, and frustrations stemming from misunderstandings with colleagues in the workplace.

Environmental Conditions

The stressors experienced in this category are not personalized events; however, the FLEs reported that these conditions or systems were responsible for causing stress in the workplace. Fourteen interviewees discussed feeling stressed due to lack of staffing resources, inefficient systems and processes, and a hostile working environment. Table 18 depicting the categories and a subset of the participant group is presented below.

Lack of staffing resources was reported to increase the stress levels of the FLEs directly. Eleven interviewees expressed concern about the need for additional staff in the workplace. These participants voiced concern about environmental conditions and felt that staffing was a major issue resulting in workplace stress. For example, Stephanie expressed despair because of the lack of staffing resources in her clinic:

> Being short staffed is the current situation right now. It's just the workload! Those absent staff members really create a very heavy, heavy workload for those of us that are still here, and it makes it hard for you to do your own job when you have to cover other things. I am trying to accommodate patients and it is totally impossible.

Table 18

Environmental Conditions

	Lack of Staffing Resources	Inefficient Systems/Processes	Hostile Work Environment
Jae Rich			
Terry	X	X	
Regina	X		X
Tiffany			
Natalee	X	X	
Alice	X	X	
Stephanie	X	X	
Pedro			X
Faryn			
Shirley Baker		X	
Evelyn	X		
Thomas	X		
Erica			
Jason			
Kate	X	X	X
Jaime			X
Nicole	X		
Shaina	X		
Patricia	X		X
Darren			
Participants	11	5	5
% (n=20)	55%	30%	30%

Kate, who managed the front desk of a busy primary care office, also recalled the effects that being short-staffed had on her mentally.

> For a while in my department, we were extremely low staffed, so I had to run multiple busy clinics by myself for six months. I was just mentally and emotionally exhausted. It was probably having to work through lunch and just being mentally tired from dealing with questions and the phone ringing and just everything that my daily activities entail at work. Everything became so exhausting.

Inefficient systems and processes was a category that encompassed the slow registration systems, broken equipment, and necessary tools that FLEs used to complete their tasks. The stress levels increased for six interviewees when they discussed new processes that were routinely implemented in their departments but were deemed

inefficient from the entry-level worker perspective. While inefficient systems appeared to be a source of frustration for many of the employees, a representation of proactive employees was impactful in the workplace. Alice shared a small victory that she accomplished while working in the radiology department. She was successful in proactively collaborating with a vendor and was ultimately able to fix a major scheduling system issue in her department.

In terms of **hostile work environment**, the working conditions for the FLEs were not always reported as ideal, according to four of the interviewees who faced stress in this category. Two FLEs referenced unsafe working conditions that they routinely endured in their roles. Regina explained that she worked alone in a department that was so isolated that the nearest employee worked down the hall and could not hear her if she was under duress. She recalled being upset after experiencing a violent attack from a patient and asked her manager for a panic button. Her manager told her to call around to different departments to try and install a panic button, but she had no success until one day a hospital executive who was rounding in her area heard Regina's safety concerns. She reported frustration because her manager was not helpful in ensuring she was safe at work. However, after speaking with a stranger who was a senior leader, her panic button was installed the very next day.

Patricia spoke about a situation she faced when an irate patient on the phone threatened to harm her physically harm because she was unable to assist him with his issue. She expressed such terror over the situation that she asked her manager to walk her to her to car after her shift because she was worried the patient was waiting for her in the parking lot.

The FLEs also described that hostility was reportedly not just experienced from patients but also from managers and physicians. Kate expressed that she felt people did not understand the depth of the hostility she faced regularly in her role:

> [Someone might say,] "You're just sitting there. All you do is sit at a computer and register," not knowing, did you know today that I got spit on? Did you know today that I almost got hit by a cane? Do you know I got cursed out today? Do you know that I got a paper thrown in my face? So many stories that you hear, maybe from other departments, or things that you've gone through yourself and people don't realize.

Role Stress

The stressors in this section arise from challenges that the FLEs expressed involve tasks, functions, and expectations of their position. Sixteen interviewees shared that they experienced role overload, role conflict, and/or role ambiguity-related stressors in the workplace. Table 19 depicts the subset of participants who identified with role stress-related concerns.

Role overload refers to an imbalance between the role demands placed on the individual and the resources at the person's disposal to meet those demands (French & Caplan, 1973). Six interviewees said heavy workloads were routine because they faced time pressures connected to completing tasks in the workplace.

Darren, who worked in a busy clinic in a position that supports various clinicians and administrative staff, described his perception of why he felt overwhelmed at work:

> It's when I got like seven different things to do and it feels like you have only such little time to get it done and you know they encourage you not to work past a certain time because these are your hours and you feel like you need to stay an extra hour, but you can't because you can't do overtime. You're like, I am not going to take lunch, but they are like, you have to take lunch. And these are the times when you have seven things that you have to get done.

Table 19

Role Stress

	Role Overload	**Role Ambiguity**	**Role Conflict**
Jae Rich			X
Terry	X		X
Regina		X	
Tiffany	X		
Natalee			X
Alice			
Stephanie	X		
Pedro	X		
Faryn			
Shirley Baker			X
Evelyn			X
Thomas			X
Erica		X	
Jason			
Kate			X
Jaime			
Nicole			
Shaina	X	X	
Patricia			
Darren	X		
Participants	6	3	7
% (n=20)	30%	15%	35%

Interviewees noted overtime restrictions to be a barrier to getting work done in a timely manner. Time pressure was also another frequent stressor that many FLEs brought up in their responsibility to perform registration tasks in a timely fashion. Terry and Shaina remembered the aftermath that occurred when patients arrived late and what occurred if they were not able to register patients in the system expeditiously. Repercussions such as frustration from physicians or patient dissatisfaction displayed as

verbal attacks were provided as examples of failure to meet time restraints. For example, Shaina described how she felt when being overwhelmed with outstanding work tasks:

> When you have a lot on your plate, when the manager just gives you all this work that needs to be completed and you still have to do your job and they don't understand you know why it's not completed when you have so much stuff going on and you're backed up in your work. And it just, it gets too stressful and it's like, it's hard to stay on track or to finish your work because you got so much on your plate.

In terms of **role ambiguity**, three interviewees stated that they lacked the information to carry out their job. These FLEs described situations that became stressful because their superiors gave them unexpected or unfamiliar tasks. For example, Erica discussed how she felt whenever she was assigned to cover a specific area in her hospital that required her to schedule a specialized type of appointment.

> I'm anxious, I get very anxious. I might get a stomachache. Last week I had a migraine that you couldn't even imagine when I woke up because I knew that I had to work in the [checkout area].

She explained that her requests for additional training were ignored by her supervisor and she was so stressed she often called in sick when she had to perform that task. Regina also expressed angst and anger toward her manager upon discovering new tasks that were not described to her during her initial onboarding into the department. All participants who identified with role ambiguity mentioned that they did not feel they received support or assistance from their manager.

Role conflict was the most prevalent stressor that caused role stress, with seven interviewees stating they experienced receiving conflicting or incompatible requests. Evelyn, who has worked as a registration clerk in a busy women's clinic for 30 years, explained the competing tasks she often faced at work:

> You always got people coming up to you questioning you. The doctors and nurses are telling, you to do this and the techs are asking you to do that. You might miss a patient and forget to put them in [the system] or give them a survey—it's very stressful.

Interviewees discussed feeling stressed because they felt their positions doubled as gatekeepers for the department and came along with lofty expectations from both patients and clinical staff. Examples given were patients who wanted to know why they were waiting so long in the waiting room or why they were required to fill out redundant registration forms when they are checked in for their appointment.

Job Dissatisfaction

Ten interviewees expressed job dissatisfaction as a stressor for them in the workplace. This stressor included lack of motivation, lack of team work, and feelings of disempowerment. Job dissatisfaction stemmed from myriad reasons that included limited control of tasks, feelings of powerlessness, stagnancy, and poor supervision and supervisors (Denton, Zeytinoglu, Davies, & Lian, 2002). Table 20 depicts the subset of participants that identified this category as a stressor.

Lack of motivation was another stressor in job dissatisfaction. Six participants expressed that they felt their opinions did not count at work and others in the office did not value their position. Jason reflected on his thoughts after he had an interaction with his supervisor:

> Because the manager thinks that you are dumb, you don't have experience. I started working many years ago and I came with suggestions. And the manager said to me, "Well, I pay you to do the work, not to think." I was very upset.

Alice recalled when she received a performance evaluation and was not acknowledged for playing a key role in optimizing a scheduling system used in the

department. She explained the response she wrote on an evaluation, “I wrote, I feel like I contributed to this organization, but I don’t get credit for what I am doing.”

Table 20

Job Dissatisfaction

	Lack of Motivation	**Lack of Teamwork**	**Disempowerment**
Jae Rich		X	X
Terry			X
Regina			
Tiffany			
Natalee			
Alice	X		
Stephanie	X	X	
Pedro			X
Faryn			
Shirley Baker	X	X	X
Evelyn			
Thomas			
Erica			
Jason	X		
Kate	X		
Jaime			
Nicole			
Shaina	X		X
Patricia		X	
Darren			
Participants	6	4	5
% (n=20)	30%	20%	25%

Stephanie and Shirley Baker both expressed how they felt frustrated that supervisors and senior leaders never considered asking them for opinions, regardless of the topic. Shirley Baker spoke about working in a department that was undergoing construction to the front desk where the registration staff was going to sit; she felt infuriated that leadership did not even consider asking a frontline worker for thoughts on the arrangement of the new workspace.

> I remember in my old campus, they were doing some renovations and it's like, they didn't ask the little people, and "What do you think about if we put a check in desk here?" Ask the people that are actually going to be involved. Ask the people that are going to be sitting there at the front desk, "What do you think?" I mean you don't have to take our opinions and run with it, but ask us.

Terry also reiterated the sentiment of feeling like the "little person" in the workplace.

> There are a lot of things that you look at and you know it could have been done differently that would make it work better, but you're not in management. Even if you say it, they're not going to use what you say because you're not in management and you're the little person looking down and thinking, Okay, this could have been done that way to make it better.

In terms of **lack of teamwork**, four interviewees felt stressed by it in the workplace. The interviewees who resonated with this stressor were focused on the decline in teamwork across the department and/or organization and were not basing the stress on any specific conflict with team members who did not pull their weight, as referenced above in the section on conflict in the workplace.

Shirley Baker felt that there was a lack of teamwork across disciplines, not just necessarily among frontline employees. When asked who needed to focus on teamwork, she stated the following:

> The doctors and the nurses and the like because we are one team, like even though you are a doctor and you went to college and you got your degree and you're a big shot. You're making big money. You're a nurse, whatever. Like we are all one team, like we're all on this team of taking care of this patient or these patients and there's just—I don't know. Healthcare needs to get it together.

Stephanie also echoed the value of teamwork in her interview by stating:

> Teamwork is seeing everyone work together; I think that's great as well, like I say we're all in this together. That's something that I would like to see more of, people just working together and coming together to just get a good outcome here.

In terms of **disempowerment**, five interviewees felt that they were disempowered in the workplace. They voiced concern about not being able to speak their minds at work and felt they were dealing with superiority complexes from colleagues who worked in a variety of roles. For example, Shaina discussed the inner conflict she felt about her inability to speak her mind:

> But sometimes it's hard because you know they can say what they want to say, and you can't say what you really want to say to them. Then you know you want to keep your job and you don't want to say anything. It's hard sometimes because you just feel like you really can't be yourself or say what you want to say without coming across disrespectful or mean. It's hard sometimes, it's hard.

Jae Rich discussed an ongoing conflict with his manager that led him to try altering his communication style but subsequently experiencing physical ailments.

> It was physiologically detrimental for me, not being able to say what I wanted to say. Constantly being worried about what's going to happen next. Is this person coming after me, which made me extremely uncomfortable? It was just a constant state of anxiety and not knowing what was going on, what was going to happen. You know every conversation.... it literally got to a point where it was so stressful that every time I spoke to this person, I had to have a witness because I couldn't speak with them and in private.

The critical incident responses from the Survey Only group all collectively confirmed that they faced overwhelming workplace conditions. The negative emotions stemmed largely from lack of resources to help as well as unavoidable hostile interactions. Respondents shared the frequent need to call security to assist with hostile patients who were attempting to attack them physically in the office. Ironically, both Tiffany and Participant #46 explained in their critical incidents that they had to call security, but while they waited for help to arrive, they had to remain calm and attempt to de-escalate the patients simultaneously.

Hostility was stated to be commonplace in the critical incident responses from the Survey Only group. Patients were the primarily discussed as the antagonists for these

participants, as noted earlier in Table 14, *Critical Incident Emotional Responses.* Such a scenario was described by Participant #47:

> I was at work and a patient walked in hostile and couldn't see the doctor because he didn't have an appointment. He pulled out his tract and his GI tube. On my desk was blood splatter and his shirt was still lifted up.

She elaborated, "I was upset and disgusted that someone would use their medical condition to make a scene and act as if they had an emergency when they didn't."

Finding 2: Ways of Coping

This section discusses the coping tendencies of the interview participants in managing stress in the workplace. Five primary themes emerged: support systems, problem solving, detaching from stress, time management, and mental preparation techniques. Table 21 presents the *Interview Participant Coping Tendencies* which includes all subcategories.

In terms of **support system**, 16 interviewees shared that they had a supportive person either at home or in the workplace. Additionally, 25% of those participants shared that they followed the instrumental advice they received from a person in that supportive group.

As for **support at work**, six of these interviewees (Nicole, Thomas, Shirley, Stephanie, Natalee, and Tiffany) reported that their support was a co-worker in their current department. Two interviewees (Regina and Jason) reported that their support was a co-worker from another department in the hospital. Three interviewees (Kate, Pedro, and Nicole) reported that they felt support from a current or ex-manager. Kate spoke about a previous director she had who was attentive and willing to jump in and assist when things

Table 21

Interview Participant Coping Tendencies

	Support System	Problem Solving	Detach from Stress	Acceptance	Time Management	Mentally Prepare	Overindulging
Jae Rich	X	X	X		X	X	X
Terry	X	X	X		X	X	
Regina	X					X	X
Tiffany	X		X		X	X	
Natalee	X	X	X	X	X	X	X
Alice	X		X				
Stephanie	X	X	X	X	X	X	X
Pedro	X	X	X	X	X	X	
Faryn		X	X		X	X	
Baker	X		X	X	X		
Evelyn			X				
Thomas	X		X	X	X		
Erica	X		X				X
Jason	X		X		X	X	
Kate	X	X	X	X	X	X	
Jaime	X	X	X		X		
Nicole	X		X		X		
Shaina		X	X		X	X	
Patricia			X			X	X
Darren	X		X	X	X		
Participants	16	9	19	7	9	13	6
% (n=20)	80%	45%	95%	35%	45%	65%	30%

were busy.

> We used to have a director here, she was my director, so she ran the whole department, and if she ever saw that we were low staffed, and it was a very busy clinic and if we had twenty cards that needed to be registered, and she would sit there right next to us and register with us. She would be down in the trenches with the staff.

Jason shared that his support was a friend who worked in another department. It gave him comfort to be able to take a breather and vent to his friend whenever Jason felt stressed.

> I have someone that works in a different department and we worked previously for many years, we are friends. So, I go to her, that's my solution and say, "Hi, how are you?" And she knows I'm stressed and she says, "Hi honey, come have a seat," and we talk for about half an hour and then I go back to my desk.

Most commonly, participants bonded with co-workers in their current department. Stephanie spoke about how, regardless of the job role in the department, there is a common understanding about the stressors faced at work.

> I feel like talking to my coworkers a lot of times about the issues that go on here, and kind of like knowing that it's not just me, that we are all in the same boat, even though we all have different like job rules or whatever, but it still feels like we're in the same boat, and then we all kind of agree that you know we're overwhelmed, so talking about it sometimes does help.

Terry, Evelyn, Shaina, Jae Rich, Darren, and Stephanie similarly spoke about the importance of supporting their peers in the workplace. They described stepping in to assist their friends and colleagues in the workplace. Evelyn and Terry clarified that they did not have close friends at work; however, they deemed it very important to be supportive to their peers. They provided examples of stepping in to cover their colleagues if they were having difficulty assisting an irate patient or physician in the workplace.

In terms of **support outside of work**, six interviewees (Jae Rich, Terry, Tiffany, Thomas, Kate, and Shirley) reported that they relied on a family member for support about stressful work events. The family members included primary relatives such as a wife, mother, daughter, and sister. Jae Rich, Shirley, and Jaime also shared about other members of their support team that included a previous manager who worked in another hospital, a personal friend, and an old professor. Jaime's friends and family encouraged her to start being vocal at work when she had conflicts with her co-workers. She explained:

> I would just go home crying and just keep it all bottled up inside. I would speak with family members at home and friends and they would say, "You can't do that. You've got to stop doing that because it's not healthy for you."

Kate spoke about her sister's ability to soothe her after experiencing an embarrassing verbal attack in the workplace:

> I went home, and I spoke to my sister about it, that the situation, and, like any conversation when you air things out to someone, they let you know you can't make everybody happy. These are just things that might not happen all the time, but they do happen and they're out of your control because you can't control other people's reactions.

As for **instrumental advice**, five participants (Jae Rich, Alice, Shirley Baker, Erica, and Jaime) reported that they received advice they followed from family members who included sister, husband, father, mother, ex-manager, professor, and friends.

Alice expressed that the most valuable advice she received that impacted both her professional and personal decisions stemmed from her father. She explained that even as an adult in her 50s, he continuously reminded her of the same core lesson. She remembers a situation she was trying to resolve with a mailing service that lost a package which was causing her to be frustrated and she spoke about the conversation she had with her father:

> So, I was telling my father how I talked to them I said I can't believe I dropped it off, it's not like I mailed it. He said, "Who did you talk to?" I [told him that] I talked to the supervisors. He said, "What did I tell you, why you talking to the supervisor? Didn't I tell you to go above?!" I said, "What do you mean?" [He said,] "Go to the corporate manager."

Alice explained that her father instilled the notion in her that everybody has a boss and she should continue to go up the ladder when she was trying to resolve issues.

Shirley Baker recalled an experience when she was venting with her sister, which led to her make an important life change:

> I definitely would come home from one of my previous jobs and complain a lot about my boss or about my lack of pay or whatever the case may be, and I remember my sister finally said to me after like complaining for the umpteenth time, "[Shirley Baker], I don't want to hear it anymore. Like if you're upset, then

> get another job." And I think that was what it was, I was clearly not happy with where I'm at and what I'm doing. So, she's right. If I'm not happy, move on. And that's what I did. I moved on.

As for **problem solving,** nine interviewees relied on solution-oriented techniques to cope with stressors. They all acknowledged that even though they have little to no control over how decisions are made, they still gravitated toward problem-focused coping methods. Pedro discussed his views on how he worked best in a busy work setting:

> You can't control everything. Pace yourself, you know. You can't control what the person does; you can control the outcome of how you perceive it and the part you play. It's real simple: either you a part of the problem or a part of the solution. The way I try to be, I try to be the part of the solution.

Kate also shared that she thought creatively when trying to get work done in an unpredictable environment. She explained that she would make the following attempts if needed: "[I'd]reconsider different options for a new job or figure out, maybe with my manager, somehow if I can step away longer than normal or maybe redistribute my breaks differently than everybody else." Natalee agreed that she would involve her supervisor as needed and shared that "I feel like I've always been able to go to someone and speak my mind; whether or not that issue's been resolved is another thing. But if I feel like I have to tell [a superior] what's going on, then I'm going to tell."

Faryn felt that she naturally preferred problem-focused coping techniques in both her personal and work life. She explained, "If I feel like I have something in my life that's stressing me out, I just try to think of a master plan to fix it. Whatever the situation is, I try to think it out to see if I can resolve it."

As for **disconnect from stress**, 19 interviewees coped by disconnecting from the stressors they faced in the workplace. Interviewees shared that they kept personal routines, intentionally ensured that they kept their home and work activities separate, or

took a break when necessary at work. Table 22 depicts the breakdown of the participant coping preferences.

Personal routines that were discussed by nine interviewees included listening to music, vacationing, attending poetry sessions, and singing. Jae Rich, Thomas, Erica, and Jaime shared an affinity for escaping by watching movies. Shirley Baker, Nicole, and Patricia agreed that they felt going to the gym was beneficial for them, both mentally and physically.

Darren explained that he felt hobbies should be fun and not stressful. In his interview, he stated:

> I always tell people when it comes to stresses; find the thing that you know for sure takes your mind off of what's stressing you. I play fantasy football with friends and I feel like a lot of them are a little too competitive with it when it's supposed to be a thing that we use to have fun, just watching football. Yeah, it is a competition which was the fun and I like the trash-talking or just the competitive nature of it. [If a friend says], "I'm stressed out about my team." [I think] No! This is for fun, it takes me away from what I typically do in a day, and it's a hobby.

Home and work division of stressors was mentioned by half of the participants. Pedro spoke about his ability to have a live-in relationship with someone who worked at his job. He said that despite seeing each other at work, they never let their home life spill over into the workplace. He explained how he was able to easily separate "church and state."

> I'm a logical thinker. One doesn't have to do with the other. You don't link the two. Work has nothing to do with home. When I'm at home, home is supposed to be my sanctuary; it's supposed to be my place of peace.

Jaime and Tiffany explained that the fact that they had children impacted their need to keep a healthy home and work balance. Jamie shared that she is currently pregnant with her second child and stated:

Table 22

Disconnection From Stress Techniques

	Personal Routines	**Home and Work Diversion**	**Taking a Breather**
Jae Rich	X		
Terry		X	
Regina			
Tiffany		X	
Natalee			X
Alice		X	
Stephanie	X	X	X
Pedro		X	
Faryn		X	X
Shirley Baker	X	X	
Evelyn			X
Thomas	X		X
Erica	X		
Jason		X	X
Kate			X
Jaime	X	X	X
Nicole	X		
Shaina		X	X
Patricia	X		X
Darren	X		
Participants	9	10	10
% (n=20)	45%	50%	50%

> I leave work at work. I am a parent, so I always look forward to going home to my family, which makes me very happy. I just see that work at work. When I get home, I have my baby girl that wants to talk about her day and I just don't think about work until I'm on my way to work in the morning on the train.

Tiffany shared that she is a single mother and so she uses her private time in the car on the way to get the kids as her time to transition from work thoughts to home thoughts:

> I tend to process a lot of things associated with work when I'm driving in my car on the way to pick up my kids to try and adjust my mood a little bit. So, any phone calls I have to make or anybody that I am yelling with, I try and get that over and done with and so I can deal with my kids and be a mother to them.

Shaina described how she feels when she leaves work at the end of the day:

> Oh well, once I leave the job, my mind is off of work. You know, I really try not to think about it because I'm in there like the whole day and it's very, it gets stressful so. Once I leave them doors I am like, I blow a sigh of relief and then I go about my day.

Jason described how his strategy to leave home stress at home is to arrive at the job an hour early to give himself time to adjust mentally. Faryn described a challenging time when she was preoccupied with doing a home renovation, and when she arrived at work, she could not focus on her work tasks. She explained that she went to her boss and asked to take the day off because she felt if she could not operate at 100% in the office, then she should not be there. Maintaining a home and work life balance was also explained to be essential for Terry, Alice, Stephanie, Faryn, and Shirley Baker.

Taking a breather or walking away to get a reprieve from stressors was also a key mechanism for half of the participants. Kate and Patricia spoke about formal breathing or meditation techniques that they used to cope. Kate expressed her enjoyment of meditation and shared some of her coping methods:

> I definitely breathe. I'm a big person that meditates, so I really focus on my breathing, that helps me just keep it together. I have a little speaker by my desk, which I keep on, that plays really low music that definitely helps me to stay centered and, if things are getting really rough, I actually have a garbage can on my desk that I occasionally tap just to release that stress. Those are really my coping mechanisms.

Patricia also shared a variety of techniques:

> So, I definitely try to use breathing techniques, you know, take a deep breath. Try to use every strategy I can to stay calm, breathing, talking slowly, because sometimes when you're upset, you start talking quickly. You're trying to get people off the phone, or get people out of your face, so definitely that helps a lot.

Natalee explained that she frequently took breaks when necessary:

> Sometimes, I just want to walk away from my desk. Take a smoke break which I do. That's pretty much how I relieve it sometimes if I'm at work and can't you leave and it's not 5:00. So yeah, I like to step out for a few minutes just to take a breather. I like to think I meditate but sometimes it's just like a breather.

Faryn also felt that taking a break in the midst of stress to recalibrate was helpful. She said, "I would say, if you're stressed at work, if you're caught up in the moment, just take a break, walk away, collect yourself, and take a breather, and then revisit the situation." Stephanie, Evelyn, Thomas, Jason, Jaime, and Shaina were also advocates of using this method to overcome stress.

As for **acceptance**, seven participants reported that they strove to accept that they needed to always stay prepared and accept the inevitable in the workplace. These interviewees articulated that they understood and accepted how they had limited control in the workplace and were also comfortable with not being able to predict the workflow or interactions on any given day. Kate, Darren, and Pedro similarly explained that frontline employees should always expect the unexpected. As Pedro shared:

> You can't control what the person does. You can control the outcome of how you perceive it and the part you play. It's real simple: either you are part of the problem or a part of the solution.

Thomas, Natalee and Shirley Baker utilized empathetic thinking patterns to help them accept the types of interactions and situations they often faced at work. Shirley Baker stated:

> I [work] at a cancer center. We are dealing with people that are very sick, some of them on the verge of dying. I am sure they're in a very stressful situation. I try to put myself in their shoes.

Stephanie summarized her approach as taking it one day at a time. Like the others, she accepted the fact that they were there to do a job that included difficult responsibilities and unexpected situations. It became apparent that this group became immune to some of

the stressful triggers by accepting how they could arise on any given day in their workplace settings.

Related to **time management**, nine participants shared that they coped by organizing and prioritizing work. Jaime attributed her desire to get things done in an organized fashion as a strategy that helped her manage stress. She shared:

> I think my biggest thing is time management. I consider myself a perfectionist, so I am very careful with what I do. With every job I've had, I've always gotten to work a lot earlier than my start time just because I like to settle myself in, get an idea what's going on, and just give myself a routine. With every job it's been different depending on what role it is, but I give myself a routine and I make sure that I get those routines out of the way first, and then I catch up to whatever I know is priority.

Tiffany also felt that organization was essential to her success in coping. She said, "I find myself getting a glass of water. And I am really good at pacing myself, so just remaining organized and trying to stay on task. A sense of structure is what keeps me going."

There were differences in opinions about how to deal with the unpredictable pressure-prompted tasks that are routine in many FLE positions. Thomas felt that rushing led to mistakes and advised, "Slow down. Immediately slow down. There could be five thousand things thrown at you and slow down and do it in order." Stephanie tried to stay organized yet move quickly to get tasks done, as she explained:

> A lot of times you have to just think quickly and organize—the organization is key. You just have jot things down sometimes, like okay, this is what I'm going to do, and hope for the best. Hope that everything is going to turn out well, and most of the time, I have to say it does.

In terms of **mental preparation**,13 participants (65%) tried to think positive thoughts to prioritize adaptive coping methods. Jae Rich, Stephanie, Pedro, and Jaime relied on self-created mottos to stay inspired in their personal and professional trials. As Jae Rich explained, "I create little mottos and things for myself, for me to live by. And I

always say, ‘If you want to keep this person in your life, there’s a way that you present a situation. That whole presentation is what curves how the conversation will go.” Stephanie shared, “I always use my little motto, ‘kill them with kindness.’ Honestly. I just try to always keep a smile, you know try to be positive.”

Pedro’s motto pertained to the importance and expectation of teamwork. He reported:

> My motto is simple: one hand washes the other, washes the face. We get it done quick so that way we don’t have depression later on or anything comes up, we’re not gonna be overwhelmed with [tasks] piling up on us because we thought we had an easy day.

Jaime shared several mottos throughout her interview. These mottos were quirky sayings that helped her to deal with negativity in the workplace. She shared, “My motto is, at the end of the day, we’re still going with the same paycheck and I’m doing triple the work and it’s just not fair,” which she used as a reminder to speak up for herself if others were not pulling their weight in the office. She also shared, “I have this motto, ‘They can’t force you to be in something that has absolutely nothing to do with you,’ so I just always kept my nose clean.” She used this motto as an encouragement to stay neutral in the midst of workplace conflicts. Her last saying helped her to cope and manage stress, as she shared below:

> I think that my biggest motto is getting fresh air. If I need to, even if it’s just to stand in front of the building for two minutes and get fresh air, I think just a fresh breath of air always helps out because sometimes you feel you’re behind four walls all day.

Ultimately keeping a positive mindset was important to many of the interviewees. Nicole’s statement below about staying positive and its effect on her co-workers makes this clear:

> I realize that when we have very hectic moments at work. Majority of the time, we can go from the slowest, quietest day to having a burst of chaos everywhere. So, I figure, if I can stay calm and talk myself through this when I talk to my co-worker in a calm tone, it works out for everybody. Because if I am stressed and they are not stressed, and I am talking to them in a stressed tone then they will also get stressed. So, I just try to stay as calm as possible, hoping that some of that calmness rubs off. And then they can stop, think and get their thoughts together because when you're stressed, you don't know if you're coming or going. You can't think positively and clearly or have a thought on what to do and that's where you probably can mess up and where the bigger issues can come from.

In terms of **overindulging**, six interviewees admitted to overindulging in various areas of their lives in an attempt to cope with stress. Erica, Regina, and Natalee all shared that they relied on smoking marijuana or cigarettes when they felt stressed. Jae Rich mentioned that his sex drive and number of partners increased when he experienced a traumatic conflict at work.

Stephanie discussed a recent increase in her going out after work and consuming alcohol based on the routine pressures of her job. She appeared conflicted about the new habit in her interview and explained her feelings:

> I just go off for like one drink, I don't think I have become an alcoholic in the sense, but it's just one drink or whatever. Just to kind of like take the edge off, and it feels a little better. But the situation here is that I feel overwhelmed and overworked doesn't change.

While the critical incident responses from the 12 Survey Only participants did not provide full details on their coping tendencies, they did allude to some of the methods they utilized. Religion impacted the decisions made by Participant #25, who explained once there was a bomb scare in the office, but she chose to stay instead of leaving. She commented, "I was able to cope because I have faith that if something bad is going to happen [to me], it just will. "She alluded to the fact that her belief in a higher power outweighed her response to potential harmful factors. Both Participants #34 and #45

utilized taking a breather to cope. In an effort to reduce stress, Participant #34 reported, "I am coping by going for 45-minute walks every day and a 15-minute walk at lunchtime." Breathing became a core way to regulate emotions for Participant #45, who explained that in a frustrating situation, "I stepped away and took deep breaths to cope."

Finding 3: Emotional Intelligence Proficiency

This section discusses the primary emotional intelligence strategies used by the interviewees and the level of perceived use and importance in the workplace. Three primary themes emerged: self-awareness, mindfulness, and empathy. Table 23 presents all 20 interview participants and the EI strategies they identified with in the study.

Table 23

Emotional Intelligence Strategies

	Self-awareness	**Mindfulness**	**Empathy**
Jae Rich	X		X
Terry	X	X	X
Regina	X		
Tiffany	X	X	
Natalee	X	X	X
Alice	X		X
Stephanie	X	X	X
Pedro	X	X	
Faryn	X	X	
Shirley Baker	X		
Evelyn	X	X	X
Thomas	X	X	X
Erica	X	X	X
Jason	X	X	
Kate	X	X	X
Jaime	X		X
Nicole	X	X	X
Shaina	X	X	X
Patricia	X	X	X
Darren	X	X	X
Participants	20	15	14
% (n=20)	100%	75%	70%

Self-awareness

All of the interview participants responded to interview questions in a manner that depicted self-awareness or awareness of how they managed their emotions or the emotions of others when faced with stress at work. The subthemes of skills that emerged from the self-awareness strategies are depicted in Table 24 and are discussed in detail.

Table 24

Self-awareness Strategies

	SELF-AWARENESS			
	Self			Others
	Recognize Imperfections	**"Let it Go"**	**Be Proactive**	**Conflict Resolution Techniques**
Jae Rich	X			X
Terry	X	X		
Regina	X			
Tiffany			X	
Natalee	X		X	X
Alice		X	X	
Stephanie		X	X	X
Pedro		X	X	X
Faryn		X	X	X
Shirley Baker		X		X
Evelyn			X	
Thomas		X		X
Erica				
Jason		X		
Kate				
Jaime		X	X	
Nicole				X
Shaina			X	X
Patricia				X
Darren				X
Participants	4	9	9	11
% (n=20)	20%	45%	45%	55%

Recognizing imperfections, letting things go, and being proactive are examples of cognitive reappraisal, which is defined as the attempt to reinterpret an emotion-eliciting situation in a way that alters its meaning and changes its emotional impact (Lazarus & Alert,1964; Gross & John,2003).

As for **recognition of imperfections**, four interviewees shared openly about their perceived shortcomings, specifically their perceived shortcomings when reflecting on stressful events at work. Jae Rich, Regina, Terry, and Natalee shared the commonality of having workplace conflicts and expressed their perception of the impact of their actions on these situations.

Jae Rich discussed a conflict with his manager that stemmed from his perception of her communication style and vice versa. He recognized that he was adding fuel to his stress level and expressed his feelings in the following statement:

> And me being...I'm a very prideful person. I'm very outspoken, but I had to realize that. In this situation I can't control it. I just have to just roll with the punches and just give in and just humble myself and bring myself down to whatever person they want to mold me into.

Regina self-professed to be burned out due to repeated verbal and physical attacks that she experienced from patients while working in her department. In her interview, she spoke about her mental health history of depression and a personality disorder as well as the impact on how she interacts with patients and handles unexpected situations.

> It makes it harder. I am not in control of my emotions. It's that sometimes I am better able to do it than others and when I am not; my reactions can be extreme, more than likely because of my diagnosis.

Natalee took ownership of the fact that while she was prone to just walk away from difficult situations when she was faced with problems, she has learned to come back, apologize, and address the issue at hand. In her interview, she stated, "And that's changed over the years and that happened with my manager. I went back in and apologized even though it wasn't anything shady that I said. I came back and I addressed it."

Terry spoke about the anxiety that she experienced when she checked patients in for their appointments. She explained that she was tasked with disclosing displeasing information to patients about strictly enforced departmental regulations, which often infuriated them and caused them to react in unexpected ways.

> And I'll be honest, I do get nervous. As much as I am outspoken, I get nervous. I get nervous because I don't know how this person is going to take it and sometimes you can look at person's face and just know what they're going to say to you. And you look at the person and you're like okay, so this patient is going to go off right now.

In terms of **"let it go,"** nine interviewees (Terry, Shirley Baker, Alice, Stephanie, Pedro, Thomas, Faryn, Jason, and Jaime) articulated the importance of accepting that there is limited job control and letting go of underlying resentment. Thomas spoke about his ability to regulate his emotions quickly after difficult situations. He stated, "I learned to let it go. Like I told you before, I'm used to the situation, so I've become immune to it and learned to change my thinking and be focused." Shirley Baker also felt it was important not to personalize conflict because of the potential impact on an innocent patient. She provided a scenario which she frequently experienced:

> You just got off the phone with a patient that is giving you a hard time and not being reasonable and maybe even nasty and curses you out or yells at your or something, and then the next minute you're getting another phone call where you have to, you know, go back to, you know, being the customer service individual and giving them the care that you wanted. And, of course, you know, when I get off the phone with that person and I'm done with that situation and on to the next patient, you know, I would say I'm back up to where, you know, I started because I know that you kind of have to just move past and the next patient isn't that patient.

In terms of **be proactive**, nine interviewees (Tiffany, Natalee, Alice, Stephanie, Pedro, Faryn, Evelyn, Jaime, and Shaina) focused on being proactive to reduce known stressors in the workplace. Strategies included knowing when to speak up and knowing

when to ask for advice. Tiffany and Alice discussed situations in which they decided to go to their managers to discuss a concerning situation. Both interviewees were self-sufficient and did not take raising issues with their superiors lightly.

Tiffany described a conflict with a co-worker that left her feeling uncomfortable and led to her deciding to ask her manager for help:

> I went to management because I didn't think it would be appropriate for me to just say something to her about it. And then it ends up being something bigger than it is. So, I went to my supervisor and I had a list of things written down of what the woman had did and how it affected me and how it affected me wanting to be at the job that I applied for and I didn't know if I wanted to be there anymore. And my supervisor actually spoke to her and then she spoke to us together.

Similarly, Alice spoke about a situation in her office that involved her manager choosing to promote a personal friend into a supervisor position. She explained that many on the staff were upset that they were overlooked for the promotion and it was causing unrest in the department. She recalled, "I went and I said, look, I don't want to talk to you today, but I want to talk to you tomorrow because something is really bothering me." She purposefully delayed the meeting to the next day because she wanted to be level-headed and unemotional when she had the discussion with the manager.

Faryn expressed annoyance at working with a physician whom she perceived to be rude and dismissive and explained why she knew she needed to address him directly and speak up about her concerns:

> Well, I thought that if I was going to continue working with him, it's not gonna work if he continues giving me this attitude, then I'm not going to be able to do what I need to do if I feel that every time you speak to me, you're talking to me in a tone that I don't appreciate. If you're talking to me like I'm less of a person because I'm the secretary and you're the doctor.

She was pleased to report that after having the frank conversation with the physician, the outcome led him to change the unwarranted behavior, and help her understand his personality and learn that while he was abrupt, it was not his intention to come across as displeased with her work performance.

While Tiffany, Alice, and Faryn voiced the innate ability to speak up and be proactive, Jaime explained that it was a skill she had learned over time:

> One thing I have learned, though, I used to always be afraid to speak up, always in fear that I'm going to get in trouble or I can't speak my mind, but I've learned, throughout the years, it's okay to put your foot down. It's okay to say, "I'm not doing that because of X, Y, and Z" or "Can we have a meeting because I feel something is not right?"

Recognizing imperfections, letting things go, and being proactive are skills that participants reported to be a result of their self-awareness of their emotions. Regarding being aware and managing the emotions of others, the conversation led to a discussion of conflict resolution and techniques that the interviewees routinely used in the workplace.

Conflict Resolution

Eleven interviewees have used conflict resolution approaches and techniques to mitigate stress. These strategies included: monitoring tone, remaining calm, listening, and focusing on de-escalating when interacting with disgruntled patients or colleagues. These methods are types of expressive suppression, which is defined as the attempt to hide, inhibit, or reduce ongoing emotion-expressive behavior (Gross & Levenson,1993). Table 25 depicts the subthemes that emerged from this category.

As for **monitoring tone**, five participants (Jae Rich, Stephanie, Faryn, Thomas, and Nicole) referred to the crucial implication that tone has for the verbal message that is portrayed to patients. Jae Rich was disciplined by his manager and informed that he

needed to work on his communication style when interacting with patients; thus, he became obsessed with monitoring his tone in an attempt to guarantee he was perceived as being polite:

> I knew what I was doing, I went from speaking to in my regular tone to changing my intonations at certain time and speaking with patients in a little high-pitched voice [to appear] a little more welcoming. I never had a problem with smiling and things like that. But you know I feel that it worked for me.

Table 25

Conflict Resolution Techniques

	Conflict Resolution Techniques	
	Monitor Tone	**Remain Calm and Listen**
Jae Rich	X	
Terry		
Regina		
Tiffany		
Natalee		X
Alice		
Stephanie	X	
Pedro		X
Faryn	X	
Shirley Baker		X
Evelyn		
Thomas	X	X
Erica		
Jason		
Kate		
Jaime		
Nicole	X	X
Shaina		X
Patricia		X
Darren		X
Participants	5	8
% (n=20)	25%	40%

Stephanie explained the impact she felt patients experienced when employees altered their tone when assisting them:

> I think the tone works better, [it means] I understand what you're saying you know things like that and they try to make them feel like "Oh, you know that this person truly understands me, truly wants to help." There's certain keywords here and there, and you know, it is a tone, body gesture, all those things have to do with it, all those things have to do with it, and just go the extra mile.

Thomas was familiar with serving disgruntled patients and he recognized that as an FLE, he might have to try several strategies to find one that appealed to different individuals:

> So, if they don't want that, just change the tone of your voice but don't escalate it and don't say it again with the same tone of voice with the patient being aggravated. So, switch up the question, but keep it to a similar question, but change it up a little bit.

Nicole also explained that she was familiar with de-escalating situations by monitoring and her tone and communication style:

> So, I figure, if I can stay calm and talk myself through this when I talk to my co-worker in a calm tone, it works out for everybody. Because if I am stressed and they are not stressed, and I am talking to them in a stressed tone then they will also get stressed. So, I just try to stay as calm as possible, hoping that some of that calmness rubs off. And then they can stop, think and get their thoughts together because when you're stressed, you don't know if you're coming or going. You can't positively and clearly have a thought on what to do and that's where you probably can mess up and where the bigger issues can come from.

In terms of **remain calm and listen**, the primary skill that eight interviewees (Natalee, Pedro, Shirley Baker, Thomas, Nicole, Shaina, Patricia, and Darren) reportedly used to de-escalate a situation was their ability to remain calm. Natalee worked in a busy call center and often heard the interactions of her colleagues who got into verbal tangles with patients on the phone. She explained that even though she had a quota of calls to take, she prided herself on not rushing patients while handling a call. When she encountered a difficult patient, she gave the following advice:

> Let them talk. You know, that's what I do. When a patient calls, super upset I'm not going cut them off and ask for their demographics right away. I'm going to let

> them talk. When I hear other representatives on the phone, they're just cutting the patient off, [saying,] "Ma'am, Ma'am, can I speak though?!But if you would let me speak, I can explain to you." No, don't handle the call like that. Let them speak and then you can butt in and you can say, well, unfortunately, this is the way it is.

Shirley Baker also spoke about her intent to limit her reactions during conflict and her attempt to remain restrained. She detailed the physiological feedback experienced while trying to be calm:

> Try to stay as calm as possible even though that's probably not your first reaction even though, you know, your hand—your fists are balling up and your heart is probably racing and you're doing everything not to like scream back at that patient.

Thomas also reiterated the importance of not mirroring the behavior of the patient:

> Number one, don't play it to their level. Let them yell up a storm but make sure that you're relaxed, you're calm, and get all the information. Whatever they try to do, it's because they're frustrated, they don't know what's going on.

Nicole also reflected on her routine attempts to stay calm while trying to de-escalate and problem-solve issues. She gave examples of trying to remain calm when interacting with her co-workers:

> I try to be positive and stay calm, but I have noticed that working with [co-workers] that they can get flustered over the smallest thing. So, I try and calmly talk to them to figure out the issue and talk through the issue. [After which] I have noticed that the person has calmed down, regrouped themselves, come back to the problem and figured out another solution or how to handle the situation and it actually worked.

Mindfulness

Fifteen interviewees relied on mindfulness methods as an emotional intelligence strategy that helped them overcome workplace stress. The sub-themes that emerged were: guaranteeing personal needs and understanding the need of others. These are depicted in Table 26.

In terms of **personal needs**, seven participants (Terry, Tiffany, Pedro, Faryn, Jason, Shaina, and Darren) spoke about shifting their mindset and the intent to stay positive despite stress due to their personal responsibilities outside of work. Terry explained the reason she chooses to endure difficult situations at work: "You need the money and you have a family to take care of, so you have to come." Tiffany also mentioned that prioritizing her family life helped her to keep the right mindset:

Table 26

Mindfulness Strategies

	MINDFULNESS	
	Personal Needs	**Needs of Others**
Jae Rich		
Terry	X	
Regina		
Tiffany	X	
Natalee		X
Alice		
Stephanie		X
Pedro	X	
Faryn	X	
Shirley Baker		
Evelyn		X
Thomas		X
Erica		X
Jason	X	
Kate		X
Jaime		
Nicole		X
Shaina	X	
Patricia		X
Darren	X	
Participants	7	8
% (n=20)	35%	40%

> Well, for one, I need to ensure I can provide for my kids, I am their only parent. For our kids, we tend to suck up things. You know, I have to make a living and I have to live and I have to make sure that they are taken care of. Just because

> something scares me or because I'm overwhelmed, it doesn't mean that I can't adapt to the situation that makes sure everything is handled.

Faryn also stated that she intentionally chose not to personalize workplace stress. She stated, "I try to just basically let it roll off my shoulders because one, I need a job. And I know that I can flip out on somebody, so I just try to just let the situation roll off my shoulders."

In terms of **needs of others**, eight participants (Natalee, Stephanie, Evelyn, Thomas, Erica, Kate, Nicole, and Patricia) recognized the need for a flexible approach when dealing with patients and colleagues. Evelyn focused on treating patients in a positive manner and spoke about her attempts to be mindful, even though some patients come in with unpleasant attitudes. She acknowledged that their disposition could stem from the environment in which they live.

Erica worked in an oncology department and understood that depending on the day, patients needed different interactions from her. She explained, "I adjust my personality to what the patient needs, like if they need jokes, then I have jokes; if they don't need jokes, if they need seriousness, then that's what I have for them."

Thomas, Nicole, and Patricia felt that conflict could inadvertently be birthed because people do not understand the preference of the patient or colleague. Thomas warned against getting too comfortable with people in the workplace before getting to know them on a personal level:

> I recommend being cautious in approaching someone and it's good to do that and apply it at work. Once you know the person and if you are the type that likes to joke around and tease, then you know what to do in that situation because you evaluated the person.

Nicole also stated:

> Some people need to talk and everything out and then they are fine, and some people don't want to talk through their issues…. Everyone is different and so one method might help them more [than another] and another might make them agitated or upset.

Patricia echoed the comments by explaining, "You should just listen to what they have to say and that does actually really help. Because people just want to know that you hear what they're saying and you're trying to understand."

Empathy

Fourteen participants (Jae Rich, Terry, Natalee, Alice, Stephanie, Evelyn, Thomas, Erica, Kate, Jaime, Nicole, Shaina, Patricia, and Darren) empathized with patients and felt a sense of purpose toward the organization where they were employed. Natalee, Erica, Patricia, Kate, and Darren shared their perspective on why they prioritized the patient experience and made every effort not to personalize the stressful situations they faced at work. Natalee expressed her dedication to her role and being pro-patient.

> Because I know that I am a Care Coordinator and it's my responsibility to assist in their care. It's very vital for me to be understanding and get where they're coming from when I do get those few patients that call and are irate or are noncompliant. I have to understand where they're coming from. It sucks that I can't get them the same-day appointment. I can't be mad at you for calling me a bitch.

Erica made it clear that in her personal life, she did not try to regulate her emotions and was often reactive; however, it was a different story in the workplace:

> [In my personal life] I don't give one f--k, excuse my language, if you don't like me, oh well, but at work I don't want the patients to feel alienated by anything I might say or do because they are patients, you know. They are ill, even though sometimes they're really nasty, and I know a lot of times a patient is angry because they have cancer and they take it out on the next person which is me.

Patricia also worked in a department that treated sick patients and felt it was necessary to excuse patients who might react poorly. She stated, "Our patients are going through a lot. But I would say, because our doctors are seeing so many newer patients, that kind of calls for, you know, a little more irrational behavior sometimes, because they're coping."

Kate felt committed to her position and organization and experienced conflicting feelings after experiencing a difficult interaction with an angry patient. She explained that while she took the high road in an embarrassing attack, it still affected her:

> I was very upset, and I felt very trapped because this is my job and I have a level of professionalism that I have to abide by because I am a representation of the company that I work for. So I kind of felt trapped in the fact that I really couldn't express myself to the patient or react the way I wanted to after that type of moment.

Darren felt a sense of pride and commitment to his work in a young adult center. He voiced, "I don't feel like it's just work! I try my best to not let it be that I just come for work, I feel like what we do here is we serve a purpose. We're helping kids out, yeah it's tough but we're helping people."

There were many similarities between the Interview group findings and the Critical Incident responses of the 12 Survey Only respondents. Both of these groups discussed the ability to perceive, process, and manage emotions. It was important for both of these groups to maintain their composure and stay calm in the height of difficult interactions. They shared similar logic about letting situations go that were out of their control. Essentially, both groups utilized their need for job security to provide them with perspective before reacting to stressful situations.

Finding 4: The Learning Process

This section discusses the various learning processes that the 20 interviewees attributed to how they learned to deal with stress in the workplace. The three types of learning expanded on here are: Formal learning, Nonformal learning, and Informal learning methods. Also discussed is the role of self-efficacy efforts by the participants with regard to learning (see Table 27 for participants' learning methods).

Formal and Nonformal Learning

Formal learning. Three interviewees learned coping or stress management-related tactics through coursework taken in a college or postgraduate academic setting. Jason, Jaime, and Darren all had either a Bachelor- or Master-level degree. Jason and Darren said they learned from classes, while Jaime stated she learned through personal conversations with her professors.

Darren worked his full-time job while completing his Bachelor degree and spoke about how he informally took a stress management course that provided valuable information for him to use at his job:

> It was one of the electives it just so happened that that was a time that it was on. It wasn't like I went out of my way to pick that class, it was like what it's what was available, but then I also said, you know what? This would help me because I feel there was a time when I first got [to this job] and I thought, this is crazy, so I felt that that would help me.

He spoke about learning specific breathing techniques to calm heightened nerves and physical tools, such as stress balls that could be utilized to refocus and eliminate nervous energy that might arise during uncontrollable situations.

Table 27

Interview Participants' Learning Methods

	Formal	Non Formal	Informal			
			Coaching & Feedback	**Modeling**	**Physiological Feedback**	**Past Experiences**
Jae Rich		X	X	X	X	X
Terry		X	X		X	X
Regina		X		X	X	X
Tiffany			X	X		X
Natalee				X		X
Alice			X	X		X
Stephanie		X	X	X		X
Pedro				X		X
Faryn			X			X
Shirley Baker		X	X	X	X	X
Evelyn		X	X	X		X
Thomas		X	X	X	X	X
Erica		X	X	X	X	X
Jason	X	X	X	X		X
Kate		X				X
Jaime	X		X			X
Nicole			X			X
Shaina		X	X	X		X
Patricia		X		X		X
Darren	X					X
Participants	3	12	14	13	6	20
% (n=20)	15%	60%	70%	65%	30%	100%

Nonformal Learning. Twelve interviewees learned coping or stress management-related techniques through continuing education courses that were mandated in their hospitals. The trainings covered customer service skills, dealing with difficult customers, basic stress management skills, and conflict resolution skills. The courses were either taken in person or online via web modules. Regina described the training she received as follows: "They have mandatory trainings that all employees have to do and it's basically death by PowerPoint. You basically you click the slides, listen to them talk, and answer questions at the end." Shirley Baker had mixed feelings about the trainings that her organization mandated:

> With my organization, there have been trainings and classes, but sometimes they're a little cheesy. In retrospect, they're informative and even if you walked away with one thing that was kind of like a little "aha" kind of moment, [then] it was beneficial.

The interviewees perceived the primary driver of these trainings to be customer service-related and not focused on the well-being of the employee.

Informal Learning

Informal learning is considered all informal learning that interviewees learned outside of formal (academia) and nonformal (trainings) learning. Interviewees shared that they learned via coaching and feedback, modeling, physiological feedback, and past experiences, as discussed further.

Coaching and feedback. Thirteen interviewees reported that they learned coping, emotional intelligence, and stress management-related strategies from family members, co-workers, and their past or current managers.

Alice, Evelyn, Jaime, Terry and Shaina all stated that they received meaningful coaching and advice from their family members. Alice's father instilled the notion of always speaking up and seeking justice in any situation, whether it involved work or personal life. Evelyn and Shaina also learned from childhood that they should stand up for themselves when faced with conflict. Jaime spoke about difficulties she faced in her relationship because of her inability to separate work and home life. Due to instrumental feedback from her family and spouse, she ultimately changed her mind set to prioritize her relationship. She described one of their heated arguments in the interview:

> It was causing problems between me and my spouse because I was venting on him all the time and taking my frustration out on him to the point where he was just like, "You have to stop. I don't want to hear about your job, I don't want to

> hear here how stressed they have you. You keep bringing work home with you and it's not healthy. We are away from the weekend." We go away a lot for the weekend and he would be like, "You're just talking about work, work, work, and that's just not healthy. Can you be here? You're not here. Physically you're here, but mentally, you're at work and I just can't keep doing that with you." After enough arguments, I've learned that work is work and home is home.

Stephanie, Faryn, and Shaina reported that they received coaching and feedback from co-workers in their departments. Faryn recalled asking her co-workers for advice when she was trying to determine if she should approach an abrasive physician. Stephanie and Shaina sought advice from their peers on how to manage an overwhelming workload.

Shirley Baker, Thomas, Erica, Jason, and Nicole all agreed that they received valuable coaching from a past or current manager. The managers were said to give feedback and pointers on how to handle situations in the department. Nicole also felt that she thrived not only from the feedback received, but from having the ability to talk to someone in authority who understood the circumstances, as she stated:

> I have a manager that if she notices something she will try and figure out and try and help you in any way that she can. But I know that there are some managers that don't pay attention to their employees and who they are working with because that is unfortunate because some people just need that ear to vent and that makes a big difference from somebody that just holds it in all day long.

Modeling. Fourteen interviewees reported learning from modeling the behavior of co-workers and family members (including parents and siblings) and from expectations in the environment.

Jae Rich, Stephanie, Pedro, Shirley Baker, Thomas, and Shaina agreed that modeling the techniques seen by co-workers had helped them at some point in their careers. Jae Rich was going through a troubling period at work when he was routinely receiving negative feedback about his communication style with patients, specifically his

tone. He remembered his attempt to model the tone and diction used by his co-workers in an attempt to get his manager's praises:

> I started to change my voice. I started to mimic other colleagues who I thought were more successful at it. At, you know, getting along with patients. I never had a problem getting along with patients, but from a management perspective my tone was off when they were in passing. I started to change my voice; I started to really, really Disney World it. And my whole demeanor changed. Just for you know that nine to five just to do what I needed to do to get through the day.

Stephanie was grateful for the techniques she picked up by observing her co-workers on the job:

> My co-workers too, honestly just like watching, learning, just seeing what works, what didn't work with them, you know and that's about it. I think the best way a lot of times to learn is really by really doing it, is not the reading a book about it, it's like you have to literally be in the moment to really learn how to deal with problems.

Tiffany, Alice, Natalee, Shirley Baker, Erica, Jason, and Patricia all stated that they learned techniques by modeling family members. It was apparent that role modeling behavior was not always reported to be helpful. Patricia spoke about her mother's conflict-avoidant personality, which she apparently displayed as she discussed a conflict with a co-worker. Patricia explained that she was getting frustrated because the co-worker that she has to cover for in the department kept purposefully calling out and requesting to take the day off on her busiest day in the office. Despite having a conversation about her concerns with the co-worker, she never truly handled the conflict. Thus, the result of her story was that she was still covering up and the situation had not been resolved because she did not want to appear that she was not a team player.

Evelyn attributed her communication style and friendly approach to the fact that she grew up in the church and that environment often encouraged social behaviors; it then became innate as she moved into her professional role. Similarly, Pedro provided an

example of how observation of experiences on the job taught him about consequences and directed his future choices:

> I like to learn from other people's experience. If I know someone's doing something and I see them constantly getting into trouble or somebody else gets in trouble, and I am in a situation where I could do the same thing, nine times out of ten, that means I'm gonna get in trouble. So why take the chance?

Physiological feedback. Six interviewees experienced physiological effects that were related to stress in the workplace. Terry and Regina both reported experiences so extreme that they needed take a leave of absence from their positions. Terry spoke about a previous manager she worked with who was very abrasive and volatile on the job. She noticed that she started having panic attacks, waves of fear, and crying bouts on her way to work that resulted in her being diagnosed with a nervous breakdown.

Regina also suffered from panic attacks due to working in a department with verbally and physically abusive patients. She recalled the onset of the symptoms:

> I've had a panic attack, literally walking toward the building. The building came into site, walking down [the street] from the train and the building came into the site and I called my supervisor and said I am going to be late I am having a panic attack.

Regina had been working in her current role for 3 years and was recently informed by her therapist that she was showing symptoms of PTSD. She found it astonishing that despite completing 6 years in the military and being deployed to Afghanistan twice, she had not been diagnosed with that condition; however, because of stressors, specifically violent patient interactions in her work environment, she was overwhelmed and burned out.

Thomas spoke about the ailments he suffered as a result of suppressing his discontent with a manager with whom he did not get along at work. He recalled the actions his wife saw when he was sleeping. He said, "I'd sleepwalk or I'd talk in my

sleep about work and she noticed that, and it was really bothering her, so she felt bad for me. So, she took it upon herself for me to get out." Erica recalled migraines and stomachaches that she suffered whenever she had to work in a particular area of the hospital. She expressed that her fear stemmed from not feeling she was trained properly and not liking the feeling of being incompetent at work.

Jae Rich had a transformational experience working in his prior department that resulted in his learning about his flaws and led him to realize he needed to adjust his approach in the workplace toward patients and his past manager. He realized the effect the experience was having on him when he started experiencing physical symptoms and went to his physician. He recalled the discussion he had with his doctor:

> I started developing spasms. And when she did all the necessary testing, she was like I honestly think that this is a manifestation of stress. And I went to a different neurologist; the same tests and she said the same thing. I said okay, so I said, basically what you're saying because I'm not able to be free and speak my mind like I normally would, this is manifesting to spasms and ticks and so on. So, they said yes.

Terry provided an example of how a direct experience can shape workplace expectations and techniques. She experienced a nervous breakdown due to a perceived verbally abusive relationship with her manager. She explained that after taking a leave of absence, she purposefully changed the way she coped and responded to workplace stress:

> My personal doctor told me that if I can't do it, then I cannot do it. And it's not worth it. You know so now I try to deal with it better. I just do what I can do. Instead of trying to do [everything] and getting nervous and get sick, I say, okay, I can't do it, if I can't do it and that's it.

Past experiences. All of interviewees reported having learned vital workplace strategies that helped them manage stress by way of past experiences. Table 28 provides details and themes that emerged in the study.

Mental trauma affected four interviewees and the participants either had pre-existing conditions or experienced a new onset due to stressful workplace experiences. Jae Rich, Thomas, and Terry all faced unexpected symptoms and ailments as a result of workplace stress. Regina also suffered physiological ailments; however, she already had a pre-diagnosed condition.

Upbringing was explained to be essential to the learning for 11 interviewees who shared that their past experiences led to their development of key strategies. The learning reportedly came from parental advice, sibling rivalry, modeling parents, growing pains, and school experiences.

Tiffany, Alice, Evelyn, Shaina, and Patricia all attributed their ability to cope with workplace stressors to the foundation informed by their parents. Alice is a native of Argentina and spoke about her childhood growing up with a father who was a physician who split his time between Argentina and America. She explained that every year for a few months, her father went to America for conferences and other business and her mother accompanied him abroad. Despite being raised in a two-parent household, when her parents went abroad, her father paid for her and her siblings to live in a local orphanage. Alice explained that orphanage life was tough: "My sister and I, we always stick together because we, we fought together." Living in the orphanage for a few months annually taught Alice that she needed to be tough and needed to speak up for herself and her sister; she also had to stand up for what she thought was right.

Table 28

Origin of Past Experiences

	Mental Trauma		Upbringing					Social Learning
	New On-set	**Pre-existing Condition**	**Parental Advice**	**Sibling Rivalry**	**Modeling Parents**	**Growing Pains**	**K-12 Experiences**	**Professional Experiences**
Jae Rich	X							
Terry	X							
Regina		X						
Tiffany			X					
Natalee				X				
Alice			X					
Stephanie							X	
Pedro								X
Faryn				X				
Shirley Baker					X			
Evelyn			X					
Thomas	X							
Erica				X				
Jason								X
Kate								X
Jaime								X
Nicole						X		
Shaina			X					
Patricia			X					
Darren								X
Participants	3	1	5	3	1	1	1	5
% (n=20)	15%	5%	25%	15%	5%	5%	5%	25%

Natalee, Faryn, and Erica spoke about major lessons they learned due to sibling rivalry. They similarly described difficult interactions with their siblings that were fundamental to the way they chose to react to stress in later situations. Erica spoke about how her sister tended to shut down and refuse to speak to people when she got upset. Erica genuinely disliked this trait so much that it forced her to recognize that she too acted similarly when stressed. She made a purposeful decision to alter her behavior in her personal and professional work life when she faced stressors.

Shirley, Nicole, and Stephanie spoke about various experiences growing up that included school influence, modeling the behaviors seen by their parents, and incidental

learning acquired over the years. Shirley Baker attributed her work ethic to the way she was brought up. In her interview, she stated:

> I would definitely say it's attributed to how I was raised, you know, my parents made us do chores around the house. My mom was a cleaning lady for our young childhood and she would take us on her cleaning job. We weren't sitting in front of the TV at her cleaning job. She was putting us to work with the dust rag and the, you know. So, I mean we've always been working, so I would say, you know, my parents definitely taught us a good work ethic.

Shirley Baker also shared that her tenure and age impacted her learning:

> I guess just being in the customer service field for so long, you learn from experience. You know, I'm thirty-six years old, so definitely just in general with getting older, you learn more. Your temperament evens as you get older and kind of changes a little bit.

Social learning experiences were reported to impact learning for Pedro, Jason, Kate, Jaime, and Darren. These participants reported having learned valuable techniques just by being on the job. Pedro spoke about his experience of being stressed at work: "I've done that before, where it got to the point where the work became overwhelming." He explained he realized that when he got overwhelmed, he spiraled into a place where he was unable to do any work. He decided to learn from that experience and purposefully slowed down and did the tasks he could do in the timeframe given to him.

Addressing the Research Question

Summary of Findings

The findings were descriptive accounts in answer to the research question: How does formal and/or nonformal workplace learning contribute to or hinder the development of emotional intelligence abilities and techniques that are used to cope with workplace stress? Formal, nonformal, and informal learning both contributed to and hindered the development and use of emotional intelligence.

Informal learning played a meaningful role in terms of helping some of the participants become able to learn through various methods, and process and alter their behavior when faced with future situations. By observing the differential effects of their own actions, individuals discern which responses are appropriate in which settings and behave accordingly (Dulany, 1968). Formal learning contributed to the ability to cope in a high-pressure work environment for those who had the opportunity to complete college courses that taught skills and concepts applicable to the workplace. Participants were able to articulate how they applied knowledge learned and how the techniques were very relevant to dealing with stress.

There were examples of participants who struggled to cope, despite receiving nonformal training courses on difficult interactions. Self-awareness is helpful but not indicative of mastering the ability to regulate emotions during stress. Prolonged experiences in stressful environments with poor coping tendencies led to one of the participants becoming burned out. Signs of burnout and the manifestation of burnout are functions of stressors engendered at both the environmental-organizational and personal levels (Farber, 1991).

The findings supported and provided insight into the research question: How do professional (and personal) past experiences reportedly influence coping styles and techniques and what impact do these have on coping with workplace stress? The past experiences of the interviewees seemed to directly impact the methods they preferred when coping, and they perceived these methods as beneficial based on the outcome of the situation. Consequences served as an unarticulated way of informing performers what they must do to gain beneficial outcomes and avoid punishing ones (Bandura, 1977). All

of the experiences were equally important to the learning of the individuals, regardless of whether they were through observation or the learner's direct experience. There was a direct connection to the individual's belief that one could perform and the expected potential outcome. An efficacy expectation is the conviction that one can successfully execute the behavior required to produce the outcomes (Bandura, 1977).

The findings also shed light on the research question: How do reported coping tendencies and techniques relate to emotional intelligence competencies and self-efficacy? Self efficacy acts as the driver to the coping and EI strategy that an individual chooses to use to manage stress. A person who believes he or she can produce a desired effect can conduct a more active and self-determined life course (Schwartzer & Renner, 2000). The individuals who successfully utilized conflict resolution techniques, such as monitoring their tone of voice to de-escalate a conflict, were more inclined to use that technique again when faced with a similar situation. Similarly, if that same individual chose to cope with the stress faced in that conflict by taking a breather and walking away, then they found solace in that technique and relied on the combination of coping and EI techniques to help them through future conflicts.

The findings suggested a response to the research question: What aspects of formal and/or nonformal workplace learning have contributed to the use of successful coping tendencies? It is, in fact, a culmination of all types of learning experienced by the individual. All of the interviewees shared that they learned from past experiences in conjunction with another informal, nonformal, or formal learning method. Interviewees shared they had academic or work-related training classes, received coaching and

feedback from managers and/or co-workers, or chose to role model behaviors of friends and family.

Focus Group Findings

This chapter extensively discussed the findings from the interviews and critical incident responses of the FLEs who participated in this study. To further understand the complex challenges for these workers and garner recommendations from the supervisory perspective, a small focus group was conducted. The prerequisite for participation in the focus group was that the participants had to currently be supervising frontline employees in a healthcare setting. Although, the focus group discussion was intended to triangulate the data that were derived from the various collection methods, poor recruitment efforts led to insufficient data and therefore there was no impact to the findings.

Chapter V

DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS

The purpose of this study was to explore how nonclinical frontline employees (FLEs) have learned to use the abilities that enabled them to cope with workplace stress and to understand how those abilities relate to emotional intelligence (EI). To gain a better understanding of FLE perceptions and identify their differences and similarities, the researcher used the findings from 54 participants. Although 51 FLEs participated in the survey, not all participants agreed to be interviewed. For the purposes of discussion, the participants were categorized as the Survey Only group (31), the Interview group (20), and the Collective group (51). The researcher examined the survey and interview responses to interpret the perceived abilities and perceptions of these workers. It was particularly important to understand how the past experiences of the workers impacted the way they learned to cope with stress.

The chapter begins with a discussion of the analysis and substantive findings and themes. The five themes discussed are: (a) Dynamics of Emotional Intelligence Strategies on Coping Styles, (b) the Employee State of Mind, (c) Ways of Learning, (d) Pervasive Barriers to Coping, and (e) Appeal for Shared Decision Making. The literature areas that are available to interpret the findings as well as the learning processes that contributed or hindered the coping abilities are examined. The researcher addresses the reported learning needs and offers conclusions and recommendations for future research. This chapter concludes with a recast of limitations and final reflections from the researcher.

Discussion of Theme 1:
Dynamics of Emotional Intelligence Strategies on Coping Styles

Frontline employees regularly used emotional intelligence strategies to cope in the workplace. The critical incident responses and further discussions with the Interview group revealed proven EI-related strategies that individuals used resulting in optimal situational outcomes and adaptive coping tendencies after facing workplace stress. The most effective practices discussed in this section are: (a) Regulation of Emotion Through Supportive Teams; (b) Managing Emotion and Conflict Resolution; and (c) Perception of Emotion and Employee State of Mind. At least one of these EI-related strategies was used by 19 of the Interview group participants and by five of the Survey Only group participants, as described in their critical incident responses.

Subtheme 1: Regulation of Emotion Through Supportive Teams

The participants encompassed the ability to regulate emotions and were efficient in utilizing emotional intelligence abilities to manage their emotions as well as the emotions of others in the workplace. Participants demonstrated the ability to alter their emotional response effortlessly, regardless of external factors, and considered regulation of emotion to be a key contributor to their management of workplace stress. Compelling examples of regulation of emotion affirmed positive coping tendencies that included the use of both emotional and instrumental support from a cast of family and friends.

Frontline employees were dependent on emotional and instrumental support to cope when they felt stressed on the job. Thirty-six out of 39 participants in the Collective group who responded to the *Brief COPE* survey identified instrumental support and/or emotional support as primary coping tendencies. This demonstrated the impactful

relationship of psychosocial support to the individual's decision-making process when determining how to cope with varied stressors. Noticeably Evelyn and Participant #34 were in the group who did not appear to utilize emotional or instructional support to cope. Both of these participants had over 20 years of experience and were over the age of 40. Evelyn was also assessed to have high emotional intelligence, and although she perceived moderate stress levels at work, she seemingly utilized EI strategies that effectively helped her cope. Thoitis (1986) made a similar finding and declared that social support is considered a fundamental form of coping assistance to a distressed individual. The Interview Only group regularly utilized this concept and both forms of support were regularly utilized both in and out of the workplace.

Emotional support at work. Many of the relationships formed in the workplace between FLEs and their counterparts were considered to be pivotal to them overcoming stress. The FLEs in this study affirmed the positive impact of purposefully forming close-knit bonds with their colleagues. The participants who used a support system at work were more equipped to handle spontaneous situations and could regulate their emotions in those interactions. There were two distinct differences in the type of emotional support received at work. Some of the participants (Terry, Tiffany, Natalee, Stephanie, Shirley Baker, Thomas, Kate, and Nicole) were very open in terms of the colleagues they allowed to support them emotionally. They spoke in general terms when describing the support of their co-workers and seemed to rely on many different people in the workplace. This was not the case for Jae Rich, Regina, Pedro, and Kate who were very specific about the individuals who supported them at work. With the exception of Regina, this subgroup relied and reflected on previous managers who surpassed their expectations

in terms of encouragement and support at work. Jae Rich, Pedro, and Kate similarly learned EI strategies from their past experiences, and their former managers played crucial roles in helping to support and nurture them in their fast-paced environments. The literature supported these findings, stating that social support may directly enhance well-being by increasing self-esteem and morale or providing a sense of being cared for (Heller, Swindle, & Dusenbury, 1986). The participants purposefully crafted a support system that included either individuals who worked in similar roles that could empathize with the challenging situations, or trusted friends in other departments who would understand the organizational politics and could also provide unbiased feedback. This notion was also supported by Thoits (1986), who found that coping aid from others who have faced or are currently experiencing similar stressors is highly efficacious.

The FLEs in this study found a necessary solace in the ability to vent easily to their co-workers after experiencing difficult interactions in the office. Venting provided an immediate sense of relief for all of the Interview group participants who utilized this coping method. Heany, Price, and Rafferty (1995) supported the notion that feedback from supporters at work often connotes caring, understanding, or affirmation, and may decrease the distress employees suffer when facing difficult situations.

Interviewees valued the support they received at work because of the immediate access to supporters that enabled them to discuss workplace scenarios in real time. Participants grew to rely on the feedback for reassurance and assistance in analyzing feelings and regulating emotions. The advice received from a trusted source was found to help develop the employee perspective on appropriate communication styles. Additionally, the candid and open availability of the feedback was explained to be

monumental in the individual's choice to validate or dispel inner conflicted feelings that were said to occur immediately after stressful encounters. This was crucial for Jae Rich, Regina, and Natalee, who all relied on emotional support at work and also perceived high stress at work. Bonds at work reduced their instant stress levels after getting advice from a third party who understood the workplace politics and had their best interest in mind.

Heany et al. (1995) postulated that social support can divert an employee's attention away from potent stressors and help an employee to reinterpret a stressful situation so that it seems less threatening. Trust appeared to play an important role in the development and sustainability of FLE workplace relationships. The interviewees shared a commonality (Jae Rich, Terry, Shirley Baker, and Patricia) regarding the bond they had with their colleagues, particularly when trying to resolve intrapersonal job conflicts.

The participants in this study favored emotional support and insinuated that while emotional support from their colleagues was crucial to their ability to cope, there was a different expectation for their managers. The Interview group desired a balance of emotional and instrumental support from their managers. This study also found that the managers who solely provided emotional support were inefficient at assisting their employees in regulating their emotion. Surprisingly, the interviewed participants shared that despite being strong workers, it was helpful to know that their managers witnessed their abilities and, therefore, could defend and support them as the need arose. There was an expectation for them to be sociable yet prominently instrumentally supportive; this is discussed later in this chapter.

Emotional support in the workplace was determined to be an invaluable method that comforted employees, informed their approach to processing events, and shaped their

response patterns. Despite the highly regarded preference for support across the frontline, there appeared to be an absence of formalized peer-to-peer coaching initiatives in healthcare organizations. The emotional support structure utilized by some of the participants was optional and the effectiveness varied because of the informal properties of the composition. There appeared to be an opportunity to expand on this fundamental source of guidance and support for the frontline.

Emotional support outside of work. The Interview group relied heavily on using support received from outside of work to cope. Advice from personal friends was said to play an important role in determining how to deal with problematic workplace scenarios. There was a strong correlation across the Interview group that relying on family members to assist in coping was useful through the provision of advice and empathy; this helped them to be clear-minded enough to problem-solve stressful workplace situations. Participants appreciated how they could be vulnerable with family and friends and valued the ability to be genuine when articulating workplace woes and requesting advice.

The interview participants had few expectations for their external support structure and mainly used this intimate group as a sounding board. Most of the interviewees took this opportunity as the time to rant and share unregulated emotions that stemmed from working in a stressful environment. They relied on family and friends to be biased and inadvertently help employees regulate their emotions because they were able to take their time to shifting erratic and fanatical emotional responses to expected and realistic emotional responses. Interviewees preferred having exclusive emotional and instrumental supportive teams because, while they both aided in regulating emotions and coping, they played distinct and separate roles.

It became apparent to the researcher that emotional support outside of work was favored, but it was not standard for all participants. Some individuals did not have an external structure outside of church, while others who had the structure purposefully opted not to utilize their loved ones to process work-related events. This appeared to highlight the need for a structured support system within the organization for employees that appeared to be absent for all participants in this study.

Instrumental support at work. The Interview group participants depended on their colleagues for informal therapeutic sessions that allowed them to problem solve issues or defuse heightened feelings due to stress, thus eliminating the need to dwell on exasperating workplace events. There was an appreciation for the diversity of the feedback they received from the different perspectives of their personal and professional support systems. The FLE support systems were inclusive of parents, spouses, friends, and colleagues, and were considered fundamental to employee meaning making and problem solving. This echoed Thoits (1986) and demonstrated that coping assistance from significant others can help the individual to reinterpret situations so they seem less threatening and can facilitate the stress management process by strengthening the individual's coping attempts.

Co-workers were found to play an instrumental role in participants' ability to stay calm and work efficiently when stressed at work. The collegial relationship was pivotal in providing FLEs with valuable real-time advice that either helped the worker when completing difficult tasks or helped the worker process and ultimately diffuse feelings after experiencing difficult conflicts. An additional benefit of co-worker support as described by participants Jae Rich and Shaina was identified as the colleagues'

willingness to step in and assist the participants when they were experiencing uncertainty while trying to resolve a conflict. There was an unspoken understanding that organically materialized between workers who allowed them to comfort one another, simply by being present during stressful encounters. Interestingly, a common factor across all of the interview participants was the implicit protective nature of the collegial relationship. Participants prided themselves on coming to the aid of their co-workers even if they did not consider them personal friends. They had an understanding across the frontline that there was an expected unity in the face of adversity, particularly when a worker was overwhelmed by the workload, attempting to problem solve a complex issue, or facing a hostile interaction. Both the interviewees and the critical incident respondents frowned upon colleagues who chose not to be team players and assist during challenging situations.

A strong allegiance between similar roles within the same department was apparent in the description of the close working quarters and shared examples of difficult experiences that were routinely faced in workplace collaboration. The FLEs with limited professional experience, such as Natalee and Shaina, appeared to experience more stressful interactions and perceived situations as more complex. In those instances, their workplace peers played the dual role of listening to vent sessions, but more importantly, they helped to gauge how the employee ultimately felt and processed the stressful occurrence. Advice received during the initial experience helped to categorize the appropriate emotional response pattern, which in turn eventually became the normalized response during heightened situations.

Participants shared that they often modified their coping methods based on the advice and feedback received from their colleagues. When faced with stressful situations, the Interview group initially discussed the situation with nearby coworkers who may have dealt with the same situation previously; if they heard similar advice from multiple coworkers, it either heightened or reduced the stress from the situation. Some of the FLEs (Patricia, Thomas, and Shaina) in this study appeared to be easily influenced and modified their coping response based on feedback from their peers. This was particularly true the first time they experienced an unexpected situation that they determined was stressful.

Participants relied on modeling the explicit advice and implicit behaviors of their peers in the workplace. The modeled employees were not graduates of a formal training or coaching program; therefore, they shared self-professed best practices that might not have been supported by their institution at large. Interviewees (Jae Rich, Stephanie, Pedro, Thomas, Shirley Baker, and Patricia) admittedly learned effective solutions for how to handle conflict by observing their peers. Existing literature has not explored the development of piloting peer-to-peer programs for FLEs, but there are proven models in healthcare for clinical roles such as physician and nurse students that have formalized coaching and training programs utilizing motivated individuals who aspire to formulate and share institutional-driven best practices with their peers. There appeared to be an unofficial association across the frontline that could be strengthened and celebrated if it were formalized, promoted, and encouraged to all levels of staff.

Frontline interviewees in the study expected their managers to provide instrumental support at work. Employees reported that they desired managers who lead

through both action and support. Supportive managers of participants were described as being hands-on in the office, thus aiding their ability to empathize with the many challenges on the frontline. The Interview group (Jae Rich, Terry, Regina, Natalee, Alice, Stephanie, Pedro, Thomas, Jason, Kate, Nicole, Shaina, and Patricia) desired managers who were visible and willing to come to their aid in stressful situations. They attributed strong leadership skills with managers who were experts at completing FLE job tasks and routinely assisted at busy peak times in the office. Ultimately, the interviewees expected to receive instrumental support from their managers and often criticized managers who led from behind the desk. The FLEs in this study were calmer and more confident when they had a manager nearby who they knew would back them up, if needed. Essentially, the participants were found to be able to manage their emotions in the midst of stressful interactions or when working in known toxic environments when they received instrumental support from their managers.

Instrumental support outside of work. Across all of the participants who were interviewed, there was a pattern of receiving unsolicited advice from family members who inadvertently altered how the employees processed stressful situations after venting about work stress. Several interviewees (Jae Rich, Thomas, Natalee, and Erica) provided explicit examples of how the feedback they received from family members forced them to acknowledge their role in choosing to prolong stressful feelings and refusing to alter their response patterns to known triggers. Both Jae Rich and Natalee perceived high-stress environments, while Jae Rich, Thomas, and Erica all experienced physiological feedback due to workplace stress, despite their advanced tenure of 5 to 20 years in their

roles. Their family members also acted as a sounding board and played a pivotal role in reaffirming impending decisions that the participants were contemplating.

Personal support systems were found to be pivotal in teaching the interview participants to develop and/or sustain a healthy home and work life balance. Some of the fundamental EI strategies learned in this study were around either defining or recognizing boundaries at work. Boundaries increased the interviewees and critical incident respondents' ability to respond emotionally as necessary during stressful encounters and reduce the need to merge workplace stressors into their personal lives. Participants connected their demonstrated ability to regulate negative emotions with their learned aptitude to impersonalize and separate work stress from their personal lives.

Subtheme 2: Managing Emotion and Conflict Resolution

FLEs shared how they learned to manage their emotions, particularly after difficult interactions in the workplace. The critical incident responses and interviews affirmed that conflict was a frequent and daily occurrence that could present virtually through an email, telephonically, or face to face. No obvious patterns across the demographic profile suggested the likelihood of facing conflict. These stressful interactions were reported to occur with patients, colleagues, mid-level clinicians, providers, or managers. Conflict occurred frequently and unexpectedly, thus impacting the ability to regulate emotions for some employees. Participants deemed it was crucial to stay on task in the midst of conflict and found that it aided in reducing inappropriate workplace behavior. Interestingly, very few FLEs attributed conflict to situations that involved physicians. Both Shirley Baker and Faryn had difficult interactions with physicians, and while they were frustrated by them, they were successful in resolving the

situation. Both of these participants assessed low-stress environments and had worked in the field for over 15 years. The primary EI strategy utilized by the Interview participants and Survey Only critical incident respondents was conflict resolution techniques specifically around learner intent, diffusing conflict, and taking respite in an attempt to process and regroup after conflict.

Learner intent. Conflict was the central component of the experiences for FLEs in the Interview group and the Survey Only critical incident respondents. The meaning making of situations that occurred in the workplace varied across the participants and there was a clear difference between the event itself and their perception of the experience. According to Boud and Walker (1990), experience is what the learner deems as important and the event is the situation at large. The researcher found that while many of the participants faced similar events, they had different experiences and approached stress management from different perspectives. The literature labeled the learner's perspective as the learning intent, which is the learner's lens or impression of the situation that can impose limits on an experience (Boud & Walker, 1990).

There were strong similarities for FLE Interview and Survey Only critical incident respondents. The event patterns that emerged were "Conflict at work" and "Busy Workload." The discussion of events exposed specific patterns in how participants chose to reflect and interpret their perception of the events that surfaced. There was an obvious disparity between the perceptions, despite the similarity of the events experienced. Conflict at work was further defined into two distinct categories: "feeling disrespected" and "difficult interactions."Table 29, *Workplace Event vs. Learner Experience,* depicts

the Interview group analysis; it is sorted by the event and details the experience, learner's intent, and outcome.

Disrespect in the workplace was commonplace, according to the FLEs in this study. The aftermath of the disrespect had varying consequences that depended on the individual's perception of the true nature of the conflict. As a result of perceived disrespect, some individuals experienced mental trauma, while for others, the stressor was around specific situational factors that arose during the conflict. Boud and Walker (1990) affirmed in their writing that the event is the overall stressor that leads to the participant experiencing stress in the workplace, while the experience is more detailed and describes what the participant felt led to the opportunity for learning. The individuals who felt disrespected in the workplace shared that the feelings stemmed from harsh interactions with specific individuals in the workplace, coupled with an internally-driven aftermath that sustained the negative feelings. These employees felt personally attacked due to workplace circumstances that were reinforced by uncomfortable exchanges. Another commonality was the fact that events were often triggered by a person in a superior position, such as the direct manager or a physician. FLEs often reported they felt inferior in the workplace and shared that authoritative support systems were typically nonexistent in their routine environments.

The frustrations of the FLEs derived from unproductive workflows and unrealistic expectations in the clinic that inadvertently made the frontline susceptible to the wrath of those who were ignorant of the mandated inefficiencies. Physicians and patients were typically unaware of the staffing limitations, rapidly changing protocols, and mounting pressure that employees faced daily. The negative impact of busy workloads was also

Table 29

Workplace Event vs. Learner Experience

Interviewee	Event	Experience	Learners Intent	Outcome/Learned Coping
Stephanie	Busy Workload	Overwhelmed due to limited staff	Proactive	Accept role limits
Pedro	Busy Workload	Busy workload	Reactive	Accept role limits
Shirley Baker	Busy Workload	Busy workload	Reactive	Dedicated to task
Evelyn	Busy Workload	Busy workload	Reactive	Set boundaries at work
Jaime	Conflict at work_difficult interaction	Busy workload	Proactive	Speak up to resolve issues
Terry	Conflict at work_difficult interactions	Mental trauma	Avoidant	Set boundaries at work
Regina	Conflict at work_difficult interactions	Mental trauma	Reactive	Currently experiencing burnout
Tiffany	Conflict at work_difficult interactions	conflict with co-worker	Proactive	Speak up to resolve issues
Natalee	Conflict at work_difficult interactions	conflict with manager	Reactive	Take ownership for poor decisions
Alice	Conflict at work_difficult interactions	conflict with manager	Proactive	Stand firm in principles
Erica	Conflict at work_difficult interactions	conflict with co-worker	Reactive	Speak up to resolve issues
Kate	Conflict at work_difficult interactions	disrespectful patient	Reactive	Accept role limits
Nicole	Conflict at work_difficult interactions	conflict with co-worker	Proactive	Accept role limits
Shaina	Conflict at work_difficult interactions	Busy workload	Reactive	Speak up to resolve issues
Patricia	Conflict at work_difficult interactions	conflict with co-worker	Avoidant	Avoid personalizing conflict
Darren	Conflict at work_difficult interactions	Busy workload	Reactive	Avoid personalizing conflict
Jae Rich	Conflict at work_feeling disrespected	Mental trauma	Proactive	Transformative Experience- led to a mindset shift-Accept role limitations.
Faryn	Conflict at work_feeling disrespected	conflict with physician	Proactive	Speak up to resolve issues
Thomas	Conflict at work_feeling disrespected	Mental trauma	Avoidant	Seek new opportunity
Jason	Conflict at work_feeling disrespected	conflict with manager	Reactive	Accept role limits

unknown to the many clients served by FLEs. Some of these participants focused on their personal feelings of being overwhelmed while trying to resolve competing tasks in the office; other interviewees pondered the origin of these factors, which simply added infinite stress to their feelings. There was an evident impression that the expected workload was unreasonable and could be avoidable if divided differently across the team.

Discussion of inadequate staffing surfaced, and employees desired the ability to be included in decision-making conversations that occurred in the health system at large.

Substantial skills were learned as a result of these events, regardless of their initial learning intent during and immediately following the stressful event. FLEs reported learning many EI strategies as a result of these interactions. Participants reiterated the necessity of setting workplace boundaries, role acceptance, speaking up to resolve issues, avoiding the personalization of conflict, and taking ownership for poor decisions.

The Interview and Survey Only critical incident respondents had difficulty dealing with personality clashes with managers, clinicians, or colleagues; the learning outcome varied greatly, depending on the individual's learning intent. Positive intent was frequently utilized as they attempted to problem solve and overcome stressful situations. Those who used the method of positive intent collectively appeared to understand the origin of the stress and their individual role in the conflict. These individuals also seemed to have a strong handle on meaning making, which was apparent in the details that were explained while they gave their perspective of the circumstances surrounding the situation. These individuals primarily attended to their feelings and took ownership of both positive and negative feelings. They also displayed the aptitude to notice what was taking place within, particularly in the area of feeling and thinking, which revealed unconscious aspects of interactions taking place within the experience (Boud & Walker, 1990). The scenarios described in the critical incidents and those elaborated on in the interviews demonstrated positive intent and ownership of negative behaviors. Further exploration of positive intent with the interviewees found that while all participants shared positive intent, the journey to the learning outcome varied by individual; while

some shared simple irritation due to the circumstances, others experienced mental trauma as a result of workplace stress.

FLEs experienced exasperating encounters with their managers at work, according to the written critical incident responses and discussions in the interviews. Feeling unsupported during the conflict was the primary source of frustration reported by Regina, Natalee, and Participants #25, #34, and #51. These FLEs were frustrated that their managers were not readily available during conflict. There were inconsistencies across the Interview and Survey Only groups about the demonstrated ability to manage emotional responses to specific conflict types. Modeling and coaching aided FLEs to excel by becoming cognizant of their actions, and they were able to change their behavior intentionally. Reflective literature has explained that if a learner is aware of the feelings associated with a particular action, he or she can work with those feelings to enhance the action (Boud & Walker, 1990). Similarities were evident between how the Survey Only critical incident respondents and interviewees responded to conflict in professional settings. The critical incident responses for both the Interview and Survey Only groups reiterated that they were cognizant of appropriate response during conflict, despite conflicting internal feelings during heightened situations. The interview participants understood the importance of managing their emotions and ensuring a professional response to stressors. Similar to the Survey Only group, they routinely aligned their innate preference to respond to conflict in the injudicious manner that they would have utilized outside of work. Some of the interviewees (Natalee, Shaina, Pedro, Jae Rich, and Terry) acknowledged that depending on the type of conflict at work, particularly with their colleagues, they were still prone to be reactive and were not as efficient with

managing inappropriate emotions. Boud and Walker (1990) explained that learners are often limited by their personal foundation of experience, which favors certain types of action but ignores others. The critical incident responders and Interview group demonstrated the ability to identify conflict-prone situations and understood the importance of exhibiting appropriate emotional responses. Additionally, they routinely managed their emotions while trying to resolve workplace conflict.

Diffusing conflict. FLEs regularly engaged in conflict in the workplace. The Interview group revealed preferred approaches to resolving conflict. Some participants were unperturbed by conflict because of the existing regularity in the workplace, while others were perturbed when they faced conflict because of the spontaneity of the interactions and lack of training. The study found that the approach to conflict did not establish the ability to diffuse or resolve conflict and stressful interactions. Table 30, *Approach, Reaction, and Response to Conflict*, depicts the Interview group and their reported abilities, as sorted by the individual's response to conflict.

The study revealed that the majority of FLEs could resolve conflict, regardless of whether they had a preference to engage in or avoid conflict. Interviewed participants exhibited the ability to prioritize and execute an effective emotional response to conflict, regardless of their innate emotional reaction during stressful situations. Participants who perceived low stress in their workplace were also similarly unperturbed by conflict; they were able to manage their emotions during conflict and, more importantly, exhibited the ability to manage the emotions of others by executing situational problem-solving skills. Participants acknowledged that they often felt agitated when dealing with conflict, and

some took ownership of their obvious abrasive approach to conflict resolution in the workplace.

Table 30

Approach, Reaction, and Response to Conflict

Interviewee	Approach to Conflict	Emotional Reaction to Conflict	Response to Conflict	Perceived Stress Level	SSEIT Emotional Intelligence Level
Terry	Unperturbed	Composed	Cordial	Moderate	Moderate
Tiffany	Unperturbed	Composed	Cordial	Low	High
Alice	Unperturbed	Composed	Cordial	Low	High
Stephanie	Perturbed	Composed	Cordial	Moderate	Moderate
Pedro	Unperturbed	Agitated	Cordial	Low	Moderate
Faryn	Unperturbed	Composed	Cordial	Low	Moderate
Shirley Baker	Unperturbed	Agitated	Cordial	Low	Moderate
Evelyn	Unperturbed	Agitated	Cordial	Moderate	High
Thomas	Perturbed	Composed	Cordial	Moderate	Moderate
Jason	Unperturbed	Composed	Cordial	Moderate	Moderate
Kate	Perturbed	Composed	Cordial	Moderate	Moderate
Jaime	Unperturbed	Agitated	Cordial	Low	Moderate
Nicole	Unperturbed	Composed	Cordial	Low	Moderate
Shaina	Perturbed	Composed	Cordial	Moderate	Moderate
Patricia	Perturbed	Composed	Cordial	Moderate	Moderate
Darren	Unperturbed	Composed	Cordial	Moderate	Moderate
Jae Rich	Unperturbed	Agitated	Abrasive	High	Moderate
Regina	Unperturbed	Agitated	Abrasive	High	Moderate
Natalee	Perturbed	Agitated	Abrasive	High	Moderate
Erica	Perturbed	Agitated	Abrasive	Moderate	Moderate

The assessed EI level of the individual did not correlate to the ability to resolve conflict. As shown in Table 30, although some of the participants struggled with using appropriate conflict resolution techniques, they reportedly were moderately emotionally intelligent and therefore had the ability to utilize EI strategies. For example, Erica did not perceive a high-stress level in her environment, but she did express major concerns in relation to her insufficient training and limited managerial support in her office.

Additionally, there was no clear pattern between EI and the preferred approach to conflict, which further proved that with training and development, FLEs could learn to be effective at conflict resolution. The participants who demonstrated positive conflict resolution techniques explained that they primarily learned by on-the-job observation or feedback from colleagues.

There was a direct relationship between the mindset of the employee during conflict and the EI strategy utilized when trying to defuse conflict. The participants who came to terms with the notion of an unannounced conflict often utilized practical defusing techniques that resulted in effective conflict resolution. These employees were not deterred by the concept of approaching or addressing conflict, although they struggled with their inability to be effective at eliminating the underlying cause of conflict and difficult interactions in the workplace. The participants who articulated confidence and demonstrated the ability to diffuse conflict also routinely took the initiative to support their colleagues when they faced difficult interactions. Implicit coaching and supportive roles were designated across the FLEs. The employees who struggled with conflict relied on their counterparts who felt confident in resolving the unpleasant but frequent occurrences. Additionally, the employees who excelled in conflict resolution seemed intrinsically motivated to aid their colleagues, and aiding their peers helped them feel valued in the workplace.

There did not appear to be a structured onboarding process for FLEs because most of the learning reported occurred informally in the workplace. The findings suggested that there should be purposeful selection criteria in FLEs who are selected to train employees on interacting and resolving conflict. The workplace training available was

too limited to develop conflict resolution skills and institutional training priorities. While FLEs did participate in workplace trainings, they seemed to revolve solely around embellishing customer service techniques and were patient-centered, as opposed to FLE-focused. There was a clear appreciation for all face-to-face training opportunities provided to FLEs. Participants collectively desired diversified training topics, specifically surrounding conflict resolution techniques.

Taking a breather. FLEs who were interviewed spoke highly about the concept of taking a breather, which was described as walking away after a stressful interaction to cool down and calm their nerves and/or taking deep breaths as a measure to release tension as highly regarded coping mechanisms. They made myriad references to a variety of respite terms—breathing, breather, or deep breath—over the course of the individual interviews and in the critical incident responses shared by both the Interview and Survey Only groups. The most popular method of calming down after a stressful interaction was taking a 15-minute break, which was clearly a vital function for FLEs, as half of the Interview Group strongly relied on this coping mechanism in the workplace, and it was referenced in the critical incident responses as well. Employees who used this tactic explained they could recalibrate their thought process by mentally calming fiery innate responses and feelings toward whomever they experienced conflict with or unavoidable stressful situations in the workplace.

The FLEs clearly preferred this behavior. All of the interviewees and critical incident respondents demonstrated the ability to recognize when their emotions were heightened. The Interview group further elaborated that they needed the opportunity to verbalize negative emotions with the appropriate recipients. It was understood that the

conflict needed to be handled before employees were able to regroup privately with their peers before moving to the next task. The critical incidents and interviewees relied on altering their shifts to accommodate for an early lunch or snack break when they were very stressed. Other comforting tasks included seeking out colleagues in the office and engaging in positive personal-related conversations to recalibrate their feelings after a challenging interaction or draining task.

Lazarus and Folkman (1984) supported the theory that leisure palliative coping activities such as walking away and socializing can act as distractions to a problem; moreover, they can help people cope more effectively by providing them with opportunities to escape the stressful event temporarily and experience pleasure. Participants also relied on breaks in their schedules to avoid incumbent conflict and knowingly passed difficult offenders to their colleagues when they felt they were not able to utilize expected customer service skills, such as infinite patience and optimism. Again, the reliance on collegial support was apparent in this study: It was understood across the frontlines that they should cover for each other because they felt confident their peers would do the same for them when needed.

Interview participants felt refreshed and able to focus better after walking away from the situation. Skinner, Edge, Altman, and Sherwood (2003) reported that energy gained from avoidance or emotion-focused strategies may provide resources that allow for more effective problem-focused approach coping responses. It was common for the Survey Only critical incident respondents and interviewees to express feelings of being overwhelmed due to numerous impending tasks or uncertainly in how to tackle large workloads; many of the participants explained that using the coping tactic of taking a

deep breath or walking away allowed them to regroup and gain clarity on how to prioritize and complete tasks; it also helped them cool off after stressful encounters.

There was a strong dependence on concentrated breathing techniques similar to meditation practices used to regulate their moods in order to express the appropriate emotion toward patients in the workplace. Deep breaths were used as a buffer to aid in shifting the mood before completing undesirable tasks, such answering telephone calls from known difficult patients. Others chose to take deep breaths and walk away to stabilize their emotions after servicing difficult patients at the front desk. This FLE behavior was very common with both Survey Only critical incident respondents and interviewees. FLEs were expected to always display positive emotions with patients, clinical counterparts, or departmental leadership, even if their tone or behavior was upsetting and unfair. There appeared to be a pattern with Black males and females who intentionally adhered to following the display rules. Nine out of the 10 Black subjects related to using mindfulness as a crucial EI strategy. Additionally, two Black subjects in the critical incident responses heavily relied on displaying positivity during conflict. The unspoken expectation that FLEs should remain pleasant and unaffected regardless of the situation was considered not only frustrating but also highly stressful.

These findings were indicative of published research on display behavior, which affirmed an expected emotion that should be utilized in the workplace that is dependent on the role or position of the employee (Rafaeli & Sutton, 1987). FLEs are known to have limited authority; therefore, all other roles, including mid-level providers, doctors, and even patients have the ability to speak freely without fear of repercussion. Strong resentment was found across the interview group due to their perception that they could

not be genuine in the workplace. FLEs assumed they were expected to repress all emotions during difficult interactions and feared the consequence of being disciplined by their superiors or being terminated. The need to establish an appropriate outlet for the frontline to be heard in the workplace was suggested based on the responses of the interviewees. More importantly, the inability to be genuine appeared to be related to the FLE perception of their positionality in the workplace and led to patterns of harboring natural feelings and not addressing inappropriate interactions with clinicians or superiors.

FLEs demonstrated the ability to understand their own emotions and then manage and regulate them for the purposes of reducing potential conflicts. They incorporated mindfulness, which is a form of mental training intended to enhance awareness and the ability to disengage from maladaptive patterns of mind that make one vulnerable to stress responses and psychopathology (Shapiro, Astin, Bishop, & Cordova, 2005). Research literature has shown that mindfulness interventions can effectively reduce stress, depression, and anxiety in both nonclinical and clinical populations (Miller, Fletcher, & Kabat-Zinn, 1995; Shapiro, Schwartz, & Bonner, 1998). While none of the participants spoke about mindfulness interventions explicitly, some admitted they were already unconsciously doing some of the exercises commonly associated with mindfulness-based stress reduction (MBSR), which includes a 3-minute breathing space focusing on the breath, the body, and what is happening in the present moment (Segal, Williams, & Teasdale, 2002).

There was a broad spectrum for how the participants reportedly learned this technique. Parental advice learned in adolescence that encouraged participants to walk away during or after a heightened interaction helped some of the interviewees regroup

and inadvertently incorporate some mindfulness techniques that led to healthy coping. Personal affinity for yoga or meditation techniques taught in formal courses had an instant effect on reducing stress. Participants also learned by utilizing supportive advice from colleagues or managers who encouraged them to take a break when they began to feel overwhelmed, which was effective in helping participants get over exasperating situations.

The Interview group primarily learned by observing the responses of colleagues after frustrating encounters. Seventy percent of participants attributed their learning to observing and modeling the behaviors of their peers. Participants successfully reduced their frustrations simply by utilizing tactics observed from their peers, such as getting up from the desk and taking a short break. The Interview group relied on observation to inform them quickly about the unspoken rules in the workplace. It was found that observation techniques in the workplace could quickly inform the coping techniques of employees. Interviewees explained that they learned what techniques to use when handling various types of conflict and adjusted the mechanisms based on whether the conflict was in person or on the phone. Helpful techniques used by participants to monitor their tone, body language, and verbiage were attributed to observing the successful interactions of their peers. Interviewees learned what to say and what not to do through observations. FLEs inadvertently relied on the spoken and implicit best practices of their peers. Interestingly, only two participants were assessed to have low EI. Limited information was provided, but similarities were observed in how they both used denial as a coping method.

Subtheme 3: Family Dynamics Can Foster Emotional Regulation

Participants in the Interview group learned core EI strategies after experiencing negative exchanges with a family member. Family interactions were found to be monumental in developing consciousness in the non-constructive behavior they were formerly exhibiting at home, which ultimately led to increased self-awareness of their actions in both person and work conflict-driven interactions. Past exchanges with siblings underpinned the need to regulate emotions and demonstrated that personal lessons often lead to professional growth; moreover, it determined the methods employees chose to utilize when frustrated at work.

Tumultuous childhoods in difficult environments helped to foster mental toughness for many of the interview participants, which magnified the need and ability to think critically and quickly in order to make effective personal and professional decisions. Conflict at home stemmed from the repression of feelings in the workplace and resulted in participants unleashing their emotions on their family at home. Disharmony in personal relationships also presented as an inadvertent result of relying on maladaptive coping methods. Work-life balance was explained to be essential because participants learned they needed to address issues at work instead of ruminating, suppressing feelings, and unleashing them at home.

Regulation of emotion has been shown to be a core function for FLEs, and the ability to process information and respond appropriately in the workplace is only amplified when these employees feel supported in their personal environments. Familial support systems were beneficial to the individual's ability to cope in a consistent and positive manner. The perceived efficacy of each individual directly impacted the

preferred coping response to stressors. Lastly, influential meaning making from negative familial conflict positively influenced the learner's self-awareness and ability to use appropriate EI techniques in the workplace.

Healthy work and life balance was not taught to any of the participants and the balance varied according to the participant. Participants who did not have effective instrumental support systems learned to value a healthy balance only after unfortunate circumstances led them to become drained and depleted in the workplace. It appeared that it might be beneficial for institutions to define and encourage healthy work-life balances in the workplace. This would ensure all participants were aware of the necessity and potential dangers of burnout if the equilibrium is disturbed.

There is a mutual relationship between EI and coping strategies, and FLEs have shown that both of them inform how these individuals respond to stress. Supportive networks played an important role in helping to shape and develop the emotional abilities of the employees who used the emotional outlets and followed the instructional directions. FLE's shared that time was never allocated to officially vent in the workplace with their peers. If time were dedicated, it would enable them to release pent-up frustrations and mentally move on from stressful occurrences. Lastly, FLEs are using a variety of home-grown methods to resolve conflict because they have not been formally trained by their organizations to deal with the inevitable conflicts they face daily.

Discussion of Theme 2: Employee State of Mind

Subtheme 1: The Ability to Be Authentic

The study confirmed that FLEs across the Collective group could adeptly regulate their emotions, but interview participants admitted there were challenges. Participants voiced concern about the inability to portray their preferred emotions at work. Gross

(2002) explained that "when our emotions seem to be ill-matched to a given situation, we frequently try to regulate our emotional responses so that they better serve our goals" (p. 282). To be effective in their roles at work, many participants shared that they managed their emotions by suppressing their natural feelings in the workplace. This phenomenon was described as Emotional Labor by Hochschild (1979) and is explained as involving enhancing, faking, or suppressing emotions to modify the emotional expression. Many of the FLEs utilized similar EI strategies when it came to resolving conflicts at work. All of the participant interviewees were resoundingly similar in how they articulated that they often felt overwhelmed by the implicit requirement to regulate authentic stress responses when faced with workplace stress.

There was a strong depiction of negative feelings toward not being able to be genuine at work. All of the male interviewees were angered and frustrated over how they were approached about a work-related task by their current or past managers. This aligned with an overall pattern suggesting that the core stressful encounter for the employee went beyond obvious workplace nuances such as workload or lack of teamwork. Most of the men interviewed described deep-rooted anger due to female superiors who made them feel belittled and not valued.

The effects of a bruised ego went beyond the male participants and seemed to be an underlying factor in why many of the interviewees felt challenged by not being able to respond during difficult interactions. Participants were conflicted by the required acceptance of disrespectful behavior in the workplace that they would otherwise not tolerate in their personal lives. The Interviewees and Survey Only critical incident respondents acknowledged that their adherence to the unspoken rule-of-thumb was based

on the need for job security. The FLEs' ability to provide for themselves and their family led them to resist the attempt to mimic behavior exhibited by others toward them. The ability to reflectively monitor their own emotions as well as the emotions of others in order to attain a purposeful outcome is a core concept in Mayer and Salovey's (1990) emotional intelligence theory. The inability to be authentic on the job was a glaring commonality across the participants and appeared to be an area that needs to be addressed in the workplace. The participants did not report comfortability with responding to conflict in a natural manner, alternatively they felt disempowered and forced to play it safe and disingenuous.

Subtheme 2: The Complex Ability to Cope

FLEs led complex lives outside of work and personal dynamics often impacted their ability to cope with stress. Factors such as life stress, financial distress, and impaired social support were commonly expressed as challenges for the participants. The interviewees were often unable to distinguish between their work and home stressors.

The FLEs in this study reported they had infinite responsibilities in their personal lives. The Collective group included a representation of parents and grandparents and affirmed that their children were their priority when they were outside of the workplace. Fifteen of the FLEs in the Collective group had at least one child and a third (10) of these FLEs were single parents. Only five of the participants with children were married. Participants explained that they typically did not get a chance to process stressful workplace interactions once they left the office because they had to focus on and prioritize their offspring.

It was not uncommon for participants to work a secondary job in healthcare, which further exaggerated their occupational stress levels. This was the case for at least three of the interviewees (Thomas, Patricia, and Nicole). There was a similarity in the types of stressors regardless of work setting, and the fact that they worked excessively meant they had little recovery time between stressful experiences. Participants who did not have a second job relied on working overtime hours in their office. Despite the many challenges presented in the workplace, the need for additional income justified the decision to work endless hours in an unpleasant environment.

FLEs were often overwhelmed by their home life responsibilities and personal relationships. Interviewees were transparent about their issues, including custody battles over children, family drama, single-parent woes, hospitalized spouses, and other complex family dynamics. All of these ongoing personal issues took precedence after employees left the office, which essentially meant that they shifted one stressful situation to another stressful situation.

Workflow in the department was impacted by employees who came to work in foul moods or those who chose to call out sick, thus reducing the already limited staffing levels. The FLEs worked in patient-facing roles and understood they were required to deliver appropriate patient care, regardless of personal challenges. Participants normally rose to the occasion but often felt targeted. The Interview group's perception was that it was acceptable for individuals in clinical and managerial roles to have an off-day; however, they always had to flawlessly perform. This further intensified the stressors faced by participants because they attributed the lessened threshold for mistakes to mean they were not considered important in the organizational hierarchy.

Subtheme 3: Confidence and Optimism

Confident approaches to resolving issues in the workplace were commonplace among participants. According to Bandura (1977), self-efficacy refers to the confidence in one's ability to harness resources needed to meet job demands, which is a predictor of behavior and not outcome. Participants were not only confident, but they were also optimistic in their resolve to avoid potential issues and solve present problems. Scheier and Carver (1985) defined optimism as a generalized expectancy that one will experience good outcomes in life. The participants' perceived optimism was a strong indicator of the efficacy level and attitude they had toward achieving the outcome of managing or reducing the reported stressor. Bandura (1994) supported the growing body of evidence that human accomplishments and positive well-being require an optimistic sense of personal efficacy. Additional research supported this notion and confirmed that optimism or the expectation of positive outcomes might lead to experiencing less stress (Chang, Rand, & Strunk, 2000). Bandura (1994) agreed that optimism played an important role because people use their perceived efficacy to sustain the perseverant effort needed to succeed.

The Interview group approached situations in a headstrong and direct manner. This approach indicated the strength of their self-efficacy and increased perseverance in coping efforts (Stajkovic & Luthans, 1998). Many of the participants highly regarded the importance of adhering to boundaries in the workplace. The interviewees professed the ability to advocate for themselves in most situations at work, and passivity was reported to be ineffective. These findings supported the notion that perceptions of control influence whether people actively test strategies and seek information and plan or lapse

into confusion, avoidance, rumination, and anxiety (Skinner, 1995). The interview group approach to stress could be a result of a skewed sample. It is likely that the participants that volunteered to participate in the interview are more confident and eager to discuss their experiences.

Confidence was demonstrated in a variety of ways in the study. Participants who were comfortable with their ability to be vocal in the workplace took pride in that trait. Personality, tenure, and the desire to assist patients reinforced their confidence level and also explained how these participants learned how to resolve many routine issues. They made concerted efforts to develop relationships with all levels of staff, including physicians, and prioritized positive patient interactions.

The Interview group and Survey Only critical incident respondents were able to navigate and resolve countless situations, both personally and professionally. The participants utilized positive and bold approaches and promoted the value of speaking up as a crucial component to problem solving. The importance of taking risks and being brave in the workplace was discussed in the Interview group. Confident employees appeared to utilize EI strategies that informed their ability to make decisions within their purview in the workplace. A major similarity across the interviewees was the notion that there was no one way to complete a task or solve an issue on the job and that success often took concerted effort and various approaches. Scheier and Carver (1985) wrote supportive literature that explained how people tend to differ widely from each other in how they approach the world. Some people are favorable in their outlook and expect things to go their way. Like the participants in this section, they generally believe that good rather than bad things would happen to them.

The Interview group exhibited confidence in the way that they described resolving difficult tasks. These interviewees commonly proclaimed that they enjoyed the challenge of assisting angry or difficult patients. They reported their ability to readily assist co-workers and were not fazed by the task of diffusing patients and resolving conflicts. Additionally, they explained that once they became comfortable in their role and knew appropriate techniques to aid in resolving problems, they routinely used refined methods. Many theorists have proposed that confidence of eventual success further engages the individual to contribute efforts to succeed (Bandura, 1977, 1986; Scheier & Carver, 1983).

There was an overwhelming sense of the desire of FLE inclusion into the decision-making process in healthcare organizations. The interviewees understood that there was a decision-making hierarchy; however, they wanted the ability to share their knowledge of systems, workflows, and patient experience remedies. The FLEs wanted to lend a wealth of untapped knowledge to the continuous process improvement initiatives that were ongoing in their institutions. Some FLEs such as Terry, Jae Rich, Natalee, Stephanie, Shirley Baker, and Nicole took pride in their ability to navigate difficult situations and appeared ready to step up, should their superiors ask them.

Age may have played a factor in the study as many of the optimistic and driven FLEs were under the age of 30. These participants (Natalee, Stephanie, Nicole, and Patricia) appeared to be motivated to change things in their workplace for the better. They offered idealistic suggestions and were very open to helping their colleagues, regardless of their personal perception of stress, which varied for these FLEs. The themes of confidence and optimism across the interviewees may correlate to their perceived and

demonstrated ability to manage stress on the job. The motivation of these participants could possibly play a positive role in the design of future healthcare teams.

The participating FLEs came from various backgrounds, yet had more similarities with their hardships and responsibilities than they likely realized. Interviewees struggled with wanting to be authentic yet respectful in the workplace and many demonstrated confidence, which helped to bolster their optimistic views on overcoming stressful occurrences in the workplace. Optimism appeared to be a notable skew because only those more positive about stress and ability to cope volunteered for study.

Discussion of Theme 3: Ways of Learning

Subtheme 1: Modeling Behavior and Attitudes

Modeling situational approaches and behavioral responses to stressors was common in the Interview group (Appendix T). This was supported by Bandura's (1971) social learning theory, which stated that individuals are influenced by observation, imitation, or modeling in their personal and/or professional environments. Many interview participants learned useful strategies from modeling or indirect observation and utilized the techniques in varying ways, according to the situation. The interviewed participants confirmed that they learned new techniques and behaviors through observation. Observational learning effects are apparent when models exhibit novel responses and patterns that observers have yet to learn or execute (Rosenthal, Bandura, Garfield & Bergin 1978). (See Table 31 for participants' EL strategies acquired from modeling.)

Table 31

EI Strategies Acquired From Modeling

	MODELING	
Participant	**Observed**	**EI Strategy**
Jae Rich	Co-worker	Empathy for othes
	Co-worker	Use enthusiathic tones when resolving patient issues.
Terry		
Regina		
Tiffany	Parents	Be fair and calm when resolving issues
Natalee	Parents/Siblings	Courage to speak up
Alice	Parent	Courage to speak up
Stephanie	Parent	Effective responses/solutions when diffusing conflict.
	Co-worker	Effective responses/solutions when diffusing conflict.
Pedro	Co-worker	Task management tips
	Grandparent	Effective responses/solutions when diffusing conflict.
Faryn		
Shirley Baker	Co-worker	Effective responses/solutions when diffusing conflict.
Evelyn		
Thomas	Co-worker	Effective responses/solutions when diffusing conflict.
Erica		
Jason	Parent	Effective responses/solutions when diffusing conflict.
Kate		
Jaime		
Nicole		
Shaina	Parent	Effective responses/solutions when diffusing conflict.
Patricia	Parent	Effective responses/solutions when diffusing conflict.
Patricia	Co-worker	Effective responses/solutions when diffusing conflict.

Participants who observed vicarious experiences such as those referenced in the *EI Strategies Acquired from Modeling* table purposefully avoided the demonstrated behavior

due to the eventual consequences that occurred. Retrospectively, these experiences became valuable lessons that, in turn, promoted the variations of communication techniques based on the environment in an effort to address conflict proactively. The FLEs in this study shared that they were directly influenced by situations they had heard about from their coworkers through word of mouth. Some of the interviewees also were led to intentionally choose to alter their response patterns and reactions to triggers. They learned to prioritize the feelings of patients based on the repercussions that occurred when coworkers failed to resolve difficult patient interactions, which then escalated to involve management. These findings described inhibitory effects that occur when observers either reduce performing the modeled class of behavior or curtail the rate of response of negative consequences perceived (Rosenthal & Bandura, 1978).

Interviewees observed various coworkers, some of whom went above and beyond the job and others who did the bare minimum, which did not seem to impact employee motivation to go above and beyond. Age seemed to be a relevant factor in the motivation level for certain interviewees. Both Natalee and Patricia perceived high stress levels at work and attributed much of their stress on their peer's approach to tasks, which they assumed was due to an aversion to work. Despite these observations they were highly optimistic about their roles and impact at work. These interviewees were the two youngest participants and were both under the age of 25 and had less than ten years of experience. Differences between these two were the fact that Patricia had received a bachelor's degree and Natalee only had a High School diploma, however they both utilized effective practices learned through modeling the approach and behaviors of others.

The Survey Only critical incident responses and Interviewees were often depleted after hostile interactions with demanding patients. The interviewees relied on the tactics learned from observing these interactions between their colleagues and customers. As seen on the *EI Strategies Acquired from Modeling* table, many interviewees utilized the conflict resolution strategies acquired through observation, refined and modeled similar behaviors in the workplace. Tactics included tone modification, organization and pace and effective semantics. Wording and catch phrases to utilize and avoid were some of the key conflict diffusion strategies learned through modeling and utilized by the interview group.

Positive behavior and increased feelings of confidence were outcomes of modeling effective behavior. Participants who were innately shy and soft-spoken appreciated the rehearsal effect they were afforded when they watched a successful interaction. Alternately, participants learned that the majority of their troubleshooting techniques by observing trial-and-error approaches to conflict resolution. They felt supported by their peers when they were given the opportunity to hand over difficult scenarios in order to watch and take notes while their peers handled the situation.

Participants chose to exhibit the behavior of their coworkers that they deemed desirable by others, regardless of their personal behavior preference. These findings were described as response facilitation effects—when observers mimic the response of others they have observed (Rosenthal & Bandura, 1978). Participants learned by modeling the rebuttals and escalation tactics that their colleagues used during challenging interactions. This study found that modeling helped to steer the employees who did not feel confident in approaching difficult situations that then led them to feel stressed. While modeling was

not the sole indicator of how EI strategies were acquired, it was found to be impactful for the participants of this study.

Subtheme 2: Results of Feedback and Coaching

The participants in the Interview group used feedback and coaching during stressful situations and found it helpful when processing stress and attempting to cope at work. Verbal persuasion by someone the employee trusts and views as competent (as it relates to the job to be performed) serves as another means of strengthening self-efficacy (Stajkovic & Luthans, 1998). As reported earlier, the FLE interviewees relied on instrumental support, both personally and professionally, and shared many examples of informal coaching that led to their increased ability to cope adaptively (see Table 32 for participants' EI strategies acquired from coaching and feedback).

One of the most common strategies learned by the interviewees through coaching and feedback was recognizing and obtaining the courage to speak up in times of duress. FLEs were not receive specialized training prior to starting work in patient facing settings. Interviewees relied the real time and retrospective advice of their peers and trusted external advisees on how to deal with new experiences. Many interviewees were familiar with addressing difficult interaction and conflict in their personal lives but needed guidance on how to alter their approach in the workplace to ensure the response was customer friendly. Much of the coaching and feedback occurred in retrospect for FLEs due to unexpected situations.

There was a noticeable pattern in relation to how interviewees that were assessed to have high emotional intelligence learned from coaching and feedback. Tiffany, Evelyn

and Alice all utilized this method and although they all were assessed to have high emotional intelligence, only Tiffany and Alice perceived a low level of stress in the workplace. Evelyn had 20 years of experience and perceived moderate stress due to the unusually low staffing levels that she was experiencing in her department. She was not averse to the pace, difficult interactions or known stressors but she admitted that she was starting to become worn from her role as the informal leader amongst the FLEs in her department. All of these participants portrayed confidence and optimistic approaches to completing work and proactively sought and accepted advice that was given to them by close family and friends.

Subtheme 3: Learning Acquired From Past Experiences

The participants in the Interview group collectively attributed EI strategies that they utilized in this study by learning from past experiences. The personal and professional experiences of the FLEs served as a learning guide and positively influenced how the individuals chose to handle subsequent stressful situations. The discussion around how the participants differentiated their perceived stressor was critical to understand because it divulged the learners' intent and impacted how they coped.

Interview participants relied on the past outcomes of their experiences and trial and error to determine how they chose to react in current situations. These interviewees relied on past achievements and learned from failures with frequently occurring situations to drive their choices. Cognitive standards occur when observers are guided by the expectations and interpretations acquired from past experiences (Rosenthal & Bandura, 1978).

Table 32

EI Strategies Acquired From Coaching and Feedback

Coaching & Feedback			
Participant	**Coach**	**Highlight**	**EI Strategy**
Jae Rich	Friends	Advice on work related issue	Take responsibility for actions
Terry			
Regina			
Tiffany	Co-worker	Advice on work related issue	Courage to speak up
Natalee			
Alice	Father	Advice on resolving issues	Courage to speak up
Stephanie	Co-worker	Advice on handling fast pace work environment	Pace self
Pedro			
Faryn			
Shirley Baker			
Evelyn	Father	Advice on handling conflict	Walk away if you can't handle conflict appropriately.
Thomas	Wife	Advice on hostile work environment	Know when to move on from a bad situation
Erica	Brother	Advice on reducing anxiety	Ask for more training
Jason	Manager	Advice on handing conflict	Handle conflict calmly
Kate			
Jaime	Boyfriend	Advice on handling conflict	Courage to speak up
Nicole			
Shaina	Mother	Advice on handling conflict	Courage to speak up
Patricia			
Darren			

The FLEs in this study reported that they not only learned from their own experiences, but the outcomes and experiences of their peers weighed strongly on their ability to cope as well. Interviewees shared that if they witnessed their colleagues' inability to resolve a situation using the same techniques they utilized, it reduced their confidence and efficacy about using that technique. The Interview group was seemingly

more optimistic to face conflict and overall stress when they were trained and secure about their ability to execute difficult tasks that could potentially lead to stress.

There were a few patterns that emerged from the findings showcased on *EI Strategies Acquired from Past Experiences*, Table 33 in reference to the when the actual learning experience occurred for each individual. There was a significant divide in when the interviewees learned poignant emotional intelligence strategies in their past experiences. Experiences that occurred as a youth or adolescence was a commonality between Shaina, Nicole, Jason, Shirley, Faryn, Alice, Darren and Natalee. A perception of low or moderate stress levels were shared by Nicole, Shirley, Faryn, Alice, Shaina and Jason. These FLEs seemed to thrive in the workplace due to fundamental EI strategies that they learned growing up. These strategies influenced the approach to stress and conflict.

Natalee was the only participant in this group whom perceived a high stress level, however she was the youngest participant in this group and had the fewest years of professional work experience. It appeared that her unfamiliarity with the limitations of various roles in the healthcare setting may have played a role in her perception of high stress levels. She exhibited high optimistic characteristics, which reiterated her problem solving approach and reinforced her self-efficacy and confidence in her abilities despite her stress level.

The remaining participants that utilized this learning method, garnered their skills in the workplace in adulthood. Kate, Evelyn, Pedro, Stephanie, Terry and Jae Rich specifically experienced situations that resulted in their formation of new EI strategies. Naturally, all of these participants similarly had at least five years of experience in their

roles. Evelyn, Pedro, Terry and Jae Rich were the most senior in terms of experience in this group; as they all had more than fifteen years of experience in their roles.

Jae Rich was the only interviewee in this group that was very experienced in his position, had a college degree and perceived high stress levels. Despite his assessment score of moderate emotional intelligence, he admitted that his stress was directly a result of his ego hindering his ability to recognize boundaries when it came to conflict with his manager. While Jae Rich portrayed confidence and an optimistic approach to problem-solving, he was unable to recognize his deficiencies until he took the time to reflect on his experiences with his manager. During these deep reflections, he recalled how he felt about the conflict while he was experiencing it and recognized his intent and actions were not aligned. This allowed him to positively contribute his future actions to the lessons that he learned during challenging past experiences, which is encouraged in the Boud, Keogh and Walker (1985) reflective model.

Subtheme 4: Learning Environment

Formal learning. Formal learning was minimally utilized across the Interview group. This supported the literature, which affirmed that most learning takes place outside of organized educational settings. While very few participants utilized formalized learning, all of the interview participants learned through a combination of nonformal and informal learning, which is less structured and unpredictable. These experiences are haphazard and unplanned, and difficult or impossible for the learner and those facilitating learning to control (Boud & Walker, 1990).

Table 33

EI Strategies Acquired from Past Experiences

Past Experience		
Participant	**Event**	**Strategy**
Jae Rich	Failed battle with supervisor	Recognize boundaries
Terry	Failure to please supervisor	Accept limitations
Regina		
Tiffany		
Natalee	Inappropriate response to family conflict	Address problems respectfully
Alice	Spent time in orphanage and had to protect self/sister	Courage to speak up
Stephanie	Frequently dealing with unexpected situations at work	Think on your feet
Pedro	Ineffectively tried to do too many tasks at work	Pace self in busy environment
Faryn	Being picked on by sibling	Courage to speak up
Shirley Baker	Expectations from parents growing up	Proactively handle work issues
Evelyn	Multitasking in busy workplace	Courage to speak up
Thomas		
Erica	Harboring feelings led to misdirecting her anger	Don't ignore problems, address them.
Jason	Physically dealt with problems as an adolescent.	Address problems respectfully
Kate	Multitasking in busy workplace	Think on your feet
Jaime	Inappropriate response to workplace conflict	Address problems respectfully
Nicole	Anger due to lack of control as an adolescent that led to stress.	Accept limitations
Shaina	Inappropriate response to stress as a youth	Address problems respectfully
Patricia		
Darren	Realizing that physical altercations could impact his future.	Address problems respectfully

The three interviewees Jason, Jaime and Darren who did learn emotional intelligence and coping strategies from higher learning institutions all had degrees that were Bachelor or Master's level. They were prepared when they faced stress in the workplace by taking informative courses and interacting closely with their professors. It was important that these institutions provided developmental courses that promoted stress reduction techniques because Darren mentioned he would not have otherwise had access to elect to take a course that fundamentally changed the way he chose to interact and cope with stress. Jaime and Jason appreciated having access to professors that encouraged them to reflect on situations in an effort to process their feelings in an effort to make clear decisions in life. Stephanie also learned valuable information from her primary high school education due to the values of respect that were fostered by her school mantra.

Nonformal learning. Participants who had workplace training or educational sessions did not feel that they were adequate to help them cope with stress. The on-demand trainings received in the workplace were always patient-focused or explained as broad overviews about difficult interactions and not considered beneficial to helping employees learn or improve coping strategies. Participants were dissatisfied and opinionated about the training delivery. The Interview group was not impressed with the annual training modules and a participant summed up the overall perception that the trainings were nothing more than "death by PowerPoint." Some of the computer trainings did achieve awareness about real workplace issues; however, it was reported that the courses were missing the tactical "how-to" information that was necessary. Educational research and practice have demonstrated that learning can be enhanced when the

instructional process accommodates the various learning styles of the learners (Buch & Bartley, 2002; Buch &Sena, 2001; Kolb, 1984).

Interviewees were concerned that most of the existing customer service courses were mandatory for the frontline, but optional for clinicians. The overall sentiment of the Interview group about training was that everyone could benefit from the information shared. The selectivity of the workplace positions that were expected to complete specific trainings simply intensified feelings of inferiority in the workplace across the frontline.

Both formal and nonformal learning were found to be instrumental for the individuals in this study. The few participants who formally learned stress management techniques through higher education found immense value in their experiences. The importance of training delivery and attention to an individual's learning style was discussed in an effort to optimize the benefit of workplace trainings that many of the participants took.

The participants in the study shared myriad ways they learned new strategies and techniques to problem solve difficult tasks and reduce known stressors. They relied on each other directly for up-to-date information and venting outlets and indirectly for unspoken solutions that they observed as their colleagues handled challenging situations. Role ambiguity heightened the need for employees to be agile on the job; it appeared important that they use all of the learning methods to keep abreast of the rapid pace and taxing demands—hence, the implication for training. (See Table 34 for participants' EI strategies used and attributing learning methods.)

Subtheme 5: Lessons Learned on the Frontline

The top recurring strategies used by both the Survey Only participants who completed the critical incident and the interviewees were accept limitations, recognize boundaries, and use empathy for others. Participants utilized these strategies when they perceived various levels of stress in the workplace, but the intensity of the lessons varied by individual. For example, Nicole and Jason acquired these skills through their personal interactions of their informative years, while Terry and Jae Rich recently learned these strategies only after facing stress-induced conflict in the workplace, despite having over 15 years of experience. A more comprehensive table of Learning Methods for Interview Group is available in Appendix W.

Discussion of Theme 4: Pervasive Barriers to Coping

Subtheme 1: Mental Trauma and Coping Responses

Participants used two primary coping responses: problem-focused and emotion-focused. Folkman (1984) distinguished the difference between these two coping responses: Problem-focused coping aims to solve the problem, and emotion-focused coping aims to decrease negative emotion experience. Problem-focused coping techniques and emotion-focused coping techniques were used in various ways by the different participants. These coping responses appeared to determine the likelihood of the participants experiencing and/or overcoming mental trauma in the workplace.

This study supported Folkman and Lazarus's (1985) theory that emotion-focused coping can either facilitate or impede problem-focused coping. The participants who used a mix of problem-focused and emotion-focused coping shared in that they ultimately

Table 34

Collective EI Strategies Used and Attributing Learning Methods

Learning Method	Strategy Learned
Past experiences	Respect boundaries Accept limitations Address problems respectfully Courage to speak up Think on your feet Pace yourself Proactively handle issues
Coaching	Take responsibility for actions Courage to speak up Pace yourself Know when to walk away Ask for help Handle conflict calmly
Modeling	Use empathy Use enthusiastic tones Be fair and calm Courage to speak up Responses/Solutions to diffuse conflict Task management
Non formal	Conflict resolution tips Patient satisfaction tips Dealing with conflict Difficult interactions Stress reduction techniques Mediation
Formal	Self-awareness Courage to speak up Stress reduction techniques

experienced mental trauma due to workplace stress. These particular interviewees struggled to acclimate with the personality of their managers and solely utilized emotion-focused coping methods—largely distancing and distraction—which muted their ability to cope.

While a majority of the participants used emotion- and problem-focused coping techniques, three of the interviewees used emotion-focused coping. In emotion-focused coping, individuals attempt to escape the stress rather than remove it, leading to negative outcomes (Srivastava & Tang, 2015). One interviewee who did not reveal a preference for problem-focused coping instead revealed symptoms that resembled burnout. Montero-Marin, J., Prado-Abril, J., Demarzo, M. M. P., Gascon, S., & García-Campayo, J. (2014) argued that burnout occurs when professionals use ineffective coping strategies to try to protect themselves from work-related stress. A few other interview participants struggled to cope and utilized conflict-avoidant strategies in the workplace, which is often characterized by "avoidance,""detachment," and "distancing" from the stressor, as well as "emotional discharge," and the use of "passive, cognitive responses," in response to negative life events (Blalock & Joiner, 2000).

The overregulation of emotions was found to contribute to stress for these workers and, in many cases, led to mental trauma, anger, and self-doubt. While it was anticipated that the study would reveal workers who verbalized mental strain due to stress, there was a strong representation of frontline workers who experienced physiological and psychological damages due to sustained stress, particularly regarding the inability to react naturally to routine aggressive attacks in the workspace. Five interviewees suffered from nervous breakdowns and did not receive any support from their organizations before, during, or after their diagnosis. Although the majority of interviewees did not experience severe mental issues, short-term effects were regularly expressed by the participants. The interviewees that spoke of these harmful physiological symptoms in the interview group also suggested that the root cause of their breakdowns

was due to mandated suppression of feelings in the workplace. Surprisingly many of the interviewees that experienced nervous breakdowns also exhibited bold personalities and appeared to typically cope well in stressful situations. There appeared to be a conflict between displayed behavior in the workplace and the authentic emotions that they appeared to harbor internally. These findings would suggest that managers may have difficulty identifying the impact that stress has on FLE's based on their work behavior and spoken perception.

Subtheme 2: Perceived versus Demonstrated Ability

All participants in the Survey Only critical incident respondent and Interview groups reported varying usage of EI abilities when faced with stress; they all had a moderate or high EI based on the results of the *SSEIT* assessment tool and admitted to using at least one EI strategy in the workplace. Self-awareness and empathy were found to be two crucial indicators that assisted participants with coping efforts in the study. Empathy and coping strategies have been shown to be closely associated with perceived psychological well-being (Dyson & Renk, 2006; Shanafelt et al., 2005). Participants prioritized the patients' needs even when faced with anxiety or high-pressured tasks. The ability to regulate emotions of self and others is one of the fundamental abilities of emotional intelligence, as described by Salovey and Mayer (1990). This ability was assessed in two distinct ways in the study. The self-perception of each participant was measured upon completion of an EI assessment instrument. In addition, the researcher used the themes that emerged in the interview discussion as a secondary appraisal of ability to regulate emotion. All of the interview participants self-assessed to have moderate or high EI according to the instrument and also articulated their ability to

regulate emotions, which is a central component in EI. These participants also similarly shared that they learned additional EI abilities on the job that aided them in coping. The individuals demonstrated that learning to have EI was beneficial to their well-being and therefore their ability to deal with unanticipated stress improved. There was only one exception in the Interview group: Regina was scored to have moderate EI and perceived that she had the ability to manage her emotions; however, her described actions in the workplace did not match her perception. Regina shared that she was so emotionally exhausted that she had considered checking herself into the psychological observation unit at her job. She also voiced concerns about her inability to complete her work and the void of personal accomplishments. She also spoke poorly about everyone she encountered in the workplace, including patients, her manager, and others, in a cynical and hostile manner. Similar to coping, defenses focus on the regulation of negative emotion experienced, particularly anxiety (Gross, 1998). This participant exhibited clear symptoms of job burnout, which is considered to include emotional exhaustion, depersonalization, and reduced personal accomplishment, as described by Maslach et al. (2001).

While this participant disclosed that she had an awareness of a pre-existing personality disorder prior to starting in her current position, literature has also confirmed that it is not uncommon for burnout patients to develop new psychiatric disorders or worsened symptoms of existing diagnosis (Nordqvist, 2012). Burnout research has affirmed that affected individuals have difficulty regulating emotions. “Subjects reporting cognitive and emotional dysfunction due to chronic occupational stress could have an impaired ability to modulate emotional stress and emotionally stressful stimuli, rendering

them less apt to cope with psychosocial stress" (Golkar, Kasahara,&Perski, 2014, p. 2). The pre-existing mental condition led to Regina's inability to control her response to stressors, which also validated her EI assessment scores as low in her ability to use EI strategies, despite understanding the fundamentals.

Lastly, the most important differentiating factor about this particular participant and the other high-stress interviewees is the lack of support both at work and in her personal life. Although other participants scored similarly on the assessment instruments in the survey, the missing support systems contributed to her inability to cope and eliminate workplace stress. The aforementioned participant was a single mother of two children with a poor social support structure who worked in a socially isolated role. Unfortunately, this participant was the poster child in this study of a highly stressed yet emotionally intelligent frontline worker who was experiencing burnout due to nonexistent support and had the need for guidance and tools on how to use her existing emotional intelligence to form appropriate coping mechanisms to help her overcome workplace stress.

Subtheme 3: Anxiety and Paranoia

Bandura (1994) explained that perceived self-efficacy is used to exercise control over-stressors that play a role in anxiety arousal. He also stated that "people who believe they can exercise control over threats do not conjure up disturbing thought patterns. But those who believe they cannot manage threats experience high anxiety arousal" (p.5). Four of the interviewees experienced high anxiety that manifested in both psychological and physiological ways.

Anxiety was reported to be a common side effect of stress that the Survey Only group and interviews mentioned in their critical incidents. Participants referenced experiencing anxiety due to relationship and task-related issues at work. Belschak, Verbeke, and Bagozzi (2006) explained that social anxiety is a pervasive emotion in social situations and consists of negative expectations, felt physiological sensations, and urges to perform protective actions. Interview participants felt attacked in the workplace. People tend to experience anxiety when their basic abilities to belong are threatened and it can lead to vulnerability and defensiveness (Fiske, Morling, & Stevens, 1996).

Participants regularly referred to themselves as "little people" in terms of how they felt they were treated in the workplace. This finding aligned with literature indicating that being powerless can threaten people's sense of themselves as competent individuals, their sense of themselves as good and worthy individuals, and their sense of the world as a benevolent place (Fiske, Morling, &Stevens, 1996). The FLEs felt deflated when they were unable to please difficult patients at work. Powerlessness over task success makes them vulnerable to the need for competence and control because outcomes are no longer contingent on the powerless person's own efforts (Fiske et al., 1996).

The lone burned-out interview participant reportedly felt like a loner at work and unsupported. Socially anxious people draw attention away from their environment and focus on their anxiety instead (Clark &Wells, 1995). Interviewees also felt frustrated with the perception of control that patients had in the workplace. Some of the interviewees voiced concerns that patients could be verbally or physically abusive and still complain to authoritative figures. Extreme loss of control potentially makes the powerless feel anxious (Fiske et al., 1996).

The interviewees expressed feelings of anxiety or anxiousness and declared that it was not attributed to their ability to complete job tasks. Most of the anxiety that participants reported had to do with the fear of an impending conflict. A study on EI and anxiety supported this finding and revealed that EI was highly related to social interaction anxiety, not so much to performance anxiety (Summerfeldt, Kloosterman, Antony, & Parker, 2006). Interview participants were fearful of the known conflict that routinely arose due to seemingly unfair workplace expectations. Regularly avoidable conflict routinely arose because of patient arrival time, wait times in the clinic, and paperwork completion. Participants desired the ability to share their experiences and provide feedback on how they felt normalized conflict could be avoided in the office.

FLEs spoke about understanding the limitations of their role and doing what they could do within that realm, but not worrying about what they could not control. People with an internal locus of control believe they are in control of their own fate, feel that their actions have an impact on the environment, and assign personal responsibilities for the consequences of their own behavior (Stajkovic & Luthans, 1998). These participants were not afraid to try new things when trying to solve patient issues; however, they were careful to abide by the boundaries and rules of the workplace. The participants who were able to persevere in their situations demonstrated self-regulated learning. Self-regulated learners proactively seek out information when needed and take the necessary steps to master obstacles. They are also aware of when they know a fact or possess a skill and when they do not (Zimmerman, 1990).

FLE anxiety levels were often attributed to their perception of control in this study. The participants who struggled with the concept of powerlessness were more

prone to experience anxiety in the workplace. Both the Survey Only critical incident respondents and interviewees understood their job limitations and interviewees reported reduced anxiety and more comfort with their role limitations.

The FLEs in this study provided examples of the ill effects of continuous exposure to stress and the potential psychological or physiological effects. Despite these findings, there was no mention of formalized mindfulness or stress reduction programs for these employees. There appears to be a need for stress reduction training and proven techniques for employees to utilize when attempting to defeat stressful interactions as they arise in the workplace (see Table 35 for physiological triggers and reactions).

Subtheme 4: Catalyst to Change

Motivation to change behavior was a key indicator of alleviating stress for the interviewees who faced mental strain because of various workplace triggers. The interviewees who were impacted mentally shared that they were taken aback once they started to experience physical symptoms such as tremors. Mental ailment served as a means for affected participants and aided them in problem solving in order to eliminate the trigger; for others, it led them to feeling depleted. Employees with already high efficacy beliefs may view psychological arousal as an energizing factor, whereas low-efficacy people tend to view it as a performance debilitated (Stajkovic & Luthans, 1998).

The affected interviewees shared that they shut down emotionally and did not know how to handle feelings of inadequacy that they experienced. Gross (2002) affirmed that suppression of emotion decreases expressive behavior, but does not decrease emotion experience; it might even increase physiological responses due to the effort associated with inhibiting ongoing emotion-expressive behavior. Family members and friends often

reiterated the need for the change in these employees. While some employees had the ability to use negative symptoms as a motivator, others became helpless. Maier and Seligman (1976) explained that learned helplessness exists when events are uncontrollable, and the organism learns that its behavior and outcomes are independent; moreover, this learning produces the motivational, cognitive, and emotional effects of uncontrollability.

The FLEs in this study experienced high anxiety or came close to a nervous breakdown due to interactions and stressful occurrences, and they were caught off guard by the abnormal feelings. These dramatic events became life-changing and essentially mandated the use of different strategies in order to place necessary limitations at work. Essentially, they realized they needed to change the way they coped with routine workplace stressors.

All of the interviewees who faced physical and physiological stress were able to resolve the negative effects by choosing to change their mindset, with the exception of the one participant who was seemingly experiencing burnout. The fact that some learners are able to persevere and others cannot may be a result of the learners' intent that influences how learners experience events; it may also tend to focus and intensify perception in relationship to certain parts of an experience, while at the same time playing down or eliminating others (Boud & Walker, 1990).

A deep exploration on how problem-focused and emotion-focused coping influenced the ability to overcome stressful situations was undertaken. The FLEs' vulnerability to use emotion-focused coping and learned helplessness was introduced as it

Table 35

Physiological Triggers and Reactions

	Physiological Feedback		
Participant	**Antagonist**	**Trigger**	**Reaction**
Jae Rich	Manager	Inabiilty to speak freely at work	Ticks and spasms
Terry	Patients	Hostile interactions	Anxiety
	Manager	Hostile interactions	Panic Attack/Nervous breakdown
Regina	Patients	Hostile interactions	Panic Attack
Tiffany			
Natalee			
Alice			
Stephanie	Patients	Hostile interactions	Anxiety
Pedro			
Faryn			
Shirley Baker	Patients	Hostile interactions	Heart racing
Evelyn			
Thomas	Manager	Hostile interactions	Sleepwalking/talking
Erica	Task	Fear of making a mistake	Anxiety/stomachache
Jason			
Kate			
Jaime			
Nicole			
Shaina			
Patricia			
Darren			

resulted in mental trauma for several of the participants. The self-efficacy efforts of one of the affected participants confirmed that problem-focused coping methods encourage perseverance and can result in overcoming stressful conflicts. Essentially problem-focused coping efforts are necessary for a participant to overcome perceived stress. It was observed that while individuals who used both emotion- and problem-focused efforts

could overcome stressful barriers, those who chose to solely use emotion-focused efforts were ineffective at overcoming stressful interactions or situations.

The interview participants all faced physical or psychological damages because of workplace stress; for most, it was brief yet impactful. Anxiety was a common ailment across the interviewees and often led to the inability to perform necessary tasks on the job. The frontline is determined and willing to learn from their weaknesses and are able to speak to their demonstrated ability to be resilient, despite unrelenting stress in the workplace.

Discussion of Theme 5: Appeal to Share Feedback

Subtheme 1: Redefining the Multidisciplinary Team

Many internal factors in the workplace were reported to influence the stress levels of the interviewees. Some of the most commonly shared sources were related to the dynamics of workplace relationships, the frequency of process changes, and unaligned patient and provider expectations.

FLE interviewees did not feel as if their role was considered important in the workplace. It was common for participants to witness or be directly involved in a negative interaction with employees in senior roles, such as an advanced clinical practitioner, physician, or manager in their office. The employees in this study shared that they often felt belittled by the people in these roles and endured stress because of their inability to address situations occurring routinely at work. The FLEs frequently had difficult interactions with these workers, and while there was consensus that the conflict was not desirable, they did not have an issue with facing or resolving the conflict. The primary trigger that surfaced in the study was ultimately about the fact that FLEs felt they

were not able to share in departmental decision making, yet other contributing roles were able to partake. There were numerous references to the fact that the interviewees considered themselves “little people” and felt their opinion was infrequently requested and never considered.

The inability to share in workplace decision making left the FLEs in this study feeling resentful toward the organization at large. Interviewees shared many scenarios in which they felt they should have been asked for their feedback in decisions around construction of the front-desk area, implementation strategies for mandatory patient paperwork, or frontline coverage assignments. They had consensus in the frustration around their inability to be taken seriously in the office setting. FLEs were always told what to do and their perception was that their role was considered insignificant.

The FLEs in this study struggled to keep up with the frequent process changes that occurred with little to no training. Interviewees and the critical incident questionnaires from the Survey Only group shared examples of processes that were implemented by their managers on Monday, only to be modified or eliminated by the end of the same week. These workers were angry that they were expected to excel at new tasks which they felt they were not appropriately trained to execute. Many of the interviewees did not understand the origin of sporadic process changes in the department and therefore felt the change was arbitrary and unnecessary.

The primary barrier to effective workplace interactions between the FLEs and patients and clinical providers appeared to stem from unrealistic expectations. FLEs did not think that internal and external players understood the limited scope of their role, which led to inappropriate requests and ultimately irritation toward the worker if they

failed to execute the request. Interviewees routinely experienced stressful occurrences, such as the inability to provide patients with specific wait time expectations, and they reported not being in the position to provide this information in a specific manner that would satisfy the patient. FLEs often felt that providers slandered their reputation to patients by insinuating that they failed to complete tasks in an efficient and timely manner. Participants who worked at the reception desk were chastised by providers for slow registration practices, yet the providers apparently were uninformed about the mandated paperwork and tasks involved in checking in a patient for a visit. These employees felt that providers oversimplified their jobs and it may be beneficial to develop a mechanism for providers to understand how multifaceted and complex the role of FLE role is in healthcare.

The interviewees were concerned that providers and managers assumed FLEs did not have a vested interest in workplace protocols and processes. Despite this concern about the way things were handled in the workplace, the interviewees also provided just as many suggestions and potential solutions to the researcher. The findings in this study reported the opposite and confirmed that the interviewed FLEs wanted to contribute and participate in decision making and wanted to be necessary members of the multidisciplinary team.

Subtheme 2: Refine FLE Onboarding

The FLEs in this study reported they were not adequately prepared for the copious amount of stress they face in the workplace. There was a reoccurring pattern of shock and surprise about the frequency and types of conflicts that the interviewees and critical incident respondent groups faced. None of the interviewed participants had a formal

training or onboarding process that included stress reduction or conflict resolution techniques. The onboarding process described by the interviewees included technical training, shadowing, or informal review of standard operational procedure documents. FLEs self-selected workplace buddies on whom they relied for real-time feedback and advice during conflicts. They used their buddies' response patterns as a guide for how they should respond to similar situations. Participants commonly had at least 5 years of work experience and those with a lengthy tenure relied on their own best practices on how to resolve issues, regardless of the organization or clientele.

Despite the proven importance of using EI in the workplace, none of the interviewed participants had been formally trained in the workplace in any of these techniques. The most common type of workplace training they reported was customer service training, which was geared toward conflict resolution tips in an effort to ensure patient satisfaction. All of the interviewed participants reported feeling they would benefit from training on how to manage and use their emotions in the workplace.

Essentially, the FLEs interviewed felt ill prepared to do their job and reported that the missing competency was in stress management. The typical training for the interviewee roles was brief and inefficient, and interview participants were expected to adapt quickly or were deemed incompetent and could ultimately face termination. FLEs had a weak sense of job security, and interviewee departments had turnover that was high due to the choice of either employer and/or employee.

The FLEs acquired many EI strategies through workplace observation and modeling, yet there was limited understanding of whether their supervisors would consider the learned strategies best practices. This may be a welcome opportunity to

allow FLEs to collaborate and develop the content for a thorough training program for new employees. The interviewed FLEs reiterated feelings of powerlessness; thus, consulting on an onboarding program could possibly allow employees to feel validated as experts in their roles.

Subtheme 3: Education on the Role of the FLE

The FLEs in this study were concerned that their role was rarely understood by the rest of the departmental team. Participants voiced disdain over the fact that providers were unaware of the daily challenges they faced. The Interview group collectively was mistakenly considered incompetent when they were unable to complete tasks and no one other than their direct mangers understood the barriers to their success.

Participants advocated for all of the members of the clinical team, specifically a physician, to better understand their environment and mandated workflows. The frontline interviewees desired to dispel the many misconceptions that occurred from both the patient and the physician. Routine conflict in the workplace was explained as being triggered because of common misnomers. It would be beneficial for the development of a mechanism for providers to understand the multifaceted and complex role of the FLE in healthcare.

The interviewees were confident in their ability to do their jobs and felt supported in the workplace when mid-level; physicians and senior leaders were able to appreciate the limitations of their role. Essentially, it appeared that employees wanted to be included as part of the core team that helped to facilitate care for the patients. Interview participants often jumped through hoops to assist patients and providers, and their hard work was often overlooked and dismissed. Educating the entire healthcare team on the

nuances of the frontline job would not only help the employee feel understood but would also align requests and demands, and ensure reasonable requests were asked of these entry-level workers. It may be useful for organizations to involve FLE's in re-defining their role, which would be dually beneficial as it would empower them and potentially optimize their performance on the job.

The FLEs in the interview group appeared to be dedicated to their jobs and had no plans of leaving healthcare. The majority of the interviewees were not afraid to share their opinions and wanted to be invited to participate in process improvement-related discussions. The FLEs shared endless examples of their ability to persevere through stress and wanted to help reduce impending stressors by taking action and stepping up and join the multidisciplinary care team.

Summary of Discussion

This discussion chapter expanded on five themes that emerged from the analysis and were determined to be critical to the study. The supportive team was inclusive of personal and professional coaches that made an impact on FLEs' ability to regulate their emotions based on verbal advice or behavioral actions. The support was necessary due to the ongoing conflict that was explained as being unavoidable in the workplace for these employees. The result of inefficient training to diffuse conflict led to anxiety for some and mental trauma for others across the interviewed FLEs. The approach to resolving conflict and overcoming stress appeared to be more manageable for those who exhibited confidence and optimistic traits, which are found in individuals that display high self-efficacy traits. Essentially, the researcher found that FLEs were not overly focused on

their locus of control in the workplace; however, they desired inclusion as a necessary part of the healthcare multidisciplinary team.

The conceptual framework for the study was modified (Appendix X) as a result of the findings and analysis that emerged from this study. While the findings supported the notion that past experiences, EI strategies, and coping tendencies collectively shape the individual learning experience, more needed to be considered. The researcher found that the approach to coping was fundamental to the individual's ability to process and learn in stressful work environments. The individuals who solely used emotion-focused coping methods failed to achieve optimal learning after stressful situations, despite perceived self-efficacy and knowledge of EI strategies. The conclusions and recommendations that conclude this chapter offer suggestions that may help bring awareness to FLEs, healthcare organizations, and adult learning organizations.

Conclusions

Conclusion #1

The ability to regulate emotions in order to manage stress was enhanced through work and personal support systems.

Regardless of the origin or reason for the stressor faced by the participants, all participants who successfully managed, reduced, or avoided stress did so with the assistance of a support system. Frontline workers reported that they received support at home and at work and through different outputs. Some of the participants benefited from coaching and feedback or instrumental support or just basic emotional support and care.

Literature on social support as coping assistance has advised that effective coping responses suggest effective supportive responses (Thoits, 1986). Many of the participants

reported that they relied on role models (spouses, parents, co-workers, and managers) who gave them meaningful advice that helped them realize they needed to hold themselves accountable and manage their emotions at work, especially during difficult interactions. The findings supported the literature reports that the way we regulate our emotions matters because our well-being is inextricably linked to our emotions (Gross, 2002). Many of the participants who reported using a support system also preferred to use adaptive coping mechanisms to manage stress.

Conclusion #2

The outcome of stressful workplace experiences informs the self-efficacy of the frontline employee and can enhance the aptitude of using technical ability and personal empowerment, which ultimately aids in adaptive coping efforts.

The interview participants in this study were found to be dedicated to their work, regardless of their perceived stress level. It was apparent that these employees wanted to be effective in their role and utilized various EI strategies in an effort to cope and complete their work. The employees who exuded confidence in their abilities were able to handle unforeseen situations and circumstances on the job, whereas those who were hesitant in their approach struggled when they faced unfamiliar situations. Additionally, the recovery time needed after being involved in conflict and stressful interactions was less for the interviewees who felt competent in their roles.

Effective participants were comfortable being vocal in the workplace and were not afraid to speak up when necessary, particularly when they were resolving unexpected workplace scenarios. The confidence of these employees increased with formal and informal training methods that were learned both personally and professionally.

Importantly, these employees did not fear repercussion for their actions because they adhered to known boundaries; although they felt empowered to handle complex situations, they knew when to ask for help from superiors.

Essentially, overcoming stressful situations inadvertently increased the courage of many participants. They were less prone to be worried about unexpected situations or unavoidable circumstances that they often faced on the job. Both positive and negative experiences benefited the emotional responses of the frontline and ultimately led to succinct stress management techniques.

Conclusion #3

Mastering conflict resolution techniques can increase the confidence level of employees and positively influence the ability to manage impromptu difficult interactions.

Difficult interactions with physicians, patients, co-workers, and managers were reported to be a frequent occurrence in the workplace and some of the participants even reported that they worked in a hostile work environment. Many of the participants spoke about techniques such as noticing the emotions of the other person, monitoring their tone during conflict, remaining calm and listening, and taking a breather after a stressful incident in order to repair and reset emotionally. These strategies are fundamental to emotional intelligence, which is the ability to recognize the meanings of emotions and their relationships as well as to reason and problem solve on their basis (Salovey & Mayer, 1990). While many of the participants reported they were successful at diffusing difficult situations, some were not for various reasons. Some of the participants who were not confident in their ability to resolve conflicts suffered mental health challenges that hindered, but did not halt their eventual ability to overcome their stressors.

There was a strong correlation between managing the employees' own emotions and effectively executing conflict resolution during difficult interactions. The FLEs affirmed that conflict resolution is not a one-size-fits-all technique and is most effective when learners can modify techniques to form their preferred method. Additionally, employees shared that they also learned by reflecting on difficult interactions in which they used poor techniques or by observing interactions that involved their colleagues.

Conclusion #4

Mindfulness and cognitive reframing efforts were shown to contribute to adaptive coping mechanisms.

The participants reported that they used mindfulness techniques such as being self-aware of their emotions, their needs, and the needs of others. The findings supported the literature on Mindfulness-Based Stress Reduction (MBSR), which is being encouraged in healthcare settings. MBSR is an 8-week program which mandates that the individual spend a few hours a day learning formal meditation and concentration techniques to be used in the home and work setting (Irving, Dobkin, & Park, 2009). The participants spoke about focusing on positive intent, situational awareness, and conscious avoidance to take conflict personally. Cognitive reframing efforts were largely around positive reframing of stressful situations, and many of the participants admitted to using mottos to help them shift their mindset.

Conclusion #5

Specific recommended learning needs were derived from the interview group participants.

The FLEs participating in the study eagerly provided their opinions and suggestions on how to meet their learning needs in the workplace. Eighteen of the participants provided such suggestions that are detailed in Appendix U. Thirteen percent of the suggestions were directed toward the EI strategies that FLEs should prioritize to cope successfully at work, such as asking for help and avoiding the personalization of conflict. Twenty-seven percent of the suggestions were directed toward the organization at large and toward optimizing database system integration, holding internal audits, and developing effective manager training sessions. The majority (60%) of the suggestions were directed to the managers of FLEs and were either HR-related (hiring the "right" employees, training FLEs, and addressing ongoing departmental issues) or related to on the job support (soliciting feedback from FLEs and managers being present on the unit).

Recommendations

This section provides recommendations from the researcher based on the findings, synthesis of discussion, and conclusions shared in the study. The recommendations that are shared are relevant not only for frontline employees but for all adult learners.

Recommendation for Adult Learning Institutions

Develop the adult learning ability to formulate and utilize boundary-setting techniques for professional and personal use. This study revealed that participants learned that clarifying limitations and setting boundaries are not only healthy and necessary in the workplace to avoid burnout, but necessary to prioritize self-care. The participants who demonstrated the ability to verbally clarify limits in the workplace were more adept at disconnecting from stress and problem solving efficiently when faced with

stressful situations. Setting boundaries also positively contributed to the perception of control for the participants. It is important that employees ask for clarification about the expectations of their role, especially when they are new to a department or tasked with a new process at work.

Successful FLEs who mandated boundaries also validated the need to establish and maintain home and work life balance. Employees who failed to recognize the importance of boundary setting often blurred the line between home and work stress and there were common patterns of diminishing mental health and characteristics of helplessness for those individuals. The participants who intentionally separated work and home stressors boasted of healthy personal relationships and were able to complete work tasks more efficiently.

Boundary setting is a fundamental coping tendency that utilizes the EI strategy of self-awareness. It would be helpful for adult learning institutions to include dedicated courses on boundary setting, with specific learning objectives that include the definition of healthy relationships in various settings. These courses would allow individuals to learn about the benefit of boundaries and provide a safe environment with a trained instructor to practice setting personal and professional boundaries.

Recommendation for Current and Prospective Frontline Employees

1. **Acknowledge foreseen role limitations and feel empowered to contribute to defining a constructive work environment.** FLEs are in a junior position, which the study confirmed has little to no decision-making power. The interview participants shared feelings of inferiority at work and confirmed that this is a common stress trigger. These employees understood that their role is

largely task and communication-focused; despite being forewarned before they take the job, they admitted they often desired to complete tasks that are out of scope for their position. It is also common for employees to worry and at times harbor resentment and frustration over factors that are uncontrollable.

Acknowledgment of role limitations about resolving issues in the workplace such as staff shortages, ability to satisfy all customers, never-ending job tasks, and taxing work politics are fundamental for a greater peace of mind and reduced work-related stress. While the majority of FLEs in this study understood the importance of acceptance-related coping tendencies, only 35% of the participants prioritized the significance of accepting the inevitable in the workplace. Understanding that there are going to be numerous factors that employees and often their managers are unable to control is a valuable and crucial lesson for the frontline.

Despite limitations, some participants felt empowered and attempted to complete all tasks in the workplace, even if it meant going above and beyond at work. FLE's shared that they often met resistance when they tried to create new protocols to enable patient satisfaction. Additional stressors developed when employees tried to advocate for change in the office without the help of their managers. FLEs should continue to focus on working on the most complex related tasks within reason for their position, which will keep them feeling accomplished. It will hopefully prevent unavoidable barriers that arise when trying to complete tasks intended for individuals who have more educational or formal power than they have in the workplace. FLEs should continue to positively share their options and provide feedback that may contribute to redefining the role of the FLE.

2. **Prioritize time management skills to avoid unnecessary stress in the workplace.** Participants expressed that the pace in the workplace is often fast paced and unpredictable. Organization and time management skills were highly regarded in this study.

Majority of the participants that were successful in avoiding stressors admittedly relied on using time management techniques and voiced that they felt better prepared to assist a high volume of customers when they were organized. Most organizations offer training and development courses that specifically teach employees useful tips on how organize and prioritize tasks at work.

Recommendation for Healthcare Organizations

1. **Introduce a new robust multidisciplinary team that includes the role of the frontline employee and encourage positional equity.** All of the frontline employees in this study have used EI strategies to cope with stress. The employees who work in this role are educated, driven, and passionate about the work they are doing. While they admit difficult interactions can induce stress, this does not keep them from working efficiently to ensure their many customers in the healthcare setting are satisfied.

There is a misconception that FLEs are frustrated because they are in entry-level positions in the healthcare positional hierarchy, which are known to be powerless and void of authority. This study found that these employees simply want to be revered as a part of the core multidisciplinary team. FLEs, specifically administrative-level positions, understand that they will not have the final say; however, they are interested in providing feedback and want to share their opinions on how to better their environment. They are

currently not invited to the planning table when hospital leadership is making crucial decisions on processes that will directly impact the frontline role. While it may not be advisable for employees to expect to be included in strategic planning-related meetings, they should be brought into the discussion during the development phase prior to implementation. The frontline brings a unique, behind-the-scenes feedback that might help to fine-tune difficult operating procedures. Including FLEs in classified conversations may ensure smooth implementation by increasing buy-in across the team, which will help to ensure sustainability of important protocols. The study has also indicated that FLEs learned more from modeling their peers than they do from their managers due to the mutual trust level between the groups of workers. The inclusion of FLEs in the multidisciplinary team model will not only make employees feel respected, but they will also earn the respect from superior team members who rarely get a chance to see these workers shine in the workplace. More importantly, FLE's in this study demonstrated the desire to overcome hierarchal challenges that led to them feeling disempowered. Inclusion in important organizational matters may improve morale and allow the them to assist with the future design of healthcare teams.

2. **Develop peer-to-peer conflict resolution classes to engage, encourage, and empower FLEs on how to effectively resolve difficult interactions**. In the study, the central stressor that impacted the participants was conflict that stemmed from difficult interactions or feeling disrespected by a colleague. It is crucial that employees be trained with the tools needed to effectively defuse and resolve these stressful situations. Some of the participants reported that while their institution did provide trainings in this area, they were not

impactful for the preferred learning style of the participants. It would be beneficial to include the intended participants in the trainings by making them training champions. This would involve the employee in the development and testing of the trainings to ensure the content and delivery are appropriate and useful to the employee. Participants noted very little attention is given to inform employees on how to cope after sustaining routine conflicts; additionally, participants reported no formal recovery time is allotted after these stressful interactions. Peer-to-peer training would be impactful because it gives FLEs the chance to share effective practice techniques that might not otherwise be incorporated in a training designed by someone in a different role. Additionally, the trainings may be better accepted by FLEs because they tend to have good working relationships with their peers. Many FLEs in this study shared that they found it difficult to navigate their hospital or health system. Therefore, having tangible champions across the frontline will ensure that their learning needs are communicated to hospital leadership and educational interactions reach the learner.

3. **Enhance self-awareness strategies through use of mindfulness techniques**. FLEs are overwhelmed by the challenging situations that lead them to feel stressed. Many participants admitted to using strategies that are similar to mindfulness techniques. Mindfulness encourages relaxation and breathing techniques that foster the regulation of emotion and anxiety reduction. Individuals who use mindfulness explain that they are able to make better decisions and empathize with others. Almost all (90%) of the interview

participants utilized self-awareness strategies and were prone to using adaptive coping tendencies when faced with stress. A core concept of mindfulness is to be self-aware and encourages the individual to be fully present in the moment; they can focus on the greater purpose and not on the minutiae that might reduce the employee's ability to maintain a desirable home and work life balance, which is beneficial to the emotional well-being of the user of the technique.

4. **Provide a safe space for employees to share concerns in an effort to explicitly deal with issues of systematic racism in the workplace.** Many of the FLEs in this study appeared to be marginalized and felt uncomfortable communicating about their routine and unjust experiences with racism on the job. Although participants exuded confidence in resolving conflict, many purposefully avoided addressing situations with underlying or blatant racial tension in an attempt to keep the peace in their workplace. Many healthcare organizations are starting to train employees about the term unconscious bias; however there still appears to be the need for a continued awareness on a senior level that employees are still feeling targeted and unprotected. A large percentage of participants in this study identified as non-White and in spite of race, all of the participants voiced distain about unavoidable stress levels that are faced in the workplace. It should be acknowledged that the depth of challenges is increased for people of color. It would be valuable if organizations mandated an environment that has a zero tolerance policy as it

relates to both explicit and implicit racist situations and trained senior leaders and managers how to support employees that face this brutal issue.

5. **Encourage leaders to be visible for their employees**. In this study, participants often felt they lacked emotional support from their superiors in the workplace. FLEs often faced unpredictable situations and an infinite influx of tasks. It is necessary for workers to have their manager in the immediate vicinity, so they can ask questions in real time and feel supported if they face unexpected conflicts with internal or external customers. Many interviewees (40%) shared that they were unable to optimize their work performance because of negative experiences with mid-level clinicians and providers. If managers were readily available, they could help support these workers in completing their tasks efficiently by acting as an intermediary. FLEs have reported feeling often clueless about the reasons for many workplace processes and they struggle to adapt to change. Visible managers can reinforce new rules while reiterating the importance of mandated processes and may increase understanding and adherence. FLE's shared the need for instrumental support and prioritizing intermittent rounds within the practice to check in on staff will benefit employees in feeling supported in the workplace. Ultimately FLE's desired to be regularly informed about workplace changes and it may be beneficial for managers to routinely provide staff with updates.

Recommendations for Future Research

To gain a better understanding of frontline employees and emotional intelligence, the researcher recommends the following additional research.

1. **Conduct a similar study in the same region with a simplified methodology.** The survey used as part of this study proved to be lengthy and it would be interesting to see if the sample size would increase without the copious assessments that were part of the demographic survey. A simple methodology that includes a brief critical incident questionnaire and semi-structured interview may prove to result in increased participants and therefore could lead to generalizability of the results.
2. **Conduct another study using the same methodology on FLEs in the same regional location**. This study solely focused on FLEs who worked in various healthcare settings across the New York City tristate area. It would be valuable to understand if EI and coping assessments yield similar results from FLEs if the study were expanded to include a larger sample of employees. A future study could determine if there are similarities between the types of triggers that induce stress across the frontline.
3. **Conduct a purposeful study in an organization using the same assessments used in this study**. It would be helpful for organizations to collect data on the well-being of their employees. Organizations could use the information gathered to understand the perceived stress levels, emotional intelligence and the coping tendencies. The outcome of this potential study could potentially lead to senior leaders having a better pulse on morale, engagement and the challenges faced by their workers.
4. **Conduct a case study that compares FLEs who work in an organization that provides mindfulness-based training courses with FLEs who work in**

an organization that does not provide this specific training. The majority of the interviewed employees perceived high stress in the workplace, yet none of them had specific training provided on the job. It would be helpful to understand if the employees who receive specialized mindfulness training self-report less perceived workplace stress. It would also be beneficial to understand if these trainings reduced or eliminated maladaptive coping methods for these employees.

5. **Conduct a similar study using a randomized sample**. The study discussed in this paper, utilized a convenience sample that included only voluntary participants. It would be interesting to compare this study with FLEs in a randomized study in order to understand if there are similar outcomes, particularly in regards to the optimistic approach and perceived self-efficacy levels of the participants.
6. **Investigate the coping techniques using a personality-based assessment instrument similar to MBTI in addition to the EI assessment to determine if there are similarities between coping styles.** It would be interesting to understand if there are any common trends in personality types and the EI strategies utilized. Furthermore, it would be helpful to understand if it would be beneficial for educators to customize trainings by each personality type to develop and train the employees to use the recommended strategies.
7. **Conduct a case study on FLEs on the benefits of adult education reflective journaling and nurturing EI.** A key finding in this study was around the importance of self-awareness and its effect on regulation of

emotions and mindfulness. Although it was not mentioned in this study, it might be useful to divide one team of FLEs and mandate that one group complete reflective journaling for a specified time period and leave it as optional for the remaining group. The researcher could evaluate the perceived value of the exercise to both groups and use the journal to discern if self-awareness and mindfulness strategies exist and/or change throughout the study. The study could demonstrate that reflection may serve as a tool to debrief after stress and aid in processing unanticipated events.

Recast of Limitations

It is important to provide a final debrief on the limitations that were found in this study. The purpose of the study was to learn about the emotional intelligence strategies utilized by frontline employees to cope with stress in the workplace. There were limitations due to the methodological approach in this study. There were 51 FLE's recruited in the sample, however the numerous assessment instruments that were included in the demographic survey appeared to lead to question fatigue for some of the respondents. All portions of the survey were optional and therefore many sections were omitted by participants. It is also important to that there was a large rate of FLEs in the study that disclosed that they were union members, which came with an element of job security that non bargaining unit employees did not have in their favor. This study took place in 2018 when healthcare was in great flux, yet these voluntary participants shared optimistic perspectives despite dismal experiences. It is likely that the high rate of FLEs that were union members contributed to the confidence and self-efficacy levels of the participants. Additionally, the researcher intended to include a supervisor focus group

component in the study as a means to further triangulate the findings and recommendations. Unfortunately, there were a multitude of same day cancellations and the final participant count was very minimal. The researcher determined that the focus group findings were inadequate and therefore did not include them in the analysis and conclusion. Ultimately the researcher has determined that a methodology that is inclusive of fewer survey components and questions may have provided the opportunity for a greater amount of frontline employees to participate. Despite the limitations, it is the hope of the researcher that the findings presented in this study will shed light on the challenges that FLE's face as they cope with stress and aid in the future redesign of the training and development of these healthcare workers.

Researcher's Reflection

The goal of this study was to learn about frontline employees and the emotional intelligence strategies they used to cope with stress. As a former frontline employee, it was just as important to the researcher to hear the stories, concerns, and frustrations of the workers as it was to learn how they acquired the techniques and abilities to manage stress and determine their preferred coping response. The researcher feels encouraged by the findings that reiterate the importance of the topic and the strength, courage, and knowledge of the entry-level healthcare worker.

Upon reflection, the researcher is grateful for the opportunity to be mentored by a resourceful advisor who helped make the process of conducting research manageable for a first-time researcher. The entire process was positive, from obtaining IRB approval from Teachers College to recruiting study participants to taking both an elaborate online survey and/or individual interview. The true depth of the project picked up intensity at

the start of the review, analysis, and synthesis of findings. The ultimate gratification was experienced during the writing of this dissertation as it was exciting to see the patterns and themes merge together and form one collaborative story that defines the challenges and triumphs of the frontline employee.

The researcher has learned much from the process and has cultivated a true respect for the art of research. The process is unforgettable and has helped to steer my future career endeavors toward training and educating adult learners to provide them with necessary workforce development-related skills. Ultimately, the most heartening aspect in this research was the takeaway that in spite of high stress levels and challenges, FLE's still take pride in their work and have "skin in the game."

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Appendix A

Demographic Questionnaire

	Willing to participate in Interview ☐ *Willing to participate in Focus Group* ☐

DEMOGRAPHIC QUESTIONNAIRE

All questions contained in this questionnaire are strictly confidential

Name *(Last, First, M.I.):* ☐	☐M☐ F
Age Range (check):	18-25 ☐ 26-40 ☐ 41-55 ☐ 55+ ☐
Marital status: ☐Single ☐Partnered ☐Married ☐Separated ☐Divorced ☐Widowed	
Years of healthcare experience: 1-4 ☐ 5-10 ☐ 10-15 ☐ 15+ ☐	**Current Position:** ☐
Race/Ethnicity: ☐Black or African American ☐ White ☐ Hispanic or Latino ☐ Native American or American Indian ☐ Asian or Pacific Islander ☐ Other_____	
Education ☐ High School ☐ Graduate	**Complete if applicable** # of Children/Dependents ☐

Level: Check all that apply	Diploma _____	Ages of Children/Dependents: 1. ____, 2. ___, 3. ____, 4. ____, 5.___
	☐Bachelor ☐GED _____ _____	
	☐Master ☐Other _____ _____	

PLEASE RESPOND:	
I am willing to participate in a individual interview YES ☐ NO ☐	
I am willing to participate in Focus Group YES ☐ NO ☐	
Contact Information: (Please provide only if willing to participate in interview or focus group)	
Telephone Number ☐	
Email Address ☐	
Preferred Method of Contact ☐	
Best time of day to contact you AM ☐ Midday ☐ Evening ☐	

Appendix B

Perceived Stress Scale Instrument

PERCEIVED STRESS SCALE

The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate by circling how often you felt or thought a certain way.

0 = Never
1 = Almost Never
2 = Sometimes
3 = Fairly Often
4 = Very Often

1. In the last month, how often have you been upset because of something that happened unexpectedly?

2. In the last month, how often have you felt that you were unable to control the important things in your life?

3. In the last month, how often have you felt nervous and "stressed"?

4. In the last month, how often have you felt confident about your ability to handle your personal problems?

5. In the last month, how often have you felt that things were going your way?

6. In the last month, how often have you found that you could not cope with all the things that you had to do?

7. In the last month, how often have you been able to control irritations in your life?

8. In the last month, how often have you felt that you were on top of things?

9. In the last month, how often have you been angered because of things that were outside of your control?

10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

Appendix C

Schutte Self-report Emotional Intelligence Test Instrument

The Schutte Self Report Emotional Intelligence Test (SSEIT)

Instructions: Indicate the extent to which each item applies to you using the following scale:

1 = strongly disagree
2 = disagree
3 = neither disagree nor agree
4 = agree
5 = strongly agree

1. I know when to speak about my personal problems to others.

2. When I am faced with obstacles, I remember times I faced similar obstacles and overcame them.

3. I expect that I will do well on most things I try

4. Other people find it easy to confide in me.

5. I find it hard to understand the non-verbal messages of other people.

6. Some of the major events of my life have led me to re-evaluate what is important and not important.

7. When my mood changes, I see new possibilities.

8. Emotions are one of the things that make my life worth living.

9. I am aware of my emotions as I experience them.

10. I expect good things to happen.

11. I like to share my emotions with others.

12. When I experience a positive emotion, I know how to make it last.

13. I arrange events others enjoy.

14. I seek out activities that make me happy.

15. I am aware of the non-verbal messages I send to others.

16. I present myself in a way that makes a good impression on others.

17. When I am in a positive mood, solving problems is easy for me.

18. By looking at their facial expressions, I recognize the emotions people are experiencing.

19. I know why my emotions change.

20. When I am in a positive mood, I am able to come up with new ideas.

21. I have control over my emotions.

22. I easily recognize my emotions as I experience them.

23. I motivate myself by imagining a good outcome to tasks I take on.

24. I compliment others when they have done something well.

25. I am aware of the non-verbal messages other people send.

26. When another person tells me about an important event in his or her life, I almost feel as though I have experienced this event myself.

27. When I feel a change in emotions, I tend to come up with new ideas.

28. When I am faced with a challenge, I give up because I believe I will fail.

29. I know what other people are feeling just by looking at them.

30. I help other people feel better when they are down.

31. I use good moods to help myself keep trying in the face of obstacles.

32. I can tell how people are feeling by listening to the tone of their voice.

33. It is difficult for me to understand why people feel the way they do.

Appendix D

Brief COPE Instrument

Brief COPE

Each item says something about a particular way of coping. Use the scale below to rate how true each statement is for you when you think about how you deal with stress in the workplace.

1 = I haven't been doing this at all

2 = I've been doing this a little bit

3 = I've been doing this a medium amount

4 = I've been doing this a lot

1. I've been turning to work or other activities to take my mind off things.
2. I've been concentrating my efforts on doing something about the situation I'm in.
3. I've been saying to myself "this isn't real".
4. I've been using alcohol or other drugs to make myself feel better.
5. I've been getting emotional support from others.
6. I've been giving up trying to deal with it.
7. I've been taking action to try to make the situation better.
8. I've been refusing to believe that it has happened.
9. I've been saying things to let my unpleasant feelings escape.
10. I’ve been getting help and advice from other people.
11. I've been using alcohol or other drugs to help me get through it.
12. I've been trying to see it in a different light, to make it seem more positive.
13. I’ve been criticizing myself.

14. I've been trying to come up with a strategy about what to do.
15. I've been getting comfort and understanding from someone.
16. I've been giving up the attempt to cope.
17. I've been looking for something good in what is happening.
18. I've been making jokes about it.
19. I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.
20. I've been accepting the reality of the fact that it has happened.
21. I've been expressing my negative feelings.
22. I've been trying to find comfort in my religion or spiritual beliefs.
23. I've been trying to get advice or help from other people about what to do.
24. I've been learning to live with it.
25. I've been thinking hard about what steps to take.
26. I've been blaming myself for things that happened.
27. I've been praying or meditating.
28. I've been making fun of the situation.

Appendix E

Critical Incident Questionnaire

CRITICAL INCIDENT QUESTIONAIRE
1. Think of a time when you were having the 'worst day' at work that left you feeling drained. a) Who was involved (no names/include title), where were you and what happened? b) How did you feel before arriving to work on that day? c) How did you feel during and after the situation?
_____ _____
2. Think of a time when you were having the 'best day' at work and felt very pleased. a) Who was involved (no names/include title), where were you and what happened? b) How did you feel before arriving to work on that day? c) How did you feel during and after the situation?
_____ _____
3. Think of a time when things were crazy at work but you were able to remain calm and do your job. a) Who was involved (no names/include title), where were you and what happened? b) How were you able to maintain your composure in the situation?
_____ _____
4. Think of a time when someone at work made you angry or frustrated and instead of showing that you were annoyed, you chose to be polite and friendly. a) Who was involved (no names/include title), where were you and what happened? b) Why did you choose to be 'nice' and not respond with your 'gut reaction'?
_____ _____

Appendix F

Survey Recruitment Letter

SAMPLE

Dear Potential Research Participant:

You are invited to participate in a research study about front line healthcare employees and stress in the workplace. This study is being conducted as part of a requirement in a doctoral program at Teachers College, Columbia University.

Non-clinical front line employees work in a complex role that provides critical administrative support to healthcare organizations and they are extremely vulnerable to workplace stress. This study is being done to understand how front line employees learn to use emotions deal with stress at work.

You may qualify to take part in this research study if you are over 18 and currently employed with a healthcare organization and meet the following requirements:

1. You work in a non-clinical position that provides administrative support to clinicians.

2. You interact directly with patients either in person or on the telephone.

3. You are in a position that does not have any direct reporting employees.

You will be asked to complete an anonymous survey about your insights and experience. Based on the responses to the survey, you may be asked to participate in an individual interview or a focus group. All participation is voluntary.

I hope that you will consider volunteering your time for this study. Once you click the survey link below, you will be asked to agree to participate in the study. If there are additional questions or concerns, please feel free to reach out to me.
https://tccolumbia.qualtrics.com/jfe/form/SV_5jponJtaD55Vpzf

Thank you for your consideration.

Sincerely,

Monique Dawkins

Appendix G

Focus Group Recruitment Letter

SAMPLE

Dear _____,

I am going to be conducting a focus group on **Saturday November 18, 2017** with a group of healthcare managers to discuss front line employees and workplace stress.

I hope that you can join this meeting that will be with a group of 10 managers and will be scheduled for 90 minutes. If you are considering, please advise if **AM** or **PM** would work better for you on 11/18.

I've also included additional information about the study below for your reference.

Best,

Monique

This research study is titled "Front line Healthcare Employee: Perspectives on Learning to Use Emotional Intelligence Strategies to Cope with Workplace Stress." The study is being conducted as part of a requirement in a doctoral program at Teachers College, Columbia University.

You may qualify to take part in this research study if you are over 18 and currently employed with a healthcare organization and meet the following requirements:

1. You work in a management position and have non-clinical administrative staff that report to you directly.

2. Your staff work in positions that interact directly with patients either in person or on the telephone.

Appendix H

Interview Protocol

I. **Formalities**

- Express appreciation and discuss expectations and norms for the interview (confidentiality, unbiased, etc.)
- Provide Context/Interest: Working in busy environments can lead to employee experiences that provoke many emotions (expressed and not expressed). The researcher is interested in past experiences with stress and what (formal and informal) learning has led to coping on the job.
- Icebreaker Questions:

1. Tell me a little about yourself? (ice breaker/ discussion about current role, years of experience, etc.)
2. How long have you worked in healthcare? (what roles have you had in the past?)
3. Why did you decide to work as X position in X practice?

II. **Questions**:

1. When things get really crazy at work, what strategies or techniques do you use to help you function?
2. How have you learned these strategies?
3. You described a situation that occurred at work that led to you feeling ___.

((Use critical incident questionnaire)

a) How often do you feel that way at work?

b) How do you get over that feeling of ____?

c) What techniques do you use?

d) How did you learn that technique?

e) In what ways if any does this technique get incorporated into your personal life?

4. Can you describe any formal trainings or discussions at work that helped you to develop or encourage the use of the coping techniques that you use?

5. Can you tell me about whether you've experienced any informal interactions that may have helped you to develop coping techniques?

6. Are there any formal or informal workplace interactions or rules that hinder or interfere with your use of coping techniques when things are busy or chaotic or just frustrating at work?

7. On a scale of 1-5, to what extent do you feel in control of your emotions when it's busy at work? With one being lowest to five being very high control 1 2 3 4 5

a) What role do you think emotions play in your being able to cope at work?

b) Can you explain what if any is the connection between your choice to use x technique and how you express emotions at work?

8. Can you share a high point in your healthcare career thus far (and why you feel it was so)?

9. Can you share a low point in your healthcare career? (and why this stands out as a low)?

10. Please share any recommendations that you might have to help other employees that might struggle to manage with emotions at work to learn to develop this skill?

11. Please share any recommendations for organizations regarding the support and training needed for employees to deal successfully with **challenges** on the job?

12. Please share any recommendations for educators in regard to the types of trainings or programs that would be helpful to workers that deal with stress on the job?

Appendix I

IRB Participant Consent Form-Survey

Protocol Title: Frontline Employee Perspectives on Learning to Use Emotional Intelligence to Cope with Workplace Stress

Principal Investigator: Monique Dawkins, doctoral student, AEGIS Program.

INTRODUCTION

You are being invited to participate in a research study titled "Frontline Employee Perspectives on Learning to Use Emotional Intelligence to Cope with Workplace Stress." You may qualify to take part in this research study if you are over 18 and currently employed with a healthcare organization and meet the following requirements:

1. You work in a in a non-clinical position that provides administrative support to clinicians.
2. You interact directly with patients either in person or on the telephone.
3. You are in a position that does not have any direct reporting employees.

Approximately 100 frontline employees may participate in this study.

WHY IS THIS STUDY BEING DONE?

Non-clinical frontline employees work in a complex role that provides critical administrative support to healthcare organizations and they are extremely vulnerable to workplace stress. This study is being done to understand how frontline employees learn to use emotions deal with stress at work.

WHAT WILL I BE ASKED TO DO IF I AGREE TO TAKE PART IN THIS STUDY?

You will be asked to complete a survey to assess your perception of emotions and stress in the workplace. You will be given a pseudonym or false name in order to keep your identity confidential.

WHAT POSSIBLE RISKS OR DISCOMFORTS CAN I EXPECT FROM TAKING PART IN THIS STUDY?

Participation in this study is completely voluntary. There are minimal risks associated in the study, which means the harms or discomforts that you may experience are similar to those that may be encountered during your usual activity.

WHAT POSSIBLE BENEFITS CAN I EXPECT FROM TAKING PART IN THIS STUDY?

There is no direct benefit to you for participating in this study. Participation may benefit the field of education or the healthcare industry, specifically in gaining new insights into emotions and stress in the workplace.

WILL I BE PAID FOR BEING IN THIS STUDY?

You will not be paid to participate. There are no costs to you for taking part in this study.

WHEN IS THE STUDY OVER? CAN I LEAVE THE STUDY BEFORE IT ENDS?

The study will conclude by September 2018, but you can withdraw from the study at any time.

PROTECTION OF YOUR CONFIDENTIALITY

The study data will be stored on a password protected encrypted lap top of the principle researcher, Monique Dawkins. A backup of this data will be maintained in a locked file drawer until the termination of the project.

Research regulations require that research data be kept for at least three years.

HOW WILL THE RESULTS BE USED?

This study is being conducted as part of a requirement in a doctoral program at Columbia University. The results of this study may be published in journals and presented at academic conferences. Your name or any identifying information about you will not be published.

WHO MAY VIEW MY PARTICIPATION IN THIS STUDY

___I consent to allow written materials (anonymous survey comments) to be viewed at an educational setting or at a conference outside of Teachers College, Columbia University.

_____

Signature

___I **do not** consent to allow written materials (anonymous survey comments) to be viewed outside of Teachers College, Columbia University.

_____

Signature

OPTIONAL CONSENT FOR FUTURE CONTACT

The investigator may wish to contact you in the future. Please initial the appropriate statements to indicate whether or not you give permission for future contact.

I give permission to be contacted in the future for research purposes:

Yes _____ No_____

Initial Initial

I give permission to be contacted in the future for information relating to this study:

Yes _____ No_____

Initial Initial

WHO CAN ANSWER MY QUESTIONS ABOUT THIS STUDY?

If you have any questions about taking part in this research study, you should contact Monique Dawkins at Md3381@tc.columbia.edu.

If you have questions or concerns about your rights as a research subject, you should contact the Institutional Review Board (IRB) (the human research ethics committee) at 212-678-4105 or email IRB@tc.edu. Or you can write to the IRB at Teachers College, Columbia University, 525 W. 120th Street, New York, NY 1002. The IRB is the committee that oversees human research protection for Teachers College, Columbia University.

PARTICIPANT'S RIGHTS

- I have read and discussed the informed consent with the researcher. I have had ample opportunity to ask questions about the purposes, procedures, risks and benefits regarding this research study.

- I understand that my participation is voluntary. I may refuse to participate or withdraw participation at any time without penalty to future employment.

- The researcher may withdraw me from the research at his or her professional discretion.

- If, during the course of the study, significant new information that has been developed becomes available which may relate to my willingness to continue my participation, the investigator will provide this information to me.

- Any information derived from the research study that personally identifies me will not be voluntarily released or disclosed without my separate consent, except as specifically required by law.

- I should receive a copy of the Informed Consent document.

My signature means that I agree to participate in this study

Print name: _____ **Date**: _____

Signature: _____

Appendix J

IRB Participant Consent Form-Interview

Protocol Title: Frontline Employee Perspectives on Learning to Use Emotional Intelligence to Cope with Workplace Stress

Principal Investigator: Monique Dawkins, doctoral student, AEGIS Program.

INTRODUCTION

You are being invited to participate in a research study titled "Frontline Employee Perspectives on Learning to Use Emotional Intelligence to Cope with Workplace Stress." You may qualify to take part in this research study if you are over 18 and currently employed with a healthcare organization and meet the following requirements:

1. You work in a in a non-clinical position that provides administrative support to clinicians.
2. You interact directly with patients either in person or on the telephone.
3. You are in a position that does not have any direct reporting employees.

Approximately 100 frontline employees may participate in this study.

WHY IS THIS STUDY BEING DONE?

Non-clinical frontline employees work in a complex role that provides critical administrative support to healthcare organizations and they are extremely vulnerable to workplace stress. This study is being done to understand how frontline employees learn to use emotions deal with stress at work.

WHAT WILL I BE ASKED TO DO IF I AGREE TO TAKE PART IN THIS STUDY?

You will be asked to participate in an individual interview to share your insights on emotions and dealing with stress in the workplace. You will be given a pseudonym or false name in order to keep your identity confidential.

WHAT POSSIBLE RISKS OR DISCOMFORTS CAN I EXPECT FROM TAKING PART IN THIS STUDY?

Participation in this study is completely voluntary. There are minimal risks associated in the study, which means the harms or discomforts that you may experience are similar to those that may be encountered during your usual activity.

WHAT POSSIBLE BENEFITS CAN I EXPECT FROM TAKING PART IN THIS STUDY?

There is no direct benefit to you for participating in this study. Participation may benefit the field of education or the healthcare industry, specifically in gaining new insights into emotions and stress in the workplace.

WILL I BE PAID FOR BEING IN THIS STUDY?

You will not be paid to participate. There are no costs to you for taking part in this study.

WHEN IS THE STUDY OVER? CAN I LEAVE THE STUDY BEFORE IT ENDS?

The study will conclude by September 2018, but you can withdraw from the study at any time.

PROTECTION OF YOUR CONFIDENTIALITY

The study data will be stored on a password protected encrypted lap top of the principle researcher, Monique Dawkins. A backup of this data will be maintained in a locked file drawer until the termination of the project.

Research regulations require that research data be kept for at least three years.

HOW WILL THE RESULTS BE USED?

This study is being conducted as part of a requirement in a doctoral program at Columbia University. The results of this study may be published in journals and presented at academic conferences. Your name or any identifying information about you will not be published.

WHO MAY VIEW MY PARTICIPATION IN THIS STUDY

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_____

Signature

___I **do not** consent to allow written materials (anonymous survey comments) to be viewed outside of Teachers College, Columbia University.

_____

Signature

OPTIONAL CONSENT FOR FUTURE CONTACT

The investigator may wish to contact you in the future. Please initial the appropriate statements to indicate whether or not you give permission for future contact.

I give permission to be contacted in the future for research purposes:

Yes _____ No_____

Initial Initial

I give permission to be contacted in the future for information relating to this study:

Yes _____ No_____

Initial Initial

WHO CAN ANSWER MY QUESTIONS ABOUT THIS STUDY?

If you have any questions about taking part in this research study, you should contact Monique Dawkins at Md3381@tc.columbia.edu.

If you have questions or concerns about your rights as a research subject, you should contact the Institutional Review Board (IRB) (the human research ethics committee) at 212-678-4105 or email IRB@tc.edu. Or you can write to the IRB at Teachers College, Columbia University, 525 W. 120th Street, New York, NY 1002. The IRB is the committee that oversees human research protection for Teachers College, Columbia University.

PARTICIPANT'S RIGHTS

- I have read and discussed the informed consent with the researcher. I have had ample opportunity to ask questions about the purposes, procedures, risks and benefits regarding this research study.
- I understand that my participation is voluntary. I may refuse to participate or withdraw participation at any time without penalty to future employment.
- The researcher may withdraw me from the research at his or her professional discretion.
- If, during the course of the study, significant new information that has been developed becomes available which may relate to my willingness to continue my participation, the investigator will provide this information to me.
- Any information derived from the research study that personally identifies me will not be voluntarily released or disclosed without my separate consent, except as specifically required by law.
- I should receive a copy of the Informed Consent document.
-

My signature means that I agree to participate in this study

Print name: _____ **Date**: _____

Signature: _____

Appendix K

Focus Group Protocol

III. **Formalities**

- Express appreciation and discuss expectations and norms for the interview (confidentiality, unbiased, etc.)

- Provide Context/Interest: Working in busy environments can lead to employee experiences that provoke many emotions (expressed and not expressed). The researcher is interested in understanding what type of support individuals need in order to learn to manage emotions and cope with stress in the workplace.

- Round robin Icebreaker Questions:

1. How many years of healthcare experience do you have?

2. How long have you been in a supervisory role?

3. How many frontline employees do you have reporting directly to you?

IV. **Questions**:

1. Why are employees stressed?

2. Why are some employees unable to manage emotions when stressed?

3. What resources, process or support systems currently exist for employees to help them cope with stress and burnout?

4. How employees are made aware of those resources?

5. What have you been able to do as the manager to support employees that work in stressful environments?

6. What can healthcare organizations do that could potentially help employees cope with stress?

7. What else do you think is important or relevant to FLE stress or managing emotions at work?

Appendix L

IRB Participant Consent Form—Focus Group

Protocol Title: Frontline Healthcare Employee: Perspectives on Learning to Use Emotional Intelligence Strategies to Cope with Workplace Stress

Principal Investigator: Monique Dawkins, doctoral student, AEGIS Program.

INTRODUCTION

You are being invited to participate in a research study titled "Frontline Healthcare Employee: Perspectives on Learning to Use Emotional Intelligence Strategies to Cope with Workplace Stress." You may qualify to take part in this research study if you are over 18 and currently employed with a healthcare organization and meet the following requirements:

1. You work in a management position and have non-clinical administrative staff that report to you directly.

2. Your staff work in positions that interact directly with patients either in person or on the telephone.

Approximately 10 managers that oversee front line employees may participate in a focus group.

WHY IS THIS STUDY BEING DONE?

Non-clinical frontline employees work in a complex role that provides critical administrative support to healthcare organizations and they are extremely vulnerable to workplace stress. This study is being done to understand how frontline employees learn to use emotions deal with stress at work.

WHAT WILL I BE ASKED TO DO IF I AGREE TO TAKE PART IN THIS STUDY?

You will be asked to participate in one collaborative focus group to share your insights on challenges that front line employees have reportedly faced when handling emotions and dealing with stress in the workplace. The focus group will meet for approximately 90 minutes. You will be given a pseudonym or false name in order to keep your identity confidential.

WHAT POSSIBLE RISKS OR DISCOMFORTS CAN I EXPECT FROM TAKING PART IN THIS STUDY?

Participation in this study is completely voluntary. There are minimal risks associated in the study, which means the harms or discomforts that you may experience are similar to those that may be encountered during your usual activity.

WHAT POSSIBLE BENEFITS CAN I EXPECT FROM TAKING PART IN THIS STUDY?

There is no direct benefit to you for participating in this study. Participation may benefit the field of education or the healthcare industry, specifically in gaining new insights into emotions and stress in the workplace.

WILL I BE PAID FOR BEING IN THIS STUDY?

You will not be paid to participate. There are no costs to you for taking part in this study.

WHEN IS THE STUDY OVER? CAN I LEAVE THE STUDY BEFORE IT ENDS?

The study will conclude by September 2018 but you can withdraw from the study at any time.

PROTECTION OF YOUR CONFIDENTIALITY

The study data will be stored on a password protected encrypted lap top of the principle investigator, Monique Dawkins. A backup of this data will be maintained in a locked file drawer until the termination of the project.

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This study is being conducted as part of a requirement in a doctoral program at Columbia University. The results of this study may be published in journals and presented at academic conferences. Your name or any identifying information about you will not be published.

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_____

Signature

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_____

Signature

OPTIONAL CONSENT FOR FUTURE CONTACT

The investigator may wish to contact you in the future. Please initial the appropriate statements to indicate whether or not you give permission for future contact.

I give permission to be contacted in the future for research purposes:

Yes _____ No_____

Initial Initial

I give permission to be contacted in the future for information relating to this study:

Yes _____ No_____

Initial Initial

WHO CAN ANSWER MY QUESTIONS ABOUT THIS STUDY?

If you have any questions about taking part in this research study, you should contact Monique Dawkins at Md3381@tc.columbia.edu.

If you have questions or concerns about your rights as a research subject, you should contact the Institutional Review Board (IRB) (the human research ethics committee) at 212-678-4105 or email IRB@tc.edu. Or you can write to the IRB at Teachers College, Columbia University, 525 W. 120th Street, New York, NY 1002. The IRB is the committee that oversees human research protection for Teachers College, Columbia University.

PARTICIPANT'S RIGHTS

- I have read and discussed the informed consent with the researcher. I have had ample opportunity to ask questions about the purposes, procedures, risks and benefits regarding this research study.

- I understand that my participation is voluntary. I may refuse to participate or withdraw participation at any time without penalty to future employment.

- The researcher may withdraw me from the research at his or her professional discretion.

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- Any information derived from the research study that personally identifies me will not be voluntarily released or disclosed without my separate consent, except as specifically required by law.

- I should receive a copy of the Informed Consent document.

My signature means that I agree to participate in this study

Print name: _____ **Date**: _____

Signature: _____

Appendix M

Cross-Analysis of Research Questions to Interview and Critical Incident Protocol

PRIMARY RESEARCH QUESTION	**RQ #1**	**RQ#2**	**RQ#3**	**FUTURE RECOMMENDATIONS**
What emotional intelligence strategies do frontline employees report that they have learned to use in the workplace and how does this impact their ability to cope with workplace stress?	1) How do professional (and personal) past experiences reportedly influence coping styles and techniques and what impact do these have on coping with workplace stress?	2) How does formal and/or informal workplace learning contribute to or hinder development of emotional intelligence abilities and techniques that are used to cope with workplace stress? 2a) What formal and informal workplace learning contributed to successful coping tendencies?	3) How do reported coping tendencies and techniques correlate to emotional intelligence competencies and self efficacy?	
INTERVIEW QUESTIONS				
Interview Question 1	**X**		**X**	
Interview Question 2	**X**	**X**	**X**	
Interview Question 3	**X**	**X**	**X**	
Interview Question 4		**X**	**X**	
Interview Question 5		**X**	**X**	
Interview Question 6		**X**	**X**	
Interview Question 7	**X**		**X**	
Interview Question 8	**X**	**X**	**X**	
Interview Question 9	**X**	**X**	**X**	
Interview Question 10				**X**
Interview Question 11				**X**
Interview Question 12				**X**
CRITICAL INCIDENT QUESTIONS				
CI Question 1	**X**		**X**	
CI Question 2	**X**		**X**	
CI Question 3	**X**		**X**	

Appendix N

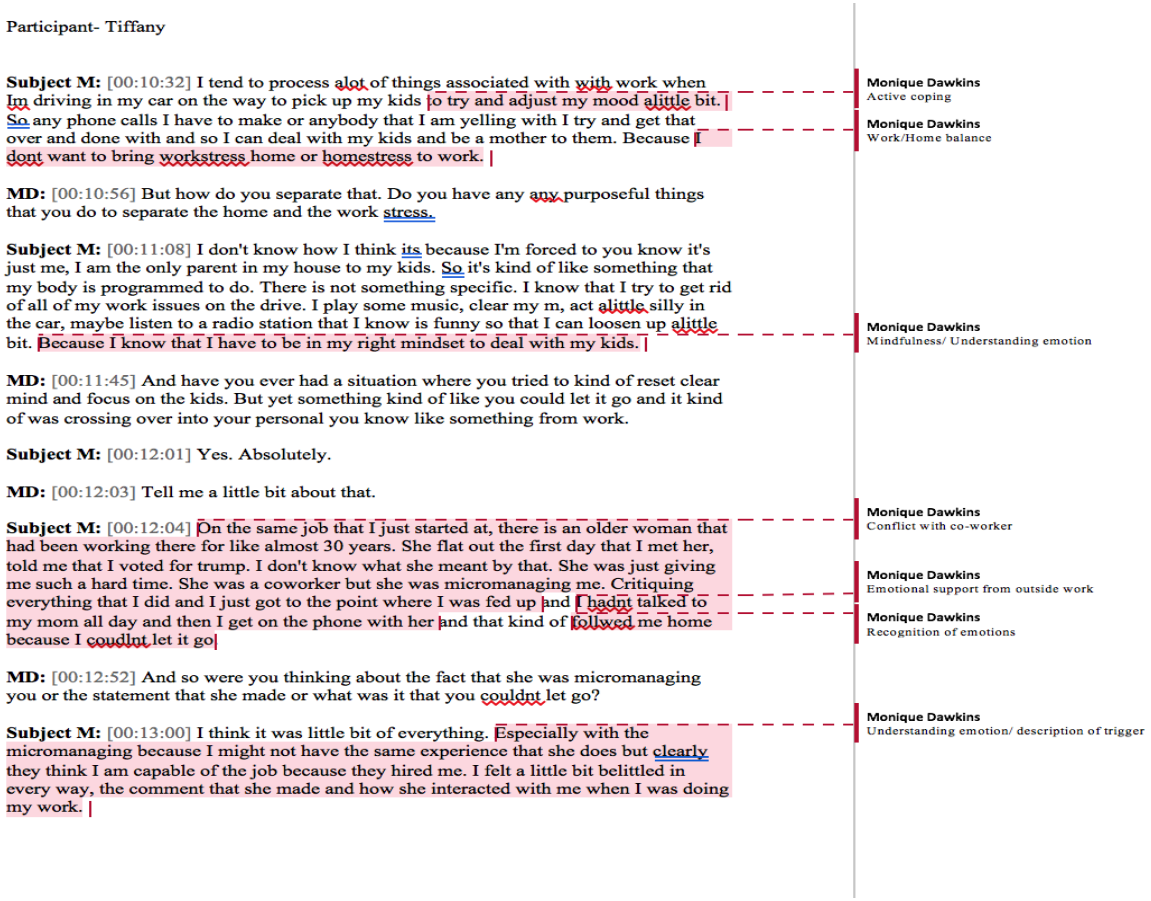
Potential Coding Themes

TRIGGERS	Interactions
	Staffing
	Competing Priorities
	Authority of employee
	Decision Making
	Changes
	Management
	Expertise
	Respect
	Challenges

COPING TENDENCIES (Lazarus &Folkman)	**NON-COPING**
	Disassociation
	Anxious Avoidance
	Safety behaviors
	Sensitization
	Escape (medication abuse)
	CONSTRUCTIVE COPING
	Proactive/ Anticipation
	Social Support
	Social well-being
	Self-control
	Distancing
EMOTIONAL INTELLIGENCE	**SALOVEY & MAYER EI COMPETENCIES**
	Manage emotions
	Understand emotions
	Use emotions
	Perceive emotions
LEARNING	**BANDURA SOCIAL LEARNING**
	Observation
	Modeling
	Feedback
	Experiences
	BOUD & WALKER REFLECTIVE PRACTICE
	Describing Experience
	Reflecting on Feelings
	Attending to Feelings
	Appraisal of Feelings
	Re-evaluation of Feelings
	WORKPLACE
	Non-formal
	Informal
	Intentional
	Incidental

Appendix O

Interview Coding Sample



Participant- Tiffany

Subject M: [00:10:32] I tend to process alot of things associated with with work when Im driving in my car on the way to pick up my kids to try and adjust my mood alittle bit. So any phone calls I have to make or anybody that I am yelling with I try and get that over and done with and so I can deal with my kids and be a mother to them. Because I dont want to bring workstress home or homestress to work.

Monique Dawkins
Active coping

Monique Dawkins
Work/Home balance

MD: [00:10:56] But how do you separate that. Do you have any any purposeful things that you do to separate the home and the work stress.

Subject M: [00:11:08] I don't know how I think its because I'm forced to you know it's just me, I am the only parent in my house to my kids. So it's kind of like something that my body is programmed to do. There is not something specific. I know that I try to get rid of all of my work issues on the drive. I play some music, clear my m, act alittle silly in the car, maybe listen to a radio station that I know is funny so that I can loosen up alittle bit. Because I know that I have to be in my right mindset to deal with my kids.

Monique Dawkins
Mindfulness/ Understanding emotion

MD: [00:11:45] And have you ever had a situation where you tried to kind of reset clear mind and focus on the kids. But yet something kind of like you could let it go and it kind of was crossing over into your personal you know like something from work.

Subject M: [00:12:01] Yes. Absolutely.

MD: [00:12:03] Tell me a little bit about that.

Subject M: [00:12:04] On the same job that I just started at, there is an older woman that had been working there for like almost 30 years. She flat out the first day that I met her, told me that I voted for trump. I don't know what she meant by that. She was just giving me such a hard time. She was a coworker but she was micromanaging me. Critiquing everything that I did and I just got to the point where I was fed up and I hadnt talked to my mom all day and then I get on the phone with her and that kind of follwed me home because I coudlnt let it go

Monique Dawkins
Conflict with co-worker

Monique Dawkins
Emotional support from outside work

Monique Dawkins
Recognition of emotions

MD: [00:12:52] And so were you thinking about the fact that she was micromanaging you or the statement that she made or what was it that you couldnt let go?

Subject M: [00:13:00] I think it was little bit of everything. Especially with the micromanaging because I might not have the same experience that she does but clearly they think I am capable of the job because they hired me. I felt a little bit belittled in every way, the comment that she made and how she interacted with me when I was doing my work.

Monique Dawkins
Understanding emotion/ description of trigger

MD: [00:13:25] And so do you feel that it was something that you were going to address the situation.

Subject M: [00:13:35] I did address it.

Monique Dawkins
Courage to speak up

MD: [00:13:38] How did you address it?

Subject M: [00:13:38] I did. I went to management because I didnt think it would be appropriate for me to just say something to her about it. And then it end up being something bigger than it is. So I went to my supervisor and I had a list of things written down of what the woman had did and how it affected me and how it affected me wanting to be at the job that I applied for and I didnt know if I wanted to be there anymore. And my supervisor actually spoke to her and then she spoke to us together.

Monique Dawkins
Mindfulness/ problemsolving

Monique Dawkins
Ask for help

MD: [00:14:14] So what are some of that things that you listed down that affected you that you told you told your supervisor.

Subject M: [00:14:20] The way that she talks to me. Her Micromanaging me. Things that she has just said to me, the way that she that she acts toward me. And I just told my supervisor basically how I felt.

MD: [00:14:41] So how was it making you feel like you felt belittled. But did it make you feel you know angry frustrated annoyed? How else was it making you feel?

Subject M: [00:14:51] It made me not want to work there. I was extremely annoyed.

Monique Dawkins
Understanding emotion

MD: [00:14:55] And so tell me about the sit down when you sat down with with this woman and your manager. How does that sit down go?

Subject M: [00:15:07] She was remorseful. Initially she was like, I am sorry I want everyone to get along and I want everyone to be happy. And she listened to everything that I said. She was very receptive to what I said, she was ready to find a solution as soon as possible. And she resolved it right way, I thought that she would let it sit for awhile.

Monique Dawkins
Understanding emotions of others

Appendix P

Final Coding Themes

Coping Strategies

Theme	Major Category	Minor categories	Coping Strategy
Practice positive thinking	*Optimism*	Home/work life balance	Appraisal focused
		Accept the inevitable	
	Positive reappraisal	Regulate thoughts	
		Stay positive	
Increase influence at work	*Be Assertive*	Follow/take advice	Problem focused
		Be proactive	
	Self-awareness	Organization	
		Prioritization	
		Speak Up	
		Set boundaries	
Prioritize emotional well-being	*De-stress*	Disconnect from stress	Emotion focused
		Self Care	
	Social Support	Support at work	
		Support outside of work	
		Take a breather	

Perceived Control (During Stress)

Theme	Major Category	Minor categories
Focus on things you can control	Acceptance	Recognize flaws
		Understand limitations
		Accountability for actions
Perseverance	Patience	Exercise self-control
		Make calculated decisions
Embrace unexpected circumstances	Confidence	Take risks
		Voice opinions
		Be open minded

Emotional Intelligence Strategies

Theme	Major Category	Minor categories
Assert yourself positively during conflict	*Resolve difficult Interactions*	Know when to ask for help
		Use conflict resolution techniques
	Defuse workplace conflict	Monitor Tone
Compassionate care	*Be conscious*	Avoid personalizing conflict
		Prioritize empathy/Purpose
	social awareness	Mindfulness
		Positive Intent
	Know when to respectfully agree to disagree	Recognize role limitations
		Self-awareness
		Speaking up

Learning Methods

Major Categories	Minor Categories
Past Experiences	Problem Focused Emotion Focused
Coaching & Feedback	Requested Mandated
Modeling & Observation	*Mistakes* Trial and error Best Practices
Formal Learning	Courses Faculty Environment
Non Formal	Recreational Workplace
Physiological Feedback	Anxiety Unexpected Diagnosis

Appendix Q

Critical Incident Coding Sample

Participant #39 Coding Sample

Q2: Think of a time when things were crazy at work but you were able to remain calm. (Use the following prompts to guide you as you respond to the question)

a) Who was involved (no names/include title), where were you and what happened?

b) How were you able to maintain your composure in the situation?

There was a time when a patient was giving permission to come in without an appointment but was told she would be seen before the patients that were scheduled to be seen is she came before them. The patient was very upset as the information giving was not presented when she arrived. The patient got angry and aggressive with the frontline workers. I was able to maintain my composure because I empathize with the patient's frustration. I would be over joyed if I was told I would be in and out of the doctor's office but instead had to wait hours because every person on time for their appointment was taken before me. I knew not to take the patients reflective anger personally. I helped the patient realized the information was given in good faith and gave the patient the only way this will insure it will not happen again. The patient was able to separate the situation at hand from the clinic as a whole and made an appointment to come back.

Monique Dawkins
Hostile interaction with patient

Monique Dawkins
Manage emotions

Monique Dawkins

Monique Dawkins
Using empathy

Monique Dawkins
Perception of emotions of others

Monique Dawkins
Avoid personalizing conflict

Monique Dawkins
Problem solving skills

Appendix R

Potential Analytic Matrices

The following chart displays the set of proposed analyses that can be conducted on the entire data set that resulted from a survey and conducting semi-structured interviews and a focus group. This data will be analyzed across the entire sample by exploring the data within the subgroup as well as analyzing the data from the individual participant.

Data Set & Study Sample

	Entire Sample	
	Individual Participants	Focus Group Participants
Data Set	Survey (Demographics, Scaling Instruments & CI)	
	Individual Interview	
	Focus Group	

Cross Analysis of the Scale Instruments & Critical Incident Questionnaire

A cross analysis of the scale instruments and critical instruments that will be resulted are displayed below. All surveys will be used independent of participation in a semi-structured interview or focus group, which will reveal trends and similarities across the sample.

	Low PSS	**Low SSEIT**	**Maladaptive Cope**	**Negative CI**
High PSS	High Stress/ Low Stress	High Stress/ Low EI	High Stress/ Mal Cope	High stress/ negative CI
High SSEIT	High EI/ Low Stress	High EI/ Low EI	High EI/ Mal Cope	High EI/ Negative CI
Constructive COPE	Con Cope/ Low Stress	Con Cope/ Low EI	Con Cope/ Mal Cope	Con Cope/ Negative CI
Positive CI	Positive CI/ Low Stress	Positive CI/ Low Stress	Positive CI/ Mal Cope	Positive CI/ Negative CI

Cross Analysis of Survey Results: Demographic dataset compared with Instruments

	SSEIT	**COPE**	**PSS**	**CI**
Age	Age/EI	Age/Cope	Age/Stress	Age/CI
Sex	Sex/EI	Sex/Cope	Sex/Stress	Sex/CI
Race	Race/EI	Race/Cope	Race/Stress	Race/CI
Years of Experience	Exp/EI	Exp/Cope	Exp/Stress	Exp/CI
Marital Status	Status/EI	Status/Cope	Status/Stress	Status/CI
Children/Dependents	Child/EI	Child/Cope	Child/Stress	Child/CI

Appendix S

Final Analytic Matrices

AGE

	18-24 n=2	10%	25-34 n=6	30%	35-44 n=7	35%	45-54 n=5	25%
PSS Score								
High	1	5%	0		2	10%	0	
Moderate	1	5%	4	20%	2	10%	4	20%
Low	0		2	10%	3	15%	1	5%
EI Score								
High	0		1	5%	1	5%	1	5%
Moderate	2	10%	4	20%	6	30%	4	20%
Low	0		1	5%	0		0	
Coping								
Appraisal focused responses (4)	3	50%	16	67%	11	39%	5	25%
Problem focused responses (6)	1	8%	7	19%	11	26%	5	17%
Emotion focused responses (5)	4	40%	15	50%	19	54%	9	36%

EDUCATION

	HS n=3		Some College n=8		Associate n=3		Bachelor n=5		Master n=1	
PSS Score										
High	1	5%	1	5	1	5%	0		0	
Moderate	1	5%	5	25%	1	5%	3	15%	1	5%
Low	1	5	2	10%	1	5%	2	10%	0	
EI Score										
High	0		1	5%	1	5%	1	5%	0	
Moderate	2	10%	7	35%	2	10%	4	20%	1	5%
Low	1	5%	0		0		0		0	
Coping										
Appraisal focused responses (4)	5	42%	16	50%	6	50%	7	35%	1	25%
Problem focused responses (6)	2	11%	11	23%	5	28%	8	23%	2	33%
Emotion focused responses (5)	5	33%	18	40%	11	73%	11	44%	2	40%

RACE

	Black n=9	45%	White n=4	20%	Hispanic n=5	25%	Other n=2	10%
PSS Score								
High	2	10%	1	5%	0		0	
Moderate	4	20%	2	10%	3	15%	2	10%
Low	3	15%	1	5%	2	10%	0	
EI Score								
High	2	10%	0		1	5%	0	
Moderate	6	30%	4	20%	4	20%	2	10%
Low	1	5%	0		0		0	
Coping								
Appraisal focused responses (4)	13	36%	7	44%	12	60%	2	25%
Problem focused responses (6)	12	22%	6	25%	9	30%	1	8%
Emotion focused responses (5)	18	40%	13	65%	11	44%	5	50%

EXPERIENCE

	0-4 n=2		5 - 10 n=8		10 - 15 n=3		15-20 n=3		20+ n=4	
PSS Score										
High	1	5%	0		1	5%	1	5	0	
Moderate	1	5%	8	40%	1	5%	1	5%	3	15%
Low			1	5%	1	5%	1	5%	1	5%
EI Score										
High	0		1	5%	1	5%	0		1	5%
Moderate	2	10%	6	30%	2	10%	3	15%	3	15%
Low	0		1	5%	0		0		0	0%
Coping										
Appraisal focused responses (4)	5	63%	15	47%	4	33%	6	50%	5	31%
Problem focused responses (6)	3	25%	9	19%	2	11%	6	33%	3	13%
Emotion focused responses (5)	5	50%	26	65%	3	20%	10	67%	7	35%

PSS/EI

	PSS	%	EI	%
High	3		3	
Moderate	11		16	
Low	6		1	

Appendix T

Sample of Executive Summary to Interviewee

Dawkins, Monique <md3381@tc.columbia.edu> wrote:
Dear [Jae Rich],

I wanted to thank you so much for taking the time to meet with me a few months ago. I appreciate your willingness to participate in this study and the candid discussion that we had in regard to Emotions and the Workplace. I wanted to take the opportunity to provide an executive summary of my analysis that stemmed from our conversation.

Summary:

Jae Rich is an African American male in his mid-30's that had 15-20 years of healthcare experience. He openly discussed his perceptions in regard to emotions in the workplace from a management and patient perspective.

Management Perspective

Jae Rich described a tremulous relationship that he had with a former manager that lead to a transformative experience in his professional career. He experienced multiple stressful interactions with this manager and felt disrespected on a daily basis. His inability to respond to her in his preferred style, led to him experiencing physiological responses that displayed as ticks and spasms. It was only after being informed from a medical professional that these ticks were solely a result of stress, did he realize the extent of his workplace conflict. Through the instrumental support from his external trusted circle and purposefully problem-solving approach to self-assess the issue, he recognized that he played a role in exacerbating the cyclical conflicts with his manager. He recognized that he needed to recognize there are boundaries in the workplace, specifically between him and his superior and that it was not conducive for him to try and go 'toe to toe' with his manager. Once he recognized this important concept, he felt much better.

Patient Perspective

Jae Rich offered his thoughts on the routine interactions with patients in the workplace. He explained that it was normal for patients to respond in a hostile manner, although sometimes they later came and apologized for their behavior. He specifically spoke about his attempt to provide improved customer service during his patient interactions by modifying his tone to mimic his co-workers that were praised for their interactive styles. He struggled with feeling inauthentic due to his attempt to be fake and provide a 'Disney World' like approach to interactions.

Does this sound appropriate? Is there anything else that you would add to this summary? I am available to coordinate a call for us to discuss further if you would like.

Thanks again for your participation in this study.

Best Regards,

Monique Dawkins

This is great, thank you! I do not have any additions.

Jae Rich (response to email)

Appendix U

Interview Participant Modeling & Observation Strategies

	MODELING			
Participant	**Observed**	**Key Takeaway**	**Lesson**	**EI Strategy**
Jae Rich	Collegues approach with patients	Compassion is important	Modify approach to issues when interacting with patients	Empathy for othes
	Colleagues tone	Tone can make a difference	Patients respond to soft tones	Use enthusiathic tones when resolving patient issues.
Terry				
Regina				
Tiffany	Parents behavior	Father-Police officer/ Mother-Hosptital Administrator	Prioritize professionalism and customer service	Be fair and calm when resolving issues
Natalee	Outspoken parents and siblings	Say what you think	Its okay to voice opinion or concern	Courage to speak up
Alice	Father's approach to resolving issues.	Talk to the person in charge.	Escalate issues until they are resolved.	Courage to speak up
Stephanie	1. Mother's approach to conflict	Do not bring attention to yourself.	Resolve conflict quickly and quietly.	Effective responses/solutions when diffusing conflict.
	2. Co-workers in the workplace	Monitored effective and failed practices	Problem solving techniques	Effective responses/solutions when diffusing conflict.
Pedro	1. Co-workers in the workplace	Monitored effective and failed practices	Problem solving techniques	Task management tips
	2. Grandmother's hostile approach	Beaware of individual's response in conflict.	Expect the unexpected	Effective responses/solutions when diffusing conflict.
Faryn				
Shirley Baker	Co-workers in the workplace	Monitored effective and failed practices	Problem solving techniques	Effective responses/solutions when diffusing conflict.
Evelyn				
Thomas	Co-workers in the workplace	Monitored effective and failed practices	Problem solving techniques	Effective responses/solutions when diffusing conflict.
Erica				
Jason	Mother's behavior	Very patient and walked away as needed.	Handle conflict diplomatically	Effective responses/solutions when diffusing conflict.
Kate				
Jaime				
Nicole				
Shaina	Co-workers in the workplace	Monitored effective and failed practices	Problem solving techniques	Effective responses/solutions when diffusing conflict.
Patricia	Parents behavior	Mother is Conflict avoidant and father is aggressive.	Stike a balance and pick and choose battles	Effective responses/solutions when diffusing conflict.
Patricia	Co-workers in the workplace	Monitored effective and failed practices	Problem solving techniques	Effective responses/solutions when diffusing conflict.
Darren				

Appendix V

Peer to Peer Recommendations for the Frontline

	Jae Rich	Terry	Regina	Tiffany	Nataee	Alice	Stephanie	Pedro	Faryn	Shirley Baker	Evelyn	Philip	Erica	Jason	Kate	Jaime	Nicole	Shaina	Patricia	Darren
Employees should ask for help														E						
Avoid personalizing conflict												E								
Prioritize employee engagement		M								M				M						
Address issues, don't just replace vacant positions														M		M				
Train employees		M		M				M	M		M			M						M
Hire the right people																				M
Inform employee about available resources												M		M						
Hire more staff		M	M				M												M	
Managers should be more present															M		M			
Solicit feedback and listen to employees		M	M			M				M								M		
Shadow and understand FLE roles		M					M													
Train managers	O							O												
Conduct internal HR audits	O																			
Provide a safe working environment			O																	
Streamline processes across health systems										O										

E= Recommedndation for employee	13%
M= Recommedndation for manager	60%
O= Recommedndation for organization	27%

Appendix W

Full Table of Learning Methods for Interview Participants

Participant	Method	Strategy Learned
Jae Rich	Coaching	Take responsibility for actions
	Modeling	Empathy for others
	Modeling	Use enthusiastic tones
	Past experiences	Recognize boundaries
	Nonformal	Conflict resolution tips
Terry	Past experiences	Accept limitations
	Nonformal	Patient satisfaction tips
Regina	Nonformal	None reported
Tiffany	Coaching	Courage to speak up
	Modeling	Be fair and calm
Natalee	Past experiences	Address problems respectfully
	Modeling	Courage to speak up
Alice	Coaching	Courage to speak up
	Modeling	Courage to speak up
	Past experiences	Courage to speak up
Stephanie	Modeling	Responses/Solutions to diffuse conflict
	Modeling	Responses/Solutions to diffuse conflict
	Coaching	Pace yourself
	Past experiences	Think on your feet
	Nonformal	Patient satisfaction tips
Pedro	Modeling	Task management
	Modeling	Responses/Solutions to diffuse conflict
	Past experiences	Pace yourself
Faryn	Past experiences	Courage to speak up
Shirley Baker	Modeling	Responses/Solutions to diffuse conflict
	Past experiences	Proactively handle work issues
	Nonformal	Dealing with conflict

Evelyn	Coaching	Know when to walk away
	Past experiences	Courage to speak up
	Coaching	Know when to walk away
	Nonformal	Stress reduction techniques
Erica	Coaching	Ask for help
	Past experiences	Address problems respectfully
	Nonformal	Difficult interactions
Jason	Modeling	Responses/Solutions to diffuse conflict
	Coaching	Handle conflict calmly
	Past experiences	Address problems respectfully
	Nonformal	Dealing with conflict
	Formal	Recognize boundaries
Kate	Past experiences	Think on your feet
	Nonformal	Meditation
Jaime	Coaching	Courage to speak up
	Past experiences	Address problems respectfully
	Formal	Courage to speak up
Nicole	Past experiences	Accept limitations
Shaina	Modeling	Responses/Solutions to diffuse conflict
	Coaching	Courage to speak up
	Past experiences	Address problems respectfully
	Nonformal	Patient satisfaction tips
Patricia	Modeling	Responses/Solutions to diffuse conflict
	Nonformal	Dealing with conflict
Darren	Past experiences	Address problems respectfully
	Formal	Stress reduction techniques

Appendix X

Revised Conceptual Framework Model