Building the Evidence

“Transformational Leadership: TL and EI idealized influence where the leader is seen as a role model, inspiration motivation, motivation and team spirit, stimulates creativity, intellectual stimulation, and mentors and supports each follower (Foster et al., 2015).”

“Emotional intelligence is also a crucial factor needed for successful leadership. It has significant role in academic and organizational success (Johnson, 2016).”

“This challenge can be addressed by viewing ethical decision-making through a specific framework, the Ethic of Care, and by engaging the leader’s Emotional Intelligence ability to utilize Emotional intelligence the Ethic of Care as a framework for fostering and encouraging ethical behavior in EI organizations (McCleskey, 2016).”

“Emotional intelligence involves the ability to perceive accurately, appraise, and express emotions; 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 emotion to promote emotional and intellectual growth” (Salovey & Mayer, 1997, p. 33). Emotional intelligence and the associated characteristics have been associated with successful leaders in many arenas but have not been well embraced in health care leadership (Spear, 2015).

“Emotionally intelligent individuals are skilled in regulating their emotions, and hence maintaining the quality of their performance during periods of acute stress... and EI is a coping strategy that can help nursing students meet the challenges posed by the learning process (Orak, et al., 2016).”

“Research in nursing and other disciplines has demonstrated that emotional intelligence abilities improve communication, support constructive conflict resolution, and improve individual and team performance. Although further studies are needed, these findings suggest emotional intelligence ability can positively affect patient safety... With the staggering number of patient fatalities each year resulting from medical errors, and because most of these errors involve faulty communication, it is essential that we identify skills that support accurate communication and information transfer, optimum patient-centered care, team function, and patient safety. The effect of emotional intelligence ability on performance, therapeutic relationships, conflict management, team effectiveness, and the culture of safety at an organization suggests that having this ability may provide just such competencies (Codier & Codier, 2017).”

“As we work in challenging times to develop a more collaborative workplace, we know that it’s all about relationships. In turn, relationships depend on our ability to manage emotions, particularly our own, since we set the tone as leaders (Cox, 2017).”

“Emotional Intelligence (EI) can be defined as the ability to discriminate between different emotions and label them appropriately, and to use emotional information to guide thinking and behavior (Goleman, 2000). According to Goleman (2004), EI is an array of skills and characteristics that drive leadership performance. Goleman’s model outlines five main EI constructs:

(a) Self-confidence: a strong and positive feeling of self-worth;
(b) Self-awareness: understanding and appropriate expression of feelings and impulses;
(c) Social skills: managing relationships to move people in the desired direction;
(d) Empathy: understanding and responding appropriately to the feelings of others;
(e) Motivation: being driven to achieve for the sake of achievement.”

“The most dominant Authentic Leadership AL dimensions were self-awareness, balanced processing and relational transparency, while the most dominant EI dimensions were self-confidence, empathy and social skills... The influential mentors were perceived as authentic leaders, acting within different dimensions of authentic leadership (AL) at different levels. In addition, it was found that mentees perceived their influential mentors as contributing to the development of the mentee EI, including different relationships between the various dimensions of AL and the different dimensions of EI (Shapiro-Lishchinsky & Levy-Gazenfrantz 2016).”

“That is, consider the employees and their emotions when making organizational decisions and more importantly organizational leaders must be emotionally intelligent in relating with their subordinates... the leaders’ EI influence both employees organizational citizenship behavior (OCB) and counterproductive workplace behavior (CWBeh) (Mekoor, 2017).”

P = Nursing and IPE Health Education Programs
I = “Balancing Emotional Intelligence & Leadership Traits “EI & LI” Program for Nursing and IPE Health Education Programs
C = Current Nursing and IPE Health Curriculum
O = Healthcare outcomes are improved by balancing leadership and emotional intelligence (EI) traits in Nursing and IPE Programs for the future of evidence-based patient centered care.

Abstract

To date, literature is emerging regarding leadership and emotional intelligence (EI) within interprofessional education (IPE). Likewise, a societal revolution has awakened throughout healthcare organizations as evidenced based, patient-centered care has received new prominence that requires effective leadership concomitant with the essential attribute of emotional intelligence (EI) (Edborn & Singh, 2016; Paren, 2015; & Tyler, 2015). Nursing education and other IPE programs are beginning to work collaboratively to address this revolution by preparing emotionally competent leaders who are capable of developing a professional reflexive practice. Factors found to facilitate and influence leadership development include attitude, motivation, failures, intentions, individual self-reflection, and emotional intelligence (Reinick, 2016; Galulka, 2014; & Gallagher Ford, 2014). And, the sense of self-confidence will be on the rise as EI-infused leaders will seek to: identify their own strengths, weaknesses, and clarify their own values and priorities in setting high standards (Cox 2017). Grande (2017) concurs that leadership and EI characteristics accurately gauge and mobilize interprofessional teams to achieve institutional and educational objectives; promotes the use of emotions to facilitate reasoning; provides an understanding of the nature of emotions in self and others; and serves to manage emotions in self and others. Also, there is a growing recognition that EI-infused leadership is a vital quality that must be developed in organizational support across organizational levels. Combining EI-infused leadership development with organizational strategies within this evolving healthcare climate contributes to the implementation of an evidence-based practice (EBP). The support of advanced practice roles is essential in minimizing barriers, and maintaining a level of engagement throughout the EBP implementation process (Aarons et al, 2017; & Patterson, Mason, & Duncan, 2017). Moreover, EI is a coping strategy that can help nursing students meet the challenges posed by the learning process (Orak, et al., 2016).”

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Clinical Question: What healthcare outcomes are improved by balancing leadership and emotional intelligence (EI) traits in Nursing and Interprofessional (IPE) Health Education Programs for the future of evidenced-based, patient-centered care?