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Impact of Emotional Intelligence Program on Leadership Competency of Nursing Leaders

Safia Mohamed Mohamed[1], Gehan Mohamed Ahmed Mostafa[2], Awatef Hassan Kassem[3]
[1, 3] (Nursing Administration Department, Faculty of Nursing, Mansoura University, Egypt)
[2](Nursing Administration, Faculty of Nursing, Helwaan University, Egypt)
E-Mail: awatef2222@yahoo.com

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Abstract:
Background: Emotional intelligence is the capacity for recognizing our own feelings and those of others, for motivating ourselves, and for managing emotions well in ourselves and others. Leadership competency is a measurable pattern of knowledge's, skills, abilities, behaviors, and other characteristics that an individual needs to successfully perform work roles . **Aim :** study aimed to determine the impact of emotional intelligence program on leadership competency of nursing leaders at Aga Central Hospital. **Methods :** quasi-experimental design. The study was carried out at all departments (21) of Aga Central Hospital , the total number of the nursing leaders (n = 50) working in the previously mentioned setting and available at the time of data collection. Two tools were used for data collections the leadership competency questionnaire's and Emotional intelligence Questionnaire's **Results:** there was significance improvement in relation to total & all items of knowledge pre , post and after 3 months of program (p1 ,p2 and p3 = .000 , X^2 =100 , 63.25 and 26.58 respectively) and there was significance difference in relation to total & all items of emotional intelligence pre , post and after 3 months of the program (p value = ≤.001, t= 55.791 , 21.093 and 9.191 respectively) , also there was significance difference in relation to total & all items of leadership competencies pre , post and after 3 m of the program (p value = ≤.001, t= 33.632, 18.024 and 4.774 respectively) . **Conclusion:** the leadership competences among nursing leaders increased after application of emotional intelligence program and it can be improved through continuances training . **Recommendation:** nursing leaders must be trained about emotional intelligence items especially empathy item through continues training program **,** also nursing leaders must be aware about the creative problem solving and decision making item and how they apply it in the work place .

Keywords: Emotional intelligence, Leadership competency

INTRODUCTION

Emotional intelligence is a relatively new term that encompasses the human skills of empathy, self – awareness, motivation, self – control and adeptness in relationships, all of that which are recognized as being central in effective clinical nursing practice, and it is the ability to monitor nurse's own and others' feelings and emotions, to discriminate among them and to use this information to guide nurse's thinking and actions **,** and its skills enhance leaders' ability to create opportunity for their peers, employees, and customers through self-awareness and self-regulation. A leader with emotional intelligence is socially aware and has the interpersonal skills to listen to and respond appropriately to an employee **(*Grant , 2014*) .**

However it is seems a relevant concept in health care, when it is considered important for practitioners to understand patients' perspectives and for nursing leaders to engage in relationships that will facilitate successful management ***(Hofstede, 2014)***. Nursing is a profession that involves interpersonal relationship on a daily basis, it is imperative that nurses understand their own feelings and use them to make good decisions as well as having empathy for others.

It is also necessary they learn how to view and understand peoples 'behavior, attitude, interpersonal skill and potential. Nurses who have these characteristics are said to be "emotionally intelligent"**(*Schriesheim,2014*)**. There are characteristics of leaders such as : integrity or consistency , understand the concept of quality, see the broad picture, lead through serving, open to contrary opinions, communicate easily, self – confidence, tell why and how, keep learning and teaching and participative management ***(Hair et al,2010)*:**

Leadership is a process by which a person influences others to accomplish an objective and directs the organization in a way that makes it more cohesive and coherent. Also leadership is the ability to influence a group toward the achievement of goals, and it is getting people to do what you want them to do. The leader is a person who influences a group of people towards the achievement of goals ***(Zaccaro, et al, 2008).***Competency is a measurable pattern of knowledge's, skills, abilities, behaviors, and other characteristics that leader needs to successfully perform work roles or discharge occupational functions ***(Clarke, 2010).***

Leadership competency consists of three key dimensions which are: contact, clarity, and impact . Contact refers to competencies that involve a leader's ability to be in touch with themselves, their businesses, and their teams, while clarity has to do with the idea that leaders must be pathfinders who set new directions for their organizations and teams, they need to provide clarity about future goals and directions for their organization and finally impact refers to whether the actions and ideas of the leader

influence others ***(Jay, Conger & Beth ,2014)*** . Leadership competency model adapted with three categories which are professional, organizational, and cultural, also there are six core leadership competencies professionalism, professionalization, organizational learning and learning organization, cultural awareness and cultural change through individual and institutional leadership ways ***(lee, 2011).***

The nursing leader's role is the most important in nursing services, which of his functions are concerned with supervision, development of the moral, interest, and satisfaction in work on the part of the personnel in his unit. The amount area of supervision may vary according to the needs of personnel, but it is necessary to all, it is the key to the success of all other functions ***(Perrodin, 2014)***. According to ***Morrison (2008)*** it is necessary for nursing leaders to develop emotional intelligence in order to decrease stress in the work place and enhance team work . Moreover ***(vesterinen & collagues, 2009)*** found that resonant leadership styles , those with strong emotional intelligence had a positive impact on nurse manger job satisfaction , professional development.

Nursing leaders should have a strong knowledge of emotional intelligence because they can form more connecting relationships with others, accurately read other people's feelings and responses, lead and organize people and work, and integrate emotional intelligence in executing transformational leadership in research, education and practice settings ***(Parker & Sorenson, 2008).*** So the intension of this study, applying emotional intelligence program of nursing leaders to rationale leadership competency .

Aim of study:-

1. Assessing emotional intelligence and leadership competency of nursing leaders.
2. Determining the impact of a designed emotional intelligence program on leadership competencies of nursing leaders.

Study hypothesis:-

It is hypothesized that, an emotional intelligence program will lead to improvement significant leadership competencies of nursing leaders.

Material and Methods:-

Design: Quasi-experimental design.
Setting: Aga Central Hospital which flow Ministry of Health at Dakahlia governorate which provide different service for all people. It contains 21 departments as medical, surgical , obstetric and ----- etc .

Subjects:-

The subjects including: all nursing leaders working in the previously mentioned setting and available at the time of data collection (50 nursing leaders).

TOOLS OF DATA COLLECTION

Three tools were used to collect the data of this study:-
The first tool: Knowledge questionnaire related to emotional intelligence, developed by the researcher based on review of related literature. it is consisting of two parts, **part one** include personal characteristics of nursing leaders as age, gender, department, educational qualification, and experience years, **part two**: knowledge questionnaire related to emotional intelligence . It is consisting of forty questions which are (ten questions Complete, fifteen questions Multiple choice, and fifteen questions True and false questions**)**

Scoring system of emotional intelligence questionnaire's tool:

< 60 % of total score mean un satisfactory knowledge
≥60 % of total score mean satisfactory knowledge
(Dawson & Trapp , 2001)

The second tool: the emotional intelligence perception questionnaire's: developed by the(***Abed aliem, 2013***) and modified by the researcher based on review of related literature. It is consist of five heading which are self awareness (15 items) , self organizing (18 items) , defencity (17 items), emotions (11 items) and social skills (21 items) }: the total number (82) questions. Responses will be measured on 5-piont likert scale ranging from (5) for Always outstanding to (1) for Not .

Scoring system of emotional intelligence perception questionnaire's tool:

< 60 mean present.
> 60 mean not present Based on ***(El gazer , 2014)*** .

The third tool: the leadership competency level questionnaire's: modified by the researcher based on review of related literature***(Diana , et al, 2014 American College of Healthcare Executives,2014, Khamis, 2009 and El shaer, 2010)***, it consist of nine heading items {Leadership (7 items) Collaboration (7 items), Planning and holding people accountable(11items), Communication(12 items), Caring for nurses and leading others (15 items), Professional development(10 items), Creative problem solving and decision making (5 items) , Developing and advocating for others (7 items) ,stress management (13 items) }; the total number (87) items**.** Responses will be measured on 5-piont likert scale ranging from (5) for Expert outstanding to (1) for Novice.

VALIDITY AND RELIABILITY

Reliability included reviewing of literatures related to the problem and theoretical knowledge of various aspects of the problem using books, articles, periodicals and magazines to develop tools for data collection , validity was done by jury of 9 expertise's of professors and lecturers from the administration department ;Faculties of nursing, Damanhur, Mansoura , and Zagzag Universities who revised the tools for clarity, relevance, comprehensiveness, understanding and ease for implementation, according to their opinion modifications were applied. Pilot study was conducted on 10% of subjects. It was done to test the clarity and practicality of the tools, the results of the data obtained from the pilot study helped in modification of the tools; items were corrected or added as needed. Accordingly, modifications were done and the final form was developed. The results from the pilot study were not included in the main statistical sample

IMPLEMENTATION PHASE

Implementation phase was conducted during the period from the beginning of April (2015) to the end of it and from the beginning of August (2015) to the end of it. The researcher visited the hospital, two days weekly (morning and afternoon) shifts to collect the data by using previous tools convenient nursing leaders attending the study to participate in the study. Those who gave their consent were subjected to interviewing using the study tool. They were then randomly assigned to either the study or the control groups.

STATISTICAL ANALYSIS

Data were analyzed with SPSS version 21. The normality of data was first tested with one-sample Kolmogorov-Smirnov test. Qualitative data were described using number and percent. Association between categorical variables was tested using Chi-square test. Continuous variables were presented as mean ± SD (standard deviation). T test used for comparison between mean of two groups while Paired t test used for comparison between two Paired groups. Analysis Of Variance (ANOVA test) used for comparison of means of more than two groups.

ETHICAL CONSIDERATION

The agreement for participation of the subjects was taken after aims of the study have been explained to them, they were given an opportunity to refuse to participate, and they were assured that the information collected would be treated confidentially and used for the research purpose only.

Results:

Table (1): Personal data of studied group

Items	**Study group (n=50)**	
	No	%
Gender		
Female	49	98
Male	1	2
Age/y		
Mean ± SD	32.58±4.31	
≤30y	17	34.0
30-40y	29	58.0
>40y	4	8.0
Years of experience		
5-10y	39	78.0
10-15y	7	14.0
>15y	4	8.0
Education		
Bachelors in Nursing	50	100
Previous training		
Yes	18	36.0
No	32	64.0

Table (1) shows the personal- characteristics of nursing leaders in studied group. It revealed that the total study sample was 50 nursing leaders and the most common sex groups in studied groups (98 %) were females. As regards age the most common age group from 30-40 years (58.0%) of nursing leaders. As regards Years of experience in studied group, the highest percentages of nursing leaders were between 5-10y with (78.0%). Regarding educational level the total of nursing leaders (100%) in studied group were bachelors in nursing while (64.0 %) weren't have previous training.

Table (2): Frequency of knowledge score for nursing leaders (n = 50)

Knowledge	Pre	Post	After 3m	P1	P2	P3
Mean ± SD	20.38±3.66	35.58±1.47	29.42±4.64	Paired t=26.5 p= .000	Paired t= 10.51 p= .000	Paired t= 9.49 p= .000
Min-Max	11-28	31-39	21-40			
Un Satisfactory <60	41(82%)	0(0%)	6(12%)	X2= 69.49 p=.000	X2= 49.17 p=.000	X2= 6.38 p= .012
Satisfactory≥60%	9(18%)	50(100%)	44(88%)			

Significant (P<0.001) P1 : Pre program - P2 : Immediately post program - P3 :After 3 months of program

Table (2) represents frequency of knowledge score for nursing leaders of current studied groups between (pre, post and after 3 m of program). It revealed that the total number of nursing leaders (100 %) with the total number nursing leaders has satisfactory frequency of knowledge post program , while the highest percentage (88%) of nursing leaders has satisfactory frequency of knowledge after 3 m of the program. At the same line the highest percentage (82%) of the studied group has un satisfactory knowledge pre program. Also the table shows that there was significance difference in relation to total & all items of knowledge pre , post and after 3 m of program (p1 ,p2 and p3 = .000, X2 == 69.49, 49.17 and 6.38 respectively).

Table (3): Emotional intelligence perception for nursing leaders (n = 50)

Items	Pre	Post	After 3m	P1	P2	P3
Self awareness	28.82±9.05	63.86±5.09	60.24±7.05	t=21.81 p=≤.001	t=19.42 p=≤.001	t= 2.971 p=.005
Self arrangement	30.45±11.94	76.76±6.73	58.54±9.29	t= 42.655 p=≤.001	t=13.89 p=≤.001	t=13.046 p=≤.001
Motives	36.87±7.29	75.02±4.58	66.70±8.51	t=55.912	t=18.377	t=6.141

				p=≤.001	p=≤.001	p=≤.001
Sympathy	23.30±4.88	51.18±1.76	44.00±6.21	t= 42.561 p=≤.001	t=18.575 p=≤.001	t=7.184 p=≤.001
Social skills	41.48±7.83	95.62±4.34	80.70±12.24	t= 51.903 p=≤.001	t=17.319 p=≤.001	t=7.686 p=≤.001
Total	161.76±34.11	362.44±17.11	310.18± 36.62	t=55.791 p=≤.001	t= 21.093 p=≤.001	t= 9.191 p=≤.001

Table (3) revealed emotional intelligence perception scale for nursing leaders of current studied groups between (pre, post and after 3 m of program), and the distribution of its items which are (Self awareness, Self regulation, Self-motivation, Empathy, Social skills). According to the item empathy has (23.30±4.88) of total (161.76±34.11) pre program. As regard to the item (social skill) has (95.62±4.34, 80.70±12.24) of total (362.44±17.11, 310.18± 36.62) immediately post and after 3 of the program respectively. Also the table shows that there was significance difference in relation to total & all items of emotional intelligence pre, post and after 3 m of the program (p value =≤.001, t= 55.791, 21.09 3 and 9.191 respectively).

Table (4): Leadership competencies level among nursing leaders of studied group (n = 50)

Items	Pre	Post	After 3m	P1	P2	P3
Leadership	15.14±3.54	32.49±1.55	28.40±5.36	t= 29.69 p=≤.001	t=13.844 p=≤.00	t= 5.447 p=≤.001
Collaboration	12.29±3.86	29.54±2.52	27.90±4.62	t=25.076 p=≤.001	t=17.335 p=≤.001	t= 2.153 p=.036
Planning and Holding People Accountable	35.18±9.38	51.74±2.81	44.78±8.15	t=6.056 p=≤.001	t= 5.045 p=≤.001	t=3.98 p=≤.001
Communication	25.10±4.73	50.59±5.06	47.22±8.31	t= 21.78 p=≤.001	t=15.624 p=≤.001	t=2.681 p=.01
Caring for nurses and Leading Others	42.41±7.57	68.08±3.32	61.98±10.11	t=19.192 p=≤.001	t= 10.56 p=≤.001	t=4.171 p=≤.001
Professional development	15.66±4.87	44.30±2.61	40.48±5.99	t= 34.72 p=≤.001	t= 21.9 p=≤.001	t= 3.96 p=≤.001
Creative Problem Solving and Decision Making	6.30±2.84	20.30±2.07	19.08±3.56	t=29.548 p=≤.001	t=19.016 p=≤.001	t= 1.99 p=.051
Developing advocating for Others	10.38±4.07	30.80±2.53	26.16±5.29	t=29.598 p=≤.001	t=16.392 p=≤.001	t= 6.356 p=≤.001
Stress Management	29.06±6.14	56.34±3.96	51.90±8.02	t=25.909 p=≤.001	t=15.755 p=≤.001	t= 3.557 p=.001
Total	189.39±33.59	384.48±8.92	347.90 ± 51.15	t=33.632 p=≤.001	t=18.024 p=≤.001	t= 4.774 p=≤.001

Table (4) This result shows the comparison of leadership competencies level rating scale for nursing leaders of current studied groups between (pre, post and after 3 m of program), and the distribution of its items (Leadership, Collaboration, Planning and Holding People Accountable, Communication, Caring for nurses and leading Others, Professional development, Creative problem solving and Decision making, Developing advocating for others and Stress management). It revealed that, the item (Creative problem solving and Decision making) has (6.30±2.84) of total (189.39±33.59) pre the program while the item (Caring for nurses and Leading Others) has (68.08±3.32, 61.98±10.11) of total (384.48±8.92, 347.90 ± 51.15) post and after 3 m of the program respectively. More over the table shows that there was significance difference in relation to total & all items of leadership competencies pre , post and after 3 m of the program (p value = ≤.001, t= 33.632, 18.024 and 4.774 respectively) .

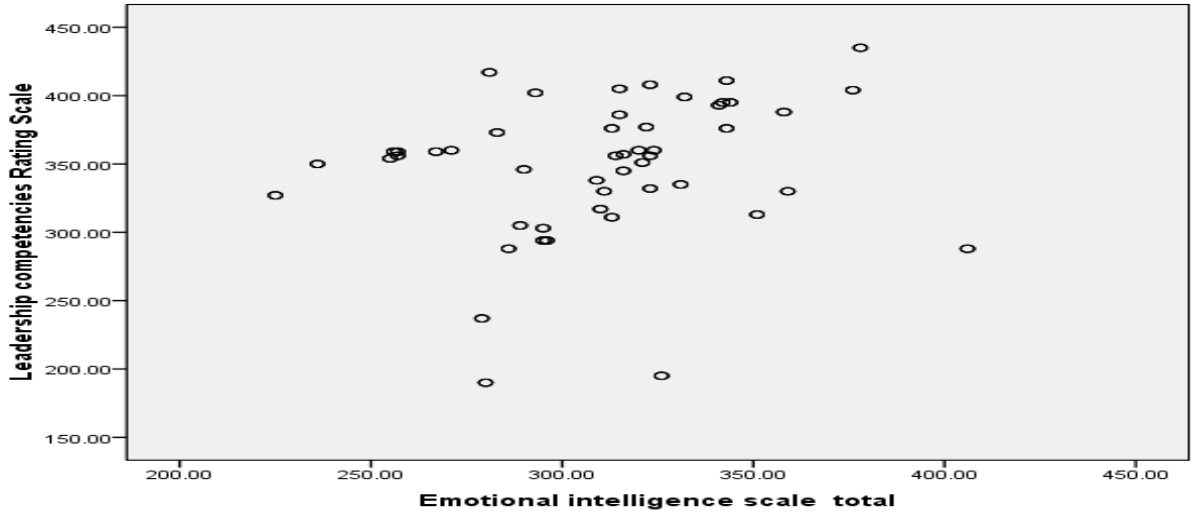

Figure (1): Relation between Emotional intelligence perception and Leadership competencies level for nursing leaders (n = 50)

Figure (1) represent that there is significance correlation between emotional intelligence program and leadership competencies pre the program and immediately post the program as well as three months post of the program implementation .

DISCUSSION

The emotional intelligence represents a critically important competency for effective leadership and many components of emotional intelligence are correlated with the leadership competencies ***(Melita & Ceasar, et al , 2003)***.

The result showed that there was significance improvement between total and all items of frequency of knowledge related to emotional intelligence perception and leadership competency level , this may be due to emotional intelligence functions is considered emotional knowledge, which can be taught and developed within individuals, thereby improving it ***(Carstensen, & Pasupathi et al, 2004)***. Also the study presented that nursing leaders who has less than sixty bar hundred of total score has un satisfactory knowledge **,** while nursing leaders who has more than sixty bar hundred has satisfactory knowledge , this result supported by the policies of nursing education which maintained that everyone will pass any exam with percentage more than sixty bar hundred of total score **.**The result founded that the item (social skill) has the highest percentage of total items because there are four main dimensions or building blocks of the "emotional mind" that are essential for learning of emotional intelligence, the first two come under the umbrella of personal skills and the last two are social skills greater strengths in social skills and utilization of emotions than management of emotions and empathy ***(Edward, 2016)*** .

This supported by ***(John, 2015)***, who stated that the participants with higher scores for emotional intelligence had higher scores for social skills. A leader with emotional intelligence is socially aware and has the interpersonal skills to listen to and respond appropriately to an employee. Emotional intelligence skills enhance leaders' ability to create opportunity for their peers, employees, and customers through self-awareness and self-regulation ***(Freshman, 2002).*** Also this result showed that the item(empathy) has the lowest percentage of total items pre program because empathy is a powerful communication skill that is often misunderstood and underused , and we aren't able to recognize others' feelings, the causes of these feelings, and to be able to participate in the emotional experience of an individual without becoming part of it ***(Ioannidou & Konstantikaki, 2008)***. In agreement with this result ***(David & Chan , 2007)*** they perceived greater strengths in social skills and utilization of emotions than management of emotions and empathy, and in practical abilities as opposed to analytical and creative abilities.

Against this result ***(Paulo, 2004)*** support that the participants with higher scores for emotional intelligence had higher scores for empathic perspective taking and self-monitoring in social situations .Also the table shows that there was significance difference between total and all items of emotional intelligence this may be due to the understanding of emotions external component of emotional intelligence produced the highest correlation of all of the emotional intelligence ***(Lisa& Con , 2002).*** In the same line ***(Anand, 2010)*** presented that there are significant relation between the emotional intelligence dimensions, interpersonal relationship, problem solving, stress management, reality testing, empathy and total emotional intelligence, also ***(Marc, 2004)*** indicated that there was a statistically significant relation for emotional intelligence traits, and significant for emotional intelligence components and overall emotional intelligence . In disagreement of this result ***(Farideh & Farhad, 2012)*** showed that there was no significant relationship between emotional intelligence and its components .

This result revealed that, the item (Caring for nurses and Leading Others) has the highest percentage of total items while the item (Creative problem solving and Decision making) has the lowest percentage of total items , this may be due to Caring for nurses and leading others is the most important responsibility of the nursing leaders every day . Against this result ***Linda (2010)*** Findings suggested the highest self-reported nurse manager competency ratings included effective communication, retention strategies, effective discipline and decision making. In contrast, the lowest self-reported nurse manager competencies included nursing theory, case management and the research process.

More over the present of this study showed that there was significance difference between total and all items of leadership competencies, because the components of leadership competencies, were all important in leadership. In the same line ***(Linda, 2010)*** support that there is a large and medium effect was noted between tenure in the management role on all the competency ratings within its elements .Additionally as regard to the relation between emotional intelligence and leadership competencies for nursing leaders, the result represent that there is significance correlation between emotional intelligence program and leadership competencies for nursing leaders , this may be due to the emotional intelligence represents a critically important competency for effective leadership and many components of emotional intelligence are correlated with the leadership competencies ***(Melita & Ceasar, et al , 2003).***

This result supported by ***(David &Joseph, 2005)*** they concluded that the emotional intelligence perception has a significant relationship with leadership competencies level , and higher emotional intelligence was associated with higher leadership competencies. Also ***(Lisa & Con , 2002)*** found that emotional intelligence correlated highly with all components of leadership competencies, with the components of understanding of emotions .In contrast of this result ***(Nasir & Mustaffa, et al, 2011)*** showed that there was not a significant and positive relationship between emotional intelligence (self awareness, self control, self motivation, empathy and social skills) with leadership competency.

CONCLUSION

This study was conducted to This study aimed to determine impact of emotional intelligence program on leadership competency of nursing leaders .Based on the results of this

study, it can be concluded that:The leadership competences among nursing leaders increased after application of emotional intelligence program and it can be improved through continouse training program to improve and devolped weakness point .

RECOMMENDATION

1. Nursing leaders must be trained about emotional intelligence items especially empathy item through continues training program.
2. Nursing leaders needed to determine the relationship between emotional intelligence and personality constructs espaically the item emphy .
3. Nursing leaders must be aware about the creative problem solving and decision making item and how they apply it in the work place.
4. It is important for hospital administrator develop emotional intelligence training program for nursing leaders to improve their competencies.

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