

AN AGE-OLD, NEW KIND OF NURSING INTELLIGENCE

AT THE FOUNDATION of understanding and applying any new skill is a basic understanding of its core concepts and often its history. Every acquired discipline, from architecture to the practice of law, requires attention to elementary principles. Emotional skill, specifically as it relates to nursing leadership, is no exception. In fact, emotionally intelligent nurse leaders have the opportunity to hone three skills: nursing, leadership, and emotional ability. In the pages that follow, we will explore the foundations of emotional intelligence and set the stage for applying emotional skill to effective leadership in nursing.

The Nurse as Caregiver

Since the dawn of the nursing profession, nurses have been viewed as caretakers or caregivers. A late nineteenth-century description of the nursing role includes the following:

Every physician recognizes the importance of good nursing. In the treatment of disease medicinal agents are necessary to combat the various symptoms as they arise, but it is equally important that the surroundings of the patient should be so arranged that he may be supported and tided over the critical period of his illness. It is not too much to say that in many illnesses good nursing is more than half the battle. When a man is seriously ill he is practically as helpless as a child, and can neither think nor act for himself. He is fortunate should there be some friend or relative who will take the initiative for him, but there are many people—often men in good social position—who

have no one about them whom they would care to trust. The sick man sends for his doctor, and nurses are provided on whom rests the responsibility of seeing that he is properly cared for, and that no advantage is taken of his helplessness. The trust is a sacred one, and for the honour of the nursing community is rarely or never abused [*Ambulance Work and Nursing*, c. 1898].

Caregiving defines nursing even to the present day. Despite the increasingly technical and knowledge-rich nature of nursing, the expansion of nurses into significant health care leadership positions, and the growing number of nursing professionals who hold master's or doctoral degrees, the patient-nurse relationship still involves giving and receiving care. Highly qualified through certification, advanced learning, and experience, the nurse combines skilled medical administration with the roles of teacher, minister, and friend.

The "sacred trust" formed between nurse and patient is built on more than medical skill. It contains elements that are inevitably social and emotional. As nurses administer metered doses of potent medications, they assess patients for signs of depression and fear. As they explain treatment options to patients, they calm fears and anxieties by means that cannot be ascribed to procedural knowledge. Fundamentally, nursing involves a complex blend of accuracy and intuition, reason and emotion.

Emotion and Reason: The Traditional Dichotomy

The relationship between the rational and the emotional, then, must be explored. Traditionally, the two represent opposite poles of a dichotomy. Most people may be able to recall how emotions were viewed during their childhood, but in order to advance in emotional aptitude, it is helpful to first understand exactly how one was taught to perceive, manage, and express emotion in everyday life. Many people were taught that there was no way for emotion and reason to peacefully coexist and that the two must by nature be at odds with each other. Many were taught the necessity of leaving emotions out of decision making.

Emotion and Reason: Their Interdependency

The emotional and rational realms overlap, interact with, and affect each other. Despite notions of the desirability of separating emotions and reason, both realms must be acknowledged in order to provide quality health care, especially as medicine becomes more technical. Understanding

how the two realms overlap is becoming ever more important as medicine presents us with issues such as life support decisions and genetics counseling. Such decisions as opting for elective oophorectomy or mastectomy to avert cancer (Dimond, Calzone, Davis, and Jenkins, 1998) or remaining childless because of genetic test results highlight the impossibility of ignoring the emotional component in rational health care decision making. Nurses especially, as patients' lifelines, need to understand the emotional dimensions in such clinical situations. Recognizing emotions and facilitating the transition from one to another are skills of emotional intelligence that serve nurses in such settings.

Emotion and Nursing Leadership

Increasingly, leaders in all fields acknowledge emotional processing, which was once left to instinct and intuition, as a vital component of executive ability. Without this skill, health care managers in hospitals, home care, outpatient care, nursing facilities, and other settings may face the challenge of rectifying the wrongs that result when emotions are handled ineffectively. Managers may be less able to communicate optimally with clients, families, or other health care professionals than they would be with better emotional skills. Important gains can be made in health care leadership by giving attention to the significant and critical emotional element present in every health care situation and by ensuring that nursing leaders develop their emotional potential, especially now that these competencies are recognized as skills that can be developed rather than less malleable personality traits (Freshman and Rubino, 2002).

Linking Emotional Elements and Leadership Style

For emotional development to occur in leaders, the concepts of emotional intelligence and leadership must be linked in such a way as to demonstrate a relationship between aspects of emotional intelligence and facets of leadership style. Various leadership styles have been described by different theorists (Blake and Mouton, 1978; Kouzes and Posner, 1995; Covey, 1991; Yukl, 1998), and their individual characteristics and actions have been explained (Birrner, 2002; Blake and McCauley, 1997). Because these characteristics are often associated with character traits, intuitive links between types of leaders and specific emotions often derive from experience. For example, one might associate an authoritarian manager with anger or lack of compassion, and a more relaxed or personable managerial style with cheerfulness.

Linking Specific Emotional Abilities to Leadership Style

Beneath these relatively easy-to-identify traits that characterize certain types of leaders lies another aspect of emotion not as readily apparent—the ability to identify, facilitate, understand, and manage emotion (Mayer, Salovey, and Caruso, 2000, 2002). Although we may identify anger with the tyrannical boss, appropriate management of that emotion may net an entirely different leadership style that we would no longer recognize as tyrannical. The personable, cheerful manager may be perceived by colleagues as friendly but may become a more effective leader by better understanding how underlying emotions cause individuals to react to adverse situations and how to help others manage these emotions in times of conflict. One of the first to note that effective leaders tend to have more emotional competencies was David McClelland, and research on this topic continues to this day, especially since the subject was popularized by Goleman (1995) (Freshman and Rubino, 2002).

Mayer and Salovey (1997) defined emotional intelligence as “the ability to perceive accurately, appraise, and express emotion; 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 intellectual growth” (p. 10). Abilities on this scale may be specifically tied to practical aspects of leadership style, and development of these abilities may be tied to professional and personal growth.

It is especially important, then, to explore what it is to be an effective leader in health care and not merely to act like one—intertwining Mayer, Salovey, and Caruso’s (1999, 2000, 2002) constructs of emotional ability with specific leadership traits, exploring how these abilities can be learned as part of personality (Mayer, Salovey and Caruso, 2002), and discussing examples from earlier times, before the time went away and during which emotional art was as common at the bedside as medical science. We now have a clearer, more scientific view of what this art was and how it can be applied to other forms of knowledge to synergistically meet the demands placed on nursing leaders today.

Emotionally Intelligent Leaders Create

Leaders who are emotionally literate are more willing to experiment, more willing to make mistakes, and more ready to widen the span of their employees’ control. Nursing leaders face a significant challenge in these aspects of leadership. Risk taking in leadership is often associated with

liability for the actions of oneself or others, and in the health care setting, this liability involves a significant human life element that is not present in other fields. Policies and procedures abound, and adherence to standards is imperative when quality of care is at stake. How, then, does the nurse leader become one who creates, one who empowers, and one who takes risks within the organization? What abilities beyond a command of clinical and administrative skills give the nurse leader an edge on effectiveness that others may not possess?

Leaders who create take their work beyond duty to inspiration. They shape an enjoyable work culture and encourage employees to shape it as well. They foster a positive emotional climate in order to encourage participation. They are not afraid of failure; instead, they use it to teach success (Farson and Keyes, 2002). Having creative leaders will lead to having creative employees, which will result in more team spirit, more employee loyalty, and better productivity (Kouzes and Posner, 1995).

Emotionally Intelligent Leaders Communicate and Share a Vision

In addition, emotionally literate leaders possess and share a vision of the ideal workplace. They communicate their vision of success, and by doing so, they inspire others to collaborate with them in making the vision a reality. They are planners, developers, and motivational managers (Kouzes and Posner, 1995; Mayer, Salovey, and Caruso, 2000, 2002).

Leaders should be the visionaries of their organizations and should understand what is needed to make them successful; this notion is very much supported in current thought. The Baldrige National Quality Program stipulates visionary leadership as an overarching critical element among performance excellence criteria for health care (Levey, Hill, and Greene, 2002). The Magnet Nursing Services Recognition Program defines and acknowledges features of hospitals that resulted in retention and recruitment of talented staff and improved patient outcomes (Aiken, Havens, and Sloane, 2000), results for which a solid vision is often at the core. Nursing team leaders should be able to communicate the possibilities of the long-term future and how present activities will translate to achieving that vision. In imagining the future, most imagine the ideal. High standards are a consequence of imagining that ideal. Part of being a leader is the ability to communicate persuasively, which includes conveying the conviction that the future will be better, even when the current situation presents a threat or major change (Bardwick, 1996). To achieve this, certain emotional tools are necessary, including the ability to recognize and manage emotions inherent in change (Mayer, Salovey, and Caruso, 2000).

Emotionally Intelligent Leaders Set an Example

Emotionally skilled leaders not only set a high standard but also set an example of excellence for others to follow. Because of their stability, they can encourage others to do as they do as well as to do what they say. They are not afraid of being wrong or admitting it, and they are ready to acknowledge credit for work well done. They operate personally, interpersonally, interdepartmentally, and organizationally in the same way, consistently representing their work and that of others. They balance their lives and expect others to do the same.

What sets these leaders apart is that they challenge the system from within while participating, while making the process better. They are not the managers who stand and criticize, failing to apply to themselves the rules they apply to others. In this way, they encourage others to act and to participate in the ongoing betterment of the work at hand.

Emotions in Organizational Teams

The preceding paragraphs point out that the emotional skills critical to effective patient care actually translate to better leadership ability. In the dual role of caregiver and leader, the nurse manager interfaces laterally with colleagues and vertically with patients, subordinates, and corporate administrators. The interfaces are no longer unilateral but are increasingly collaborative. Nurse managers find themselves not simply giving orders and taking orders but rather engaging themselves and their staff, their superiors, their colleagues, and even their patients, in participative decision making. As shared leadership becomes formalized in many organizations, its collaborative principles already typify even informal interactions in the health care team. It is becoming the norm.

It has to. Without it, patients are patients, doctors are doctors, dietary aides are dietary aides, and administrators are administrators in the senseless world of poking, prodding, and speedy discharge that patients have come to know as “the health care system.” Without collaboration and team decision making, patients, nurses, aides, and even doctors may have no idea what the goals are or where they are in relation to their accomplishment.

Admittedly, not all work is done by teams, but the team concept is becoming the norm in many organizations. In health care, diagrams of teams often show interactive, interdisciplinary representation with the client in the center. Because *team* can be misinterpreted to mean “a group of people working on the same thing,” it is important to differentiate here

between work groups and teams in organizations and to realize that the two are not synonymous. Teams include an interpersonal accountability that work groups do not always have. As such, the development of a team involves an element of risk that the formation of a work group does not (Katzenbach and Smith, 1993). However, despite the risk, analyst Lyle Spencer, Jr., asserts that the synergy of a well-developed team brings “huge leverage” to the organization (Goleman, 1998b, p. 217).

In today’s dynamic organizations, and especially in health care, the synergistic contribution of effective teams is critical. While a work group may be sufficient for handling routine or stipulated agendas, such a group may lack the ability to optimally manage the complexities present in health care, with its multimodal emphasis on medicine, ethics, finance, and legal issues. Understanding, not just acknowledging the issues, however, requires emotional literacy (Mayer, Salovey, and Caruso, 2000, 2002).

The Role of Emotional Intelligence in Team Interactions

The ability to work as a team member is especially important in the workplace today, and emotional aptitude can play a considerable role in effective team membership (Goleman, 1998b; Druskat, 2001). A team situation brings together the individual tastes, ideas, opinions, and professional philosophies of everyone at the table. Unlike the revered family dinner table of the 1940s, where individualism was hailed but there was the comfortable assumption that a dad prevailed on anything requiring a decision, today’s team setting is likely to yield a variety of opposing and concurring views without ultimate authority for their resolution. In a multidisciplinary team, leadership may shift depending on whose expertise is most critical to the particular decision at hand. Even so, groups of individuals do not automatically become harmonious merely by coming together for the same purpose any more than a string orchestra can play in harmony simply by watching a director. The instrumentalists must listen to one another, listening with an ear that understands when things are going wrong. If they don’t listen to one another, they are unable to hear their own notes in a context that affirms their wholeness.

Likewise, team members must listen to each other with an ear that understands when things are not flowing appropriately. This ear must be able to “hear” crushed alliances, foundering certainty, and deflated morale. When problems are recognized, the more team members and leaders can redirect these occurrences by rebuilding alliances, negotiating, and facilitating decision making, in addition to fostering a strong work ethic,

the more likely the team is to succeed (Katzenbach and Smith, 1993). Nursing leaders may be team members or team leaders. In many senses, they may be both, acting as care coordinators in a multidisciplinary model while representing the practice of nursing, for example. Whatever his or her role within a team, the nurse's emotional ability can foster a more congruent, effective team environment.

"Primary Greatness" and Emotional Coaching

Further, an emotionally intelligent person, whether a team member or a team leader, can achieve what Covey (1991) calls "primary greatness," which is an alignment of beliefs with behavior. This accomplishment may or may not be rewarded. At this point, having obtained some skills to share, the emotionally intelligent person can coach others in developing their emotional powers. Such coaching fulfills the responsibility of mentoring others. As a parent trains a child or a professor trains a beloved student, the emotional coach not only shares knowledge but also imparts a vision, nurtures a belief in the protégé's abilities for and commitment to the job at hand, and expresses and acts on a dedication to the institution or relationship that shelters both of them.

Emotionally Intelligent Conflict Management

Perhaps one of the most real yet avoided aspects of health care leadership is the need to identify, confront, and resolve conflict. It is nearly enough to say that conflict mediation and resolution rely on three things: communication, communication, and communication. Conflicts are as diverse as the people who experience them, but they can all be moved toward resolution if careful attention is paid to how people are arguing as well as what they are arguing about. Equally important, once these aspects are understood, is an ability to empathize with both sides. Understanding how people are feeling as they argue, including the fears that motivate them, and helping them verbalize those feelings can help bring clarity to what is at stake and determine whether combatants are willing to take the potential losses.

Furthermore, in clinical situations, patients and their families often have to weather bad news—an unfavorable diagnosis, the loss of a loved one, or the prospect of a long battle against disease. Exchanges between caregivers and patients in these situations require careful gauging of the emotional impact of the news and an understanding of the emotional responses of all parties. Think of the physician who demands emotional distance, the

patient who needs a hand to hold, and the nurse overextended due to understaffing. In administrative situations, nurse managers have to discover ways to deliver other kinds of bad news—poor job performance reviews, layoffs, or unpopular changes in operations. Managers can be appropriately sensitive in these situations, offer solutions, and be an asset to the organization and the employee by employing the tools of emotional intelligence.

The Concept of Emotional Intelligence

Although the term *emotional intelligence* was used by Salovey and Mayer in 1990 (Salovey and Mayer, 1990), philosophers, researchers, and religious leaders have attempted to focus on monitoring behavior and finding awareness for centuries (Freshman and Rubino, 2002). Here it becomes important to formally define and distinguish emotional intelligence skills from some common misinterpretations of true emotional ability. The information directly following will also distinguish Mayer, Salovey, and Caruso's work in emotional intelligence as the primary basis for this book (Mayer, Salovey, and Caruso, 1999, 2000, 2002).

What Emotional Intelligence Is Not

First, the concept of emotional intelligence, as we know it today, is relatively new, although it has evolved over decades from cognitive and social research (de Beauport, 1996; Goleman, 1995; Sternberg, 1985; Sternberg and Wagner, 1986; Freud, 1960; Gardner, 1983; James, 1963). An attempt to classify genuine concern and compassion as “emotional skill” may be met with a different set of criteria today than it once might have. Despite widespread belief, caring and concern, or even intensity of feeling, are not the equivalents of emotional intelligence, though they may very well coexist. Emotional intelligence does not equate to touchy-feely scenes or sentimental moments. In other words, the most attentive and supportive bedside nurse of twenty years ago might or might not be deemed “emotionally literate” on today's scale, depending solely on specific abilities within the emotional spectrum.

What Emotional Intelligence Is

In 1997, Mayer and Salovey, the academicians whose theory of emotional intelligence was popularized by Daniel Goleman (1995, 1998b), published a definition of emotional intelligence that corrects problems in earlier

definitions (Salovey and Mayer, 1990; Mayer and Salovey, 1993): “Emotional intelligence involves the ability to perceive accurately, appraise, and express emotion; 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 intellectual growth” (Mayer and Salovey, 1997). Over the past decade, Mayer, Salovey, and Caruso have created and formalized a structured emotional skill set that delineates basic to advanced skills (Mayer, Salovey, and Caruso, 2000, 2002). This is important now, because psychological research in recent years has been able to demonstrate what has long been accepted as an unproved fact: that those skilled in identifying, using, understanding, and regulating emotions can succeed when those with a high IQ may fail. They can go where intelligence alone cannot take them. Furthermore, unlike IQ, which is believed not to change, emotional intelligence can be taught and its skills refined (Goleman, 1998b).

The History of Emotional Intelligence

It is interesting to note that the modern definitions and concepts of emotional intelligence have their roots in the works of earlier theorists who defined emotion (Fisher, Shaver, and Carnochan, 1990; Fewtrell and O'Connor, 1995; Smith and Lazarus, 1993; Turski, 1994; Vanman and Miller, 1993), “personal intelligence” (Gardner, 1983), and “practical intelligence” (Sternberg and Wagner, 1986). Zeidner, Matthews, and Roberts (2001) referenced a concept by early intelligence theorist Spearman that emotional content was among other aspects of character that were components of will. The work of later theorists (Goleman, 1995; de Beauport, 1996; Cooper and Sawaf, 1997; Greenspan, 1997) elaborates the earlier definition of emotional intelligence proposed by Salovey and Mayer (Salovey and Mayer, 1990, 1994; Mayer and Salovey, 1993), categorizing its functions and proposing various applications for emotional health and success. The definition of Mayer and Salovey (1997) is the culmination of theories equating emotional intelligence with the ability to understand and respond appropriately to feelings.

Much of the research in this emerging field of study can be attributed to dissatisfaction with purely academic measures of intelligence. Theorists who first sought to advance the concept of multifactoral intelligence (Gardner, 1983; Sternberg, 1985) use the self-awareness and relational principles discussed by Freud (1960) to support their theories that intelligence comprises more than just cognitive aspects. Cooper and Sawaf (1997), de Beauport (1996), Goleman (1995, 1998b), and Mayer and

Salovey (1993, 1994) discussed the relationship between emotions and cognitive skills that forms the foundation of modern concepts of emotional intelligence.

Emotional Intelligence as a True Intelligence

Intelligence, in general, refers to an individual's capacity to adapt through information processing and effective cognition. Some define intelligence as mental ability or the ability to absorb complex material. However, intelligence as a general concept does not define all the specific abilities that are components of intelligence (Roberts, Zeidner, and Matthews, 2001).

An intelligence must meet three criteria to be a true intelligence (Mayer, Salovey, and Caruso, 1999): a correlation criterion, which involves defining a set of abilities that can be moderately intercorrelated with one another; a developmental criterion, which requires that tested abilities develop with age and experience; and a conceptual criterion, which involves demonstration of actual mental abilities, not just the desire to possess those abilities. Emotional intelligence does involve this actual demonstration of ability, which is further subdivided by Mayer, Salovey, and Caruso (1999, 2000, 2002) along a continuum from lower, molecular skills to higher, more complex skills. In 1999, Mayer, Salovey, and Caruso presented a new scale for measuring emotional intelligence, known as the Multifactor Emotional Intelligence Scale (MEIS). They argued, based on findings from the use of this scale, that emotional intelligence was much like traditional intelligence. It could be measured with correct or incorrect answers; diverse tasks could be assigned to measure it; and tasks were positively correlated (Mayer, Salovey, and Caruso, 1999, 2002). The Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT) measures each of these skills as eight task level scores (such as faces or pictures), which combine to form four branch level scores (such as perceiving emotions in faces and pictures). Branch level scores combine into two area level scores, which represent the two main diagnostic areas of emotional intelligence (experiential and strategic emotional intelligence). These components will be explained more thoroughly in Chapter Three (Mayer, Salovey, and Caruso, 2000, 2002).

Levels of Emotional Intelligence

Emotional identification, the most basic level of emotional aptitude in Mayer, Salovey, and Caruso's model, involves recognizing emotion in artwork or a facial expression (Mayer, Salovey, and Caruso, 1999, 2000,

2002). Facilitation, the next level, requires the ability to contrast emotions with one another and with other thoughts and sensations such as sound, taste, and color. The third level of the model involves emotional understanding. There are unique rules followed by each emotional state—for example, happiness, fear, anger, or sadness. The third level of emotional aptitude involves reasoning about the interactions among these emotional states. The fourth and highest level involves emotion management. This level may include the ability to alleviate the anxiety of another person or to calm oneself after becoming angered. According to Mayer, Salovey, and Caruso (1999, 2000, 2002), proficiency in the fourth stage denotes achievement of the highest level of emotional intelligence.

Stated another way, emotion management is the highest skill attainable on Mayer, Salovey, and Caruso's (1999, 2000, 2002) four stage, or "four-branch" model, whose measurement was briefly described earlier, and must be preceded by understanding emotions. Before emotions are understood they must be facilitated, and before they are facilitated, they must be identified. According to the model, one level cannot be achieved before all lower levels are mastered. For example, understanding cannot precede identification. Mastery of all levels results in true emotional intelligence. Mayer, Salovey, and Caruso's theory is a construct through which it is possible to organize emotion into developmental stages, to perceive a hierarchy of emotional aptitude, and to make associations between concepts of emotions.

Emotional Intelligence in the Workplace

The concept of emotion's influence on day-to-day life and even on business is accepted by prominent theorists (Gardner, 1983; Goleman, 1995). Emotion and its relevance in the workplace are gaining international recognition. For example, Asian employers increasingly view emotional intelligence as a vital job skill (Slater, 1999). Ashforth and Humphrey (1995) describe the pejorative view of emotion that is established in conventional thought, which positions it as the antithesis of rational thinking, as a simplistic stance on emotion. They recommend a change in the administrative paradigm to reflect the interdependence between emotion and rationality, the natural inclusion of emotion in any task-oriented activity, and the need for a holistic view of interactions in the workplace.

How Emotions Come to Work

Although efforts are often made to separate emotion from the workplace, the two are inseparable because people carry emotion with them wherever they go. Through suppression, emotions often come to work in more

professional attire. Ashforth and Humphrey (1995) describe four kinds of suppression: neutralizing, using rational norms to keep emotion from emerging, is seen, for example, when we require completion of numerous forms before facing a contentious client; buffering, intentionally keeping emotion and rationality compartmentalized, may come across as “detached concern” and is often observed, for example, in physicians who want some degree of rapport with patients but who do not want to totally relinquish rationality. Other ways emotions can be suppressed include prescribing (applying “appropriate” emotional cues to the situation at hand—for example, a bill collector’s voice conveys urgency and a flight attendant appears cheerful); and normalizing (creating a rational explanation for an emotional decision—for example, arguing that a proposal was rejected because of its high cost, not because of a dislike of the employee who suggested it).

Why Emotional Intelligence Is Important at Work

Methods of emotional suppression are often present in fields that espouse professionalism, including health care. Goleman (1995) describes a physician who buffered himself from the emotional trauma of one patient’s tears by demanding that the patient leave his office. When emotions are suppressed at work, the destructive force of denying the emotions is compounded by the relinquishment of positive gains that can be achieved by accurately interpreting the emotional climate. “Knowing when to laugh at the boss’s jokes, when to trust a coworker with a confidence, and when someone is on the verge of a nervous breakdown are, collectively, a form of smarts . . . vital to workplace survival,” Farnham, Faircloth, and Carvell (1996) wrote in *Fortune*. However, emotional knowledge is not just about survival; it is about improving, raising not only the prospects of the individual but also those of the collective, and about promoting emotional and intellectual growth. Skills that lead to such improvement include being aware of others’ feelings, being able to detect rising disagreements and prevent their escalation, and being able to achieve a “flow state” at work—that is, being able to accomplish work in a smooth, fluid manner (Csikszentmihalyi, 1997). In summary, emotions are always present at work; they can be dealt with or suppressed, used advantageously or detrimentally. How this is accomplished—and the result—depend on the emotional knowledge of the worker, team, or leader.

Authors and researchers explain further how important emotions are at work. Elfenbein and Ambady (2002) found that of the emotional abilities, emotion recognition was the most reliably validated and proposed that its implications are large for organizational effectiveness. Cherniss

(2003) presented nineteen examples of how emotional intelligence affected businesses and their bottom line. In the health care setting, Marvel, Bailey, Pfaffly, Gunn, and Beckham (2003) examined how relationship-centered care improved health outcomes. Gustafson (2003) and Freshman and Rubino (2002) point out how the competitive and businesslike atmosphere that used to dominate interactions between staff and the public must change to incorporate the relational needs of individuals.

The Impact of Emotional Intelligence on Nurses and the Organization

What scientist would not pay for the opportunity to increase his or her cognitive intellectual ability, if only to understand a theory in a new way? A scientist might wonder whether a slight increase in his or her IQ would lead to a significant advance in research or technical expertise. It is likely that if classes in increasing one's IQ were offered, we could expect eager participants from all occupations, from students attempting to do better on college entrance examinations to businesspeople seeking a competitive edge.

Some level of emphasis on IQ has been present through the years, but not without a bold disclaimer. Unlike college entrance scores or grades on arithmetic tests, IQ scores do not change regardless of the amount of preparation or study. Nevertheless, it has been intuitively known for some time that success is not directly attributable solely to the kind of intelligence measured by IQ tests.

Emotional intelligence is believed by many to be the determinant of who advances most quickly within an organization (Weisinger, 1998). The development of emotional intelligence theory coincides with changes in the workplace that intensify the usefulness of emotional skills. These changes include the globalization of the world economy, in which social and community interests may influence interactions (Kanter, 2003); the growth of information and its impact on work; the shift from individual effort to teamwork; and the rise of the transformational leader.

Emotional Abilities Can Be Learned

As I implied earlier in this chapter, attention to the emotional element is increasingly imperative for effective health care leadership. The propensity for rapid change that characterizes health care, as well as the critical, life-and-death nature of the business itself, is a likely contributor to emotional reactions in its leaders. Leaders must take the time to reflect on their

own environment and assess emotional states (Goleman, 1998b; Chaffee and Arthur, 2002). It is possible that elements of the same emotional spectrum that, when managed appropriately, are thought to contribute to productive management methods, actually predispose leaders unaware of their emotions to less desirable managerial styles.

Fortunately, for executives, teams, and organizations, needed competencies for emotional intelligence can be delineated, acquired, and refined (Mayer and Salovey, 1997). To learn the desirable competencies, leaders must assess their own managerial style, determine their own level of emotional intelligence, and then seek to develop the skills that need improvement. Development of emotional intelligence skills that contribute to effective leadership attributes can conceivably result in a more productive managerial style.

Nurses and Nurse Leaders Can Benefit from Improved Emotional Intelligence

Nurses are the public face of the health care system, the people who are actually perceived as taking care of the sick. Despite the menagerie of staff members who interact with a confined patient on a given day, the patient's nurse is the coordinator of everything and is responsible for just about everything, at least in the eyes of the patient. Anecdotally, nearly everyone in a uniform is "the nurse" to many patients who are unfamiliar with various hospital roles. "The nurse" thereby takes on active and passive accountability for the patient's physical and emotional comfort. Collaboration, conflict resolution, coaching—all are leadership skills that can be used by any nurse, from the unit manager to the nurse caring for a group of patients postoperatively. Any nursing role can be enhanced by development of emotional intelligence skills.

The Emotionally Intelligent Organization of the Future

What can the emotionally intelligent nurse leader do, then, to enhance the work environment? How can he or she help to create the empathetic culture necessary to communicate and lead, a setting where workers' concerns are supported? Several major organizations, such as Federal Express and Southwest Airlines, have been able to attribute a better bottom line, at least in part, to more careful attention to workers' concerns. One symbolic example is that Southwest named the department that other companies call "Human Resources" its "People Department." Other emotionally intelligent organizations, including hospitals, have posted

successes in the form of company loyalty, high safety marks, and low absenteeism. In a health care environment, the organization that encourages a more emotionally intelligent workplace is encouraging the same kinds of relationships between its workers that health care workers want to create with their patients. Such alignment of beliefs and behaviors, as I mentioned earlier in this chapter, is one way that organizations can move to the forefront in their industries.

The Institute of Medicine, chartered in 1970 as a nonprofit component of the National Academy of Sciences, recently issued a report on U.S. health care quality. This report calls urgently for a redesign of the system. Leadership is key to redeveloping health care (Institute of Medicine, 2001). Organizations of the future will represent a distinct transformation of the organization of the past, with hierarchical pecking orders giving way to effective working relationships. Future organizations will need to be oriented toward group and team action, and learners will have to learn in groups, continuing and extending current practices such as multidisciplinary teams that lead hospital practice and surgical teams that work and learn together. Leaders in these organizations will need multiple skills. For example, witness the growth of young physicians with PhDs and MBAs. These leaders, because they are multidimensional, will create a health care culture that is more relational than that of the past. The traditional hierarchy becomes less relevant when managers become more responsive and line employees more responsible, making the employee excuse “Hey, I only work here” passé and the distance of managers from customers minimal. As a result, the ability to accomplish goals and finish projects successfully with many partners is becoming a new measure of career capability that, for some, is replacing the concept of the career ladder.

Summary

Leadership styles can be related to emotional ability. Emotionally intelligent leaders create, share a vision, and set an example for constituents. In today’s health care environment, the interface between leadership and followers is becoming increasingly collaborative, replacing the unilateral, top-down approaches seen in the past. Team interactions depend more and more on emotional skill for problem solving and conflict management. This chapter has given an overview of the concept of emotional intelligence and its significance in the workplace; next, we will explore the key role that emotional skill can play in specific aspects of health care leadership.

TEN THINGS YOU CAN EXPECT TO LEARN FROM THIS BOOK

1. The traditional dichotomy between emotionality and rationality needs to be reexamined and a new paradigm created, based on the increased need for emotional skill in the face of rapid technological advances in health care.
2. Emotional intelligence skills can be specifically linked to certain aspects of leadership style and developed and enhanced to increase leadership effectiveness.
3. Emotionally intelligent nursing leaders can foster an environment of creativity, an enjoyable work culture, and a sense of employee loyalty within an otherwise procedure-oriented work setting.
4. Nursing leaders who are emotionally literate have and share their vision of the ideal workplace, communicating this vision and inspiring others to believe that the vision or ideal can become a reality.
5. Emotionally intelligent nursing leaders do what they say they will do and operate consistently in all aspects of their role. They readily admit mistakes and also accept credit for a job well done. They provide a solid example and, through their actions, encourage others to follow their example.
6. Team membership or leadership benefits from emotional skill; in fact, without it, it is difficult for teams to operate harmoniously.
7. Emotional coaching fulfills a chief mentoring responsibility owned by nurse leaders.
8. Conflict, though often avoided and seldom enjoyed, is a very real aspect of health care as well as of leadership, and conflict resolution is enhanced by application of appropriate emotional skills.
9. Emotionally intelligent nurse leaders can foster emotionally intelligent work cultures, which have produced both tangible and intangible results at many major organizations.
10. The organization of the future promises to be oriented toward team action and relational skills rather than traditional hierarchy.