

Walking on Eggshells: A Caregiver's Autoethnographic Journey Using Emotional Intelligence

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Walking on Eggshells: A Caregiver's Autoethnographic Journey Using Emotional Intelligence

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Introduction

Over 43.7 million adults in the U.S. struggle with mental illness, yet only 58.7% seek help primarily due to stigma. In acting as a caregiver for a loved one with mental illness, the extent of barriers, challenges, and stigma became apparent to me very quickly. Stigma must be addressed so that caregivers and patients can receive the support they require and deserve. According to review of literature, caregivers may feel lost due to lack of guidance from clinicians and an overt presence of stigma. Emotional intelligence (EI) use by clinicians may help accommodate caregivers' need for support. EI is the ability to recognize and understand personal emotions and those of others and thus effectively manage relationships. Four quadrants compose EI (see Table 1): self-awareness, self-management, social awareness, and relationship management. EI has been proposed as a tool to improve patient centered care, improve communication skills, and reduce stress in emotionally charged situations. This tool, therefore, is particularly useful in caregiver stress management, managing stigmatization, and navigating between relational roles. To challenge stigma, it is important to further examine the caregiver experience using autoethnography, a type of qualitative research. Mental illness has been explored using autoethnography, but few caregivers use it to understand their role.

Problem Statement

Use of autoethnography to explore caregiver challenges and barriers in caring for loved ones with mental illness due to stigma, liminal space, and parentification.

Methods

To address the problem statement, autoethnography was used. Autoethnography is writing personal experiences to more effectively explore culture, society, or politics. The primary objective is to better understand "self" in order to connect to broader sociocultural contexts. It is a tool for assessing one's own perceptions and deriving meaning from those experiences. The systematic process entails data collection and management, thematic analysis, interpretation, and writing. Data was represented primarily by personal narratives and analyzed for themes. Themes were coded via EI quadrants (see Table 1). Themes were then linked to self, social, and cultural issues in the discussion.

Results Gathered

Through the autoethnographic process, a total of 30 narratives, consisting of 38 pages of typed, single spaced text were written. After thematic analysis, interpretation, and coding into EI quadrants, four major themes resulted: recognizing emotional triggers and setting boundaries, navigating relational roles of family member and clinician, recognizing internalized bias and social influence on self, and intentional role reversal as a protective mechanism (see Tables 2-3 below). The results also support autoethnography as a valid means to explore and understand challenges and barriers of caregiving for loved ones with mental illness.

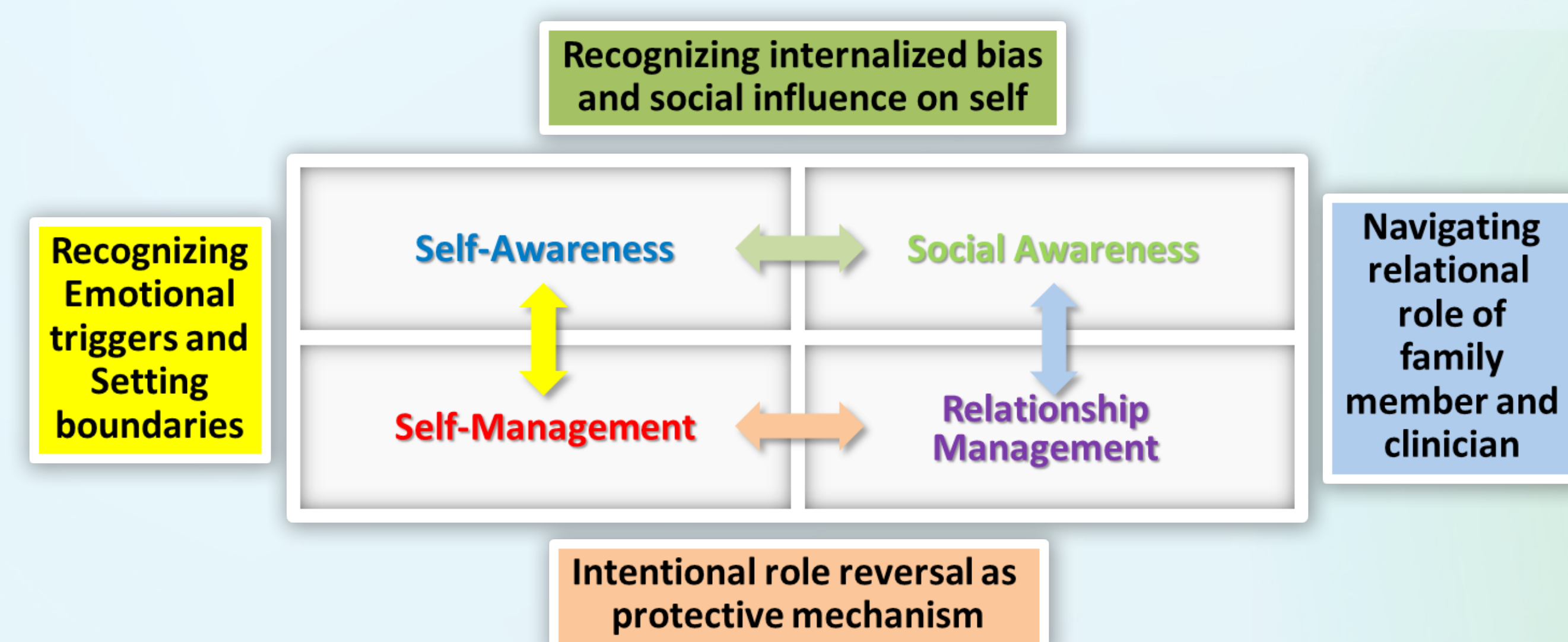
Table 1: Color Coded EI Quadrants

	SELF	SOCIAL
RECOGNITION	Self-Awareness	Social Awareness
REGULATION	Self-Management	Relationship Management

Table 2: Example of Process of EI Quadrant Coding and Cross Quadrant Coding

STEP 1: List Themes	STEP 2: Assign EI Color Coding	STEP 3: Assign EI Cross Quadrant Group
Role reversal within family	Role reversal within family	social awareness & relationship management
Duality of roles	Duality of roles	self-awareness & self-management, self-awareness & relationship management, self-management & relationship management
Clinician as caregiver vs caretaker	Clinician as caregiver vs caretaker	self-management & social awareness, self-management & relationship awareness, social awareness & relationship management

Table 3: Visual Representation of cross quadrant analysis completed. Four cross quadrant analysis groups included: self-awareness & social awareness, social awareness & relationship management, self-awareness & self-management, and self-management & relationship management. Arrows signify the presence of themes which involve both EI quadrants they point towards and are color coded to match tables in the results.



Conclusions and Future Implications

Much can be learned about mental illness stigma if we look through the caregiver's eyes. This research highlights the lack of support for caregivers and that clinicians could benefit from EI training. In using EI, clinicians can improve the quality of care given to patients with mental illness and support given to their caregivers. Reducing stigma has the potential to improve the quality of Values-Based Patient-Centered Care our health care system is able to provide patients and caregivers seeking our help.

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