Role of emotional intelligence in effective nurse leadership

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Abstract
Emotionally intelligent leaders demonstrate a sensitivity to their own and other people’s psychological health and well-being, directing others towards common goals while developing effective personal relationships with their colleagues and team members. Emotional intelligence is particularly relevant in the context of the coronavirus disease 2019 pandemic, where nurse leaders need to demonstrate this skill when supporting their teams to manage high levels of stress, exhaustion and the risk of moral injury. This article explores emotional intelligence, discusses its importance as a characteristic of effective nurse leaders and managers, and suggests practical activities that leaders can undertake to develop their emotional intelligence skills.

Keywords
- coronavirus
- COVID-19
- leadership
- leadership development
- leadership models
- leadership skills
- management
- professional
- staff welfare
- wellbeing
- workforce

The coronavirus disease 2019 (COVID-19) pandemic has presented significant challenges for nurses and other healthcare professionals. These have included practical issues regarding the availability and suitability of personal protective equipment (PPE), as well as adverse effects on staff well-being and financial challenges, all of which have been widely reported in the media (Brindley 2020, Jones-Berry 2020, Allen 2021). To meet staffing needs in pressured services, many nurses have been reallocated to new clinical areas, or to clinical areas where they had not worked for some time, often causing them to experience personal challenges and stress (Brindley 2020). Furthermore, during the COVID-19 pandemic, many nurses have frequently experienced situations where they had to make ethically challenging decisions regarding patient care, for example prioritising certain aspects of care over others due to pressures on resources. Consequently, the occurrence of moral injury in nursing has been increasingly discussed in the literature (Hossain and Clatty 2021, Pearce 2021). The term moral injury refers to the potential long-lasting negative psychological and emotional effects of decisions and actions that are contrary to one’s personal moral values or beliefs. It has been suggested that the challenges brought about by the COVID-19 pandemic may have caused moral injury in nurses (Hossain and Clatty 2021). This calls for a heightened sense of emotional intelligence and compassion among leaders to support their teams.

This article suggests that, particularly at times when nurses experience high levels of stress and exhaustion and are at increased risk of moral injury, nurse leaders need to demonstrate high levels of emotional intelligence to support their team, ensure their team members feel valued, achieve desired goals and work together in a unified direction. The article also provides some examples of practical activities that leaders can undertake to enhance their emotional intelligence.

Defining leadership and management
Leaders are essential in all organisations to achieve goals and support effective teamwork. Leadership and management are two of the most researched fields in academia and are central to the functioning of healthcare organisations. However, despite this, they remain somewhat nebulous concepts, with Stogdill (1974) asserting that there are almost as many definitions of leadership as there are persons who have attempted to define it.

The terms ‘leadership’ and ‘management’ are often used interchangeably, but they have distinct...
characteristics. Management is generally seen as a process for ‘making things happen’, providing order and consistency, and, in the case of public services including healthcare, directing resources and people towards the provision of services (Watts and Curran 2011, Long 2017, Major 2019). In contrast, leadership is generally understood to refer to the ‘development of a shared vision’ (Watts and Curran 2011). Therefore, leadership should be visionary, innovative, values-based and strategic (Watts and Curran 2011).

One of the issues with the existing concepts and theories of leadership and management is that they may compartmentalise functions. However, during a typical working day, a nurse may move seamlessly between leadership activities – for example, guiding a healthcare assistant they work with or delegating work to others if they are the nurse in charge – and management activities – for example, managing the processes required for patient arrivals and discharges. Therefore, leadership and management are more complex and interrelated than the siloed perspective sometimes perpetuated in the literature (Hajek 2013).

According to Wall et al (2017), there is extensive literature that supports the positive role of emotions at the personal, organisational and societal levels, including in relation to job satisfaction. Therefore, it is important that leaders and managers are aware of their own emotions, as well as those of others, to optimise the performance of their colleagues and team members.

Transformational leadership and transactional leadership

Over the past few decades, several leadership styles have been identified. These styles can typically be divided into two categories – relationship-oriented leadership and task-oriented leadership – which have also been conceptualised as transformational leadership and transactional leadership, respectively.

Transformational leadership focuses on leading through change. Its central idea is that to work effectively, people need to have a sense of mission and purpose that goes beyond praise or rewards for their work (Avolio and Bass 2002, Collins et al 2019). The focus of this style is on leaders developing relationships with their colleagues and team members, so compassion and emotional intelligence are important characteristics of transformational leaders (Collins et al 2019). Other characteristics of these leaders include being motivational, trustworthy, respectful, an effective communicator and an active listener (Renjith et al 2015).

There are four primary elements of transformational leadership, often referred to as the ‘four Is’ (Bass 1985, Avolio and Bass 2002, Collins et al 2019):

- Idealised influence – leading by example and setting expectations.
- Inspirational motivation – inspiring people to reach new heights.
- Intellectual stimulation – encouraging people to learn and grow.
- Individualised consideration – empowering and coaching people to achieve success.

In contrast, transactional leadership focuses on the achievement of tasks and short-term goals (Burns 1978). The term ‘transactional’ refers to clear objectives being set, tasks being completed and rewards being dispensed accordingly. In some organisations, rewards may be in monetary form, but in healthcare settings, they more often involve receiving praise, thanks or positive feedback (Burns 1978). Another feature of transactional leadership is management by exception, whereby the leader intervenes only when required but establishes some form of sanction if standards are not being met (Burns 1978, Richards 2020). Compared with transformational leadership, transactional leadership is less focused on developing relationships with colleagues and team members, and it typically does not involve recognising the emotional needs of individuals.

Some authors have suggested that transactional leadership is more of a management approach than a leadership approach, since it focuses on achieving short-term goals rather than establishing a long-term vision (Cope and Murray 2017, Richards 2020). However, to continue to encourage and motivate staff to complete tasks and activities, some of which may be perceived as tedious, leaders and managers need to find a balance between the transactional and transformational styles.

Emotional intelligence and emotional recognition

Whichever leadership style is used, Hughes et al (2005) asserted that leaders need to develop high levels of emotional intelligence to achieve individual and organisational success, particularly in person-centred professions such as nursing.

Emotional intelligence is the ability to perceive, evaluate and manage emotions in oneself, other people and groups. It implies an ability to know when and how to engage with others (Clancy 2014). This may be particularly relevant at times when the team is exposed to many stressors and pressures where team members are likely to be emotionally fragile as a result of structural and/or personal issues, such as during the COVID-19 pandemic.

Emotional intelligence centres on the ability to (Mayer and Salovey 1997, Mayer et al 2001):
Accurately perceive and express emotions. Use emotions to facilitate cognitive activities – for example, knowing how to respond in highly emotional and sensitive situations. Understand emotions in oneself and in others. Manage emotions for personal growth. The term ‘emotional recognition’ is commonly understood as the ability to perceive, express and understand emotions. It includes the ability not only to recognise one’s own emotions, but also to identify and interpret other people’s emotions, for example by observing their facial expressions or the tone of their voices, as well as emotions evoked by cultural objects such as books, paintings and films (Mayer et al 2001).

Emotionally intelligent leadership is based on an individual’s ability to control their feelings, thus enabling them to accept the feelings and viewpoints of others and to regulate social relationships and actions (Daramadi and Aghayar 2008, Raessi et al 2019). Nurses who lead with emotional intelligence demonstrate a sensitivity to their own and other people’s psychological health and well-being, directing others towards common goals while developing effective personal relationships with their colleagues and team members. Carragher and Gormley (2017) recognised that there is an important link between effective leadership and emotional intelligence and emphasised that the personal qualities required for emotionally intelligent leadership can be learned.

**Developing emotional intelligence at work**

The idea that human relationships rely on understanding other people’s needs and motivations is widely accepted, and this is a crucial aspect of emotional intelligence (Braithwaite 2018). Nursing involves the ability to ‘read people’, whether they are colleagues, patients or families. Lucas (2019) described emotional intelligence in nurses as their ability to recognise how they and others respond to situations and the use of this information to guide their decisions and actions.

Zeidner et al (2004) suggested that emotional intelligence is a crucial factor in determining success at work and is often associated with traits such as empathy, optimism and conflict resolution skills. Sani (2009) conducted research on the role of emotional intelligence in collaborative working between school administrators and teachers in Malaysia. The findings indicated that people with well-developed social skills have high levels of social awareness and emotional recognition and they use these abilities to develop positive relationships with others (Sani 2009). Research involving more than 800 employees and managers across four organisations in Israel indicated that those with higher levels of emotional intelligence were more satisfied with, and more committed to, their jobs than those with lower levels of emotional intelligence (University of Haifa 2010). They were also less likely to use forceful and aggressive forms of persuasion and tended to use softer tactics to influence others (University of Haifa 2010).

Recognising one’s own emotions is a fundamental trait of emotionally intelligent leadership because it enables an individual to manage other emotional information, such as the emotions of the people they are interacting with. Similarly, Major (2019) emphasised that self-awareness and reflection are crucial elements in the development of emotional intelligence. For nurses, self-awareness and reflection can be achieved through a variety of formal or informal processes such as revalidation, clinical supervision, mentoring, personal reflection and sharing experiences with a colleague or friend. One important aspect of reflection is to consider how it may change personal practice and leadership. Brindley (2020) referred to this as ‘closing the loop’, whereby action needs to follow on from reflection for it to have positive effects.

Goleman (1995) proposed five domains of emotional intelligence that can be integrated in leadership approaches:

- **Self-awareness** – the ability to recognise one’s own emotions, drives, moods and reactions and how they may affect others.

For leaders, this may involve recognising the effect that their emotions may have on their own and the team’s performance.

- **Self-regulation** – the ability to stay calm, control one’s impulses, avoid rushing to conclusions and thinking before making decisions or taking actions, particularly when emotions are high. This is particularly important in stressful situations where leaders need to make calm, rational decisions based on evidence rather than their impulses.

- **Motivation** – the ability to cultivate curiosity, acceptance of challenges, a drive for improvement and inspiring passion in others. Leaders need to empower and inspire their team to provide high-quality patient care, despite the pressures they experience in clinical practice.

- **Empathy** – the ability to recognise other people’s emotions, seek to understand other people’s views and perspectives, apply cultural sensitivity and avoid stereotypes. This is particularly important in healthcare settings, where all staff are potentially managing complex emotional issues, for example while providing end of life care. Demonstrating empathy can also potentially reduce any conflict between staff and patients.

- **Social skills** – the ability to create effective and strong relationships with others, put other people’s development above one’s own needs and ambitions, develop networks and establish a rapport with people and teams. Leaders who strive to understand their team members’ feelings and perspectives are likely to communicate and collaborate increasingly effectively with them.

Table 1 details some practical activities that leaders can undertake to enhance their emotional intelligence.

**Challenges for middle leaders**

In healthcare settings, the term ‘middle leaders’ can be used to describe anyone who has line management responsibilities who reports to a more senior leader or manager. Examples of these middle leaders include nurse managers and ward managers.
Lambert (2020) explored the ability of middle leaders to recognise emotions in the workplace. A total of 86 educational professionals working in non-managerial, middle management and senior management roles were asked to identify various emotions presented to them in a series of video clips. On average, participants in non-managerial roles identified 43% of emotions correctly and those in senior management roles identified 47% of emotions correctly; however, those in middle management roles only identified 22% of emotions correctly (Lambert 2020).

In Lambert’s (2020) study, people’s ability to recognise emotions decreased as non-managerial staff progressed to middle management but improved as middle leaders moved into senior roles. It could be that it is not the intrinsic ability to recognise emotions that changes but that, in their new role, middle leaders are affected by factors outside of their control and internal pressures resulting from other people’s expectations of them as leaders. Furthermore, middle leadership positions are typically more task-oriented than relationship-oriented, with these roles focusing on activities such as scheduling staff and prioritising work, which limits the time that the middle leader can spend on relationship-oriented activities (Lambert 2020). These findings suggest that, rather than progressing in a linear manner as previously thought (Subic-Wrana et al 2011), an individual’s emotional recognition skills may fluctuate according to their level of managerial responsibilities (Lambert 2020).

It is important to recognise the importance of middle leaders’ attempts to enhance their emotional intelligence. One reason for this is that if middle leaders have a deficit in this ability due to their job role, it can present a risk to their own mental health. Soto-Rubio et al (2020) found that emotional intelligence is an essential protective factor against psychosocial risks such as workplace stress and burnout. They also identified that high levels of emotional intelligence can improve one’s psychological health, job satisfaction and commitment (Soto-Rubio et al 2020).

For middle leaders, increasing time pressures may be a major challenge (Haynes et al 2015) since managerial and leadership responsibilities are added to their workload in addition to patient-facing tasks. Middle leaders are in the challenging position of being ‘sandwiched’ between team members, who are often their former peers, and people in senior management roles. They may feel a sense of loyalty to both or either of these groups, which may compound the challenges they experience. In a role that involves managing conflicting pressures – such as ensuring optimal patient care while meeting organisational expectations – middle leaders may find it challenging to recognise and manage their own and other people’s emotions, and they may also find this mentally draining.

To address some of these issues and support middle leaders to become increasingly emotionally intelligent, it is important for them to:
- Recognise the importance of delegating tasks, rather than attempting to do everything themselves.
- Develop trust within their team and enable each team member to perform their duties.
- Avoid ‘micromanaging’ team members but provide support where required.
- Consider what the priorities are, particularly when time is limited, since some tasks and activities will be beneficial but not essential.
- Engage with their team and communicate with them regularly to remain aware of what is happening in the healthcare setting and with patients.

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<thead>
<tr>
<th>Domain of emotional intelligence</th>
<th>Practical activities for leaders</th>
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<tbody>
<tr>
<td>Self-awareness</td>
<td>- Keep a journal – leaders can spend a few minutes each day writing down their thoughts and feelings, which can improve their self-awareness</td>
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<td>- Examine the reasons for emotions – when leaders experience anger or other strong emotions, they should take some time to examine the reasons for this. It is important for leaders to remember that they can choose how they react to any situation</td>
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<td>Self-regulation</td>
<td>- Know your own values – leaders can identify the values that are most important to them, which can be useful when making moral or ethical decisions</td>
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<td>- Demonstrate accountability – leaders should avoid blaming others when something goes wrong. Leaders can earn the respect of their colleagues and team members by admitting to mistakes they have made and accepting the consequences of their actions</td>
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<td>- Practise remaining calm – leaders should reflect on their responses during challenging situations, and identify techniques they could use to remain calm at these times, such as breathing exercises</td>
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<td>Motivation</td>
<td>- Remind yourself of motivating factors – leaders should note down their motivations for taking on their role and what they like about it</td>
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<td>- Adopt an optimistic and hopeful mindset – leaders should strive to remain optimistic despite the challenges they experience. Adopting this mindset may require some practice</td>
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<td>Empathy</td>
<td>- Practise empathy – leaders should try to put themselves in someone else’s position and consider situations from other people’s perspectives</td>
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<td>- Pay attention to body language – this can provide an indicator of how team members really feel about a situation, which leaders can then explore with them</td>
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<td>- Respond to feelings – for example, a team member might express to the leader that they are feeling frustrated due to staff shortages and their subsequent increased workload. The leader can respond by addressing their feelings, for example by telling them they appreciate all the hard work they are doing and saying that they are equally frustrated about the staff shortages and they are working to overcome these</td>
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<td>Social skills</td>
<td>- Learn how to resolve conflicts effectively – leaders need to develop the knowledge and skills to be able to resolve conflicts between their team members, patients and families</td>
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<td>- Improve communication skills – leaders should consider how they communicate verbally and non-verbally, and identify how they could develop their skills in these areas</td>
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<td>- Praise others – leaders can inspire the loyalty of their team by giving praise when it has been earned. However, it should be noted that overpraising may result in the praise losing its meaning and value</td>
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Enhancing leadership among all nurses

McKinney et al (2013) suggested that people in leadership roles – particularly those leading and managing front-line staff – are overloaded, at risk of burnout and not adequately trained in leadership skills. Often, if a person performs well in their role, they are promoted and therefore take on additional management responsibilities; however, in many cases, they may not receive sufficient training and are simply expected to ‘learn on the job’.

Such pressures and challenges may make leadership and management roles unappealing to some nurses. Carragher and Gormley (2017) emphasised that leadership in nursing can be developed through focused education strategies and the modelling of optimal leadership practice. However, they also suggested that research in this area is not robust and recognised the need for further high-quality evidence to inform practice.

Many nurses will take on formal leadership or management roles during their careers, where there will be a clear change in their responsibilities. However, it has been suggested that leadership is part of any nurse’s role and that there is a need to shift towards a culture of collective leadership (May 2019, Nightingale 2020). This approach involves leadership activities being performed by healthcare professionals with a designated leadership role (formal leaders) as well as staff without a formal title or leadership position (informal leaders) (Nightingale 2020). In collective leadership, these formal and informal leaders work together to generate actions and, as the chief nursing officer for England Ruth May (2019) emphasised, ensure that all nurses are valued and contribute to decisions. This approach could ensure that team members are electronically invested in decision-making and encourage all nurses to develop their emotional intelligence skills.

Conclusion

Nursing is a person-centred profession and emotional intelligence has an important role in enabling nurse leaders to support their teams to meet patients’ needs. However, a leadership approach centred on sensitivity to one’s own and other people’s emotional health can be mentally draining, particularly at times of increased pressures, challenges and risk of moral injury, such as during the COVID-19 pandemic. Given the importance of understanding and managing emotions in healthcare settings, it is crucial that nurses receive various forms of support in clinical practice to develop the emotional intelligence and leadership skills that underpin healthcare provision. In the context of a cultural shift where leadership becomes part of everyone’s role, all nurses could benefit from the development of these skills.

References


