

EMOTIONAL INTELLIGENCE

MEASURING PERCEPTIONS OF EMOTIONALLY INTELLIGENT LEADERSHIP
BEHAVIORS OF NURSE ADMINISTRATORS

A thesis presented to the faculty of the Graduate School of
Western Carolina University in partial fulfillment of the
requirements for the degree of Master of Science in Nursing.

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November 2011

ACKNOWLEDGEMENTS

I would like to thank my thesis chair, Dr. Metcalfe, and committee members, Dr. Collins, and Professor Whichello, for their assistance and encouragement. I also wish to thank my advisor on this project, Dr. Charles Cooley, who provided valuable advice, critique, and encouragement.

I also extend sincere thanks to Dr. Sue McPherson for her assistance with statistical analysis of reported data.

Finally, I wish to thank my husband, John, my sons, Blake and Taylor, and the many friends who continued to encourage and support me throughout my graduate school experience.

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RESEARCH ABSTRACT

MEASURING PERCEPTIONS OF EMOTIONALLY INTELLIGENT LEADERSHIP
BEHAVIORS OF NURSE ADMINISTRATORS

Benia LaMerle Duckworth

The purpose of this research was to measure perceptions of emotionally intelligent leadership behaviors of nurse administrators. Goleman defines EI as how leaders manage themselves and their relationships and it is a key attribute of exceptional leaders (Goleman, Boyatzis, & McKee, 2002). Morrison (2008) concluded that it is necessary for nurse leaders to develop EI competencies in order to decrease stress in the workplace and enhance teamwork. In a qualitative study, Vesterinen and colleagues found that resonant leadership styles, those with strong EI components, had a positive impact on nurse manager job satisfaction, professional development, and retention (Vesterinen, Isola, & Paasivaara, 2009).

This study was a non-experimental, quantitative, descriptive survey using a convenience sample of nurse administrators. Upper level nurse administrators at a tertiary care hospital were requested to complete the Emotional and Social Competency Inventory, ESCI 360°. The ESCI 360° was administered with permission of The Hay Group, <http://www.haygroup.com/leadershipandtalentondemand/index.aspx>. Reliability analysis of the ESCI 360° with large samples has shown very high internal consistency. The tool is supported by robust reliability and validity evidence from research in a variety of organizational contexts worldwide (Boyatzis & Goleman, 2007, The Hay Group, 2005).

The surveys were provided to participants through Outlook™ e-mail utilizing SurveyMonkey™ links. Completed surveys were graded per instructions from The Hay Group. The anonymous survey results were retrieved from SurveyMonkey and graded according to instructions in 4 groups; self reports, supervisor reports, peer reports, and direct reports. Survey results had no participant identifiers. Results relating to the 12 specific competencies were reported in aggregate among those groups.

None of the participants were provided their individual ESCI reports. The data was aggregate and not associated with individual nurse administrators.

There are 12 specific competencies listed below which are the constructs of the personal and social competencies which reflect emotionally intelligent behavior measured in this study.

- Self-awareness: Emotional self-awareness.
- Self-management: Emotional self control, Adaptability, Achievement orientation, Optimism.
- Social awareness: Organizational awareness, Empathy.
- Relationship management: Coaching and mentoring, Inspirational leadership, Influence, Conflict management, Teamwork and collaboration.

Though the ESCI 360° provides supervisor report, self report, peer report, and direct report information, the focus of this study was the direct report results. The results provided insight into how direct reports perceive emotionally intelligent (EI) behaviors of nurse administrators at the facility. Previous studies have provided information on manager EI behaviors with direct reports being staff nurses. This study is unique in that rather than staff nurses, the direct reports were nurse managers, nurse educators,

performance improvement specialists, program coordinators, and other nurses working in advanced practice roles. The study provided insight related to leadership strengths and leadership development needs for current and future nurse administrators.

Measuring perceived emotionally intelligent behaviors of nurse administrators

CHAPTER ONE: INTRODUCTION

Emotional intelligence (EI) is believed to be a key factor in successful leadership across multiple professional disciplines, including nursing. The role of emotions in human and organizational affairs is found to be central in the leadership process. Knowledge and understanding of emotions influences a leader's decision making and creativity (George, 2000). Leaders with strong EI skills can form more connecting relationships with others, accurately read other people's feelings and responses, lead and organize people and work, and successfully handle disputes (McQueen, 2004). Establishing strong emotional connections with employees brings out the best in those employees and helps to build resilient and adaptive organizations (Parker & Sorenson, 2008). Nurse leaders should have a strong knowledge of EI and integrate these competencies in executing transformational leadership in research, education, and practice settings (Parker & Sorenson, 2008). The objective of this study was to measure perceptions of emotionally intelligent leadership behaviors among a group of nurse administrators. The focus was to determine emotionally intelligent behaviors as perceived by the nurse administrators' direct reports. Rather than staff nurses, the direct reports for the nurse administrators are identified as nurse managers, nurse educators, performance improvement specialists, program coordinators, and other nurses working in advanced practice roles. The study identified nurse administrators' strengths and areas for improvement providing direction for continued education and development.

Background of defining and measuring emotional intelligence

In 1990, Peter Salovey and John Mayer introduced the concept of EI as a subset of social intelligence. They defined EI as 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” (Salovey & Mayer, 1990, p.189). They later redefined EI as one’s ability to perceive emotion, use emotion to facilitate thought, understand emotions, and manage emotions (Mayer & Salovey, 1997). Salovey and Mayer continued to work on research and development of measurements of EI throughout the 1990s. In 2002, these men along with David R. Caruso presented the Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT™).

The current version, the MSCEIT™ 2.0, is a 141 item self-reporting questionnaire designed to measure four specific skill sets of EI, perceiving emotions, using emotion to facilitate thought, understanding emotions, and managing emotions (Mayer, Salovey, Caruso, & Sitarenios, 2003). The test takes 30-45 minutes to complete and provides a direct and objective measure of EI and promotes self awareness of EI traits (MSCEIT™ Technical Brochure, 2011).

Dr. Reuven Bar-On is another leader in the field of EI. He defines emotional-social intelligence as a cross-section of interrelated emotional and social competencies, skills, and facilitators which determine the degree to which persons understand and express themselves, understand and relate to others, and cope with daily demands, challenges, and pressures (Bar-On, 2007).

Dr. Bar-On has also worked extensively in development of testing measures for EI. In the late 1990s, Dr. Bar-On developed the first published test for EI, the Emotional

Quotient Inventory, EQ-i®. Working with Richard Handley, Dr Bar-On published a multi-rater version, the EQ-360® in 2003. The EQ-360® is an 88 item survey which provides feedback on 15 constructs in 5 areas, intrapersonal, interpersonal, stress management, adaptability, and general mood.

In 2001, K.V. Petrides and Furnham proposed a conceptual distinction between two types of EI. They proposed that ability EI refers to a cognitive emotional ability measured by way of performance-based tests whereas trait EI concerns emotion related dispositions and self perceptions measured by self reporting (Petrides, 2001, Petrides, Pita, & Kokkinak, 2007).

Petrides led the development of the Trait Emotional Intelligence Questionnaire, TEIQue®. Multiple versions of the TEIQue® are available as simple self reporting and 360° reporting. It is a 153 item questionnaire and is available in 15 languages. The TEIQue® measures trait EI in 15 facets; adaptability, assertiveness, emotion perception (self and others), emotion expression, emotion management (others), emotion regulation, impulsiveness, relationships, self esteem, self motivation, social awareness, stress management, trait empathy, trait happiness, and trait optimism (London Psychometric Laboratory, 2011).

Beginning in the mid 1990s, psychologist Daniel Goleman began extensive work on emotional intelligence recognizing that EI was a key attribute of exceptional leaders. He defines EI as how leaders manage themselves and their relationships (Goleman, Boyatzis, & McKee, 2002). Goleman found that EI consists of two competency sets, personal competencies and social competencies. Personal competencies are those skills related to self-awareness and self- management. Social competencies are those skills

related to social awareness and relationship management. Goleman and colleagues further identified 12 specific competencies listed in the table below as constructs of the personal and social competencies which reflect emotionally intelligent behavior (Boyatzis, 2011). He proposed that these competencies can be learned by organizational leaders through training programs. Organizations which support this training have healthier workplaces and greater overall organizational success (Goleman, et al., 2002).

Table 1: Measures of the ESCI 360°

Self-awareness	Self-management	Social awareness	Relationship management
Emotional self-awareness	Achievement orientation Emotional self control Adaptability Positive outlook	Organizational awareness Empathy	Conflict management Coaching and mentoring Inspirational leadership Influence Teamwork

Goleman and colleagues developed and revised a measurement tool for EI over the past two decades. The most current version is the Emotional and Social Competency Inventory, ESCI 360° version 3.0. This is a 360-degree feedback tool which, in addition to self rating, allows supervisors, peers, and direct reports to also rate a leader according to the qualities of emotional and social intelligence. It is a 68 item questionnaire which requires 20-30minutes to complete (The Hay Group, 2011).

Nursing leadership styles have been defined by many traits and skills. Effective relationship management is imperative in transformational leadership. Relationships are

developed by communications which are self-aware, appropriately regulated, knowledgeable of the emotions of others, and directed by cognizance of motivating factors (Eason, 2009). In this study, the nurse researcher chose to utilize the ESCI 360° to measure perceptions of emotionally intelligent leadership behaviors among a group of nurse administrators. Reliability analysis of the ESCI 360° with large samples has shown very high internal consistency. The tool is supported by robust reliability and validity evidence from research in a variety of organizational contexts worldwide (Boyatzis & Goleman, 2007, The Hay Group, 2005).

CHAPTER TWO: LITERATURE REVIEW

Previous research related to nursing leadership and EI is limited. Cummings and colleagues (2005) sought to determine to what extent emotionally intelligent leadership impacted nurses during hospital restructuring. They found that resonant leadership in nursing, leadership which drives emotions in a positive manner, enhanced teamwork, improved staff satisfaction, led to better quality of care, and positively influenced the health and well being of nurses during the restructuring process (Cummings, Hayduk, & Estabrooks, 2005). This was in contrast to dissonant leadership, driving emotions negatively, which was found to result in lower staff satisfaction and unmet patient care needs (Cummings et.al. 2005).

Morrison (2008) completed a study to determine the relationship between EI and preferred conflict management styles of nurses. Nurse leaders with EI competencies can sense what is right or wrong when facing a conflicting situation and make the right decisions (Morrison, 2008). This study revealed that collaborative conflict management styles showed positive correlation with EI competencies and that accommodating conflict management styles showed a negative correlation (Morrison, 2008). She concluded that it is necessary for nurse leaders to develop EI competencies in order to decrease stress in the workplace and enhance collaboration and teamwork.

In a qualitative study, Vesterinen and colleagues found that resonant leadership styles, those with strong EI components, had a positive impact on nurse manager job satisfaction, professional development, and retention (Vesterinen, Isola, & Paasivaara, 2009). They found that nurse managers perceived themselves as demonstrating four resonant leadership styles: visionary, coaching, affiliate, and democratic. The resonant

leadership styles were perceived as positively affecting employee job satisfaction, professional development, and quality of nursing care (Vesterinen et.al. 2009).

In 2008, Lucas and colleagues found that EI behaviors in nurse managers positively correlated with staff empowerment. Staff nurse empowerment refers not just to staff access to growth opportunities such as continuing education and promotions, but also to their receiving of feedback in a resonant manner and their participation in unit and organizational decisions (Lucas, Laschinger, & Wong, 2008). Additionally, this study found that as span-of-control, the number of staff supervised, increased, the effects of EI behaviors on staff nurse empowerment decreased (Lucas et.al., 2008).

In a study of staff nurse perceptions of EI behaviors of nurse managers, Young-Ritchie and colleagues found that staff nurse perceptions of strong EI behaviors in nurse managers positively correlated with staff nurse feelings of empowerment and subsequently, on their organizational commitment (Young-Ritchie, Laschinger, & Wong, 2009). When developing and supporting front line nurse managers by assigning reasonable workloads and spans-of-control, nurse administrators allow the nurse managers to develop EI competencies.

Cummings and colleagues explored dissonant, resonant, and mixed leadership styles in relation to patient mortality in Canadian hospitals. These researchers found that after controlling for patient demographics, patient co-morbidities, and institutional nursing characteristics, highly resonant leadership styles contributed to lower patient mortality rates at significant levels (Cummings, Midozi, Wong, & Estabrook, 2010). They concluded that nursing leadership styles should be included in theoretical and analytical models of determinants of patient mortality (Cummings, et.al.2010).

Parker and Sorenson (2008) studied EI and transformational leadership styles of 43 nurse managers. Transformational leaders are described as persons possessing charisma who provide individualized consideration, are influential and inspirational to subordinates, and achieve goals and objectives (Parker & Sorenson, 2008; Wang & Huang, 2009). Transformational leaders can effectively and energetically lead groups when conditions are stressful and unpredictable. This study showed that the managers who scored high on transformational leadership also demonstrated high EI scores. Though the relationship between EI and transformational leadership style was not shown to be causal, it was concluded that higher EI scores may be predictive of highly desirable transformational leadership traits (Parker & Sorenson, 2008).

Many studies on EI have been in non-nursing business or academic arenas. One recent study was completed by Kafetsios and associates (2011) of school directors and supervisors and subordinate teachers. They studied the relationships between leader's EI and subordinates' emotion and work attitudes and the relationships between leaders' and subordinates' EI and work outcomes. They found that supervisors' use of emotion was most consistently associated with positive outcomes for subordinates (Kafetsios, Nezelek, & Vassiou, 2011). Supervisors' use of emotion was positively correlated with subordinates' job satisfaction, sense of pride and personal accomplishment, and positive affect (Kafetsios, et.al.2011).

Wang and Huang (2009) studied the relationships between transformational leadership, EI, and group cohesiveness of leaders and subordinates in 23 textile businesses in Taiwan. They found that transformational leadership mediated the relationship between emotional intelligence and group cohesiveness. The supervisors' EI

was positively related to group cohesiveness through demonstration of transformational leadership behaviors (Wang and Huang, 2009).

Cichy, Kim, and Cha (2009) studied the relationship between EI and contextual performance among leaders of the vending, coffee service, and food service management industries. Contextual performance is defined as those work behaviors which contribute to the culture and climate of an organization (Befort & Hatstrup, 2003). It is patterns of behavior beyond job specific responsibilities or tasks (Cichy, Kim, & Cha, 2009). This team did not find a causal relationship but did find strong positive correlations between EI and contextual performance (Cichy et.al. 2009).

In summary, studies of EI relating to nursing leadership have shown that leaders who demonstrate strong EI behaviors have greater staff empowerment, staff satisfaction, professional development, and teamwork (Cummings et.al. 2005, Lucas et.al. 2008, Vesterinen et.al. 2009, & Young-Ritchie et.al. 2009). Additionally, emotionally intelligent leadership is shown to be integral for overall nurse health and well being, improved quality of patient care, and positive patient outcomes (Cummings et.al. 2005& Cummings et.al. 2010). Nurse leaders who have EI skills are likely to demonstrate strength in transformational leadership and be able to effectively manage conflict and stress in the workplace (Morrison, 2008 & Parker & Sorenson, 2008).

Recent studies not related to nursing found that strong EI skills in supervisors positively correlated with worker job satisfaction, work outcomes (productivity), positive worker affect, and group cohesiveness (Kafetsios, et.al. 2011 & Wang & Huang, 2009). Leaders who positively contribute to organizational culture and climate were shown to have higher EI skills (Cichy et.al. 2009).

CHAPTER THREE: STUDY METHODOLOGY

Purpose:

The purpose of this research was to measure perceptions of emotionally intelligent leadership behaviors of nurse administrators.

Research Tool:

For this study, the nurse researcher chose to utilize the ESCI 360°© to measure perceptions of emotionally intelligent leadership behaviors among a group of nurse administrators. This tool is designed to differentiate outstanding from average performers and is distinct from other measures of EI which assess ability or personality in that it measures demonstration of behaviors through their perceptions and those of their raters (Hay Group, 2011).

The ESCI 360° measures perceptions across 4 categories, self report, supervisor report, peer reports, and direct reports. There are 12 specific competencies defined below which are the constructs of the personal and social competencies. These reflect emotionally intelligent behaviors measured in this study.

Self-awareness:

- Emotional self-awareness: The ability to understand our own emotions and the effects of these emotions on one's performance.

Self-management:

- Emotional self control: The ability to keep disruptive impulses and emotions in check and maintain effectiveness in stressful or hostile conditions.
- Achievement orientation: Striving for excellence and setting challenging goals.

- Positive outlook: Seeing the good in people, situations, and events and persistence in achieving goals.
- Adaptability: Flexibility in managing change and multiple demands and adapting new ideas or approaches.

Social awareness:

- Organizational awareness: One's ability to read group emotional currents.
- Empathy: One's ability to note emotional clues in others and to gain sense of their feelings and perspectives.

Relationship management:

- Inspirational leadership: One's ability to inspire and guide individuals and groups to bring out the best in others.
- Influence: The ability to persuade and have a positive influence on others.
- Conflict management: Coaching and mentoring, Teamwork and collaboration.
- Coach and mentor: One's ability to foster ongoing learning and development of others.
- Teamwork: One's ability to work with others to reach a shared goal. (Hay Group, 2011).

Reliability analysis of the ESCI 360° with large samples has shown very high internal consistency as noted in Table 2 below (Hay Group, 2011)

Table 2: Internal Consistency

	ESCI 360° n=52,363		ESCI 360° n=52,363
Emotional self-awareness	.83	Organizational awareness	.86
Emotional self-control	.91	Influence	.84
Achievement orientation	.86	Teamwork	.89
Adaptability	.85	Coach and mentor	.92
Positive outlook	.88	Conflict management	.79
Empathy	.86	Inspirational leadership	.89

The tool is supported by robust validity evidence from research in a variety of organizational contexts worldwide (Boyatzis & Goleman, 2007, Hay Group, 2005, 2011).

The research database continues to support face validity, content validity, construct validity, and criterion validity (Hay Group, 2011).

Participants:

The sample of participants for this study consisted of nurse administrators in a tertiary care facility to include the Nurse Executive and the nurse administrators who oversee Quality Management, Learning Resources, Acute Care, and Long Term Care/ Ambulatory Services. The inclusion criteria were top level nurse administrators.

Exclusion criteria were all other facility employees.

Permissions:

Permission to use the ESCI 360° was granted from the Hay Group. Permission to complete the study was obtained from the Institutional Review Board and the Research and Development department at the facility where the nurse administrators are employed.

Permission was also obtained from Western Carolina University Graduate School Institutional Review Board.

Research Design:

The nurse administrators were requested to voluntarily complete the Emotional and Social Competency Inventory, ESCI 360°. The survey invitations were sent to study participants via e-mail utilizing Outlook© at the facility. The invitation included SurveyMonkey™ links with enhanced security options. Each participant was requested to complete the self survey and forward the related links to persons whom they requested to rate them on emotionally intelligent behaviors. The survey cover letter invitation was included with each request and provided information regarding the proposed study including the anonymous nature of the survey as no identifying information could be linked or traced to the participants. The significance of the proposed study was included in the cover letter and also the importance of completing and clicking the submit or done icon for the completion of the surveys was included in the cover letter. The study participants were given reminders of the survey request via e-mail on the 3rd day, 6th day, and 9th day of availability. On the 14th day at 12 midnight Eastern Time the survey closed and was no longer available for access.

Security:

Surveys administered through SurveyMonkey™ are guaranteed to meet all current U.S. Federal Section 508 certification guidelines. SurveyMonkey™ uses state of the art security infrastructure to make sure the data collected is safe and that systems are always up and accessible. SurveyMonkey takes users' security and privacy concerns seriously. SurveyMonkey requires users to create a unique user name and password that

must be entered each time a user logs on. SurveyMonkey issues a session "cookie" only to record encrypted authentication information for the duration of a specific session. The session cookie does not include either the username or password of the user. When a user accesses secured areas of the site, Secure Sockets Layer (SSL) technology protects user information using both server authentication and data encryption, ensuring that user data is safe, secure, and available only to authorized persons. Passwords are always sent over secure, encrypted SSL connections. Accounts which are SSL enabled ensure that the responses of survey respondents are transmitted over a secure, encrypted connection. SurveyMonkey™ is PCI-DSS compliant (SurveyMonkey, 2011).

Protection of Participants:

Subjects' names or identifying information were not collected. Demographic data was not collected as it may have identified participants. A consent form was not obtained as it would reveal participant identity. The survey process was anonymous. Information entered in the questionnaires could not be traced to participants. Survey links were labeled Self Report, Supervisor Report, Peer Report, and Direct Report. The data had the same corresponding labels. The reported data was aggregated onto a spreadsheet and was not associated with individual nurse administrators.

As participation was voluntary, the participants were able to opt out of the survey at any time prior to the selection of the done icon on the last page of the survey. Without the done icon selection, there was no collection of data recorded. Completion of the survey was completely voluntary. Withdrawing or declining to participate could not adversely affect the participants' employment in any way.

Conflict of Interest:

This study did not have external funding, and therefore conflicts of interest did not exist. There were no relationships between investigator and participants in which any coercion to complete the survey could occur. The investigator held no interest in the Hay Group or Survey Monkey™.

Data Management:

The reported data was aggregated and could not be associated with individual nurse administrators. The Likert scale survey responses were scored by the investigator according to instructions provided by the Hay Group. Scored responses were; Never=1, Rarely=2, Sometimes=3, Often=4, and Consistently=5. Scores were logged onto a spreadsheet reflecting each competency and each category; Self, Supervisor, Peer, and Direct Reports. This anonymous and aggregated data was provided to a statistician for analysis which was completed using IBM SPSS Statistical software.

Risks:

There were no known or foreseeable risks or discomfort to participants in this research. As the study involved filling out an anonymous survey, no potential risks were expected. The potential for breach in confidentiality was not expected in this study.

There was no risk of fiscal or profession harm to the participants.

Costs:

The nurse researcher personally funded the cost of utilizing SurveyMonkey™. There were no costs associated with the statistical analysis.

Benefits:

There were no direct benefits to participants. The participants did not receive individual ESCI 360° reports. There was no compensation given to participants. The participants will be provided with study results. The study provided insight related to leadership strengths and leadership development needs for current and future nurse administrators at that facility. There may be indication to repeat this study for a larger population of nurse administrators.

CHAPTER FOUR: STUDY RESULTS

There were a total of 24 completed surveys received. These were 4 Self Reports, 1 Supervisor Report, 3 Peer Reports, and 16 Direct Reports. If the surveys were completed as requested, there would have been 60 surveys received. The completed surveys comprise 40% of the number of completed surveys requested.

One Direct Report's survey was eliminated as it contained 32% "Don't know" or blank responses. Per the scoring instructions, if greater than 25% of responses are blank or "Don't know", then the results are eliminated for that rater as that individual is not believed to know the person they are rating well enough to assess their EI competencies (ESCI Scoring Guide, 2011).

Table 3 shows the aggregated means and standard deviations of each competency measured in this study. Across the 12 competencies, the nurse administrators rated themselves highest on having a positive outlook and coaching and mentoring. Direct Reports rated the administrators highest on teamwork and organizational awareness. The nurse administrators rated themselves lowest on emotional self awareness, emotional self control, and organizational awareness. Direct Reports rated them lowest on emotional self awareness and empathy. The largest gap in scores was noted in conflict management in which the Direct Reports mean score was .797 less than the Self Report. It is also noted that the Direct Reports scored the nurse administrators higher than the administrators scored themselves in the competencies of organizational awareness and teamwork.

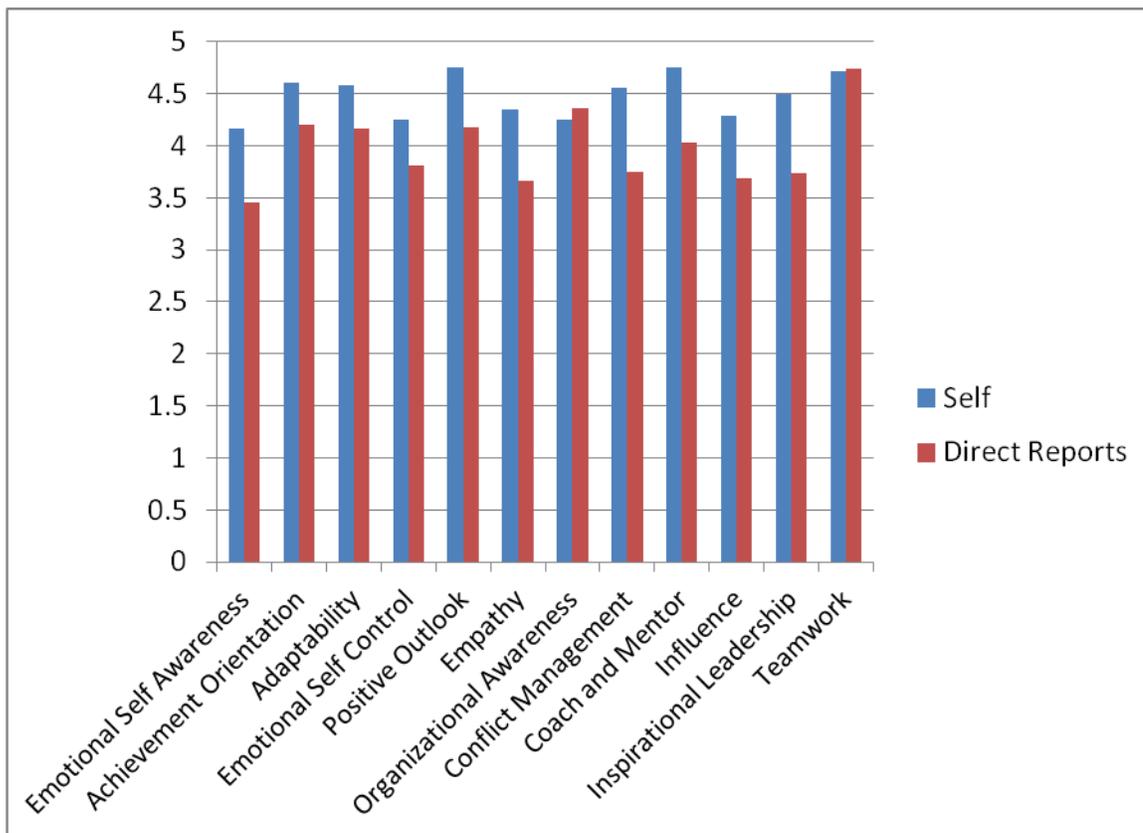
Table 3: Study Results

Cluster	Competency	Self (n=4)		All Others (n=19)		Direct Reports (n=15)	
		M	SD	M	SD	M	SD
Self Awareness	Emotional Self Awareness	4.166	.40825	3.544	.76629	3.450	.89598
	Self Management	Achievement Orientation	4.611	.36494	4.315	.74858	4.200
	Adaptability	4.583	.09623	4.219	.65842	4.166	.69389
	Emotional Self Control	4.250	.28868	3.8946	.69209	3.811	.74233
	Positive Outlook	4.750	.28868	4.273	.76668	4.179	.83184
Social Awareness	Empathy	4.350	.10000	3.743	.78297	3.661	.89957
	Organizational Awareness	4.250	.83865	4.312	.64747	4.369	.72040
Relationship Management	Conflict Management	4.550	.52599	3.858	.79755	3.753	.91707
	Coach and Mentor	4.750	.28868	4.168	.84121	4.035	.95894
	Influence	4.291	.43833	3.932	.74618	3.683	.82603
	Inspirational Leadership	4.500	.34641	3.884	.93948	3.746	1.03501
	Teamwork	4.725	.56500	4.865	.97380	4.742	1.08537

Survey Score Means and Standard Deviations

M=Mean, SD=Standard Deviation, n=Number of respondents

Figure 1: Comparison of Self Report means and Direct Report means



The Hay Group derived normal values from their database using surveys completed through December 2008. The original sample contained 62,055 assessments of 5,761 managers. The data was cleansed of data collected during testing and only valid data remained (Hay Group, 2011). The Hay Group data set used to determine norms included 4,014 participants with 42,092 respondents. Table 4 depicts the mean scores for each competency measured in this study compared to the norms as determined by the Hay Group in the Self Report and All Others categories. The nurse administrator participants rated themselves higher across all twelve competencies than the norms determined by the Hay Group. The data for All Others (Supervisor, Peer, and Direct Reports) shows that the

scores for this survey were less than the norm for six of the competencies and greater than the norm for the other six competencies.

Table 4: Comparison of Current Study and Hay Group mean scores

Cluster	Competency	Current study mean scores Self (n=4)	Norms Hay Group mean scores Self (n=4,014)	Current study mean scores All Others (n=19)	Norms Hay Group mean scores All Others (n=42,092)
Self Awareness	Emotional Self Awareness	4.16	3.79	3.54	3.72
Self Management	Achievement Orientation	4.61	4.29	4.31	4.28
	Adaptability	4.58	4.09	4.22	4.1
	Emotional Self Control	4.25	3.94	3.89	4.15
	Positive Outlook	4.75	4.15	4.27	4.15
Social Awareness	Empathy	4.35	3.95	3.74	3.92
	Organizational Awareness	4.25	4.19	4.31	4.25
Relationship Management	Conflict Management	4.55	3.86	3.86	3.88
	Coach and Mentor	4.75	4.02	4.17	3.97
	Influence	4.29	3.89	3.93	3.91
	Inspirational Leadership	4.5	3.94	3.88	3.94
	Teamwork	4.72	4.27	4.86	4.23

n=Number of respondents

CHAPTER FIVE: DISCUSSION AND RECOMMENDATIONS

There are varying characteristics that exemplify excellence in nursing leadership. Nursing leaders must have effective communication skills, vision, influence, ability and desire to develop others, and be change agents. Their relationships with their peers, supervisors, and subordinates are the core and lifeblood of their effectiveness as nurse leaders. Emotional intelligence defines how leaders manage themselves and their relationships and is a trait associated with exceptional leaders (Goleman, et al., 2002). Leaders who score high on emotional intelligence measures have been shown to achieve the best outcomes in the workplace (Rosete & Ciarrochi, 2005). Emotional intelligence is a predictor of effective leadership over and above measures such as reasoning ability and personality (Rosete & Ciarrochi, 2005).

Emotional intelligence competencies are integral for successful leadership. These competencies are now imbedded throughout the Health Leadership Competency Model published by the National Center for Healthcare Leadership, NCHL (National Center for Healthcare Leadership, 2011). These competencies provide direction for selecting and developing nurse leaders who can meet the challenges of healthcare in the 21st century. These competencies should be developed in nurse leaders in order to promote the needed and inevitable transformational changes in research, education, and practice settings of the future.

Developing skills in EI is best done by coaching and organizations striving to improve EI skills should have leaders with strong EI skills utilize peer coaching rather than attempting to teach emotional intelligence in a traditional, didactic process (Codier, Kamikawa, & Kooker, 2011, Goleman, et al., 2002). Peer coaching utilizes observation,

conversation, and reflection to improve skills in a setting of confidentiality and trust (Codier et.al., 2011).

The purpose of this research was to measure perceptions of emotionally intelligent leadership behaviors among a group of nurse administrators. It was a quantitative, descriptive study. Results indicated that development of EI skills, particularly in the areas of conflict management and empathy may be indicated for this group of nurse administrators.

It is recommended that this study be repeated among a larger sample of nurse administrators as this may provide insight into an organizations' culture and leadership development needs.

References

- Boyatzis, R.E. (2011). The Creation of the Emotional and Social Competency Inventory (ESCI): Findings from a pilot study to achieve a higher psychometric standard with the ECI. Retrieved from http://www.e-russell.com/images/ESCI_Article.pdf
- Boyatzis, R.E. & Goleman, D. (2007). *Emotional and Social Competency Inventory- Version 3. ESCI User Guide*. Hay Group.
- Codier, E., Kamikawa, C., & Kooker, B.M. (2011). The impact of emotional intelligence development on Nurse Managers. *Nursing Administration Quarterly*, 35(3), 270-276.
- Cummings, G.G., Hayduk, L., & Estabrooks, C.A. (2005). Mitigating the impact of hospital restructuring on nurses: The responsibility of emotionally intelligent leadership. *Nursing Research*, 54 (1), 1-11.
- Cummings, G. G., Midodzi, W.K., Wong, C.A., & Estabrooks, C.A. (2010). The contribution of hospital nursing leadership styles to 30-day patient mortality. *Nursing Research*, 59 (5), 331-339.
- George, J.M. (2000). Emotions and leadership: The role of emotional intelligence. *Human Relations*, 53, 1027-1055.
- Goleman, D., Boyatzis, R., & McKee, A. (2002). *Primal leadership: Learning to lead with emotional intelligence*. Boston, MA: Harvard Business School Press.
- Hay Group, (2011). Emotional and Social Competency Inventory [description]. Retrieved from http://www.haygroup.com/leadershipandtalentondemand/ourproducts/item_details.aspx?itemid=58&type=1&t=2

Kafetsios, K., Nezlek, J.B., & Vassiou, A. (2011). A multilevel analysis of relationships between leaders' and subordinates' emotional intelligence and emotional outcomes. *Journal of Applied Social Psychology, (41)* 5, 1121–1144.

London Psychometric Laboratory at UCL (2011). Trait emotional intelligence overview.

Retrieved from

<http://www.psychometriclab.com/Default.aspx?Content=Page&id=7>

Lucas, V., Laschinger, S., & Wong, C.A. (2008). The impact of emotional intelligent leadership on staff nurse empowerment: The moderating effect of span of control. *Journal of Nursing Management, 16*, 964-973.

McQueen, A.C.H. (2004). Emotional intelligence in nursing work. *Journal of Advanced Nursing, 47* (1), 101-108.

Morrison, J. (2008). The relationship between emotional intelligence competencies and preferred conflict-handling styles. *Journal of Nursing Management, 16*, 974–983.

National Center for Healthcare Leadership, (2011). NCHL Health Leadership

Competency Model. Retrieved from

<http://www.nchl.org/static.asp?path=2852,3238>.

Parker, P.A. & Sorenson, J. (2008). Emotional intelligence and leadership skills among NHS managers: An empirical investigation. *The International Journal of Clinical Leadership, 16*, 137-142.

Petrides, K. V., Pita, R., & Kokkinaki, F. (2007). The location of trait emotional intelligence in personality factor space. *British Journal of Psychology, 98*, 273–28.

- Rosete, D. & Ciarrochi, J. (2005). EI and its relationship to workplace performance outcomes of leadership effectiveness. *Leadership Organizational Development*, 26, 388-399.
- Salovey, P., & Mayer, J.D. (1990). Emotional intelligence. *Imagination, Cognition, and Personality*, 9(3), 185-211.
- Vesterinen, S., Isola, A., & Paasivaara, L. (2009). Leadership styles of Finnish nurse managers and factors influencing it. *Journal of Nursing Management*, 17, 503-509.
- Wang, Y.S. & Huang, T.C. (2009). The relationship of transformational leadership with group cohesiveness and emotional intelligence. *Social Behavior and Personality*, 37 (3), 379-392.
- Young-Ritchie, C., Laschinger, H.K.S., & Wong, C. (2009). The effects of emotionally intelligent leadership behaviour on emergency staff nurses' workplace empowerment and organizational commitment. *Nursing Leadership*, 22(1), 70-85.

