A Descriptive Qualitative Study of Nurse Leaders' Perceptions of Emotional Intelligence and Use in Daily Practice

by

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Abstract

The purpose of this qualitative study was to explore and describe nurse managers' perceptions and use of emotional intelligence (EI) in their daily practice in two community hospitals in western Canada. Emotional intelligence can be defined as the "ability to monitor one's own and other's feelings and emotions, to discriminate among them and to use this information to guide one's thinking and actions" (Salovey & Mayer, 1990, p. 189; Mayer & Salovey, 1997). Mayer and Salovey's (1997) Four Branch Model of Emotional Intelligence was used as a conceptual framework to examine ten nurse managers experiences of how they perceive and use EI in daily practice. Data were collected over a 12 week period using interviews and analyzed using open coding to categorize and develop themes. Three major themes and several subthemes emerged from the data as important to nurse managers' perceptions and use of EI. The two themes, Perceiving Emotional Intelligence and Managing Emotions were more evident than the third theme, Managing Relationships. This study demonstrates that nurse managers have the ability to perceive and use emotions in themselves and others. This is an important finding as nurse managers are expected to be leaders within the organization. The ability to develop relationships evolved from the data and was an important theme for participants in order to understand the interaction and relationship between self and other. This finding was important to participants yet the concept of relationships is missing in the Four Brach Model of Emotional Intelligence. Although there are nursing studies which explore emotional intelligence, there are no studies which examine nurse managers' perceptions of EI and how they use EI in their daily practice. The findings of this exploratory, qualitative study contribute to a beginning understanding of nurse managers' perceptions and use of EI in their daily practices.

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Dedication

I would like to dedicate this research to a several people that supported me through this wonderful journey.

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Chapter 1 – Introduction

Background

Hospitals in North America are in a state of transition as they adapt to an ageing nursing workforce and increased service demands. In Canada, the Canadian Nurses Association predicts a 60,000 registered nurse shortage by the year 2022 (Canadian Nurses Association, 2009). Although the predicted nursing shortage is concerning to the Canadian health care system, an understanding of nurse managers in health care organizations is important as nurse managers play a vital role in creating health care work environments that are conducive to patient care and safety (Shirey, Ebright, & McDaniel, 2012). The nurse manager is responsible for unit budgeting, personnel management, and development of staff to be effective and accountable clinicians for the care they deliver to patients (Shirey, Ebright, & McDaniel, 2008). According to Wong and Cummings (2007) and Laschinger et al. (2008), effective nurse managers can assist in increasing retention and job satisfaction of nurses which lead to improved patient care. There has been an increase in evidence about the short tenure of nurse managers, which has become a growing concern for hospital organizations (Macoff & Triolo, 2008a). Mackoff and Triolo emphasized that it is important to explore different models that will develop nurse managers to provide long-term sustainability in their role in contrast to retention models that do not address the inherited problem within the role.

Traditionally, the head nurse was responsible for supervising the work of nurses on a particular patient care unit and ensuring that they conformed to the rules and regulations of the hospital (Cathcart, Greenspan, & Quin, 2010). The head nurse proficiency was judged by the quality of her relationships with physicians and nurses, her clinical acumen, and the organizational "know-how" to support the work on the unit. The evolution of the role from head nurse to nurse manager in a primary nursing model was a movement towards having clear

responsibility for managing unit activities, including budgeting and personnel management, and developing nursing staff to be effective clinicians who are accountable for decision making related to patient care (Shirey, Ebright, & McDaniel, 2008). With the managerial downsizing that occurred in hospital during the 1990s, different titles emerged for the nurse manager role, implying a sense of uncertainty about their role as there was no consistency between nurse managers in different settings (Cathcart et al., 2010). As a consequence of this uncertainty, many potential nurse managers rejected administrative roles for other career opportunities (Silvetti, Rudan, Frederickson, & Sullivan, 2000). Position that were left vacant created an increased span of control for existing managers that limited the amount of mentoring they provided to novice managers. This could be problematic as an increase in nurse manager stress leads to a decrease in nurse job satisfaction, retention, and a decrease in patient care (Force, 2005).

A recent systematic review by Brown, Fraser, Wong, Muise, and Cummings (2012) explored factors known to influence intentions to stay and retention of nurse managers in their current position. They identified that, although factors related to retention of staff nurses were well published in the literature, there is limited literature about the factors that affect nurse managers' intentions to stay or leave. Hospital restructuring over the last decade has resulted in a loss of nurse manager positions. Over the last 20 years, nurse manager positions dropped by 29% between 1994 and 2002 (Laschinger, Almost, Purdy, & Kim, 2004) and a further drop of 2.2% between 2003 and 2006 (Brown et al., 2012). A major shift towards more clinical opportunities for advance practice nurses is a feature that has impacted recruitment of experienced nurses into entry-level nurse management positions. The reason for this shift is that nurses in advanced practice roles have higher levels of job satisfaction and work/life balance, compared to nurse managers on a unit (Brown et al., 2012). Nurse managers' intentions to stay or leave are formed through complex interaction of several factors at the personal, managerial role, and

organizational levels. Other factors included the organization's culture and values, leadership style, and support and development for the nurse manager role. Brown et al. concluded that organizations often recruit managers from the front-line clinical staff who may be unprepared and lack leadership skills and education for many of the role demands, such as fiscal responsibilities and human resource issues (Brown et al.).

Without adequate orientation, ongoing development and education for the nurse manager role, nurse managers' intention to leave their jobs becomes a reality. Nurse managers' intentions to leave their job emphasize the need for organizations to be committed to dedicating sufficient human and fiscal resources to ensure there is adequate education, mentorship, and support. A good understanding of nurse managers' retention issues and development of retention strategies for nurse mangers will become increasingly important over the next 10-15 years as the Baby Boomers generation begin to retire (Laschinger et al., 2008). With a forthcoming shortage of nursing leaders compounded by the current nursing shortage of nurses, it is increasingly important to find ways to develop and retain nursing leaders to ensure positive outcomes in the health care system (Laschinger et al., 2008). Cummings et al. (2008) review of factors contributing to nursing leadership suggests that leadership qualities can be developed through specific and dedicated educational activities. Furthermore, Cummings et al. (2008) suggested that characteristics such as transformational, high relationship styles, and previous leadership experience are identified as contributing to important leadership qualities. Effective nursing leadership provides guidance for solving complex problems related to nursing care delivery (Smith, Manfredi, Hagos, Drummond-Hub, & Moore, 2006). Developing nursing leaders and recruiting and retaining staff nurses to leadership positions are essential components of succession planning for future nursing leadership (Kleinman, 2004).

In light of evidence that continues to demonstrate the effectiveness of having a defined

leadership style (Vesterinen, Isola, & Paasivaara, 2009), the American Nurses Credentialing Centre (ANCC) increased the expectation regarding leadership style in the Magnet Recognition Program (Schwartz, Spencer, Wilson, & Wood, 2011). The Magnet Recognition Program is based on 14 different forces of magnetism that were developed from McClure and Hinshaw's (2002) work identifying organizational factors common in hospitals that were most successful in recruiting and retaining professional nurses in the United States of America (Schwartz et al., 2011). Magnetisms can be defined as attributes or outcomes that exemplify nursing excellence in a hospital setting (Schwartz et al., 2011). One of the 14 forces focuses on the management style of all levels of nursing leadership. In 2008, the ANCC announced a new model for its Magnet Recognition Program. The new program included transformational leadership, which is considered one of the most important components. First described by James Burns in 1978, transformational leadership represents a leadership style that is exemplified by charisma and shared vision between leader and followers (Burns, 2010). The new requirements necessitated an organization-wide transition to meet the expectations of the new model, including a clear focus on transformational leadership (Schwartz et al., 2011).

There is emerging evidence by Vesterinen, isola, and Paasivaara (2009) that describes a relationship between emotional intelligence and transformational leadership. This proposed relationship can provide a foundation for identifying and implementing leadership behaviours that have the potential to result in better outcomes for patients and a better work environment for staff members (Vesterinen et al., 2009). The nurse manager should be a transformational leader capable of influencing staff to align with the organization's goals such as delivering high quality of nursing practice to patients (Vesterinen et al., 2009). Becoming an emotionally intelligent nurse manager requires ongoing development of the ability to identify emotions, use emotions to reason, understand emotions, and manage emotions by senior leadership (i.e. directors, chief

nursing officer) within an organization (Gibson, Brown, & Goucher, 2011).

There are many studies that describe the talents, traits, and competencies found in successful nurse managers (Force, 2005; Macoff & Triolo, 2008a; Macoff & Triolo, 2008b; Cathcart et al., 2010). Having an agreed-upon set of competencies for this pivotal organizational role is important. Competencies provide a framework for measuring performance outcomes of role incumbents as well as a delineation of points of organizational accountability which satisfy accreditation and regulatory requirements. A compendium of role competencies can provide the basis for programs of orientation or ongoing education and development focused on assuring that nurse mangers' can capably demonstrate the knowledge, skill, and abilities of each competency. However, competencies, talents, and individual traits cannot describe how or when the nurse manager would act in a particular situation to effectively do what needs to be done. The nurse manager must be able to see what is salient in a particular situation to draw on relevant knowledge and respond in ways that are effective (Cathcart et al., 2010). Nurse managers work primarily through other people and require the ability to accurately read a situation to grasp what is most relevant and urgent to determine an appropriate corrective action. The ability to recognize the nature of the situation is at the heart of practical reasoning and situated cognition. Similar actions have different meanings in different situations, and it is impossible to evaluate nurse manager's judgment without being able to assess their emotional intelligence (EI).

Teaching nurse managers how to be effective requires more than overlaying business, management, and leadership skills to nursing practice. While leadership and effective management skills are critical to achieving goals, recent literature about leadership and management focused on the emotionally intelligent nurse leader and manager (Vitello-Cicciu, 2002, Herbert & Edgar, 2004; Vesterinen et al., 2009; Codier, Kamikawa, & Kooker, 2011). EI requires managers to learn and develop a defined set of mental abilities in order to bring out the

best in nursing staff to deliver the best outcomes for patients and their families. This knowledge must be developed in a way that respects the concerns of the individuals involved (Cathcart et al., 2010). A nurse manager who is not emotionally intelligent may have challenges that are often perceived as discrete, such as lacking empathy or listening skill that may be forgotten until the next situation occurs.

Emotional intelligence has been discussed in the psychology and business literature since the early 1990s. Salovey and Mayer (1990) introduced the concept in 1990. However, there is ongoing criticism and debate about problems in terms of unresolved definitional, psychometric, and measurement issues associated with EI (Akerjordet & Severinsson, 2010). The link between EI and leadership effectiveness, transformational leadership, and individual differences in behavioural skills is evolving. There are three theoretical models documented in the EI literature. Bar-On's (1997) mixed model also defined as the personality mode defined EI as "an array of non-cognitive capabilities, competencies, and skills that influenced one's ability to succeed in coping with environmental demands and pressures" (Bar-On, 1997, p. 14). Goleman's (1998) competency model, defined EI as "abilities, which influence self-control, zeal and persistence, and the ability to motivate oneself" (Goleman, 1995, p. xii). Salovey and Mayer's (1990) ability model defined EI as the "ability to monitor one's own and other's feelings and emotions, to discriminate among them and to use this information to guide one's thinking and actions" (Salovey & Mayer, 1990, p. 189; Mayer & Salovey, 1997). The three models have many overlapping concepts; however, each one differs in the way EI is measured. Bar-On (1997) measures EI using the Emotional Quotient Inventory (EQ-i), a self-report instrument. Goleman's (1998) model measures EI using the Emotional Competency Inventory (ECI), a 360-degree assessment tool. Salovey and Mayers's (1990) ability model uses the Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT), an intelligence test in which each person performs a

number of tasks designed to test various dimensions of EI (Muyia, 2009). Theoretical differences between the models will be described in Chapter II.

A review of approaches and instrument measuring EI with a specific focus on work performance was conducted by Muyia (2009). Muyia reviewed the MSCEIT, EQ-I, and ECI and concluded that the measurement tool that showed the best validity and reliability was the MSCEIT. As noted by Groves, McEnrue and Shen (2008), the decision of selecting an EI model should depend on the type of skills being developed, the method and duration of development, and type of measurement employed. Groves et al. (2008) argued that Bar-On's model and Goleman's model of EI are based on personality traits which are, by definition, not amenable to change. Furthermore, they concluded that the MSCEIT demonstrates strong psychometric properties, including construct, convergent, discriminant, and predictive validities compared to competing EI measures, that is, EQ-I and ECI.

Effective nurse managers are crucial in achieving the hospital's patient care vision, mission, and financial viability (Cathcart et al., 2010). Nurse managers are a key reason why nurses stay or leave the organization and should be regarded as an organization's most important resource (Brown et al., 2012). As the nursing workforce continues to decrease, there is a need to focus on a smaller group from which to choose and develop nurse managers. Therefore, the role of the nurse manager is pivotal to organizational success. For this reason it is important to understand how best to develop nurse manager's competencies to become effective in the role. There are limited studies regarding EI and nursing; of those studies there is a small number that focus on EI, leadership, and nurse managers (Codier, Kamidawa, & Kooker, 2011; Vesterinen et al., 2009; Feather, 2009; Young-Ritchie, Laschinger & Wong, 2009; Herbert & Edgar, 2004). There has not been a study that examines how nurse managers perceive EI and how they use EI in their daily practice. EI is identified as an effective competency in business leadership

(Goleman, 1998; Anand & UdayaSuriyan, 2010; Bratton, Dodd, & Brown, 2011) and a key competency in health care leaders (Parker & Sorense, 2008; McCallin & Bamford, 2007; Freshman & Rubino, 2002). In nursing, the emotionally intelligent nurse manager is evolving. Nurse managers work in complex, unpredictable, and constantly changing work environments. The ability of a nurse manager to perceive emotions in one's self and others (staff, patients, families, managers, directors, etc.) will allow them to understand emotions and emotional changes in others. The nurse manager can then process the emotional information to and use this information to problem solve and regulate others emotions. Further research can lead to a better understanding of the relationship between EI and effective nurse managers to increase awareness of this topic in nursing.

Purpose of the Study

The purpose of this study is to understand nurse managers' perception of emotional intelligence and how they use emotional intelligence in their daily practice. A qualitative approach will be taken using the Salovey and Mayer (1990; Mayer & Salovey 1997) Four-Branch Model of Emotional Intelligence. There are a small number of studies that focus on EI and nursing leadership; however, the focus of these studies is not exclusive to nurse managers. The role of the nurse manager is important for organizational success (Brown et al., 2012). Nurse managers that develop skills related to EI will express their own emotions, recognize emotions in others, regulate affect, and use moods and emotions to motivate adaptive behaviours in others.

Research Questions

The research questions that will guide this proposed qualitative study include:

1) What are nurse managers' perceptions of emotional intelligence?

2) How do nurse managers use emotional intelligence in their daily practice?

Terms and Operational Definitions

Emotional intelligence. The "ability to monitor one's own and other's feelings and emotions, to discriminate among them and to use this information to guide one's thinking and actions" (Salovey & Mayer, 1990, p. 189; Mayer & Salovey, 1997).

Nurse manager. An individual in a first level administrative position who manages staff providing direct care to patients (Jeans & Rowat, 2004). For the purpose of this study, a nurse manager can be further defined as an individual who hires nurses and other support staff, evaluates employee performance, mentorship of staff, provides leadership, and has responsibilities for various fiscal issues concerning the quality of delivered care in a patient care unit.

Staff. Staff refers to an individual or a collective. In this thesis staff will be used either as an individual or a collective depending upon the participants' words.

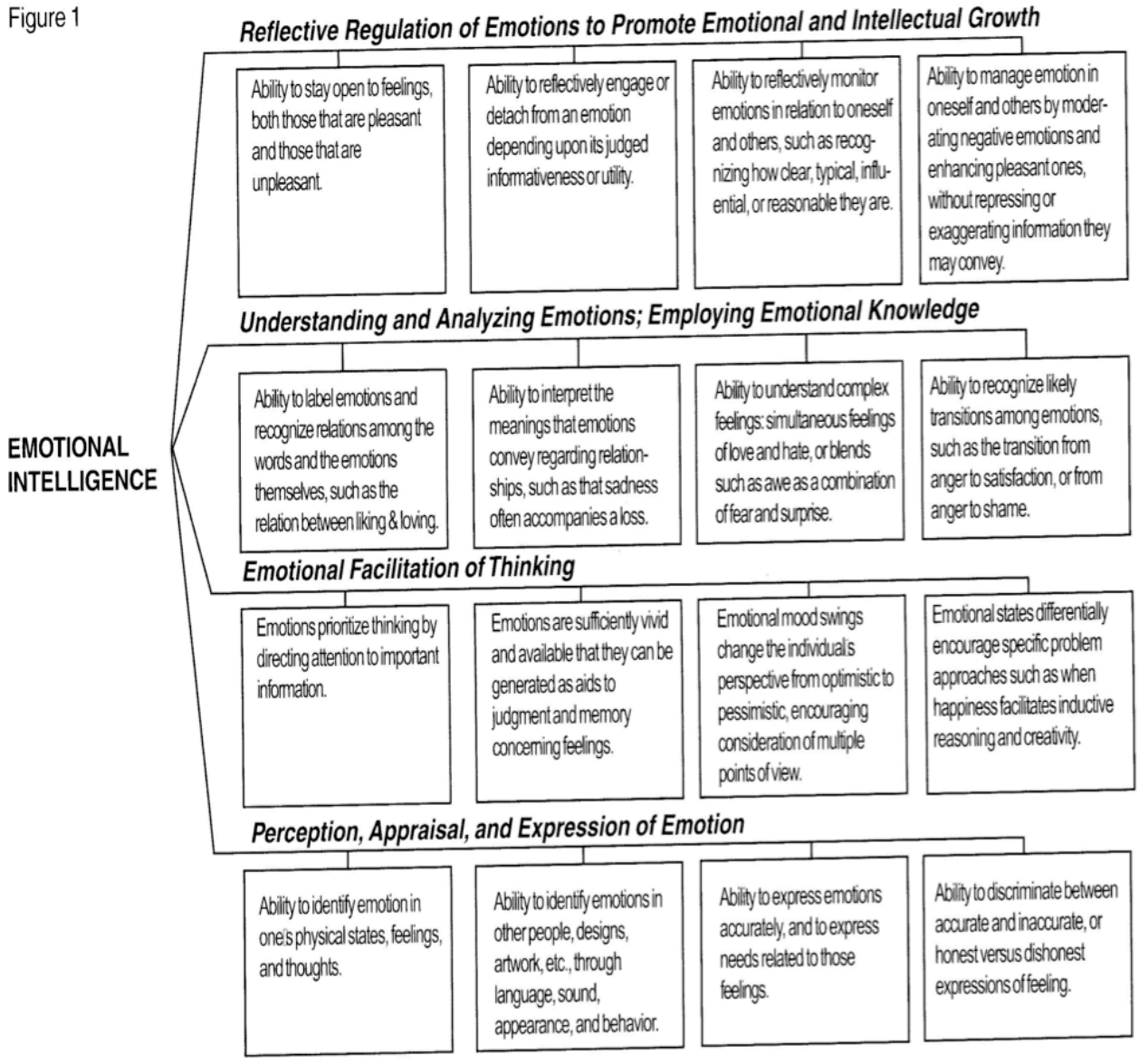
Conceptual Framework

The roots of emotional intelligence are found in the work of Salovey and Mayer (1990; see also Mayer & Salovey, 1997) who are generally considered the founders of emotional intelligence theory (Brackett, Rivers, & Salovey, 2011; Salovey & Grewal, 2005). Salovey and Mayer (1990) proposed a model of EI to address a growing need for a framework to organize the study of individual differences in abilities related to emotions. The mixed models treat both mental abilities and a variety of other characteristics such as motivation, states of consciousness and social activities as a single entity (Bar-On, 1995; Goleman, 1995a). Although Bar-On (1997) and Goleman (1995) set out a mental ability conception of EI, they also freely described personality characteristics (positive attitude, general mood, adaptability, motivation) that might accompany such intelligence. The Salovey and Mayer (1990; Mayer & Salovey, 1997) makes predictions about a person's intelligence and also its implications for a person's life. The theory

predicts that EI is, in fact, an intelligence in that it will meet three empirical criteria. First, mental problems have right or wrong answers, as assessed by the convergence of alternative scoring methods. Second, the measured skill correlate with other measures of mental ability (because mental abilities tend to inter-correlate), as well as with self-reported empathy. Third, the absolute ability rises with age. While there are other models of EI (Golema, 1995; Bar-On, 1997) that can be used to understand the perception and use of the concept amongst nurse managers, the Mayer and Salovey (1997) model is the most useful for the proposed study.

The Mayer and Salovey (1997) model of EI defines four discrete mental abilities (also referred as 'branches') that make up the Four-Branch Model of Emotional Intelligence: 1) perception of emotions, 2) use of emotion to facilitate thought, 3) understanding of emotion, and 4) management of emotion. These four inter-related abilities are arranged hierarchically so that more basic psychological processes (i.e., perceiving emotions) are at the base or foundation of the model and more advanced psychological processes (i.e., conscious, reflective regulation of emotion) are at the top of the model. Figure 1 illustrates the four branches of the diagram arranged from more basic psychological processes to higher, more psychologically integrated processes (Mayer & Salovery 1997). Abilities that emerge relatively early in development are to the left of a given branch; later-developing abilities are to the right. In the discussion below each branch will be examined, including an overview of the boxed abilities from left to right.

Figure 1. Four Branch Model of Emotional Intelligence (Mayer & Salovey, 2004)



Branch One - Perceiving Emotions

The first and lowest branch of EI, *perceiving emotions,* is the ability with which individuals can identify emotions and emotional content in the self (both physical and psychological states) and others (Mayer & Salovey, 1997). Perceiving emotions may represent the most basic aspect of EI, the ability to perceive emotions makes all other processing of EI possible (Salovey &

Grewal, 2005). At a more advanced level, the ability to perceive emotions enables one to identify emotions in other people, works of art, and objects using cues such as sound, appearance, colour, language, and behaviour. The ability to discriminate between honest and false emotional expressions in others is considered an especially sophisticated perceiving ability (Brackett et al., 2011). Therefore, emotionally intelligent individuals know about the expression and manifestation of emotions, although they are also sensitive to false or manipulative expressions (Mayer & Salovey, 1997). From a leadership perspective, identification of emotions is pivotal to a leader's understanding the needs and wants of others, as well as knowing the difference between what someone says and what s/he really mean. If a leader can identify those emotions, s/he will exhibit more effective responses and actions. Lastly, the type of self-awareness that comes with strong identification skills influences a leader's performance (Caruso, Mayer, & Salovey, 2002).

Branch Two - Using Emotions

The second branch of EI, *using emotions to facilitate thinking,* is the ability to harness emotions to facilitate various cognitive activities, such as, reasoning, thinking, problem solving, and interpersonal communication (Mayer & Salovey, 1997). A basic aspect of this ability is using emotions to prioritize thinking by directing attention to important information about the environment or other people (Brackett et al., 2011). More advanced skills involve generating vivid emotions to aid judgment and memory process, and generating moods to facilitate the consideration of multiple perspectives. This branch focuses on using emotions as part of the thinking process (Mayer & Salovey, 1997; Salovey & Grewal, 2005; Brackett et al., 2011). Leaders who score high on emotions are typically open-minded and are comfortable considering and encouraging diverse and creative situations (Young-Ritchie et al., 2009). These researchers contend that it is the emotionally intelligent leader who guides others to capitalize upon, instead

of being a victim of, their own emotions. Emotionally intelligent leaders who seek creativity must be able to help others see possibilities and be flexible in their thinking (Akerjordet & Severinsson, 2010).

Branch Three - Understanding Emotions

The third branch of EI, *understanding emotions,* is the ability to comprehend emotional language and appreciate complicated relationships among emotions (Mayer & Salovey, 1997). A basic aspect of this ability includes labeling emotions with accurate language, as well as recognizing similarities and differences between emotion labels and emotions themselves. Interpreting meaning and origins of emotions and understating complex feelings, such as simultaneous moods or emotions, or blends of feelings represent more advanced levels of understanding emotions (Brackett et al., 2011). The emotionally intelligent person can recognize similarities and differences in emotions, as well as the intensity of the emotion, for example, recognizing the difference between being happy and sad (Mayer & Salovey). Complexities surround the leadership role, and it is vital that the leader understand the multifaceted and interconnected nature of emotions and the actions that are associated with specific emotions. This aspect of EI also provides the leader with strong communication skills and the ability to better understand other's point of view (Caruso et al., 2002).

Branch Four - Managing Emotions

The fourth branch of EI, *managing emotions*, consists of the ability to regulate emotions in self and others (Mayer & Salovey, 1997). Mayer and Salovey describe this branch of the model as the one that concerns conscious regulation of emotions to facilitate emotional and intellectual growth. Furthermore, Mayer and Salovey (1997) state that these abilities within the branches develop in a sequence, starting with the identification of emotions and culminating with the management of emotions. Basic emotion regulation ability involves attending and staying

open to pleasant and unpleasant feelings, while more advanced ability involves engaging or detaching from each emotion depending on its perceived utility in a situation (Brackett et al., 2011). Managing emotions allows leaders to deal with the stressors that are inherent to the job, while also facilitating strong, working relationships that contribute to a positive work environment. Managing emotions can aid a leader in dealing with emotions, both in self and in external emotional situations.

The primary purpose of this model of EI is to provide a framework to explore individual nurse manager differences in the processing of emotionally relevant information. The Four-Branch Ability Model of EI, will assist in interpreting nurse managers' perceptions and use of EI in their daily practice.

Significance of Problem

Nurse managers' abilities and behaviours impact the environment of care, quality of patient care delivered by nurses, safety, turnover of staff, and patient outcomes. The direct relationship between the manager and staff is usually the number one reason nurses leave an organization (Srsic-Stoehr, Rogers, Wolgst, Chapman, & Douglas, 2004). The message across all the literature reviewed concerning leadership in the health care field was consistent; there is an increasing complexity of the health care system, with shifts in the organization of health services, and the uncertainty and unpredictability of the current context in which nurse managers' practice. The increasing complexity of health care environments calls for a re-examination of the concept of leadership among nurse managers and those competencies required of persons in that role (Jeans & Rowat, 2005). What constitutes good management and leadership within such an organization, in particular what competencies are needed to assume such roles of responsibility, are questions that challenge the profession of nursing. Emotional intelligence has been viewed as highly relevant and important for those in nurse management positions (Jean & Rowat, 2005;

Cathcart et al., 2011). When ranked against other competencies, an interpersonal skill such as EI was rated as being the most important to the success of a manager (Akerjordet & Severinsson, 2010). The ability to be an emotionally intelligent nurse manager gives premise to the assumption that emotions and intelligence are connected. Moreover, this connection seems to link an individual's ability to feel, think, and thus behave in an intelligent manner. The main research approach to EI is grounded in quantitative statistical facts (Akerjordet & Severinsson, 2010). A critical question is whether researchers have become too concerned with psychometrics, which raises the conclusions that EI is what EI tests set out to measure. The ontological and epistemological aspects of nursing leadership are grounded on the experiences of the nurse manager. A better understanding of nurse managers' perception and use of EI in daily practice may lead to important findings about nurse managers' views of EI in a practice setting.

Chapter Summary

This chapter presented the statement of the problem and described the purpose of the study. The assumptions underlying this study were outlined and key terms that are relevant to this study were defined. As well, the conceptual framework guiding this study was explained and the significance of the study was discussed. The following chapter will provide the reader with a review of the empirical literature relevant to this study.

Chapter 2 – Review of the Literature

The purpose of this chapter is to present the background and conceptual content based on the current state of research and literature as it applies to emotional intelligence (EI) and nursing leadership, particularly the important role played by nurse managers in a hospital setting. The chapter is divided into six sections. The first section outlines the role of the nurse manager in a hospital setting. The second section outlines the current literature on EI, with a focus on the evolution and background of the concept. This section also examines EI as it pertains to the disciplines of business and psychology. The third section compares different theoretical constructs and instruments used in EI by Bar-On (1997), Goleman (1995) and Salovey and Mayer (1990). The fourth section examines EI in the context of nursing. The fifth section outlines the search strategy used to compile the literature about EI and nursing leadership. Tables and a figure are provided to summarize relevant theoretical and empirical research articles about EI and nursing leadership. The last section of this chapter will summarize gaps in the literature and the need for additional research that investigates emotional intelligence and nursing leaders, particularly nurse managers working in a community hospital.

Search Strategy

The aim of the literature review was to establish a synthesis of the literature on the theoretical and empirical basis of EI related to nursing leadership guided by the following questions:

1. What is the state of knowledge development of EI related to nursing leadership?
2. What are nurse leaders perceptions of EI? And
3. How do nurse leaders use EI in their daily practice?

Methods

A systematic approach to searching and reviewing the state of science within the discipline

of nursing involved the use of primary sources found in peer reviewed nursing journals. Secondary sources, including systematic reviews, were utilized to illustrate different ways of looking at EI within nursing (Cronin, Ryan, & Coughlan, 2008).

Search History

The literature search was undertaken by using Scopus, PsycINFO, ProQuest ABI-Inform, and PubMed international databases. The integrative review included all articles from January 2002 to April 2012 to illustrate the latest EI evidence in the last decade. In addition to articles retrieved from the databases, other sources were acquired by a manual search of current journals and follow-up of references listed in the papers reviewed. Dissertation abstracts were included in the initial literature scope (n = 13) but are not included in this review that focused on published papers. The search key words used were: EI, EI and leadership, EI and nursing leadership, EI and healthcare, EI and research, EI and nursing research, and EI and professional development.

Role of Nurse Managers

The nurse manager is a key member of a hospital organizational structure. These nurses are uniquely positioned to be the interpreters of the organization vision, long-range goals, and change process to their co-workers at the bedside. At the same time, nurse managers articulate bedside clinical issues to non-clinicians responsible for broader organizational outcomes. The scope of the nurse manager role has many varied responsibilities, and a broad focus of financial, clinical, and staff accountability (Codier et al., 2011). Historically, nurse managers were promoted into the position based on clinical competency or expertise as a staff nurse or charge nurse (Srsic-Stoehr, Rogers, Wolgast, Chapman, & Douglas, 2004). The role of the nurse manager has changed in recent decades. With a reduction in financial resources, nurse managers are expected to manage care of patients and also lead their department(s) professionally and administratively (Furukawa & Cunha, 2011). In addition to the management of nursing at the unit level,

knowledge and interaction with the entire organizational environment are crucial in order to enhance the success of the organization. The increase in responsibility, accountability and knowledge required by nurse managers led to organizational changes that seek professionals with competencies that enable high performance and collaboration in working towards organizational goals (Furukawa & Cunha, 2011). The Nursing Leadership Institute outlined six categories of competencies at different hospitals and public health agencies in the United States of America (Sherman, Bishop, Eggenberger, & Karden, 2007). The categories in Sherman et al.'s study included; personal domain, interpersonal efficacy, financial management, human resources management, delivery of patient care, and critical thinking. To identify the competencies necessary for a nurse manager, the opinions of nurses working on the units and also the organization viewpoint have to be taken into consideration.

Jennings, Scalzi, Rodgers, and Keane (2007) were interested in analyzing competencies under the assumption that training and education can improve nurse manager competencies which can be measured to evaluate effectiveness. Jennings et al.'s analysis of 140 articles examined whether there were differences and/or similarities between nurse leaders and nurse managers. Their findings identified leadership and management competencies mentioned in each article (n = 894), with a large intersection between leadership and management competencies (n = 862), indicating a lack of discrimination between leadership and management competencies. The top five overlapping competencies were (in order) personal qualities, interpersonal skill, thinking skills, setting the vision, and communication. Nurse manager competencies were developed through educational programs designed to develop leaders and managers in a number of different health care disciplines. Also, competencies were developed through standards set by professional nursing associations such as the American Nurses Association, whose nurse administrator practice standards are subdivided into 27 categories. These categories pertain to

two levels of nurse administrators, the executive level (CNOs, directors, dean, associate dean) and the nurse manager level. Based on Jenning et al.'s analysis (2007), the boundaries between nursing leadership and management competencies have narrowed.

For nurse managers to succeed within hospital organizations, core competencies must be present and developed. Over the last 10 years, EI has received increased attention from nurse researchers who have studied different relationships of nurse leaders (Smith, Profetto-McGrath, & Cummings, 2009). However, there is limited research published investigating the use of EI in nurse managers. The purpose of this study is to describe the perceptions and use of EI among nurse managers in their daily practice in two community hospitals in western Canada. This study will enhance research in nursing about EI and will increase the understanding of the theoretical meaning of EI and the connection with nursing leadership. The subsequent sections will outline the theoretical and empirical underpinnings for this investigation.

Emotional Intelligence

The origins of emotional intelligence were founded in the concept of social intelligence which was first identified by Thorndike in 1920 and defined as "the ability to understand and manage relations between men and women, boys and girls" (Law, Wong, & Song, 2004, p. 484). Gardner, a psychologist, enhanced the work of Thorndike and investigated interpersonal intelligence and intrapersonal intelligence as he developed his theory about multiple intelligence (Amerson, 2006). Intrapersonal intelligence relates to one's emotional ability to deal with and differentiate personal feelings, whereas interpersonal intelligence relates to one's emotional ability to deal with and make distinctions about other individuals' moods and temperaments (Law et al., 2004; Amerson, 2006). EI can therefore be viewed as a combination of interpersonal and intrapersonal intelligence of an individual.

Emotional Intelligence has become a popular concept over the last 20 years in the fields of

education, psychology, and management (Law et al., 2004; Mayer, Roberts, & Barsade, 2008). A growing number of empirical and theoretical articles continue to be published yearly in each field. Modern interest in EI evolved from Salovey and Mayer's (1990) article defining EI as an ability (O'Boyle, Humphrey, Pollack, Hawver, & Story, 2010) and Goleman's (1995) claims that EI is a stronger predictor than IQ (intelligence quotient) and an inherited trait. The combination of science and human potential attracted extensive media coverage. For example, TIME magazine asked the question "What's your EQ?," on its cover, and stated; "it's not your IQ, it's not even a number, but emotional intelligence may be the best predictor of success in life, redefining what it means to be smart" (Epperson, Mondi, Graff, Towle, 1995). The *Harvard Business Review* magazine (2004) has hailed EI as "a ground-breaking, paradigm-shattering idea," one of the most influential business ideas of the decade (Goleman, 2005, p. xii). Furthermore, books on EI are best sellers (Goleman, 1995; Goleman, Boyatzis, & McKee, 2002) and led to the popularization and increased interest among human resource departments which use EI as a tool for hiring and training (Joseph & Newman, 2010).

Emotional Intelligence and Psychology

In psychology a scientific concept such as EI arises in the context of associated scientific terms and meanings. For the term "emotional intelligence" to be valid, it must fit with a network of concepts or provide rationale for why it does not (Mayer et al., 2008). The view of intelligence as a general descriptive term refers to a hierarchy of mental abilities. The mental abilities hierarchy can be classified as low, middle, and high. At the lowest level, mental abilities include the ability to recognize words and their meaning in the verbal realm. At the middle level, mental abilities are broader and include verbal comprehension intelligence. Verbal comprehension intelligence are abilities focused on understanding and reasoning about verbal information and perceptual organizational intelligence. Perceptual organizational intelligence are

abilities that focus on recognition, comparing, and understanding perceptual patterns. The highest level of general intelligence involves abstract reasoning across all such domains (Mayer et al., 2008). The view of emotions in psychology entails coordinated changes in physiology, motor readiness, behaviour, cognition, and a subjective experience (LeDoux, 2000; LeDoux, 2012; Mayer et al., 2008). For example, when a person is mad, s/he may experience an increased heart rate, higher blood pressure, decreased desire to approach others, s/he may frown and feel bad inside. These emotional reactions emerge in response to perceived or actual alterations in the person's environment (LeDoux, 2000; LeDoux, 2012; Mayer et al., 2008). Psychological research on EI has documented the following outcomes of high EI: better social relations for adults (Brackett, Rivers, Shiffman, Lerner, & Salovey, 2006), being perceived more positively by others (Brackett et al., 2006), better social relations during work performance and in negotiations (Elfenbein, Foo, White, Tan, & Aik, 2007), and better psychological wellbeing (Matthews et al., 2006).

As a trait (Goleman, 1995), EI is considered to be an innate characteristic that enables and promotes well-being. Trait EI has been described as a constellation of emotional self-perceptions at the lower level of personality hierarchies (Petrides, Pita, & Kokkinaki, 2007). As an ability (Salovey & Mayer, 1990), EI is considered to be important for not only comprehending and regulating emotions, but also understanding and integrating emotions into cognitions (Harms & Crede, 2010). Psychology continues to examine how the two constructs might be connected to EI in a conceptual and theoretical framework. Therefore, it is important to acknowledge the complexity of intelligence and emotions of human beings.

Emotional Intelligence and Business

The rise of popularity of EI in the business world was made possible by Daniel Goleman (1995), a psychologist and journalist who published *Emotional Intelligence*, a book that was an

instant bestseller (Smith et al., 2009). EI evolved to become well known within popular media circles (Mayer et al., 2008), and subsequently was adopted by businesses that deemed EI as a key leadership competency. Goleman was the first to adapt the concept to business in his 1998 article "What makes a leader," in which he discussed his research with 200 large global companies (Harvard Business Review, 2004). Goleman (1998) concluded that traditional qualities associated with leadership such as intelligence, mental toughness, determination, and vision were not sufficient. Goleman asserted that effective leaders are also distinguished by a high level of EI, which included the abilities of self-awareness, self-regulation, motivation, empathy, and social skills. As evidence of the popularity in business, Joseph and Newman (2010) found a September 2008 count showing almost 60 consulting firms devoted primarily to EI, 90 organizations that specialized in training or assessment of EI, 30 EI certification programs, and 5 EI "universities." Joseph and Newman retrieved their EI information from a popular website (www.eq.org) which at the time published information about EI. Furthermore, according to a recent survey of benchmark practices in the United States, 80% of the major corporations are now trying to promote EI in their organizations (Quoibach & Hansenne, 2009). Research into the relationship between EI and leadership outcomes has seen increased levels of interest in recent years (Harms & Crede, 2010). Across hundreds of research articles in business, EI scores have been found to correlate with organizational outcomes such as leadership efficacy, high individual leader performance, employee retention, teamwork, effective communication, collaboration and organizational commitment, as well as reduced leader burnout, and positive adaption of leadership skills (Codier et al., 2011). A recent meta-analysis conducted by Harms & Crede (2010) determined the relationship between EI and transformational leadership was moderately strong and added ongoing interest surrounding EI as a predictor of organizational outcome and leadership. The relationship of EI to transformational leadership can be attributed to its

popularity in the leadership literature and elements that are shared between the two concepts.

Emotional Intelligence Theory

There have been many models proposed about EI; however, three theories have been most influential in published literature. Reuven Bar-On, Daniel Goleman, and John Mayer and Peter Salovey have contributed significantly to EI knowledge and research (Smith, Profetto-McGrath, & Cummings, 2009). Each theorist has conceptualized EI in a different way and their conceptualization has guided their research. Bar-On (1997) defined EI as a set of traits and abilities, while Goleman (1998) views the concept as a combination of skills and personal competencies, and Mayer and Salovey (1995) defined EI as an ability. An ability can be defined as the capacity to perform physical and mental acts and abilities may be innate or acquired through education or practice (Smith et al., 2009).

Bar-On (1997) developed a five dimensional traits and ability model of EI also known as emotional-social intelligence (ESI), that predicts emotional and social adaption within different environments. This model describes behaviours associated with adaption, interpersonal, intrapersonal, stress management skills, and general mood across a range of situations. Bar-On acknowledged that environmental adaption theories influenced the development of the ESI conceptual model (Smith et al., 2009). Bar-On (1997) defined EI as "an array of non-cognitive capabilities, competencies, and skills that influence one's ability to succeed in coping with environmental demands and pressures" (p. 14). Bar-On measured social-emotional intelligence using the Emotional Quotient Inventory (EQ-i), based on the five behavioural abilities.

Goleman's (1995) book, *Emotional intelligence: why it can matter more than IQ*, popularized EI as Goleman made a bold claim that EI was more important than IQ in predicting a person's success. Goleman (1998) views EI as a set of learned skills and competencies. Goleman's combination of skills and personal competencies mixed model is composed of five

components: 1) self-awareness, 2) self-regulation, 3) motivation, 4) empathy, and 5) social skills. Goleman claims that emotional competency makes a person emotionally intelligent. Furthermore, Goleman's ideas have influenced the developed of leadership models that outline skills and competencies related to emotionally competent leaders (Smith et al., 2009). Goleman (1995) defined EI as "the ability called here *emotional intelligence*, which include self-control, zeal and persistence, and the ability to motivate oneself" (italics added; p. xii) Goleman and colleagues developed tools to measure emotional competencies that they claim are predictive of emotional competency in the workplace (Emotional Competence Inventory ECI).

Lastly, Salovey and Mayer (1990) defined EI as the capacity to process emotional information accurately and efficiently, including information relevant to the recognition, construction, and regulation of emotions in oneself and others. Furthermore, Mayer and Salovey (1997) determined that EI marked an intersection between two fundamental components of personality: the cognitive and the emotional system. Mayer and Salovey's model of emotional intelligence is classified as an ability model of EI (Salovey & Mayer, 1990; Mayer & Salovey, 1997; Mayer, Salovey, & Caruso, 2004) and also is known as the Four-Branch Model of emotional intelligence (Mayer et al., 2004; Mayer et al., 2008). Mayer and Salovey's ability model consist of four branches: 1) perceiving emotions, 2) using emotions to facilitate thought, 3) understanding emotions, and 4) managing emotions (Mayer et al., 2008). In Mayer and Salovey's view, EI, like academic intelligence, can be learned, increases with age, and is predictive of how emotional processing contributes to success in life (Mayer & Salovey, 1995; Mayer et al., 2004). Mayer and Salovey's ability model is measured using the Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT).

Mixed models created by Goleman (1995) and Bar-On (1997) describe a compound conception of intelligence that includes mental abilities, dispositions, and traits. Bar-On's

theoretical work combines what may possibly qualify as mental abilities with other characteristics that are considered separable from mental ability, such as personal independence, self-regard, and mood; which makes Bar-On's model a mixed model (Mayer et al., 2000). Goleman (1995) created a model that was also mixed, with five broad areas that were described previously. Goleman (1995) made extraordinary claims for the predictive validity of his mixed model. He stated that EI accounts for success at home, at school (80% EI and 20% IQ), and at work. Mayer and Salovey's ability model (1997; Salovey & Mayer, 1990) of EI focuses on the interplay of emotion and intelligence as traditionally defined. Mayer and Salovey (1997) recognized that their work would be more useful if they constrained EI to a mental ability concept and separated EI from personality traits. By keeping the abilities and traits separate, they were able to analyze the degree to which abilities and traits independently contributed to a person's behaviour and general life competency (Mayer & Salovey, 1997; Mayer, Caruso, & Salovey, 1999). Although individual traits are important, they are innate to a person and are better addressed directly, and as distinct from EI. Therefore Mayer and Salovey's (1997) model is appropriate for this study as the model has a focus on emotions and their interactions with thought.

Emotional Intelligence in Nursing

There have been three published literature reviews by McQueen (2004), Akerjordet and Severinsson (2007), and Smith et al. (2009) regarding EI and nursing. The first review (McQueen, 2004), investigated EI and emotional labour among nurses, and assessed the risks/benefits of emotional labour in caring relationships. Emotional labour is defined by Hocshschild (1983) as the induction or suppression of feeling to sustain the outer appearance that results in other feeling cared for in a safe place. EI and emotional labour are different concepts, although the concept of emotional labour can complement EI as it includes contextual factors (i.e.

how employees are expected to manage their feelings) of a job that can have an effect on employee expression and regulation of emotions (Wharton, 2009). McQueen (2004) provided guidance regarding the positive implications of educating nurses at different levels of practice about EI. A limitation of this review was exclusion of the management literature. The management literature is where a significant amount of research has taken place about EI.

Akerjordet and Severinsson (2007) evaluated EI with a specific focus on empirical and epistemological research perspectives. These authors reviewed EI in the context of psychiatry, management, education, and nursing; they determined that, regardless of the EI theoretical framework used, researchers agreed that EI embraces emotional awareness in relation to self and others, in addition to professional efficiency and emotional management. Furthermore, Akerjordet and Severinsson claimed there is implicit agreement that EI has an inherent potential to be further developed and refined through reflection, thus promoting emotional and intellectual growth (Akerjordet & Severinsson, 2007). According to Akerjordet and Severinsson, EI enhances several aspects of importance for professional nursing: self-awareness, which allows nurses to connect emotionally and empathy, through understanding a given situation based on reflection and moral judgment. The authors concluded that emotionally perceptive nurses might be less vulnerable to the adverse effects of stress. Furthermore, EI in nursing may have implications for health promotion and quality of working life within nursing. Arkejordet and Severinsson stated that EI research in nursing is scarce and different approaches are needed to study EI in nursing.

Smith et al. (2009) published the most up-to-date literature which focused on EI in relation to nursing practice, nursing education, nursing leadership, clinical decision making, and nursing research. They proposed that EI and the nature of nursing oblige nurses to be emotionally intelligent. This assertion is based on claims that nurses provide care through human

relationships and therefore, nurses are responsible for contributing to these relationships and the emotions within them. Central to this premise is the assertion that understanding and dealing with emotion is a core nursing skill (Smith et al., 2009). Smith et al. (2009) found strong support for the inclusion of EI as a concept within nursing education curricula. The authors discussed the nature of nursing practice as a field that involves managing emotions and stated the need to prepare students for emotional competence in order to become effective nursing practitioners. The authors identified that nursing students need to understand the emotional nature of nursing to be prepared for practice; students need emotional skills to deliver competent nursing care; and students need EI competencies to effectively deal with the constant changing work environments (Smith et al. 2009). Smith et al.'s (2009) findings about EI and nursing leadership identify that EI is viewed as an executive leadership skill that benefits patient care, nurses and organizations. Strong emotionally intelligent leaders are distinguished by their ability to encourage nurses, a passion to excel at work, an enthusiasm for nursing, and their passion for excellence in nursing practice. Furthermore, emotionally intelligent leaders positively influence patient care by motivating nurses to make high-level practice decisions. Smith et al. further explain that current thinking within the organizational literature supports the notion that strong leaders who know how to manage emotions within complex healthcare systems are required. The authors point out that research related to EI in nursing is limited and the relationship between EI and leadership, knowledge use, and environmental context require further exploration.

There have been three key criticisms about EI within the academic literature. The ongoing debate by Mathew et al., (2006), Murphy and Sideman (2006), and Murphy (2006) propose that EI is poorly defined and measured; is an old idea for constructs previously identified and measured; and that its importance is exaggerated and unsupported by research. The most controversial and unsubstantiated assertions made about EI include: EI is more important than IQ

(Goleman, 1995); persons with EI are more adaptable to stressful environments (Bar-On, 2006) and most people can develop EI (Mayer & Salovey, 1997). These assertions have been criticized by Spector & Johnson (2006) however, Daus and Ashkanasy (2005), Feather (2009), and Willcocks (2012) clearly support Mayer and Salovey's conceptualization of EI based on their own reasearch. These scholars refute critics who argue that EI is poorly defined and measured and assert that EI research should focus on the direct study of emotions and individual differences in relation to emotion and the subsequent impact of emotions in organizational settings. The study of EI has progressed in the last decade with an increase in the use of valid and reliable measurement tools to conduct studies about EI in nursing. The most cited instrument used to conduct research about EI in nursing is the Mayer-Salovey-Caruso Emotional Intelligence Test. The interest in nursing research investigating EI as a core concept has increased. Positive correlations were demonstrated between levels of measured EI abilities and nurse performance, personal achievement, organizational commitment, job satisfaction, reduced burnout, and improved retention (Codier et al., 2011). Acknowledging these views is vital to developing science related to EI in nursing.

Emotional Intelligence and Nursing Leadership Literature Review

Inclusion and Exclusion Criteria and Analytic Framework

Although EI has been addressed in these broader sets of literature, it is important to examine its relevance in specific relation to nursing leadership. As such, a more targeted literature review was conducted. A broad scope of the literature using the electronic databases mentioned before and the following criteria were applied: 1) articles must be in English; 2) articles and abstracts published during the past 10 years (2002-2012); 3) focus on theoretical and empirical research perspectives; 4) focus on EI linked to nursing leadership; 5) focused on EI and nursing leadership linked to perception of concept, and; 6) focus on EI and nursing leadership

linked to implementation in practice.

The methodology used in this literature review was inspired by Cronin et al. (2008), Randolph (2009) and study of Akerjordet and Severinsson (2010). Polit and Beck's (2012) critique of qualitative studies was applied as an analytical framework to record key features of study methods (see Table 1 and Table 2). A search of EI from January 1990 to April 2012 provided an overview of the scientific development of EI from the time EI was first mentioned by Salovey and Mayer in 1990. A manual search of relevant journals and significant references, including theoretical articles related to the EI was conducted also. Articles were excluded if they did not focus on nursing, leadership, and EI, if there was no mention of EI theory or theorist, if the argument presented was not well reasoned or clear, or if the article was not focused on leadership in healthcare.

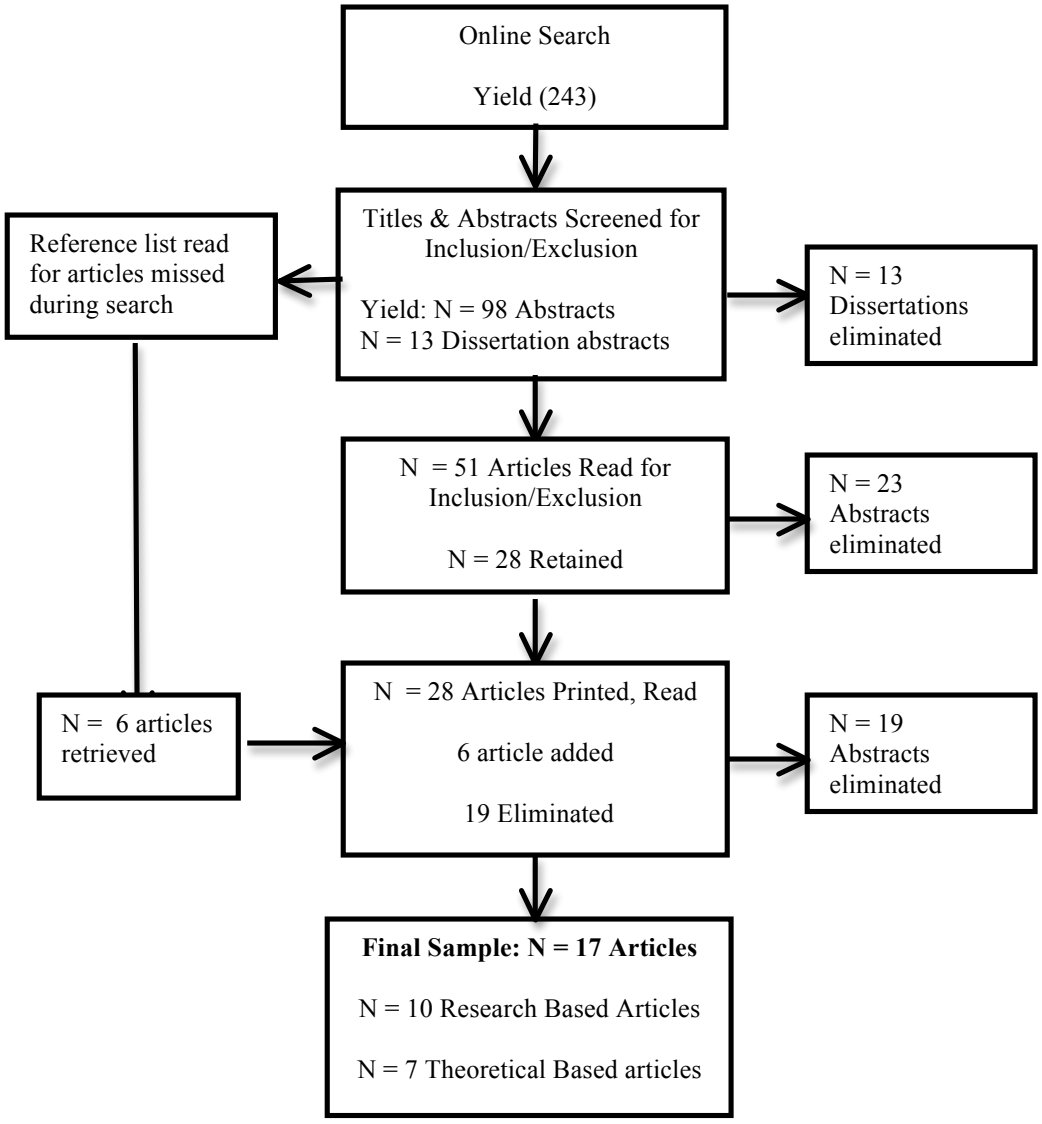
In order to build on existing knowledge about EI and leadership in nursing the sample of articles was limited to theoretical and empirical research articles that focused specifically on EI related to nursing leadership, leader perception about EI, and leader implementation of EI. The theoretical articles were analyzed based on the following criteria: aim, theoretical framework, profession, and findings. The analysis of empirical research articles was based on the following aspects: aim, sample, data collection, profession, and findings. Selection of articles was based on the title of the abstract on the search history. Book reviews and editorials were excluded, as the focus was on published, peer-reviewed articles.

Screening Process

A three-step screening process was used to obtain the final sample of articles. Step one was a broad search of the literature to identify abstracts that met the inclusion criteria. The search outcome revealed 243 abstracts, including several dissertations, anecdotal reports, editorials, news, as well as theoretical and empirical research articles in relation to EI and leadership. The

number of abstracts referring to EI and leadership in other disciplines was 192 and EI linked to nursing leadership revealed 51 articles. When reading the titles and abstracts for inclusion or exclusion, 23 abstracts were eliminated as they did not meet the inclusion criteria. While 28 titles and abstracts that were printed, duplicates were eliminated and the remaining abstracts were screened using the inclusion and exclusion criteria. The final samples of articles reference list were examined to identify additional articles of interest (Figure 2).

Figure 2. Search Strategy



Findings

The findings pertain to current knowledge of EI related to nursing leadership, nurse leaders perceptions of EI, and nurse leaders use of EI in their daily practice. Nurses have an important leadership role to play, particularly given the connection between clinical leadership and the quality of care delivered to patients (Willcocks, 2012). EI has become a relevant concept to health care as it is important for nurses in leadership positions to engage in relationships that will facilitate successful management practice (McQeen, 2004). Presently, healthcare is in a state of constant change, which may be overwhelming to some employees. Leaders, especially at the unit level, must allow employees the opportunity to deal with their feelings that may include loss, grief, and anxiety. The emotionally intelligent nurse manager does not rush in to fix, cure, or control the myriad of responses of staff members, but is empathetic to their concerns, and allows their staff to express their feelings without judgment, pressure, or guilt (Feather, 2009). According to Mayer et al. (2004), EI allows leaders to understand and motivate others through expression of multiple perspectives that can enable planning and engagement of employees in different work related activities. Work related activities such as being able to communicate, listen, and empathize with other staff and patients can provides a leader in any health setting with information about what motivates their employees. Managing emotions allows leaders to deal with the stress of failure or decisions leading to poor outcomes (Mayer et al., 2004).

Theoretical Articles

Emotional intelligence in nursing leadership research is at the development stage. There were limited theoretical articles (n = 7) related to EI and nursing leadership. Four articles (Willcocks, 2012; Barden, 2007; Vitello-Cicciu, 2003; Vitello-Cicciu, 2002) made reference to nursing leadership and EI; however, there was no definition provided about who can be classified as a nursing leader. EI was defined in these articles based on the theoretical model used (i.e.

Salovey & Mayer, 1990; Goleman, 1995; Bar-On, 1997). The lack of a unified conceptual model of EI can be problematic as there are many interpretations, definitions, and theoretical perspectives about leadership, each with a particular emphasis. There were two articles that focused on EI and nursing management (Feather, 2009; Herbert & Edgar, 2004). One article by Freshman and Rubino (2002) focused on EI and health care in general (table 2.1).

Table 2.1
Theoretical Articles on the Subject of Emotional Intelligence and Nursing Leadership

Author(s)/ Year	Aim	Theoretical Framework	Profession	Findings
Willcocks (2012)	Explore leadership effectiveness with among clinical nurse leaders with a review of approaches and competencies including EI.	Goleman and Bass and Avolio	Nursing	Important to give more attent to emotional competence, especially EI given the emotional dimensions in lead change.
Feather (2009)	Assess the importance of studying EI of nursing leaders and the job satisfaction of nursing staff.	Mayer and Salovey, Goleman, Bar-On	Nursing	There is a need for further research in the area of EI of nurse managers in their role a leaders and the impact they h on the job satisfaction level o their nursing staff.
Barden (2007)	Assess one of six standards according to AACN for a healthy workplace, authentic leadership in relation to EI.	Goleman	Nursing	The 5 key characteristics identified by Goleman can be linked to the key characteristics of an authentic leader and can serve as the beginning of the work to operationalize authentic leadership.
Herbert & Edgar (2004)	Explore the theoretical and empirical basis of emotional intelligence and its linkages to leadership.	Mayer and Salovey, Goleman, Bass and Avolio	Nursing	The limited amount of research suggests that EI is a vital aspect of effective leadership. Strong, emotionally intelligent and effective nurse leaders are essential to address the many challenges facing practice.

Vitello-Cicciu (2003)	Explore the concept of EI and emotional labour.	Mayer and Salovey and Goleman	Nursing	Leaders who guide with their head and their heart foster environments that promote teamwork, collaboration, high quality nursing care, and desired outcomes.
Vitello-Cicciu (2002)	Compare two models of EI, the measurement being used, and the ability for EI to predict workplace success.	Mayer and Salovey and Goleman	Nursing	Nursing leaders who possess EI will be able to perceive the emotions of their staff, improve patient care, and enhance staff performance.
Freshman & Rubino (2002)	Inform health care professionals about the use of EI, with implications for training and leadership development within an organization.	EI health care administration training	Health care administr-ators	Health care organizations are in need of developing EI training programs. A health care leader with EI will increase productivity and organizational effectiveness.

The concept of EI in healthcare and specifically in nursing is at the beginning stages of research. Freshman and Rubino (2002) identified a current influx of business management applications in the EI research, which can give the appearance of EI being a trend. These authors further identified that in health care, in particular, hospital administrators have to create integrated networks that are paramount to a successful operation. By developing EI, relationships will improve between departments and ultimately prove to be cost effective. However, Freshman and Rubino (2002) emphasized that health care administrators have not embraced EI. According to Willcocks (2012), there is a need to give more attention to emotional competence or emotional intelligence. Willcocks argued from a theoretical perspective that the development of emotional competence of leaders, such as empathy, sensitivity, and emotional resilience are of particular importance in relation to leading organizational change, and therefore relevant to the specific needs of nurse leaders and from an international context.

Feather (2009) described the importance of EI in the profession of nursing and how the level of EI of nursing leaders impacts the level of job satisfaction of their employees. Feather explained that theoretically, emotionally intelligent nurse managers are most likely to improve retention of hospital staff nurses and, therefore, improve nurse job satisfaction. Feather explained that there is a gap in knowledge related to research regarding nursing leadership and EI. A majority of the EI literature is concentrated in the field of business and psychology, with minimal data in health care. Feather also stated that health care has not embraced EI, which is further supported by Herbert and Edgar (2004).

Emotional intelligence can be learned (Willcocks, 2012; Feather, 2009; Barden, 2007; Herbert & Edgar, 2004; Vitello-Cicciu, 2002; Freshman & Rubino, 2002). According to Barden (2007) nursing leaders who attend to their EI continue to develop as they go through life and learn from their experience. Leaders who develop EI become authentic and will encourage staff and their organization to thrive and transform over time. Willcocks (2012) noted that EI is a critical factor in the effective leadership of the 21st century organizations. Willcocks discussed that leadership is not only about development of competencies; it is also about the readiness and motivation of nurses to assume a leadership role. Willcocks (2012), Feather (2009) and Herbert and Edgar (2004) emphasized that development of EI competencies such as listening and sensitivity; motivation and energy; emotional resilience; influence and adaptability; decisiveness; and integrity, are important predictors of long-term managerial advancement and success. Although having greater insight into one's feelings could be expected to correlate with success in leading others, supportive data in the nursing literature needs further research. EI has been linked to authentic leadership (Barden, 2007). Barden suggested that leaders who know how to manage their authenticity will be more effective in their abilities to engage and retain their staff. The

American Association of Critical Care Nurses defines the term authentic as conforming to the fact and therefore worthy of trust, reliance or belief. Shirey (2006) described an authentic leader as someone in a position of responsibility who is genuine, trustworthy, reliable, and believable. Avolio, Gardner, Walumbwa, Luthans, and May (2004) linked authentic leadership with a leadership style. Herbert and Edgar (2004) also discussed implications of leadership styles and EI that directly influence nursing leadership practice. The two most cited leadership styles that influence nursing leadership practice are transformational and transactional leadership. A transformational leader is visionary, leads the way in the face of risk, motivates others and is less likely to support the status quo. A transactional leader is more task oriented, operates within an existing system, prefers to avoid risks, and focuses on efficiency and utilizes processes to maintain control (Bass, Avolio, Jung, & Berson, 2003). Evidence supports the relationship between EI and effective leadership and that EI may be a competency of transformational leadership (Herbert and Edgar, 2004).

Nursing leaders are under the spotlight of the public eye and, therefore, embark on a public journey when promoted to a management position. Managing people as an individual is hard work, Feather (2009) recommended that individuals who are promoted to nursing management possess increased levels of EI. Few studies have been conducted about nurse managers and EI that investigate perceptions of characteristics associated with effective leadership (Herbert & Edgar, 2004). Characteristics and outcomes attributed to effective nurse managers are: communication, relationship building, optimist, working through people, and encouraging the heart. These characteristics are closely aligned with the construct of EI (Herbert & Edgar, 2004). Therefore, building an emotionally intelligent nurse manager may happen piece-by-piece with each individual situation and by learning to develop EI. EI development happens gradually and as the leaders ability to identify emotions improves, the leader becomes more aware of their own

feelings and emotions and that of others (Caruso et al., 2002). Greater self-awareness of other people's feelings and emotions provides the leader with an understanding of other people's point of view (Mayer et al., 2004). Organizations that are most successful in developing their executive staff and management EI often provide their leaders with coaching and extensive leadership development regarding EI (Herbert & Edgar, 2004; Vitello-Cicciu, 2003). Organizations require nurse managers to have high EI (Feather, 2009). Also, health care is thought to have leaders with high EI due to the nature of the profession (Triola, 2007). Gender has to be considered a factor as the profession of nursing is compromised of 90% females and 10% males (United States Bureau of Labor Statistics, 2008). Studies of EI that are based on ability tests such as the MSCEIT and include gender in their analysis have assumed women to be superior in emotional abilities (Fernandez-Berrocal & Salovey, 2006; Kafetsios, 2004; Brackett & Mayer, 2003). The theoretical articles provide a novel insight into nursing leadership and emotional intelligence. The following section illustrates empirical research studies related to EI and nursing leadership.

Empirical Research Studies

Empirical research studies (n = 10) to substantiate the implications of EI in effective nursing leadership practice have not been conducted frequently (Gorgens-Ekermans & Brand, 2012). It is clear from emerging research in this domain that the potential uses for EI as a concept in nursing needs further investigation (Feather, 2009). In addition, there was no identified empirical research article in the current nursing literature that investigated nurse managers' perception of EI or nurse managers' use of EI in daily practice. Each study had a different focus for example, Codier et al. (2011) investigated nurse managers EI and impact of a peer coaching intervention on nurse managers. Vesterinen, Isola, & Paasivaara (2009) investigated nurse managers' leadership style and factors influencing them. Lucas, Laschinger,

& Wong's (2008) study focused on nurse managers EI impact on span of control and structural empowerment of nurses'. Other studies investigated leadership styles of different administrators (executives, directors, mangers) as an outcome of EI (Young-Ritchie et al., 2009; Parker & Sorensen, 2008; Barbuto & Burbach, 2006; Cummings, Hayduk, & Estabrooks, 2005). Two studies made recommendations for nurse administrator about the importance of having managers' with high levels of EI (Gorgens-Ekermans & Brand, 2012; Quoidbach & Hansenne, 2009) and how EI might impact work stress, burnout, performance and group cohesiveness among nurses (Table 2.2).

Table 2.2
Empirical Research Articles on the Subject of Emotional Intelligence and Nursing Leadership

Author(s)/ Year	Aim	Sample and data collection	Profession	Findings
Gorgens-Ekermans & Brand (2012)	Investigate inter-relationships between EI, work stress and burnout.	Registered nurses (n = 122) Questionnaires	Nursing	Higher EI is significantly related with lower stress-burnout relationship.
Codier et al. (2011)	Explore the impact of a peer coaching intervention on EI abilities of nurse mangers.	Nurse managers (n = 31) Study intervention, pre-post test	Nursing	The study participants reported peer coaching's positive effect on their EI and performance skills during a period of unusually high organizational stress.
Vesterinen et al. (2009)	Explore nurse managers' perceptions of their leadership styles and factors influencing them.	Nurse managers (n = 13) Interviews	Nursing	Nurse managers use a variety of leadership styles. Findings expressed the important to have knowledge about what factors influence leadership styles, one of them being EI.
Quoidbach & Hansenne (2009)	Test the relationship between EI, performance and cohesiveness in 23 nursing teams.	Registered nurses and physiotherapists working in 23 nursing teams (n = 421) Questionnaire	Nursing	Mangers should learn about emotional regulation as it may provide an interesting new way of enhancing patient/client outcomes and cohesion within teams.

Young-Ritchie et al. (2009)	Test a model exploring the relationships among EI leadership behaviour, work place empowerment and commitment.	Emergency registered nurses (n = 300) Questionnaire	Nursing	Nurses' perceived emotionally intelligent leadership behaviour had a strong direct effect on structural empowerment, which in turn had a strong direct effect on organizational commitment.
Parker & Sorensen (2008)	Test the relationship between EI and leadership styles.	Health care managers from different disciplines (n = 43) Questionnaire	Different health care managers within NHS mental health setting	A statistically significant difference between the HC groups; it was concluded that a strong relationship existed between high levels of EI and high levels of transformational/transacti-onal leadership styles.
Lucas et al. (2008)	Test Kanter's model linking nurses' perceptions of their nurse manager's emotionally intelligent leadership style and nurses' structural empowerment, and the impact of nurse manager span of control.	Acute care nurses (n = 203) Questionnaire	Nursing	Managers with strong emotional intelligence may not be able to empower their staff if their span of control is large.
McCallin & Bamford (2007)	Discuss how EI affects interdisciplinary team effectiveness.	Health professionals from seven disciplines (n = 44) Interviews and observation	Different health care profession als	To maximize interdisciplinary work, nurse managers might consider the role of EI in influencing team effectiveness, the quality of patient care, staff turnover and job satisfaction.
Barbuto & Burbach (2006)	Test relationship between EI and transformational leadership	Elected community leaders (n = 80) and direct-report staffers (n =388) Questionnaire	Different leaders of state wide leadership organizati on	Significant variance between EI and self-perception and rater-perception of transformational leadership.

Cummings et al. (2005)	Develop a theoretical model of the impact of hospital restructuring on nurses and determine the extent to which emotionally intelligent nursing leadership mitigated any of these impacts	Registered nurses (n = 6526) Questionnaire	Nursing	Resonant leadership styles mitigated the impact of hospital restructuring on nurses, while dissonant leadership intensified this impact.

Gorgens-Ekermans and Brand (2012) collected data from 122 nurses to investigate inter-relationships between EI, work stress, and burnout. They found that improving interpersonal relationships between management and other interdisciplinary staff members lead to increased social support which is related to decreased stress and burnout in nurses. There was an inverse relationship between EI stress and burnout of nurses indicating that EI is a mediator in the stress-burnout relationship. The results suggest that EI education should be implemented at the manager level to minimize the development of burnout from stress in nurses. Codier et al. (2011) studied the development of EI abilities in nurse managers (n = 31) through a peer coaching intervention. Although the sample size was small, the findings indicated that EI scores of managers' increase with age. Furthermore, Codiere et al. (2011) suggest that EI abilities (identifying emotions, using emotions to reason, understanding, and managing emotions) may influence nurse managers' ability to reconcile the demands of their personal and professional lives leading to decreased stress and burnout. This study provided descriptive and anecdotal evidence for a positive effect of peer coaching on EI and management abilities in nurse managers. Gorgens-Ekermans and Brand (2012) suggest that emotionally intelligent managers can have a positive effect on nurses in relation to stress and burnout. Codier et al. (2011) suggest provide evidence that managers who are emotionally intelligent might have decreased stress and burnout in their jobs. Gorgens- Ekermans and Brand and Codier et al. provide support for

educating nurse managers about EI as a way to decrease stress and burnout.

Young-Ritchie et al. (2009) studied 300 emergency room nurses and supported their hypothesis that empowering social structures within organizations are important to how employees feel about their work and that leadership plays a critical role in creating these structures. A major finding of this study was that nurses' perceptions of their managers' emotionally intelligent leadership behaviour had a strong effect on their feelings of empowerment and, subsequently, on their organizational commitment.

Lucas et al. (2008) reported similar results to those concluded by Young-Ritchie et al. (2009). Lucas et al. (2008) studied the relationship between nurses (n =203) perceptions of their nurse manager's EI and leadership style and their feelings of structural empowerment. They also investigated the impact of nurse managers span of control and how this might impact nurse manager's EI and leadership style. The results of this study highlight the importance of nurse managers' leadership behaviours. More specifically, when nurses felt they had access to empowering work structures they were more likely to report that their managers had an emotionally intelligent leadership style. Having empowering work structures was one finding by the authors who indicated that empowerment affects quality of life and leads to greater job satisfaction and engagement of nurses in their work. An assumption made by the authors was that empowering work structures should positively affect recruitment and retention of nurses, and ultimately, organizational outcomes, such as, high quality patient care. The key finding in this study was the significant moderating effect of span of control on the managers EI and staff nurse empowerment relationship. As span of control increased, the effect of the manager's EI on nurse's empowerment diminished. This finding suggests that even highly emotional intelligent nurse managers may not be able to have an impact on staff nurse empowerment if their span of control is so broad that they rarely engage with their staff.

Quoidbach and Hansenne (2009) and McCallin and Bamford (2007) studied the impact of EI and teamwork. Quoidbach and Hansenne addressed the relationship between EI, work team performance, and team cohesiveness (n = 23). Their data indicated that the relationship between EI and team performance is more subtle that previously stated claims. The authors attributed the relationship to the negative effects of having a pessimistic member in a team. Pessimistic team members do not actively maintain a positive emotional atmosphere for him/herself and the rest of the team. Conversely, one single member with a high EI score could improve his or her team's emotional atmosphere. Quoidbach and Hansenne concluded that high-EI groups are significantly more cohesive than low-EI groups. The authors findings were inconclusive and suggested that managers should learn about emotional regulation as it may provide an interesting new way of enhancing patient/client outcomes and cohesion within teams. McCallin and Bamford (2007) studied 44 health professionals from different disciplines to determine how EI affects interdisciplinary team effectiveness. The authors determined that interdisciplinary team technical expertise and cognitive intelligence are not enough for teams to be effective. Interdisciplinary teams also need EI to work effectively with colleagues, as well as patients and families. The authors stated that nurses have the ability to recognize the emotional component of communication between different professions and understand that any informal communication exchange has the potential to change relationships and thinking. The nature of nursing allows nurses to collaborate with many disciplines, coordinate client care, and coach and mentor colleagues about EI and its impact on team effectiveness, quality care, and job satisfaction. The authors suggested that managers should consider the role of EI in influencing team effectiveness.

Several studies (Cummings et al., 2005: Barbuto and Burbach, 2006; Parker & Sorensen, 2008; Vesterinen et al., 2009) studied the relationship between EI and nursing leadership styles. Cummings et al. (2005) examined a comprehensive sample of 6,526 RNs to determine the extent

to which emotionally intelligent nursing leadership styles impacts nurses while a hospital is being administratively restructured. Their findings suggest that during restructuring, resonant leaders used their emotional skills to understand what individual employees or teams were feeling during difficult times, thereby building trust through listening, empathy, and responding to staff concerns while dissonant leaders had the opposite effect. Barbuto and Burbach (2006) studied 80 elected community leaders and 388 members of the elected community leaders staff and determined that there was significant variance between EI and managers' self perception and rater perception of transformational leadership. They concluded that additional research was needed to ascertain the relationship(s) between EI and leadership. Vesterinen et al. (2009) studied (n = 13) nurse manager and determined that a nurse manager with an awareness of EI and clear leadership style (visionary, coaching, affiliate, and/or democratic) had fewer problems with their staff than a manager who was emotionally intelligent but could not identify with a specific leadership style. They concluded that a commanding leadership style (autocratic) was typical in workplaces where people had to react quickly and effectively to changing situations. The authors concluded that research regarding leadership and EI of nurse managers is sparse and requires further investigation. Parker and Sorensen (2008) studied (n =43) the impact of EI and leadership styles of managers employed in the United Kingdom, National Health Service, within different mental health settings. They found a statistically significant ($p < 0.05$) relationship between EI and transformational/transactional leadership. However, there is no evidence to explain whether one is a causal factor for the other, as EI may be an underlying competency of transformational leadership and transactional leadership, or vice versa. The findings in this study support previous findings (Kerr, Garvin, Heaton, & Boyle, 2006; Bass et al., 2003) in other organizational settings that measurements of EI can be used to predict future manager performance, and ultimately enhance the organization's ability to create and maintain a positive working environment. Parker

and Sorensen (2008) also emphasized that the measurement of EI is highly attractive in utilitarian terms, because it is a fluid characteristic of an individual manager that can be trained and improved.

Across the last 10 years of EI nursing empirical research, interest in El as a core concept in nursing has increased (Codier et al., 2011). As noted above, positive correlations (Gorgen-Ekermans & Brand, 2012; Codiere et al., 2011; Young-Ritchie et al., 2009) have been demonstrated between levels of measured EI abilities and performance, personal achievement, organizational commitment, job satisfaction, reduction in burnout, and improved retention. Nurse leader EI scores have been correlated (Cummings et al., 2005: Barbuto and Burbach, 2006; Parker & Sorensen, 2008; Vesterinen et al., 2009) with improved patient satisfaction, reduced staff turnover, and increased staff resilience during periods of change. Retention, coping, wellness, stress management, and job satisfaction have all correlated with measured EI (Codier et al., 2011). Further qualitative research is required to explore nursing administrative perceptions, use, understanding, and management of EI among nurse managers. The quantitative research regarding EI in nursing managers is sparse and also requires further investigation.

Chapter Summary

Over the past two decades, research on EI has emerged as a growing field of interest in business and psychology. At the same time, EI is still a new field of research in nursing and further investigation is required to expand the state of knowledge in the profession. In the preceding sections of this literature review, an examination of mainstream conceptions of EI, and descriptions of the scope of research in the field was outlined. The nursing profession continues to evolve and nurse managers play a major role within the organizational structure. In a clinical setting, the managers' role as emotionally intelligent leaders, change agents, and team members is crucial for the success and satisfaction of their staff, unit, and organization. As described in

this chapter, the ability of nurse managers to be perceived in an emotionally intelligent manner by his or her staff, patients, and senior leaders demonstrates qualities and skills that are required to be an effective nurse manager. There has not been a research study that examines a nurse manager's perception of EI and how they use EI in their daily practice. Nursing research studies about EI are limited and are rare when examining nurse managers within community hospitals. By exploring nurse managers perceptions about EI, a foundation can be built that can provide guidance for further research about this topic. Qualitative research is the best way to understand nurse managers' perceptions and use of EI in a hospital setting.

Chapter 3 – Methodology

This chapter details the methodology and research design of this study. The chapter outlines the research design, methods of data analysis, setting of the research study, sample criteria and its participants, and ethical implications.

Research Design

Qualitative research is a form of social inquiry for the purpose of discovering important underlying themes, categories, and patterns of relationships (Polit & Beck, 2012). Qualitative research begins with ontological and epistemological assumptions and use of broad worldviews that inform the study of research problems addressing the meaning individuals or groups ascribe to a social or human problems (Creswell, 2013). There is limited research about emotional intelligence (EI) and nurse managers, and there are no identified studies that study nurse managers' perception of emotional intelligence and use in daily practice in a hospital setting. This study explored the perceptions of nurse managers' in a city in western Canada in two community hospital settings. The study design was a descriptive qualitative study using comparative analysis. Descriptive qualitative studies explore, interpret, and stimulate the perception of experience while emphasizing the richness, breadth, and depth of those experiences in text or written word (Streubert & Carpenter, 2011).

The purpose of this study was to explore nurse managers' subjective perceptions and use of EI primarily working in a community hospital. Nursing encourages detailed attention to the care of people as humans and nurses ground their practice in a holistic belief system of the mind, body, and spirit. Qualitative descriptive inquiry provides a logical structure and philosophic rationale for the decisions made in qualitative nursing inquiry (Thorne, Kirkham, & O'Flynn-Magee, 2004). Therefore, it is a suitable method for the investigation of phenomena important to nursing administration (Streubert & Carpenter, 2011). Mayer and Salovey's (1997) Four-Branch

Model of Emotional Intelligence was used as the framework in this study to explore nurse managers' perceptions of emotional intelligence and how they use emotional intelligence in their daily practice within a community hospital.

Setting

This study was conducted in two community hospitals in a western Canadian city. The community hospitals contain a variety of units that range from outpatient clinics to emergency and intensive care departments that provide care to people in the surrounding community. Community hospitals with clinical and outpatient departments is an appropriate setting from which to recruit potential research participants. Each unit within the hospital has one nurse manager, known as manager of patient care (MPC).

Sample

Qualitative research is concerned with exploring in depth the richness of interpretations of a small sample; therefore, a sample of nurse managers was desired to ensure that the participants accurately reflected nurse managers working in these two hospitals (Polit & Beck, 2012). Purposive sampling was used to identify potential participants who would most benefit the study. Purposive sampling can be described as a non-probability sampling method in which participants are selected based on criteria relevant to the research questions (Polit & Beck, 2012). Therefore, purposive sampling was an appropriate method to use in selecting the participants for this study. The aim of a descriptive qualitative approach is to understand and describe the experiences from the perspective of those who have experienced the phenomenon of interest (Streubert & Carpenter, 2011).

Whilst there are no fixed rules for sample size in qualitative research (Streubert & Carpenter, 2011), a sample size of 10 participants was recruited and provided rich descriptive data to reach data saturation. Data saturation can be defined as sampling to the point at which no

new information is obtained and repetition of data is achieved (Polit & Beck, 2012). The focus of qualitative research is not on the generalizability of the findings, but rather, on the rich description about the phenomenon of interest. Sample sizes are thus deliberately kept small in qualitative research to allow the researcher to conduct an in-depth examination and analysis about the topic of inquiry (Streubert & Carpenter, 2011). The purposive sample consisted of nurse managers who were Registered Nurses (RN), with current licensure with the College of Registered Nurses of Manitoba (CRNM) had 6 months experience, worked full-time, and were employed within one of the two community hospital in western Canada.

Recruitment Procedures

After receiving approval from the University of Manitoba Education and Nursing Research Ethics Board and hospital access, a meeting was set up with the Chief Nursing Officer (CNO) of each hospital to provide an overview of the study and identify potential participants based on the inclusion criteria. A request was made to the CNO at each hospital to distribute a letter of invitation (Appendix A) to all nurse managers (24 total). In addition, permission was granted by each CNO, for the investigator to attend one scheduled general manager team meeting to present information about the study and invite nurse managers to voluntarily participate in this study. Those individuals who were interested in participating in the study were given a package of information about the study. The researcher followed up with a phone call and/or email to participants who had left a voicemail or emailed expressing an interest in participating. Individual meetings were made with nurse managers that were interested in participating in this study.

Data Collection

A combination of more than one data collection approach including audio recorded interviews and field notes were used in this study. The use of more than one data collection

strategy is identified as triangulation, and this type of application of multiple approaches to an investigation can improve the transferability of data because the strengths of one method may help to compensate for the weaknesses of another (Streubert & Carpenter, 2011). Triangulation as a qualitative research strategy ensures completeness of finding and assists in the confirmation of findings (Polit & Beck, 2012). Ensuring complete and thorough findings provided breadth and depth to the study, offering the researcher a more accurate picture of the phenomenon (Streubert & Carpenter, 2011). Written informed consent was obtained from all participants prior to the onset of data collection and the voluntary nature of participation was explained (Appendix B).

After the study was explained and the consent form was signed, the participants were asked to complete a demographic questionnaire (Appendix C). The demographic information was used to gather descriptive data regarding participants. The descriptive data collected allowed for an opportunity to understand the participants in terms of their age, gender, education, experience, and work environments.

The most common form of qualitative research data collection involves in-depth interviews (Creswell, 2013). In this study, data collection was completed by semi-structured, tape-recorded, one-to-one interviews that lasted about 1 - 1.5 hours, using interview questions developed by the researcher based on Mayer and Salovey's (1997) Four-Branch Model of Emotional Intelligence (Appendix D). The Mayer and Salovey (1997) Model of EI defines four discrete mental abilities (also referred as 'branches'). The four branches include perceiving emotions, using emotions to facilitate thought, understanding emotions, and managing emotions. The purpose of semi-structured interviews encourages participants to talk freely about the topics on the guide, and to tell stories in their own words leaving each question open-ended for further discussion. This technique ensures that researchers will obtain all the information required, and give the participants freedom to provide as many illustrations and explanations about the topic of

interest (Polit & Beck, 2012). The semi-structured questions included suggestions for probes designed to elicit more detailed information in order for the participants to expand upon their experiences. The length of time for an interview depends on the participants, the topic of the interview, and the methodological approach (Creswell, 2013). For the purpose of this study, and being conscious of each manager's time, the researcher limited the interview to maximum of 1-1.5 hours. A sympathetic, non-judgmental attitude was presented in order to facilitate communication and understand what the participant was trying to relate (Streubert & Carpenter, 2011). The interviews were conducted at a time and place that was mutually convenient and comfortable for the participants.

There are numerous methods to recording a qualitative interview. Interview data can be recorded by taking detailed notes of what participants say or by audio or video recording (Polit & Beck, 2012). For the purpose of this study, an audio recorder was used to ensure that interview data accurately depicted participants' actual verbatim responses. Notes tend to be incomplete and may be biased by the interviewer's memory or personal views (Polit & Beck, 2012). An important aspect before, during, and after an interview is reflexivity. Reflexivity refers to a researcher's awareness of themselves as part of the data they are collecting (Polit & Beck, 2012). This concept was taken into consideration during the study to reflect on personal assumptions, how the data were interpreted and analyzed, and how personal assumptions might have affected the data obtained during the interviews (Appendix E). Field notes were be taken during and after each interview and included; for example, personal insights; details of the environmental surroundings during the interview; the physical mannerisms of the participant; or significant insights that evolve during the interview. The field notes captured any elements that may have impacted on the data collection process while thoughts were still clearly in the researcher's mind.

Data Analysis

There are no universal rules for analyzing qualitative data, and the absence of standard procedures leads to challenges in describing how such analysis is done. The purpose of data analysis is to organize, provide structure to, and elicit meaning from the data (Polit & Beck, 2012). In qualitative studies, data collection and data analysis often occur simultaneously, rather than after data are collected (Polit & Beck, 2012). Audiotaped interviews and field notes are a major data source in qualitative studies (Polit & Beck, 2012). As a measure of rigor, verbatim transcriptions of each interview were gathered and accuracy of transcribed data was determined by listening to the interviews and comparing each interview to the transcribed verbatim to ensure the best possible data. Field notes were used as a guide during the data analysis process to apply another dimension of understanding to the data. Interviews were recorded and transcribed by a transcriptionist to preserve their authenticity. Interpretation of verbatim occurred simultaneously with the data collection phase of the study to search for meanings and understandings. The most widely used procedure for analysis is to develop an inductive category scheme and then code the data according to the categories (Polit & Beck, 2012). Qualitative content analysis is the analysis of choice for qualitative descriptive studies and was used to interpret the data of this study (Sandelowski, 2000). Qualitative content analysis of narrative data identifies prominent themes and patterns. Qualitative content analysis involves breaking down data into smaller 'units', coding, and naming the units according to the content they represent, and grouping the coded material based on shared concepts (Polit & Beck, 2012). The process of analysis involves the following stages: familiarization with the data as a whole, transcribing interviews, organizing field notes and data, coding and categorizing, building themes, and listening to and reading the data several times to become completely familiar with the data (Polit & Beck, 2012).

The process of open coding, involves aggregating the text or visual data into small categories of information, looking for evidence within the transcribed verbatim, and then assigning a label to the code (Creswell, 2013). Saldaña (2009) defines a code as "a word or short phrase that symbolically assigns a summative, salient essence-capturing and/or evocative attribute for a portion of language-based or visual data" (p.3). In essence, coding is the first step that allows a researcher to move beyond tangible data and make analytic interpretations towards forming the foundations for categories and themes that are drawn from the data (Liamputtong, 2010). Coding is thus a method that enables the researcher to organize and group similarly coded data into categories or "families" as they share some characteristic (Saldaña, 2009). Marshall and Rossman (2011) describe the process of category generation by outlining patterns that are evident in the setting and expressed in the participants' transcripts. Categories should be internally consistent and distinct from one another as categories should be grounded in the meaning held by the participant. The outcome of coding, categorization, and analytic reflection can be termed "a theme" which can be defined as "a phrase or sentence that identifies what a unit of data is about and/or what it means" (Saldaña, 2009, p. 139). Themes can be repeating ideas coded into categories and further explained to bring meaning and identity to recurrent participant experiences into a meaningful whole (Saldaña, 2009). The themes that evolved from the research study represented the researchers interpretation of participant accounts which address the research questions.

The researcher read the transcribed verbatim and used constant comparative analysis to ensure attention to detail was maintained as codes and categories evolved (Saldaña, 2009). Constant comparative analysis is a method wherein newly collected data are compared in an ongoing fashion with data obtained earlier to refine theoretically relevant categories (Polit & Beck, 2012). Strubert and Carpenter (2011) suggest that interactions with experienced qualitative

researchers are the best way to become comfortable with data analysis. Therefore, one transcribed interview was given to the thesis chair who independently analyzed the data to enhance trustworthiness of the analysis.

Trustworthiness of the Findings

It is important that qualitative researchers clarify what qualitative research is, stressing the utility and quality of the findings (Streubert & Carpenter, 2011). There is no one set of criteria in qualitative research that articulates the validity and truth value to judge the quality in qualitative research studies (Emden & Sandelowski, 1999). The goal of rigor or trustworthiness in qualitative research is to accurately represent the study participants' experiences. Strategies for ensuring trustworthiness as described by Lincoln and Guba (1985) will be used in this study. They include: 1) credibility, 2) dependability, 3) confirmability; and 4) transferability.

Credibility

According to Lincoln and Guba (1985), credibility is the overriding goal of qualitative research. Credibility refers to confidence in the content and interpretations of the data (Polit & Beck, 2012). Lincoln and Guba (1985; Guba & Lincoln, 1989) state that the credibility criterion addresses two aspects: first, carrying out the study in a way that enhances the believability of the findings, and second, taking steps to demonstrate credibility in research reports. One of the best ways to establish credibility is through prolonged engagement, that is, by having substantial involvement through interviews and/or member checks at the site of the inquiry with study participants (Lincoln & Guba, 1985). By verifying participants' data to the research questions, it allowed the researcher to assess the participants' intended responses. This allowed the researcher the opportunity to reflect and evaluate the effectiveness of the research questions and identify any outstanding features of the participants' responses.

Dependability

Dependability according to Lincoln and Guba (1985; Guba & Lincoln, 1989) refers to reliability (or stability) of data over time. Guba and Lincoln (1989) recommended audit procedures that document the data collection process throughout the study are created to ensure that all methodological and analytical decision are documented. Lincoln and Guba (1985) contend that replication of the qualitative research process does not make sense due to the constant, and ever changing, nature of naturalistic inquiry. As a result, without credibility, there can be no dependability. Streubert and Carpernter (2011) recommend triangulation as a method to contribute to the dependability of the study findings. Triangulation involves the use of more than one tactic for data collection to provide a deeper understanding or to obtain completeness and confirmation of the study findings (Streubert & Capenter, 2011). The researcher used data triangulation in the form of interview data, field notes, and relevant literature that examines the EI of nurse managers.

Confirmability

The criterion of confirmability refers to the extent that data, interpretations, and outcomes of inquiries accurately reflect the study participants' experiences and are free of researcher bias, motivations, or perspectives (Lincoln & Guba, 1985). According to Polit and Beck (2012) the confirmability criterion is concerned with establishing that the data represent the information participants provided, and that the interpretation of the data is not invented by the researcher. Confirmability of the findings is predicated on an audit trail which is a recording of activities over time that another individual can follow (Lincoln & Guba). The audit trail is another process to establish confirmability of the data (Streubert & Carpenter, 2011). Lincoln and Guba (1985) compared the audit trail to a fiscal audit, where the objective is to illustrate the evidence as transparent as possible and the process that led to those conclusions. The methodology of this

study described in detail in this chapter will allow other researchers and readers to follow how data were gathered and analyzed. Data are categorized in Chapter IV, and the discussion of findings are linked to these data in Chapter V.

Transferability

The final criterion established by Lincoln and Guba (1985) to establish rigor in a qualitative research study is that of transferability. Transferability refers to the probability that the study findings have meaning to others in similar situations (Streubert & Carpenter, 2011). Lincoln and Guba (1985) noted the researcher's responsibility is to provide sufficient descriptive data to enable other researcher's to evaluate the applicability of that data to other contexts. A purposive sample of 10 nurse managers from two community hospital with a range of clinical experience was selected to ensure the data were rich.

Ethical Implications

Prior to the onset of this study, ethical approval was obtained from University of Manitoba Education and Nursing Research Ethics Board. Written consent from the participants was also obtained prior to the start of data collection, and the voluntary nature of their participation was reinforced (see Appendix B). This study involved minimal risk to study participants. Minimal risk can be defined as the risk in which the probability and magnitude of possible harms implied by participation in the research is no greater than those encounters by the participant in aspects of his or her everyday life that relate to the research (Canadian Institute of Health Research [CIHR], 2010). Nurse researchers have a professional responsibility to design research that upholds sound ethical principles and protect human rights.

A particular important procedure for safeguarding study participants involves obtaining informed consent (Polit & Beck, 2012). Equally, informed consent is a prerequisite for all research involving identifiable participants (Streubert & Carpenter, 2011). Polit and Beck (2012)

define informed consent as "ensuring the means that participants have adequate information about the research, comprehend that information, and have the ability to consent or decline participation voluntarily" (p. 159). Respect for persons implies that individuals who participate in research should do so voluntarily, understanding the purpose of the research, and its risks and potential benefits, as fully as reasonably possible and with an understanding that consent can be withdrawn at any time (CIHR, 2010). The researcher provided the participants with relevant information about the purpose of the study, the types of questions that would potentially be asked, how results will be used, and their anonymity will be protected. A consent form and cover letter was created to provide documented consent and outline of the study for participants (see Appendices A & B).

Maintaining the anonymity of participants is important as qualitative studies have small sample sizes. Anonymity is the most secure means of protecting confidentiality and occurs when others cannot link participants to their data (Polit & Beck, 2012). Procedures were implemented to ensure that the information that participants provided in this study is kept confidential. Only the primary researcher knows the names of the participants. A code number was assigned to each participant to protect his or her identity.

According to Polit and Beck (2012), "A promise of confidentiality is a pledge that any information participants provide will not be publicly reported in a manner that identifies them and will not be made accessible to others" (p. 162). The ethical duty of confidentiality refers to the obligation of the researcher to safeguard entrusted information, and includes obligations to protect participant information from unauthorized access, use, disclosure, modification, loss or theft (CIHR, 2010). Fulfilling the ethical duty of confidentiality is essential to the trust relationship between the researcher and participant and to the integrity of the research study. An important aspect of privacy is the right to control personal information about oneself. Ethical

concerns regarding privacy decrease as it becomes more difficult (or impossible) to associate information with a particular participant (CIHR, 2010).

Audiotapes used during the interviews will be stored in their original case identified only by a code number assigned and the date of the interview. Following the completion of the study, audiotapes will be stored in a locked filing cabinet in the researcher's office. The data will be kept for 7 years and then destroyed. Transcribed interviews were stored on a computer hard drive, and back up copies of the transcribed verbatim kept on a portable memory device. Field notes and demographic information were stored on the computer hard drive and portable memory device. Access to computer files are password protected and data encrypted with access limited to the researcher.

Limitations

The research question is best answered by a qualitative design in order to generate credible and meaningful disciplinary knowledge (Thorne, Kirkham, & O'Flynn-Magee, 2004). However, it must be acknowledged that this method has limitations. A bias may exist due to the small sample size of nurse managers in the two community hospital in western Canada. This limits transferability of the findings to a larger population. Also, nurse managers will only be interviewed if they are interested in participating and volunteer their time which may introduce a selection bias.

Chapter Summary

This chapter described the methods and procedures used to conduct this qualitative descriptive study. A description of the methodology, sampling approach, and recruitment procedures were presented. Also, the methods for data collection and data analysis were discussed. Strategies to establish trustworthiness of findings and ethical considerations also were examined.

Chapter 4 – Findings

The purpose of this study was to explore nurse managers' perceptions and use of emotional intelligence (EI) in a hospital setting with the goal of uncovering how they use EI during their daily practice. To gain an understanding of nurse managers' perceptions and use of EI, one-to-one interviews were conducted with ten nurse managers. As research progressed it was evident that participants appreciated having the opportunity to have their voices heard. This chapter describes the findings of the study and characteristics of the sample under analysis. This chapter also will describe participants perspectives of emotional intelligence and how participants use emotional intelligence in their daily practice in two community hospitals in western Canada.

Characteristics of the Sample

A purposive sample of ten participants was recruited and data for this study was collected over a 3 month period. Ten participants were interviewed from two community hospitals in western Canada. All interviews were audio recorded and transcribed by a transcriptionist to a Microsoft Word Document. The researcher then listened to each interview to ensure accuracy of the data and corrections were made accordingly. Qualitative content analysis was used to analyze the data. Data that emerged from the interview questions were subjected to content analysis and themes that evolved were identified. Themes that evolved were a reflection of the participants' views and thoughts about emotional intelligence. Three themes were identified in the data: (1) perceiving emotions (2) managing emotions, and (3) developing relationships.

The uncovering of these themes assisted to answer the research questions of the study which were:

1) What are participants' perceptions of emotional intelligence?

2) How do participants use emotional intelligence in their daily practice?

Description of the Participants

The ten participants who were recruited and participated in this study had an average age of 46.5 years and age range from 30 to 69 years. Participants worked in a variety of units within the hospital representing almost all specialties in nursing. All participants worked full-time hours, were Registered Nurses, and female. The average years of nursing experience was 30.9 years. The average years of management experience was 14.2 years. The average years of management in current position was 8.66 years. The average number of staff who reported to each manager was 56 staff. Two participants were diploma educated, five received their Bachelor of Nursing degree, and three had graduate degrees. Three managers had additional certifications from associations to which they belonged. All participants were female. See Table 5.1.

Table 5.1
Demographic Summaries of Participants

Participants	Gender	Average age (years)	Years of nursing experience	Years in current position	Average number of staff
10	10 Female	46.5 Range 30 to 69	30.9 Median 32.5	8.66 Median 6	51.1 Median 56

Characteristics of the interview and transcripts

The ten participants were interviewed once. Furthermore, one interview was reviewed by the chair of the thesis committee who independently analyzed the data to enhance trustworthiness of the data. All ten interviews were numbered 1 to 10 to assist in differentiating each participant's response. The depth of participant responses varied. Participants who had completed graduate studies provided the most comprehensive and well-rounded responses. Data saturation was reached with ten participants as their statements became repetitive and emergent themes became consistent based on the description provided by the participants.

Theme 1 - Perceiving Emotions

Perceiving emotions was important to all participants. The ability to perceive emotions was identified by each participant as something that was inherent to themselves and something they could see in others (i.e. staff, patients, families, managers, directors). Participants elaborated on their views regarding the ability to perceive emotions in themselves and others. There were two categories: a) perceiving emotional intelligence in self and b) perceiving emotional intelligence in others. Both categories had subcategories that emerged from the responses of the participants. Participants' ability to perceive emotions within themselves was based on their level of experience, self-awareness, and ability to reflect. Participant's ability to perceive emotions in others was based on the surrounding environment, past experience with others, tacit knowledge, and physiologic cues (verbal and non-verbal). Each participant had their own way of describing and recognizing how they and those around them were feeling. The ability to perceive emotions (oneself and others), as described by the participants, was the foundation to being able to emotionally manage their staff and different situations on a day-to-day basis.

Perceiving Emotions in Self

Participants' ability to be emotionally perceptive of themselves was described in different ways. Participants' responses varied and what they considered to be an important aspect of perceiving emotions within themselves started with being aware of their internal emotions, and then accurately identifying what these emotions mean to them. Participants' views evolved into three subcategories: i) administrative experience ii) physiologic signs, and iii) reflection of self that emerged under the category of perceiving emotional intelligence in self. The sub-categories help to explain participants' secondary views of perceiving emotions within themselves.

Administrative experience. Participants described experience as the total number of years they were in a managerial role. Experiences with staff, other managers, and senior

administrators were important to participants as they felt that they were able to perceive emotions in themselves more accurately based on their administrative experience. This participant acknowledged that experience as a manager is important and also felt that something inside did not feel right when she analyzes a situation internally.

> *…because I have been a manager for a long time, I have seen a lot of situations where emotions escalate and particularly in my department and as a manger, I am often the person who has to be the person who brings it [a disagreement] down, calm it down, bringing it back to a working level rather than a reacting level and that is something that comes with more experience. One of the things that ticks me off is when things are not as they should be and I feel it. So if I feel uncomfortable, if I feel as though something is not right, and I mean within me, so I am saying that I am feeling that I can't see something, or I feel like there is a situation, that gives a clue as to what is going on within the situation and myself. (Manager 1)*

Physiologic signs. As described by participants, self-awareness was an ability that allowed them to recognize how well they knew oneself and be perceptive to one's feeling and emotions. Self-awareness was identified by participants as the ability of knowing self and as an internal feeling.

Another participant had a difficult time describing her observation between two staff members. However, she was able to physiologically feel her emotions as situations escalate between staff and this was a sign that she needed to intervene.

> *How do I know that? [in relations to perceiving emotions internally], it feels tense, it is based on feelings, I don't know how to describe it any better than I feel like I tried and encouraged them to work it out on their own enough that now I have to*

> *intervene, and something negative is going to come out of it if I don't intervene at this point. I don't know how to describe it any different. (Manager 2)*

One participant perceived emotions in herself based on physiologic responses such as crying, anxious, sweating and fidgeting. She stepped away from the situation and resumed her conversation a different day. During this difficult situation, knowing herself was important to manage a situation with her director.

> *I have actually sat in a director's office and stared out the window with my tears in my eyes because it was all about flow. I went, I flow so well I have been doing this flow for how many years and I said to her, "I have to leave." I got up and walked away and I had to come back and talk about it with her the next day. (Manager 8).*

When participants had a "feeling" it was often related to positive or negative feedback received from the interaction with another person. One participant described how she had knowledge of how she reacted during disagreements with staff and was able to identify how her emotions affected her physiologically.

> *I know when I am upset that I need to take a step back and take a deep breath, like if it is something that I need to address that I know is going to be awkward or uncomfortable. So I want to maintain that relationship but we have a difference of opinion that I want to address at the same time. The staff, I think at the time, like when I learn about something and I am not pleased with it, I do feel, you know, those emotions, you feel your blood pressure would go up, but I do feel those emotions internally, like if I am upset about something. (Manager 4)*

Another participant was descriptive about how well she knew herself and articulated her feelings about how she recognized and identified these feelings within herself. Her ability to

know herself was important and she looked for physiological signs within herself to validate her feelings similar to

> *I know for instance in myself if I am getting a little ticked of. Trying not to say something, has there been lots going on at work, like tension and activity levels are high. So I look for physical signs in myself…well for instance, if I am a little worried about something I may get some epigastric pain, you know, I know that, I will say to the staff, "ah my ulcer is coming back." Well it is not 'cause I have an ulcer but you get that kind of feeling or tension, or the tension headache with this or with that. I don't usually get like tachycardia or anything like that. I don't get the flight or fight response that is not an issue. If something ticks me off, I know that it's ticked me off… they [staff] say they can read my face really well, I have been told that. I don't have a poker face. They might know that I am ticked off and I have been told that at a meeting one time. My boss, actually said to me, we were doing something and she said after, "we could just tell that you weren't happy" because they could read my face. Well OK, I am not going to try to keep the poker face but I know how I felt and it showed. (Manager 7)*

A participant described how she physiologically reacted when dealing with a difficult staff. She was able to feel different physiological signs as the conversation progressed and when the conversation was not going well.

> *I feel my heart rate, I start sweating, I am probably just a mess but whatever. Somebody has to calm me down. I feel as though you know, your throat is going to close up and you're fidgeting maybe. This does not get easier as the conversation keeps going and I have to rely on [a department employee] to calm me down and be the mediator. (Manager 10)*

In this example, a participant is talking about her passion about ensuring that her department has adequate resources (staff) to function. In this case the participant's physiological emotions were pointed out by her boss (director) and validated this participant's internal emotions.

> *Like I do catch myself, getting fidgety or getting sad or passionate. My boss will say that I am getting fidgety or looking sad and sometimes she thinks that I am emotional but it is because I care about my staff and I do care about my staff. Sometimes I think that I am just doing my duty as a manager and am standing up for my staff and standing up for the need of adequate resources and I feel this inside and sometimes I catch myself playing with my hands. (Manager 6)*

A different participant described that the ability to perceive emotions in one's self can be determined by heightened awareness of one's self as she gained more years of experience. Also, she felt an internal emotional response that at times caused an internal physiological response.

> *I know when I am upset that I need to a step back and take a deep breath, like if it is something that I need to address that I know is going to be awkward or uncomfortable. For example, maybe one of my staff has been put in an awkward, bad position, and I am trying to advocate for them with a peer and obviously we have a difference of agreement with respect to that situation. So I want to maintain that relationship [with peer] but we have a difference of opinion that I want to address at the same time and the staff, I think at the time like if, when I learn about something and I am not pleased with it, I do feel, you know, those emotions, you feel your blood pressure would go up, but I do feel those emotions internally but sure, like if I am upset about something. I usually feel more anxious than I do when I am relaxed, like I just feel that maybe my heart beats is a little*

> *faster and I think that the more years I learn about myself I probably recognize that in myself more than I used to, because that is a physiological feeling that doesn't feel great, you know, and so for me I think it is really important to take a few minutes to not approach someone when I am feeling that way, not when I am hot tempered, but I mean any time you feel upset about something I think there are physiological changes that you recognize and instant feedback. (Manager 4)*

Reflection of self. The ability for participants to understand their emotions was accomplished through reflection. Participants found that reflection of self before and after interactions with staff or work related events helped them assess how they were perceived by others. The ability to be aware of current skills, strengths and weaknesses, values and behavioural patterns were all integral parts of how participants were seen by staff. Participants believed that managers should have an understanding of who they are, why they behave in a certain matter, and be secure in self-acceptance before being able to lead a team.

> *I reflect about situations that happen about 50 times a day [mutual laugh] no, I am serious. Well, I mean, it is very much of a growth thing. I think you start having these one-to-one interactions with people [staff] and some of them go well and some of them don't and you think, "where did I go off track with that?" "How can I learn from that?" One of the biggest things happened after an interaction between me and a staff…and you think, oh man, so it is actually and I hate to use the trendy word but when you sit back and 'reflect', right. I didn't do it often in my early days only when something went wrong. Now I reflect all the time about most of the situations that happen during the day. (Manager 1)*

As described by this participant, having the ability to reflect about the situation at hand was important to ensure that something was not said out of context. In this instance, there was a

drill that happened in her department that did not go well. She reflected about the event and provided constructive feedback so that she was not perceived as reacting to the failed drill

> *I had a situation where a drill at work didn't go the way I thought it would. I have learned over time that some things are out of your control. In this situation, we discussed the drill as a team. It didn't go well, it wasn't OK, it wasn't the sort of thing that you don't have to worry about. I had to excuse myself because I am more of a reflective person, so I sort of walked away and pondered, make sure I have the right sort of informed answer then just off the cuff give them an answer. (Interview 9).*

Perceiving emotions in themselves was important to participants. The ability to perceive emotions in self as described by participants was based on their administrative experience, self-awareness, and reflection on their experiences. Participants' knowledge of themselves and how they emotionally reacted to different encounters with staff and senior administrators helped them assess their emotions in their daily practice.

Perceiving Emotions in Others

The ability to perceive emotions in oneself was important to participants in order to be aware of others emotions. The ability to be aware of others emotions was described by participants as an important factor in working with staff at a hospital and within different departments. The ability of participants to identify emotions in one's self and others provided them with integral parts to be able to manage others. Participants described their ability to perceive emotions in others in four interrelated subcategories: i) situational environment ii) past experience with others iii) tacit knowledge and, iv) physiological cues.

Situational environment. There was a consensus among participants that their ability to perceive emotions in others was based on their surrounding environment. The word 'situational'

often was described in relation to the surrounding environment and staff in that environment. In this example the participant was perceptive of her staff emotions and how their day was going, and explained her perception of the surrounding environment and patient encounter her staff would have during the day. She provided an understanding of her daily experience between staff, patients, and environment.

> *Well, I communicate with my staff a lot, I am fairly close to the work environment being in the office where I am so I sort of have a good understanding of how they are managing their workload. If I feel like they are struggling, I can go out and assist them or they can come to me at any time… you may say something to a staff member in the unit and the nurse sort of looks at you like she is not quite sure what's going on and she does not ask a question like I thought that she would in our working environment. I sort of will ask the question for her by telling her, like this is the situation that is coming up today and you are getting a patient, this is the situation with this patient, but the only reason I am telling you about the family is because I know the family. I don't want you to be afraid of this family because you are a good nurse and you will give good care but I think you needed to know about this patient and this family. (Manager 5)*

Past experiences with others. Previous interactions with staff on a day-to-day basis were important for participants to have an understanding of how to perceive others. Participants were able to use past experiences with others to understand the perception of their staff and others. Participants were able to determine whether the information they were receiving was accurate based on past experience with a given person.

> *If there is somebody who I don't, let's say have a past relationship with, somebody that I have met at a regional table that, they are your counterpart at another*

> *hospital, and I really don't know them and you are telling me information, and what not, I would have to trust that what you are telling me is in fact, accurate, and true. If I felt that what they were telling me was because I was knowledgeable of the information and something didn't make sense or something didn't seem right, then I would ask additional questions and whether it is with that individual or anyone else. (Manager 3)*

Another participant described how she perceived behaviour with other staff based on past experience/interactions with that staff member. She was able to see patterns based on how her staff behaved and this information helped her explain different situations that she dealt with on a day-to-day basis.

> *I think that it is really interesting when you get to a stage where you know people [staff]. So if you know somebody, I think that during a situation, your initial reaction is to have that initial feeling that "OK, this is how I know them, this is who I know them to be" and so the discerning factor often time is, "is this consistent with previous behaviour? Is their concern consistent?" So often times the staff are coming in explaining things in a similar manner to how they have probably delivered that before. Then it builds a pattern and so you kind of take a look at the pattern and get to know and ask the question, does this sound out of the ordinary or is this pretty much the same as what I would expect from this person? (Manager 5)*

Participants described an important aspect to managing staff emotions had to do with how well they knew their staff. One participant described how she managed emotions with her staff based on how well she knew them. She also stated how her past experience with staff allowed her to overcome her fear of having a difficult conversation.

> *The ability to manage others depends on the individual or individuals involved and how well you know them. I will give you an example about two nurses, Nurse A and Nurse B. Nurse A has taken about as much as she can from Nurse B. She had one on ones with her. She tried to have a conversation about how she does certain things that makes her feel a certain way. And it has gotten to the point now where Nurse A comes to me and says, "you know what this is really come to the point where I feel like I am being harassed by Nurse B." So we sit down and talk about things that Nurse A has tried in the past to get a foundation to understand where Nurse A is coming from… I have to do something about this. Because of perception and the fact that we all have to be respectful, I have to have a difficult conversation with Nurse B. My previous experiences with Nurse B have not been positive, but at the same time I can't let that fear of past meetings interfere with having to deliver a difficult message to her. (Manager 3)*

Another participant described how she used information and her knowledge about other managers around a regional table to manage tension and heighten emotional states.

> *I have been in those situations where everybody is around the table, a large regional table and you kind of have this information, you are taking notes and then you may know or have knowledge of certain situations and information and I think that what I find is that the opportunity to be able to influence with your opinion or your perspective I think is a helpful one. If you do notice that there seems to be dialogue and the tension and emotions start to rise because of the fact that there is a lack of information or knowledge and if you are the person that is the holder of some of that information. It's sometimes that strategic time to share that information, make a comment. I believe it is important to share that*

> *knowledge based on who is chairing the meeting and how well you know the other people [managers and directors] around the table. I think part of information sharing is about reading the room but more importantly how well you know the people [managers and directors] in the room. (Manager 5)*

Tacit knowledge. Participants described their ability to perceive emotions in others was based on a "feeling" or "intuition" or a "sense" otherwise described as tacit knowledge. All participants described tacit knowledge as part of their ability to understand emotions in others. Some participants were more articulate than others. One participant explained how she processed tacit knowledge by asking mental questions when developing perceptions about staff members.

> *Well you know, you kind of process in your head I guess. What do you know about this topic from before? What have I heard before? How this may have worked according to my experience before in the program? Do I get a sense that this sounds kind of fishy? It is a feeling, it is a feeling like does this person who is providing me information, do they have, it is not accountability, but is there some validity, do they have some background. But are they associated with whatever the subject is that they are bringing, right. What is their knowledge base, their experience with the information that they are providing? Are they providing it because they have been in other units and they have all of the data and they are bringing it forward or are they presenting it because it is just kind of what they think? Right? Like is it an opinion or fact, that determination you make on your own. (Manager 7)*

Another participant described how she used her intuition and interactions with her staff to process tacit knowledge on day-to-day basis.

> *Well, it is completely all around what I can feel…having been in management for a long time, people [staff] come with very different agendas and sometimes you have to be like really paying attention to figure out where they are coming from because sometimes people [staff] can come with their agendas and will say like come across perfectly like they want to work with you. You know what, when you get these subtle vibes, that there is something that is not, you know, transparent, you know that there is something more, that is something that you feel inside of you. (Manager 1)*

One participant described her ability to perceive emotions in her staff as an intuitive process. She used tacit knowledge and past experience to make sense of how she perceived her staff emotions.

> *I am very intuitive, and so my feelers are out there, and there is staff that just, there is a bit of a prickle happening, so it kind of makes you maybe pay a little extra attention and focused. So they [staff] get put more so on the radar 'cause there is just something not right based on the number of experiences you have in your past where you felt this before. So all that again, your mind is doing the rolodexing, and computing and you are going, "yeah, I know this feeing and it was when I worked with so and so." You kind of make that maybe it is a positive relationship or maybe it can be negative, so intuition for sure helps you perceive others. (Manager 3)*

Physiological cues. Participants stated that the ability to perceive emotions in others as one component of emotional intelligence was due in part by the physiological cues and behavioural disposition of others. The behavioural response of others included verbal responses and non- verbal responses that allowed participants to make a cognitive disposition or perception

about others. Differentiating how others physiologically responded to an exchange of words allowed the participants to explore beyond the basic emotions of happiness, sadness and anger.

> *I can see my staff emotions when they show up at my door. Sometimes they surprise me, like I have only been a manager for about 6 years. Like you just never know what is coming in the door, you just never know. But it is not hard to identify how they are feeling, I listen to them tell their story and the story tells you how they feel…sometimes it is anger, sometimes it's there, it can be embarrassing, you know, facial expression, body language, movement, you know, you see it without going through the process of saying "oh gee I see you are physically…" I can process that in my brain that way, based on if they are crying, happy or sad. (Manager 6)*

Verbal. Participants indicated that verbal cues by staff and other managers were important to assess emotions in others. Subtle cues were described by participants in different ways such as the tone, direction of the tone, words that are spoken, or words that are chosen. For example, one participant described how the pitch of the tone by other managers helped her assess how they were feeling.

> *I guess a type of self-expression by other managers is probably with a softer tone of voice. You know, maybe their voice is waiving a little bit if they are nervous or anxious. Maybe their tone is apologetic and sometime words they use with their tone of voice. (Manager 4)*

Another participant posited how she observed staff use of words and tone and how staff reacted to her response. She was able to relate the ability to perceiving how staff interacted as an interpretation of how staff might react to what she is saying.

> *Certainly I think that a big part of assessing emotions is often the type of words that are chosen and the tone of somebody's voice and, as an observer, certainly how that individual verbally reacts to information provided to them. Well I believe that there can be the intention of the tone or the intention of the direction or the word that is spoken, so I would say that if people [staff] have, it doesn't mean that you have to raise your voice to be angry, but the tone in terms of the direction or the words that are chosen in order to provide that direction, so I am not suggesting that it's exclusive to somebody that is yelling or raising their voice, it is about what is the direction and the intention… if I could just give an example in terms of where I have witnessed individuals having a certain tone of delivery of a message but it about observing how others have received that and I think that is part of what you notice and you have some of that emotional intelligence, so you can tie how others are reacting to what you are saying. (Manager 5)*

Participants were detailed about their perception of staff members and other managers' tone during different interactions throughout their careers. One participant described how the tone, pitch, and speed of how her staff talked to her helped her perceive how they were feeling.

> *You know it can be the loudness in which they are talking to me, the pace in which they are talking to me. You know I have people [staff] where their initial interaction with me can be where they come at me screaming. Tone can be even, it can be high pitched, I can often sense the urgency, I can, it can be derogatory, it can be demeaning, it can be even-keeled, calm. There is a lot that can happen when assessing someone else's tone. (Manager 3).*

A different participant described how some staff and managers' elevated volume and use of words provided her with a perception about the attitude of the person who she was talking.

> *Certainly tone, the elevated volume and some of it was what was actually what was being said… so when you are in situations you have to be aware of others tone of voice sort of gives you an idea of the attitude that is being portrayed by that person, could be a staff member or a manager. (Manager 1)*

Another participant described how she started each day at work by perceiving the tone of voice used by her staff. After she perceived what her staff said, she asked herself questions to try and figure out what her staff was feeling.

> *So when I say good morning to a person and if they look up, you can tell by their tone… is it really a cold good morning with the words they are using, OK, maybe you need coffee. But this person doesn't drink coffee, maybe what she needs is a few minutes to wake up, or they could also look up and be quite perky and so you are OK. So, verbally, again, you look for tone, and sometimes what they are saying and I will wait and as they come in, are they chatting. Are they chatting with their colleagues? Are they not? If their emotions are changing, how is their voice changing? You know, are you really hearing them? Do you hear the range in their voice? Do you hear anger in behind that? These are questions you have to figure out. (Manager 7)*

Participants described listening to others as an active process by which they made sense of, assessed, and then responded to what they heard. In order to be able to manage staff, some participants described the importance of listening which enabled participants to manage emotional situations effectively. One participant described how she felt about having difficult discussions with staff and how important listening was during these difficult conversations. She also talked about rehearsing ahead of the meeting in order to have a positive outcome.

> *If I have to sit down and have a tough discussion with a staff member, like sick time for example, I do think about that person and how it is going to go. You can rehearse all you want but during your meeting, I try to be genuine in my discussion and make sure that I listen and also that they see that I am listing to them in order to have a positive outcome. (Manager 4)*

Another participant described how listening to her staff enabled her to understand the emotion in the situation. She used this understanding to manage emotions in her staff and diffuse the situation.

> *When a staff member comes to see me, it doesn't matter to me what they come in here for, I try to listen to what the actual complaint is first because different things upset different people, right. My feeling in management is always or I have tried to always be like this anyway, that when that person comes through that door with their problem, right, at that moment that is the biggest problem in the world to them. It may rate this big on my scale [making a small gesture with her hand], but to them it is a huge problem. So I always listen to the problem that they are bringing me, you know, knowing that sometimes people [staff] come in who are really upset about certain things and as a manager I have to be able to control each situation differently. (Manager 10)*

Non-verbal. Non-verbal expressions of emotions by staff were described by participants in terms of facial expression and body language. Participants' understanding of non-verbal emotions was made through facial expressions. Facial expressions were elicited by participants through verbal communication with their staff. A participant described how she perceived facial expressions in one of her new staff members and used this information to facilitate her development.

> *Well I have a new grad right now and she just looks really scared and two of them started at the same time and the one that I thought would be stronger of the two is not the stronger. Even from day one, I noticed visually that she's afraid and you know, wasn't sure of herself. So you know, I put her close to the desk so I can see how things are going since she is so expressive. I think with time she will gain confidence and her expression on her face will change to reflect that. (Manager 8)*

Another participant described how she was able to perceive emotions in her staff based on their facial expressions as she exchanged information with them.

> *Well you see, I mean, depending on the situation, you see, you know, people [staff] are getting upset, you know. OK, it kind of depends on what the thing is, right. You know you can usually tell if like something has happened and they are worried about something, like you see those kind of things written all over their faces. I can usually see in their faces, I usually know looking at their face if there is something wrong. Their eyes look sad or you know, they are not their usual, you can usually see, you know a frown on their face if they are worried, something they even come in blatantly upset or angry and then of course, you know that there is something wrong. (Manager 10)*

Body language. Body language can also convey the emotional state of an individual and that affective information can lead to interpretations about the individual with whom the participant was interacting. Recognition of emotions expressed through body language assisted participants to intuitively identify non-verbal communication of others. One participant described her tacit knowledge of body language to capture how her staff were feeling.

> *Identifying emotions in others [staff] is reasonably intuitive and a feeling that something is happening to someone that I notice through their body language. If I don't know someone I guess it would be the look on her face that was the body language. If she was a little anxious you would know by how confidently they stand, her body tone and expression. (Manager 4)*

Another participant provided a descriptive and visual account of observing body language in others with whom she worked.

> *So again, it can be how they are standing, where their arms are. Are their arms crossed? Are they trying to make eye contact with me? Are they, you know in terms of positioning above me, below me, like finger pointing. I mean it is again all the things that your visual mind is kind of like all taking in at the same time as you are trying to listen and see and kind of take it all in and try to come up with an understanding… and try to figure out where they are coming from. (Manager 3)*

A participant used body language to perceive other managers during meetings and these non-verbal cues to determine the level of engagement by other managers.

> *How do you effectively manage and then evaluate how the outcome is based upon your interactions? Certainly I think that a big portion of assessing emotions is body language, I think that is a good part. I think the non-verbal cues that often times individuals are not aware of is that I find if you are sitting in an environment where for instance there is a long meeting and there has been presentations and people [managers] start to disengage and they are not present with the situation, they are perhaps twiddling their thumbs, shrugged over, or leaning back with crossed arms or perhaps leaning over with their elbow on the table while the palm of their hand holds up their head. (Manager 5)*

Summary – Theme 1

The ability for participants to identify emotions in one's self was based on experience, physiological signs, and reflection of self. Participants described experience in a managerial role as being beneficial in assessing their own emotions. Participants described physiological signs as the ability to recognize psychological and physiological state within themselves. Participants also used reflection to better perceive emotions in themselves. Participant ability to identify emotions in others was based on the surrounding environment, past experience with others (staff and managers), tacit knowledge, and physiological cues that were verbal and non-verbal. The ability of participants to identify emotions in one's self and others provided them with integral information to be able to manage others.

Theme 2 - Managing Emotions

Emotions affected each participant differently depending on the situation and the individual involved. Participants' descriptions of managing emotions were categorized by the ability to manage emotions oneself and the ability to manage emotions in others. The more participants were aware of their emotions and others' emotions, the better they were at dealing with different situations in their working environments. Often times, emotions in the workplace were controlled by intuition which became a reliable means to navigate through all the information and constant changes participants faced each day. Managing emotions evolved into two categories: a) managing emotions in self and b) managing emotions in others. Both categories had subcategories that emerged from the responses of the participants.

Managing Emotions in Self

The ability of participants to manage emotions in self was important for their professional and personal growth as well as to achieve emotional balance at work. Managing emotions in self was described by participants as a coping mechanism when dealing with stressful situations.

There were four subcategories that emerged under the category of managing emotions in self. Participants stated that the ability to manage emotions in self was based on i) personal experience ii) work experience iii) support from others iv) reflection.

Personal experience. Participants identified managing emotions in self as being something that can be learned. Based on participant responses, the ability to manage emotions in self continued to develop as they went through life and learned from their personal experiences outside of work. One participant described how she learned to manage emotions in herself by observing a friend develop the skill through personal experience. She also mentioned how she learned to manage her emotions based on the experiences that occurred outside of work.

> *I do have friends that do not have formal education or have anything to do with health care, but I would classify them as being highly emotionally intelligent and their ability to manage themselves I can attribute to their life experience. Some of them have been through things that people twice their age don't go through and so there it is, there may be a component of resiliency there, survival of the fittest. It is kind of like each time they are faced with a personal challenge they take it, learn from it, tweak it, and take it on forward to the next. I have been able to learn from my own experiences and that of others so I manage my emotions based on my experiences from the past and so it is kind of like the snowball effect for me and others that I have watched. (Manager 3)*

This participant acknowledged that part of being human was having to manage emotions from within oneself. She also described the importance of family and faith outside of work as a factor in managing her emotions.

> *I partly think of how I manage my emotions because sometimes I don't want to think about it, partly because we are all human beings, we all have emotions, we*

all bring outside influences with us, it is part of who we are, I am not just in this position and my job, I am a mom, a sister, an aunty, you know, whatever, a neighbor. We are all part of a bigger community with different life experiences. So, faith to me is very important, yeah, you know how I manage my own emotions is trying to be careful that I don't let things overwhelm me… Some things in my life experience that have helped are that I have lived in different places with my husband through his work. So you learn to be flexible anyways because we have been moving around so you use some of those life experiences to help you manage yourself at work. (Manager 7)

Work experience. One participant described managing one's emotions as process that provides different psychological signs based on her experience at work.

I have been managing for a while and this has been a true journey for me. When people [staff] would first come to me, I was so entrenched in the body language and taking it all in that my mind got consumed with trying to figure out where they were at instead of my mind being open to actively listening to what they were actually saying to me because the visual was so overwhelming in my mind. So that is how I can explain how much the mind is trying to decipher the information that is being presented without even really knowing that, that is the process that your mind is going through in terms of the visual cues and everything else that is going on. This [work experience is something that I had to learn to control to become a better manager. Oh yeah, at the same time that this is going on, so my mind is like processing all this stuff and it is kinda tabulating, "OK, is this, first and foremost about a patient?" Because that to me automatically no matter what type of approach that the staff member is giving me, if it has to do with a patient

> *matter, like that takes complete precedence, so that to me is priority and is non-negotiable… So I am sensing it so I will validate it with the staff to deal with whatever their concern may be. (Manager 3)*

Support from others. Personal and professional support was described by participants as crucial to their emotional balance at work. Participants who were emotionally healthy were able to control their emotions and behaviours at work. Support for participants evolved from staff, peers, family/friends, and the organization. One participant described how lucky she felt to work with a group of managers who were supportive.

> *I am quite lucky. We have within our program a group of managers which are close to each other… there is four of us and we watch out for each other and we talk to each other and to me if I find myself at somebody's door saying, "I have to tell you this", that is when I know there is something wrong and I know any one of them will help me out and support me. (Manager 6)*

A different participant provided an example when she sought support from her peers (staff and managers) in her program. She also acknowledged that professional support was also important when dealing with emotional situations in the workplace.

> *We had a hard situation at work because it affected all of us. I was sad, but everybody was sad. Like I am not more sad than anybody else so it was hard. Eventually, and that was not the only thing that was happening at this time, we actually got someone from EAP [employee assistance program] to come in and talk to us about grief in the workplace and I actually attended an EAP workshop. It was a half-day session on "grief in the workplace", and that was really interesting 'cause there were not many people there. But the reason they [people*

> *in the EAP workshop] were there was quite, you know, everybody had a different reason to be there but everybody had a reason to be there. (Manager 6)*

One participant described how the Regional Health Authority supports managers by providing peer coaching to feel empowered.

> *To assist me in managing my daily activities I have had some coaching through the RHA [Regional Health Authority]. They offer peer coaching and that has been really helpful. I think they empowered me to sort of believe in who I was and you know, and that you could keep going. (Manager 9)*

Participants acknowledged support from people (friends and family) in their personal life as being important to managing emotions. One participant described how her husband listened to her.

> *Sometimes I will go home and tell my husband stories and he is not in health care at all so sometimes he hasn't got a clue and just, you know, is there to listen and support me emotionally as much as he can. (Manager 6)*

Another participant described how she managed her feelings by asking support from friends and family who know her best.

> *I think that the most important support is from my family and friends who know me the best and can redirect some of the concerns that I might have with the overwhelming feelings. (Manager 9)*

As stated by this participant, she sought help and advice from a friend who was one of her peers and now lives away; but her friend's perspective was important to the participant's emotional management.

> *I have a girlfriend who was a manager for many years, she does not live in this province, so you have to be very careful with email details or anything like that,*

but you know her perspective and advice help to put my mind at ease when I am dealing with difficult things. (Manager 7)

Reflection. The ability to step back from a situation or experience and analyze their thoughts was an essential aspect of self-management among the participants. Reflection according to the participants was done by themselves and with others. An account by one participant summarized why she used reflection

I need it [reflection], I have to do it, because I would say something that I would regret probably. So that is why reflection is really important to me. (Manager 8)

Reflection was used by participants as a way to self manage situations and experiences during their day-to-day practice. Reflection was explained by one participant as a learned process and important ability to manage one's self and others.

When I get my buttons pushed, I have learned to control how I want to react, I will go away and think about things but I will never react right away on it [a conversation with a staff member]. So I always go home and sleep on it and come back and approach it in a different way than the way that I may have at the time. And I have said to people [staff], you know what, we are going to discuss this a little later, I need to rethink this. (Manager 8)

Another participant defined what reflection meant to her in her working environment and how she perceived, processed, evaluated, and re-evaluated information.

Reflection is sort of to me thinking about what I said, what happened, sort of re-evaluating it, putting it into perspective, sort of re-evaluating it, sort of maybe re-thinking of what you know of what someone said, trying to interpret it, trying to understand it. It could even be collecting more data for me, sort of having that clarity, it could also just be taking sort of a stance or taking a distance between

> *something that has happened and sort of re-shuffling it all to make the pieces fit or having a deeper understanding of things. (Manager 9)*

One participant described how she learned from reflection as a process to realize when she was wrong or when she was right. She also used reflection as a learning tool to manage difficult conversations at work.

> *When a situation escalates I tend to learn a lot from it and hopefully not put anyone in a difficult situation again you know. I don't have a hard time saying I am sorry if I am wrong. I like to take a day or two to reflect on that and realize but, if I really feel that I was out of line, I would go see someone in person and apologize. You have to realize that we are all humans and we make mistakes, but I have learned to take my time with difficult conversations to reflect on my own to make the right decision, or what I think may be the right decision. (Manager 4)*

Managing Emotions in Others

The ability of participant to manage emotions in others (staff and administrators) was an important part of their daily work. Managing emotions in others was described by participants as an instrumental goal of keeping staff happy and managing their behaviour. Participants acknowledged that by managing emotions in others they were better able to deal with different emotional situations at work. There were three subcategories that emerged under the category of managing emotions in others. Participants stated that the ability to manage emotions in others was i) conveying professional expectations ii) professional experience, and iii) acknowledging others' feelings.

Conveying professional expectations. Participants described how they had expectations of their staff about being professional and safe to look after patients at work. Participants were responsible for influencing staff based on interactions they had with them. Participants conveyed

expectations to their staff in order to manage emotional situations. One participant described her expectations with her staff about being professional at all times, even when she was not directly supervising them.

> *There was an issue over the weekend. Something happened between staff and [the] facility manager [evening, night, and weekend supervisor] on the unit, but was dealt with at the time and everything was fine according to the facility manager. This person [staff] worked on Monday when I was back, but she was still really worried and affected about it. She gets all excited and wants to talk about it, and whatever. So I have been able to say to this person, come in here [my office], we don't need to carry on this conversation any more. Like the situation has been dealt with, it is over, the rest of the hospital doesn't need to hear about it. If you are worried and you want to talk it through, then come and talk to me, we will talk about it, sort it out but don't be going to your colleagues who were not here yesterday to discuss the situation. I said that there is a time and place for conversations and you have to make sure they are clear about that. (Manager 7)*

Another participant described how she had to manage a situation by conveying her expectations with a staff member she thought would not be able to manage working a long stretch of 12 hour shifts. She was also aware and surprised of how the staff emotionally reacted during her discussion.

> *I remember one episode where somebody did shift exchanges and she was working six – 12 hour shifts in a row, I went to her and said, "you know what, I am just really concerned about you working these six shifts in a row, I think that this is probably too much for you." She got really upset with me, and then I became a*

> *little more firm of my decision and said to her, "you know, listen, let's stop right now, I am not sure why you are reacting this way but as your manager I am very concerned about you working these many shifts in a row and I will help you get rid of one of them." I was surprised that I got that reaction but you have to be firm sometimes with your expectations of your employees. (Manager 8)*

Professional experience. Managing emotions in others was expressed by all participants as something they related to the degree of experience in management. Participants reflected on their years in management and explained how their management experience helped manage emotions in others. The ability to manage others was easily articulated by more experienced participants than by less experienced participants. One participant described how emotionally unpredictable staff can be and how her ability to manage her staff has changed with more experience.

> *I think you know, when dealing with staff, many situations that you deal with are so unpredictable because you don't know how that other person is going to react. So you can control your own self as best as you can…when I look back at my time as a manager I have learned a lot about myself and how to manage people [staff]. All people are different at work, they come in with different agendas and situations that I handled one way in the past I would handle them completely different now. I think managing people and their emotions is just based on experience you have and what you learn about yourself in the process. (Manager 4)*

Another participant described how her past experience helped her manage emotions in herself as well as others.

> *I am able to not react when situations arise and I have become that way over time. I mean, someone's whole universe can be falling apart and I have to remain calm, cool, and collected and I can't lose my temper. Emotionally, I have to be very even keeled and can't have those crazy emotional up and down swings. And again, even if there is something going on personally or at work, I have to keep balanced in order to help out my staff. This has come with a lot of experience being a manager. (Manager 3)*

A different participant described how managing emotions of staff has changed in the last two decades.

> *Dealing with staff and their behaviours has changed over the years I used to be able to express to staff how "childish" they were and if they behaved bad I used to be able to tell them to "please don't ever do that to me again", or " if you have something to say, say it to me." Now, 20 years later, right, you have to deal with things a little differently because a lot has to do with changes to respectful workplace. You know, we have boundaries that are different, but I know when I come into this unit as the unit manager that I will be challenged and I expect that but now I don't let people [staff] get under my skin or feed into their whatever they are trying to do. I always give an impression that people respect and this has happened over time. (Manager 7)*

Acknowledging others' feelings. Recognizing others' feelings was used by participants as a strategy to deal effectively with different levels of emotions they encountered with staff. One participant described her perspective about acknowledging and validating her employee's feelings.

> *I think one of the perspectives that I have is I come at it [talking about an emotional staff] from a calm manner that I am approachable in terms of, "what can I help you with? Is there something that I can help you with, or Is there something that you are needing from me?" It all depends on why they are upset and you try to calm them down and show them that I am trying to understand them. But I think in general when people [staff] are really upset and passionate, they want their feelings validated and they want somebody to listen and they want to see that you are going to engage in how the conversation is. (Manager 5)*

Another participant described how she was able to use an understanding of her own emotions to deal with an emotionally charged situation.

> *The very first thing is that I am smiling as we are talking and you are saying all those things, you know, your own emotional state is very important to you. OK, but it is best if I as a manager don't get caught up in their emotional state. First and foremost, I need to acknowledge the person's emotional state and you try to be sympathetic. Then you prioritize their emotions and engage them in problem solving, but first you have be on the same page. (Manager 1)*

One participant described her "learning curve" about acknowledging her staff concerns and viewpoints. She used the information provided by her staff in order to manage their emotions.

> *Their reality, you know, to them was big. Whatever they were concerned about was very meaningful to them even though it wasn't to me at the time. I used to say, "what is the big deal if they could not get this weekend off." But it was a big deal to them. So over time, I have learned that I have to acknowledge their*

concerns and most of the time their feelings in order to understand their perspective and get my point across. (Manager 8)

Summary – Theme 2

Participants ability to manage emotions in oneself allowed them to be able to manage emotions in others. The ability for participants to manage emotions involved two categories: i) ability to manage emotions in oneself, and ii) ability to manage emotions in others. Participants described their ability to manage personal emotions was based on their daily work experience within their organizations. Participants also described the importance of supportive peers and supervisors in order to deal with their emotions at work. Personal experiences outside of work assisted them in managing emotions at work. Reflection was described by all participants as an ability that helped them improve their emotional management of self. Managing emotions in others was based on conveying professional expectations with staff, participants professional experience, and acknowledging their staff feelings.

Theme 3 - Developing Relationships

Developing relationships was the third theme that evolved from the data and was not as well developed as the other two themes. The issue of managing relationships is predicated on developing relationships. Participants described theme one and two in relations to perceiving and managing emotions in self and other. In theme three, participants emphasized interactions and relationships between self and others. The participants talked about the importance of developing relationships and saw this theme as fundamental to their perceptions and use of emotional intelligence. Participants expressed the importance of relationships and the value of support from co-workers and staff in order to manage emotional situations at work. Participants described how relationships with other staff at work developed and why sustaining relationships were an

important part of being a manager. Participants described relationship building as a way of giving meaning to their work and pointed out that every relationship is different.

Participants stated that relationships are built all the time and some relationships require more time to build than others. The process of developing relationships was described by participants as the groundwork that must be laid to accomplish emotional stability at work. Relationships evolved into two categories: a) developing relationships and b) enhancing relationship quality. Both categories had subcategories that emerged from the responses of the participants.

Developing Relationships

Participants described that developing relationships with staff and other managers enabled them to carry out daily tasks more efficiently. Relationships were developed by participants without a purpose in mind. However, participants described the process of developing relationships with others (staff, managers, senior leaders) was important to their emotional well-being and self-development. There were two subcategories that emerged under the category of process of developing relationships. Participants stated that the ability to develop relationships was based on i) past experiences with others, and ii) spending time with others.

Past experiences with others. Participants described that previous interactions with others (staff, managers, senior administrators) built a foundation for developing a relationship. Participants described that past experiences with others could be positive or negative. Depending on how the participant felt the interaction went determined the level of relationship that evolved between the participant and others. One participant described her past experience as a shift supervisor and how this experience helped her during her daily work activities.

> *If I have had past experience with that person, that kind of thing, certainly makes things easier. For example when I was a shift supervisor, the past experience that*

> *I had with others in the hospital became more apparent over time. When you are in charge of the whole building you become involved with staff from every single department on those days. A shift supervisor not only looked after nursing but you did everything. You were the one that said, "yes, call in the elevator repair man at night"... and you met a huge variety of people, a huge variety of staff. Probably that, in that part of my career where I learned how important it was to build relationships with all staff because based on your past experience they often helped you out more and more as time went on. (Manager 7)*

Another participant described how she observed other managers, assessed their integrity, and decided whether to develop a relationship or not. Her description was in the context of different meetings she attended within her program.

> *OK, so with manager-to-manager relationship building takes time. You almost start subconsciously kind of maybe keeping a mental check record of meetings. How do you portray yourself, because now let's say we are in the same program and you are presenting something, "how factual is it? How on the mark are you in presenting the information that I know?" So if you [other manager] are presenting it well, it just adds to that level of trust. If you are off the mark and you are just totally like sacrificing what your program is all about, or if you are misrepresenting the information as I know it, again it is sort of negative on the score card. Over time we can become close or not. So certainly, past experience comes in to play. (Manager 3)*

Spending time with others. When it comes to developing relationships a participant's best friend was time. Participants created time during their day to interact with staff to make manager jobs more effective. developing relationships and spending time with staff, managers,

or directors at work provided a safe environment to vent frustrations in order to rebound quicker when setbacks happened. Spending time with others provided participants with an emotional understanding of different feelings that enhance a working relationship. For example one participant described her experience when she started in her position, how she developed different relationships, and how important the relationships were with another manager, educator, and director in order to manage her emotions.

> *When I started at this hospital there were some people [managers] I had an immediate attraction to, and I don't mean like in a dating kind of thing, but there are some people [managers] that show some interest in you in a certain sort of way. The people [managers] that you click with and it is often only a few as a manager end up becoming key relationships at work. Often you get along well with these people [managers] at work, you spend time with them and they are people [managers] you end up loving at work. I know that sounds kind of weird in the work context, but really in the work context, you know, they are people [managers] you deeply care for. My director is pretty awesome and she is part of our group and we work well together. My educator was the same way, she came on board 3 months ago and we are very close now, so it is working through that and knowing that everybody here, every relationship that I have is important. (Manger 1)*

Another participant described how important it was to get to know her staff on a personal level in order to develop relationships. The participant used information provided by her staff in order to develop more personal relationships that helped her emotionally manage her staff.

> *By spending time with them [staff] sort of maybe engaging in a dialogue with them, trying to personalize things between them but sort of getting to know them*

> *on a level of you know, like me and you are doing right now. Like one of the staff members had a baby shower over the weekend for her brother who I know, so I said, "How did that shower go? How many ladies did you have?" So just sort of make it a little bit more personal without getting sort of too personal. I wanted to let her know that I care, that I was aware that she had this baby shower and those kind of things. Building a relationship and maintaining a relationship requires spending time with people [staff] by bringing in some of the personal, sort of bringing in that human factor. (Manager 9)*

Another participant described how spending time with her staff helped out with the daily activities of the unit. The participant made an effort to get to know her staff to be able to manage their emotions on a daily basis.

> *I mean there are some people [staff] here that I don't know as well as others. Not everybody wants to tell me their home situation. Some people [staff] think that it is nobody else's business…there are some people who you know, I can say, "hey how is it going, how is your daughter doing?" You know, because I might know something about their daughter. There are other people [staff] here who I couldn't tell you whether they have a wife or kids, but that doesn't mean that I am not friendly with them. It is just that they are more private and they don't have to open up to me if they don't want to but I will still spend time with them. Spending time with my staff, especially in my department you know, helps me get to know them and makes my day and I think their work more enjoyable. (Manager 10)*

Enhancing Relationship Quality

Participants described different types of characteristics that were important to develop and sustain relationships. The foundation of relationships with staff, managers, and senior

administrators assisted participants in dealing with emotional situations that evolved on a daily basis. Participants stated that the ability to develop enhancing relationship quality were based on i) trust, and ii) honesty

Trust. Trust was considered an important characteristic of interpersonal relationships at work. Trust was also important to participants at an institutional level, as trust tended to evolve with relationships and were important aspects of managing staff emotions. Trust was considered by participants as one the most important factors in building and sustaining relationships. All participants described trust in a different manner and how the foundation of a relationship starts with this important characteristic.

> *My relationships with people, both individually and in a group become very good relationships if there is a high level of trust… once we get into a bigger group, the dynamics might change. But it ultimately depends on how we trust each other and the trust tends to grow with time and that goes for staff, managers and with my director. (Manger 1)*

Another participant described how her staff developed trust towards her when she managed a different department. Her ability to trust her staff helped her manage the emotions on her unit on a daily basis.

> *I was a ward nurse on this floor for many years, so I know my staff, I know them very well. Then I went for 2 years to [another department] and then I came back as a manager. It kind of gave me a little bit of time away, but I did go almost directly from the bedside to being their manager. I do know my staff very well and so I can see, and they will talk to me about, they will interrupt me, but most importantly, they trust me from my previous role. If they didn't trust me, it would be difficult to run this unit. (Manager 6)*

A different participant described how trust was developed and why trust was important in managing staff emotions in her department.

> *I think that you develop trust by, let me see, how can I put this now…by understanding where they [staff] are coming from. I understand what their abilities are, I compliment their abilities. If they are struggling at all I will ask that question. I just, you just sort of know, just from their competence whether they are trustworthy, you can trust them or not. Even things outside of work type thing, like you can trust that they are keeping secrets if they are not supposed to like not telling stories about their patients and those sorts of things. We do develop a good relationship to just know that I can trust them and they know that they can trust me. We don't talk about each other, you know things that are done in here are kept private type of thing. Trust is developed over time, it is a very collaborative thing that happens with my staff and has taken me a long time to develop, but I have been here a real long time. (Manger 8)*

Honesty. Honesty was described by participants as being truthful about one's daily work activities. Honesty was described less by participants as a characteristic of developing relationships in comparison to trust. One participant described the importance of honesty in the workplace and important in managing emotions in others.

> *Honesty is important, extremely important and I think people [staff] can only trust me if am honest as well. You know one thing that I have tried, and said to my staff, "I do not lie to you I may not be able to tell you something," but I do not lie to my staff. That is unacceptable, in the past and I never will in the future. (Manager 7)*

Summary – Theme 3

Managing relationships was a theme that evolved from the data. The ability to develop and manage relationships was identified by participants as an important aspect of their emotional well-being. Emotional well-being was discussed in theme three as an outcome of positively managed relationships. The process of developing relationships was described by participants as a process that involved previous experience and spending time with others (staff, managers, friends, and senior administrators). Participants described that developing relationships with others helped them perceive and manage emotions in others. Enhancing relationship quality included trust and honesty and was explained by participants as the values behind developing relationships that allowed them to manage emotions in their staff. Participants described the importance of developing relationships and their descriptions suggest that the ability to use emotional information about others can be beneficial in order to manage their daily work activities. Managing relationships was an important factor for participants during their daily work activities. Participants who invested the time to develop relationships at work expressed a higher sense of emotional well-being during their daily work activities.

Summary of Findings

In summary, the results from the data collection and analysis are presented in this chapter. The qualitative data analyzed from all the participants produced three common themes. The three themes that emerged from the analysis were perceiving emotional intelligence (in self and others), managing emotions (in self and others), and developing relationships. The interviews provided data that were rich with a full description of the themes. The participants had the ability to perceive emotions, manage emotions, and build relationships during their daily practice.

Chapter V will discuss this research in relation to Mayer and Salovey's Emotional Intelligence model. Limitations of the study will be discussed, as will recommendations for

further areas of research and study. Implications for nursing administration will also be discussed.

Chapter 5 – Discussion

The purpose of this study was to understand how nurse managers perceive and use emotional intelligence (EI) in their daily practice in a hospital setting. Nurse managers in hospital settings are responsible for quality clinical outcomes; staff retention, physician, patient, and staff satisfaction, and hospitals financial success (Raup, 2008). The span of control of most nurse managers is wide and varied, requiring advanced management and leadership skills in areas such as human resources, performance management, change management, strategic planning, and financial management as well as organizational expectations of being competent leaders (New, 2009).

The results of this study revealed the perceptions and experiences of how nurse managers perceive emotions within themselves and others, how they manage emotions within themselves and others, and the nature of how relationships are built in the workplace in relation to emotional intelligence. Furthermore, a conceptualization between relationships and emotional intelligence emerged from the data that is not found in the Mayer and Salovey (1997) model. Mayer and Salovey's (1997) Four Branch Model of Emotional Intelligence represents the ability to perceive, use, understand, and manage emotions in oneself and others. In other words, emotional intelligence refers to the ability to process emotional information competently to use this information to guide cognitive activities such as problem solving and focus attention on required behaviours. The term, EI suggests that there might be other ways of being intelligent than those emphasized by standard IQ tests, that one might be able to develop these abilities, and that emotional intelligence could be an important predictor of success in the workplace and in building and sustaining relationships (Salovey& Grewal, 2005; Caruso, 2006). The term is one that instills hope and suggests promise compared to traditional crystalized intelligence (Salovey, Mayer, & Caruso, 2002). Although there have been studies that demonstrate that higher

emotional intelligence contributes to both personal and organizational success (Salovey, 2005; Salovey & Caruso, 2008; Brackett, Rivers & Salovey, 2011), there is limited work exploring the EI of front-line nurses and virtually no work exploring the emotional intelligence of nurse managers in any health care setting. Therefore, this qualitative study explored and described the EI of ten nurse managers in two community hospitals in western Canada for the purpose of establishing nursing knowledge about EI amongst nurse managers.

Chapter Five begins with a discussion of the interpretation of the findings using Mayer and Salovey's (1997) Four Branch Model of Emotional Intelligence. Mayer and Salovey's (1997) Four Branch Model of Emotional Intelligence includes the ability to perceive, use, understand, and manage emotions in a hospital setting. The implications for nursing administration, limitations, and suggestions for future research are also described.

Emotional Perception

The first branch of emotional intelligence begins with the capacity to perceive and identify emotions in oneself and others; the ability to perceive and identify emotions about one's physical state(s), thoughts, and feelings, as well as the ability to identify emotions in other people (Mayer & Salovey, 2007). Each participant had a different way of describing their experience of perceiving and managing emotions in their daily practice. The concept of EI was used as themes in this study evolved. As nurse managers described their daily experiences, it was evident that the ability to perceive, use, understand, and manage emotions were intertwined throughout the participants' interviews.

Acknowledging the complexity of humans, especially nurse managers in a hospital setting, is important. Nurse managers are in a unique position to influence many individuals around them. According to Moskowitsz (2005) the basic perception of people and events is guided more than the mere observation of the event and is influenced by our thinking. Humans

"construct" a perception that is influenced by their personal memory of their experiences, and what thoughts are brought to mind in a particular situation. Perception is not merely observing the event, but a highly individual construction or making sense of the event (Moskowitsz, 2005). Mayer and Salovey (1997) state that our use of prior categories in inferring the identity of a perceived object is as much a feature of our perception as the sensory input from which the perception is made. Therefore, emotionally intelligent nurse managers have the ability to identify emotions from complex perceptual processes and are also sensitive to false or manipulative expressions (Brackett, Rivers & Salovey, 2011).

Perceiving emotions was a theme that emerged from the data of this study. Results revealed that perceiving emotions had two categories: perceiving emotions in self and perceiving emotions in others. There were sub categories related to perceiving EI in self and others. The ability perceive emotions in oneself is related more to the dimension of being emotionally aware (Brackett & Salovey, 2006). The ability to be aware of one's own feelings as they are occurring was described by many of the participants. According to Salovey and Grewal (2005), perceiving emotions and being self-aware of one's emotions may represent the most basic aspect of EI, which facilitates all other processing of emotional information. All of the participants were able to describe the importance of being aware of how they "come across" to others. Self-awareness was described by participants as being aware of their tone and body language; often validated by other people such as their staff or directors. Participants described being aware of themselves and others as an internal process or a "feeling" that was related to positive or negative feedback received from the interaction with their staff. Some participants described this "feeling" within themselves in a physiological way such as being anxious, sweating, crying, and/or fidgeting in response to a interaction with someone else.

Emotional perception in others was determined by participants by the physiologic responses and behavioural disposition of others. The behavioural responses of others included verbal and non-verbal responses that enabled participants to analyze others by observing and listening. Verbal perception by participants was depicted in different ways but always related back to the tone and wording used by others. Non-verbal response to emotion often was determined by participants' observation of facial expression and body language in others. The surrounding environment and different people who were involved in interactions with managers often made the ability to perceive emotions in others highly situational. Participants describe the "surrounding environment" know to be a hospital units/wards. Mayer (2004) stated that a person's perceptions of their surrounding environments focused on external, observable, and discrete aspects of their surroundings.

Participants identified that the ability to perceive emotions in oneself was based on previous experience with staff. Although participants' work experience ranged greatly in length, the responses provided by participants who were graduate prepared were more detailed and articulate. This was an interesting observation that can be explored further to provide a better understanding of this observation. Participants found that professional experience was a precursor to emotional perception in oneself. This thought process is supported Caruso and Salovey's (2003) contention that the ability to identify feelings and distinguish between real and phony emotional expressions in oneself and others is based on previous experiences with others. Furthermore, Caruso and Salovey (2003) state that experienced leaders make more insightful observations about their staff and often know how other staff members are feeling, s/he can read the emotions of his/her staff with greater accuracy. More specifically, in this study the total number of years participants were a nurse manager in their current position related to the depth of information provided about their daily experiences. The ability to perceive emotions ties into an

important factor mentioned by participants about past experiences with their staff. Participants described that the more they knew their staff, the easier it was to identify emotions their staff expressed.

Emotional intelligence also increases with age (Mayer & Salovey, 1997; Hedlund and Stenberg, 2000). The participants in this study had an average age of 46.5 years and average years on nursing experience of 30.9 years. Therefore, it would be reasonable to contend the participants in this study intelligent. Mayer, Salovey, and Caruso (2002a) found age related differences as people get older, especially with age cluster of 50 and above in their ability to perceive, use, understand, and manage emotions.

Participants described the ability to learn about themselves or came to an understanding about how emotion in others occurred through a process of self-reflection. The ability to "Know thyself," implored Socrates more than 2,000 years ago (as cited in Hamcheck, 2000) explores the ability to understand oneself. Knowing oneself deeply and fully is not something with which individuals are born but something they create out of their experiences with others (Hamcheck, 2000). Participants who were articulate about self-reflection had a better understanding of how they behaved in different situations and were able to more accurately analyze others in their team. Hamcheck discussed that people gain knowledge about themselves by comparing how they measure up with those around them. Self-reflection provided participants with an understanding their strengths and weaknesses as well as the ability to recognize behavioural in others. Self-reflection is recognized as part of self-development by leaders (directors) and subordinates (nurse managers) must develop this skill in order to be able to manage staff (Nesbit, 2012). Therefore, nurse managers' understanding of the self-reflection process may be central to their development and ability to assess their growth in management. However, Wilson and Dunn (2004) contend that, although one is always present during one's actions and can observe events and

consequences of events in which one participates, as well as being privy to inner thoughts and affective states, the capacity to gain accurate self-awareness insight through self-reflection has to be done carefully. Guenther and Alicke (2008) stated that an important practical and theoretical issue with self-reflection is the skill of leaders to deal with emotional reactions that may arise as they seek to gain greater self-awareness in their role. Participants believed that managers should have an understanding of who they are, why they behave in a certain manner, and be secure in self-acceptance before being able to emotionally lead a team. Therefore, the participants' views about how they identified themselves and others is consistent with Salovey and Mayer's (1997) conceptualization of emotional perception

Using Emotional Intelligence

The second branch of emotional intelligence describes how emotions and intelligence work together. This branch also describes how emotional events assist intellectual processing (Mayer & Salovey, 1997). Emotions operate as a feedback mechanism to signal important changes in the person and in the environment. The second branch of the model was not as evident in the themes emerging from this study. After participants perceived emotions in others (staff, managers, and directors) they were able to prioritize their thinking by directing attention to important information. For example one participant recognized a staff member's reaction to a decision she made about her schedule, which the staff member thought was done on purpose. The participant recognized this and was able to discuss with the staff member that the reason was related to patient care. According to Caruso, Salovey, and Mayer (2003), the second branch includes the ability to use emotions to redirect attention to important events and generate emotions that facilitate decision making.

At a more sophisticated level, the second branch provides efficiency in the ability to process information (Caruso et al, 2003). Emotions helped participants consider multiple

perspectives. For example, one participant described how she was able to understand others (staff) perspectives based on their personal differences at work. The participant was able to acknowledge each staff position and used this information as a foundation to have conversations with each staff. The second branch was described by Caruso et al. (2003) as the ability to use emotions to facilitate decision making and to use different emotions to encourage different approaches to problem solve. Caruso et al. (2003) also state that emotions should be generated, felt, manipulated, and examined in order to problem solve. Participants provided different accounts of how they used emotions to facilitate their thinking in order to prioritize staff though process.

Emotional Understanding

The third branch of this model describes the ability to understand emotions and to use emotional knowledge (Mayer & Salovey, 1997). The third branch was not evident as a theme; however, participants were able to provide examples about emotional understanding. Furthermore, this branch describes the ability to label emotions and recognize groups of emotions. One participant described how a tragic situation in her unit affected staff over a period of time. The tragic situation involved the loss of a staff member and the participant was able to understand what she was feeling, while simultaneously linking what her staff were feeling. The participant was able to observe sadness in others as well as herself and link sadness with the loss. She was able to help her staff connect between sadness and loss by helping them recognize they were sad because they had a lost someone they cared about. The participant also recognized that if the loss is not emotionally managed well, overtime the feeling of losing someone can turn to feelings of grief. Understanding the blending of emotions and changing of emotions allowed the participant to anticipate her feelings and informed her decision to meet her goal. In this case, the participant helped her staff by providing grief counseling from the regional Employee Assistance

Program. According to Salovey et al. (2002), the most fundamental competency at this level concerns the ability to label emotions with words and recognize the relationship among exemplars. Salovey and Rodin (1989) described that more importantly, the relationship among terms can be deduced; that loss and sadness can lead to an overwhelming sense of grief if the original stimulus (loss) is not eliminated. The ability to understand emotions was described by a few of the participants. The ability to understand emotions is closely related to the ability to manage emotions. More experienced participants did not discuss emotional understanding in comparison to less experienced participants.

Emotional Management

Partly as a consequence of various popularizations (Goldman, 1995, 1997, TIME 1993, Harvard Business Review, 1998), and partly as consequence of societal pressures to regulate emotions (Salovey et al., 2002), many people primarily identify emotional intelligence with its fourth branch, Emotional Management (Caruso et al., 2002). The fourth branch of emotional intelligence consists of the ability to regulate emotions in oneself and others (Mayer & Salovey, 1997). The fourth branch also includes the ability to manage the emotions of others. For example, an emotionally intelligent politician might increase his or her own anger and use it to deliver a powerful speech in order to arouse righteous anger in others. Therefore, the emotionally intelligent person can harness emotions, even negative ones, and manage them to achieve intended goals (Salovey & Grewal, 2005). Managing emotions is one of the more complex braches of Mayer and Salovey's (1997) model because emotional management depends on the ability to perceive and understand emotions. According to the Caruso, Mayer, and Salovey (1997), a common misconception about management skills is that managing emotions are interpreted as controlling or restraining. However, the opposite is true. Skill in managing emotions is demonstrated in knowing when to feel the feelings and how to use them to facilitate

thinking, decision-making, and intellectual growth. Participants described an important aspect of managing emotions in oneself involved reflection. Just as reflection is important to manage oneself, participants acknowledged that in order to manage others they must acknowledge their own feelings. Therefore, the findings of this study suggest that it is important for the emotionally intelligent nurse manager to remain open to emotions of oneself and others.

Mayer and Salovey (1997) sometimes refer to branch four of the model as reflective regulation of emotions to promote emotional and intellectual growth. Participants recognized that reflection was an important component of emotional management in oneself. Participants were able to step back from a particular situation and use reflection as a learning tool to manage difficult conversations at work. There were no data that suggested less experienced participants benefited more from reflection than more experienced participants. The ability to self-reflect with others ties into another important aspect of managing emotions in oneself by seeking support from others (Caruso et al., 2002). Participants required different support depending on their years of experience in management. Less experienced managers sought out support from either other managers or their directors. More experience managers relied on support from other managers to whom they were close within the organization.

This fourth branch, emotional regulation, is a challenging concept to teach (Brackett, Rivers, & Salovey, 2011). The fourth branch deals with conscious reflection on emotional responses, as opposed to perceptions or feelings. As emotionally intelligent individuals mature, a consistently reflective experience of mood develops. Mayer et al. (2001) viewed the fourth branch as the highest ability within the model. Whereas individuals may be able to compensate for lack of ability at the lower levels, this fourth branch, the ability to regulate and manage emotions, depends on the ability to be able to accurately perceive emotions in order to be emotionally intelligent (Mayer & Salovey, 2007). In order for nurse manager to be able to

manage emotions in others, they need the ability to listen to others and provide clear expectations (Caruso et al., 2002). Some participants were able to do this better than others and this aspect of managing emotions in others did not seem to be influenced by the length of managerial experience of the participants.

The second theme, "managing emotions," enabled participants to express their ability to acknowledge pleasant and unpleasant feelings and to manage emotions in self and others. Mayer and Salovey (1997) state that emotional management in humans is a way of getting rid of troublesome emotions or emotional leakages in human relations. Emotional management leads to acknowledging the importance of relationships in the workplace between director and nurse manager and between nurse manager and staff (Salovey, Detweiler-Bedell, & Detweiler- Bedell, 1999). During emotional regulation, people may increase, maintain, or decrease positive and negative emotions (Brackett et al., 2011). Accordingly, emotional regulation often involves changes in emotional response (Koole, 2008). These changes may occur in the kinds of emotions that nurse managers have and how they experience and express their emotions. Notably, the emotional regulation that participants expressed impacted how they managed emotions within themselves and in others.

Developing relationships

In the interviews, the participants talked about the importance of developing relationships and developing relationships emerged as the third theme. Developing relationships is not as well developed and the connections to EI are more tangential. This is an area for further work. Mayer and Salovey's model does not discuss developing relationships but the concept was fundamental to the development of EI in the participants. Mayer, Salovey, and Caruso (2001) identified that EI begins with the idea that emotions contain information about relationships. Furthermore, emotional information processing is an evolving area of communication among humans that is

predicated on an understanding of relationships among people (Mayer, Salovey & Caruso, 2004). When a person's relationship with another person changes, so do their emotions toward that person. A person who is viewed as threatening is feared; and whether these relationships are actual, remembered, or even imagined, they are accompanied by the felt signals called emotions. Emotional intelligence, in turn, refers to an ability to recognize the meanings of emotions and their relationships, and to use them as a basis in reasoning and problem solving (Mayer, Salovey & Caruso, 1999).

The third theme, developing relationships, evolved from the data. One common aspect described by all participants was the process of developing relationships and the characteristics required to enhance relationship quality. Mayer and Salovey (1997) stated that emotions allow leaders to deal with all of the stressors inherent in the job, while also facilitating strong working relationships that contribute to a positive work environment. The emotional intelligence model developed by Salovey and Mayer (1990; Mayer & Salovey, 1997) provides a new framework to investigate social and emotional adaption. The quality of relationships described by participants was based on past experiences with their staff and supervisors. Participants described that spending time with the people with whom they were developing relationships was a prerequisite to a successful and sustainable relationship. The relationship quality between nurse manager and their staff affected the commitment to the relationship and staff willingness to develop long-term and lasting relationships. Brackett, Rivers, and Salovey (2011) and Brackett, Warner and Bosco (2005) state that people with higher EI scores are more socially competent, have better quality relationships, and are viewed as more interpersonally sensitive than those with lower emotional intelligence scores.

One characteristic that resonated with all participants was the importance of trust. Trust is the willingness of individuals to expose themselves or become vulnerable to others (Butler,

1999). Prati, Douglas, Ferris, Ammeter, and Buckley (2003) proposed that EI results in higher levels of trust and greater levels of team performance. Prati et al. (2003) suggested that trust is expected to facilitate cooperative efforts which causes a compromise when conflicts arise. Thus, as a relationship grows an individual should use their EI to enhance the free exchange of information to develop a trusting relationship (Patri et al., 2003). Trust is often used as an important concept in research on business relationships (Jian, Shiu, Hennberg, & Naude, 2013). In relationships trust was categorized by participants as interpersonal both at work and in one's personal life. Participants described interpersonal trust between staff and themselves and successful relationships as a gateway to emotional stability. Mayer, Davis, and Schoorman (1995) describe the expectancies between two individuals or groups as dispositional characteristics that depend on personal experiences and previous socialization that is expected in an organization about trust and trustworthiness of others. Trust played an important role in relationship building and maintenance. Tan and Lim (2008) described trust as the basis of quality of interpersonal relationships. Of note, trust was described by experienced participants and was not discussed by the less experienced participants. This was an interesting finding as emotional intelligence takes some time to develop as a nurse manager. Mayer et al. (1995) describe that EI capacities grow with age, and experience and for EI to behave as does a standard intelligence, it should increase with age.

Limitations of the Study

Limitations to the study must be acknowledged: i) sample size, ii) setting, iii) gender differences, and iv) model branch exploration. This study used a relatively small sample size of 10 nurse managers. Although data saturation was reached with a small sample, a larger sample may provide a more in-depth understanding of the concept of emotional intelligence that has not been described in the literature. The study was conducted in one city and in two community

hospitals. Would the findings be different if the study was conducted in a tertiary hospital or a community setting? The findings would be expected to be different due to the high number of nurse managers that report to one director. This alone would decrease the amount of professional support that is required to develop emotional intelligence in nurse managers. The sample was comprised exclusively of females even though there were male managers at both hospitals, they chose not to participate. According to Day and Carroll, 2004; Lumley et al. 2005; Palmer et al., 2005, and Grewal and Salovey (2005) gender differences tend to be small and only affect the branch of emotional management. The finding of this study identified themes related to branch one and branch four of Mayer and Salovey's (1997) Four Branch Model of EI. One explanation may be related to the way questions in the interview were structured or the way the questions were asked. Another explanation may be gaps in the model, which may be less grounded in in real life subjective perceptions of nurse managers.

Implications

Research on EI has emerged as a growing field of interest in business and psychology over the last two decades. EI is still a new field of study in nursing and little is known about the EI of nurse managers who work in a hospital setting. This is the first research about nurse managers' perception and use of EI in the empirical literature. In a clinical setting, the nurse managers' role as an emotionally intelligent leader is important for the success and satisfaction of their staff, unit, and organization.

Additionally, there are implications for emotional intelligence research in nursing education at the undergraduate and graduate level. Rochester et al. (2005) found emotional intelligence of undergraduate students nurses facilitated transition from being a student to practicing as a nurse. Focusing research regarding the development of emotional intelligence in nursing students may be advantageous as emotional intelligence takes time to develop.

Integrating emotional intelligence into the nursing curriculum provides an opportunity for student nurses to better understand themselves, and how emotional intelligence may lead to more effective forms of relationship building with patients. The transition from nursing student to registered nurse can be challenging. Taking time for students to develop emotional intelligence might be beneficial for academic institutions and hospital organizations as a way to improve the patient experience and satisfaction of nurses.

Recommendations

The fact that being a nurse in a management position was part of the inclusion criteria excludes other health care managers who oversee inpatient/outpatient units who are not nurses. This leads to an interesting question about what makes a nurse manager different than a non-nurse manager? There has not been a qualitative or quantitative study that examined the aforementioned question in the current empirical literature. Non-nurse managers make up a small percentage of managers in a hospital setting.

Exploring senior nurse administrators such as directors and chief nursing officers may provide further insight into EI of more senior nurse leaders. Typically, the number of nurse managers who report to directors and directors who report to a chief nursing officer is less than the number of front-line nurses who report to a nurse manager. Therefore, with the high number of staff who report to nurse managers, the ability to be an emotionally intelligent nurse manager might assist in dealing with the daily emotional changes in staff.

This study focused on nursing managers in a hospital setting. Additional research could explore the emotional intelligence of nurse managers in other settings such as public health, community care, home care, ambulatory care clinics, and teaching hospitals. There was no identified empirical study that examined the emotional intelligence of nurse managers working in other settings.

Furthermore, EI research should examine whether emotional intelligence perceptions and use of emotional intelligence are similar for men and women working as nurse managers in a clinical setting. The gaps that emerged from the data, particularly related to branch two and branch three of the Mayer and Salovey (1997) model and connection with developing relationships were interesting. Further investigation is required to determine if the gaps that emerged were related to the model or something else.

Conclusion

This chapter discussed how the findings of this study add to the literature to strengthen the understanding of how nursing managers in a hospital setting perceive and use emotions in their daily practice. Findings were interpreted by using Mayer and Salovey's (1997) Four Branch Model of Emotional Intelligence. These findings were then compared to the limited literature that exists regarding emotional intelligence in nursing managers/leaders. Following the discussion of findings, the implications of this study to nursing administration were discussed. Finally, recommendations for further research in this field were suggested.

The purpose of this study was to describe the perception and use of emotional intelligence of nurse managers. Participants were able to provide a rich description about their views related to emotional intelligence. This study demonstrates that nurse managers have the ability to perceive and use emotions in themselves and others. This is an important finding as nurse managers are expected to be leaders within the organization.

This study demonstrated that participants were able to perceive and use EI in their daily practice as described by branch one and branch four of the Mayer and Salovey (1997) Four Branch Model of Emotional Intelligence. Another qualitative study could be conducted to ensure that the second and third branches are explored. The ability to develop relationships evolved from the data and was an important theme for participants in order to understand the interaction and

relationship between self and other. This finding was important to participants however, the concept of relationships is missing in the Four Brach Model of Emotional Intelligence.

The demand for emotional intelligence among nurse managers will continue to increase. With an increasing span of control, nurse managers have to be able to adequately negotiate for resources, build trusting relationships, foster collaborative teamwork, and make evidence informed decisions on a daily basis. Nurse managers who are able to manage emotions realize that emotions provide important information about people that must be considered when making decisions and choosing actions or reactions. Although there are nursing studies which explore emotional intelligence, there are no studies which examine nurse managers' perceptions of EI and how they use EI in their daily practice. The findings of this exploratory, qualitative study contribute to a beginning understanding of nurse managers' perceptions of EI and how they use EI in their daily practice.

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Appendix A

Letter of Invitation to Participants

UNIVERSITY OF MANITOBA | Faculty of Nursing

Faculty of Nursing
Helen Glass Centre for Nursing
Winnipeg, Manitoba
Canada R3T 2N2
Telephone: (204) 474-7456
Fax: (204) 474-7682

Dear Potential Participants,

My name is Gustavo Castaneda. I am a graduate nursing student at the University of Manitoba. As part of my Master's program, I will be conducting a research investigation entitled "Nurse managers' perceptions of emotional intelligence (EI) and use in daily practice in two community hospital settings in western Canada". The overall questions guiding this study are "How do nurse managers in a community hospital setting perceive EI and how do nurse managers use EI in their daily practice"?

Emotional intelligence can be defined as the "ability to monitor one's own and other's feelings and emotions, to discriminate among them and to use this information to guide one's thinking and actions" (Salovey & Mayer, 1990, p. 189; Mayer & Salovey, 1997). The nursing profession continues to evolve and nurse managers play a major role within the organizational structure. Nurse managers' abilities and behaviours impact the environment of care, quality of patient care delivered by nurses, safety, turnover of staff, and patient outcomes. In a clinical setting, the nurse managers' role as emotionally intelligent leaders, change agents, and team members is crucial for the success and satisfaction of their staff, unit, and organization (Brown et al., 2012). Understanding the development needs of nurse mangers in relation to EI will enhance the preparation of those nurses transitioning into the manager role as well as those managers currently in the role.

You are being asked to be a participant in a one-to-one audio-recorded interview that should take about 1 – 1.5 hours to complete. Also, a follow up interview might take place after the data is collected and analyzed for you to check emergent themes and ensure the data is representative of your answers. This follow up interview should take approximately 30 minutes.

The information collected during the interview will be used only for the purposes of research at the University of Manitoba, Faculty of Nursing. All information collected in this study will be kept confidential and anonymous. Only the researcher will know your identity. This study poses minimal risk to you and participation is completely voluntary. If you decide not to participate, your decision will not be disclosed to others.

The final results of the study will be disseminated through presentations, peer reviewed journal articles, and conferences.

If you have any questions you can contact the primary investigator, Gustavo Castaneda RN BN, is available to answer any questions you many have and can be reached at [redacted] or by email at umcasta1@cc.umanitoba.ca. The faculty advisor for this research study is Dr. Judith Scanlan, PhD, RN, and she can be reached at 204-474-9317 or by email at judith.scanlan@ad.umanitoba.ca.

If you chose to participate, please contact the researcher by email (umcasta1@cc.umanitoba.ca) or telephone ([redacted]) and we will set a mutually convenient time and place for the interview. At that time, you will sign a Consent Form and receive a copy for your future reference. This proposal has been approved by the University of Manitoba Ethical Education/Nursing Research Ethics Board (ENREB).

Thank you for considering this request, I look forward to meeting and talking with you.

Yours truly,

Gustavo Castaneda, RN BN

Appendix B

Participant Consent Form

UNIVERSITY OF MANITOBA | Faculty of Nursing

Faculty of Nursing
Helen Glass Centre for Nursing
Winnipeg, Manitoba
Canada R3T 2N2
Telephone: (204) 474-7456
Fax: (204) 474-7682

Research study title: Nurse managers' perceptions of emotional intelligence and use in daily practice in a community hospital in western Canada.

Principal Investigator: Gustavo Castaneda, RN, BN, Graduate Nursing Student, University of Manitoba.
[redacted], umcasta1@cc.umanitoba.ca

Research Supervisor: Dr. Judith Scanlan, RN, PhD, Associate Professor, Faculty of Nursing
204-474-9317 <judith.Scanlan@ad.umanitoba.ca>

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

This certifies that I, _____ having met the conditions for this study, agree to participate in the study entitled "Nurse managers' perceptions of emotional intelligence and use in daily practice in two hospital settings in western Canada". The proposal has been approved by the University of Manitoba Ethical Education/Nursing Research Ethics Board (ENREB) and access approval has been secured from appropriate hospital.

Specifically, I understand and agree to the following:

1. The purpose of this study is to explore and describe the experiences related to emotional intelligence of nurse managers working within a hospital organization structure and understand the nurse managers' perceptions and use of emotional intelligence in their daily practice.

2. The study is being conducted by Gustavo Castaneda as part of the requirements of his Masters of Nursing program. The members of the thesis committee include: Dr. Judith Scanlan (Theses Advisor); Mrs. Beth Brunsdon-Clark (Internal Member); Dr. Laura Funk (External Member).

3. I have been provided with an explanation of the study.

4. I understand that my participation in the study involves one interview and perhaps a follow up interview with the principal investigator. Interviews will be held at a time and place mutually convenient to me and the principal investigator, will be taped recorded, and last approximately 1 – 1.5 hours.

5. I understand that I may withdraw from the study at any time without penalty to myself. I may also decline to answer specific questions in the demographic questionnaire or during the interview if I so wish.

6. I understand that any information which I provide during the course of the study will be kept confidential at all times. Only the principal investigator, advisor, and a transcriptionist will have access to the tapes and transcripts of the interview in which I participate. The tape and transcripts will be identified by a code number only. My name will not appear on any tape or transcript. Only the principle investigator will know the names of those who participate in the study and this list will be kept separate from the list of the code numbers. Both lists will be kept in a secured and locked filing cabinet in the researcher's office. Further, I understand that I will not be identified in any way in the report of the study.

7. I understand this study poses minimal risk to the participant, that is, your involvement in this study will provide risks that are no greater than those encountered by you in those aspects of your everyday life.

8. I understand that the results of this study may be published and that anonymity and confidentiality will be maintained if the results of the study are published.

9. I understand that I may contact Gustavo Castaneda, Principle Investigator at any time if I have any further questions about my participation in this study. His telephone number is [redacted] or by emailing to umcasta1@cc.umanitoba.ca.

10. I understand that if I wish to receive results of the study, I can indicate my desire by signing and giving my address at the end of this consent.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate. In no way does this waive your legal rights nor release the researcher from his legal and professional responsibilities. You are free to withdraw from the study at any time, and/or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

The University of Manitoba may look at your research records to see that the research is being done in a safe and proper way.

This research has been approved by the University of Manitoba Ethical Education/Nursing Research Ethics Board (ENREB). If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Secretary at at 474-7122 or email margaret_bowman@umanitoba.ca. A copy of this consent form has been given to you to keep for your records and reference.

I have read or had read to me the details of this consent form.

My signature below indicates my willingness to participate in this study.

Participant's Signature Date

Researcher and/or Delegate's Signature Date

_____ YES, I would like to receive a summary of the research results

_____ NO, I would not like to receive a summary of the research results

If YES, please indicate your preferred method:

posted mail _____

email_____

mailing address:

Name _____

Address_____

_____

_____

email_____

If you have chosen to receive a summary, one will be provided to you by approximately

December 2013

Appendix C

Participant Demographic Questionnaire

UNIVERSITY OF MANITOBA

Faculty of Nursing

Faculty of Nursing
Helen Glass Centre for Nursing
Winnipeg, Manitoba
Canada R3T 2N2
Telephone: (204) 474-7456
Fax: (204) 474-7682

DIRECTIONS: Please read each of the following 9 items. Complete each item by filling in the line or checking the right answer. All answers will be kept confidential. Results will be reported in aggregate form, making identification of respondents highly unlikely.

1. Gender (check) __ Female __ Male

2. Current age: __ 20 - 29
   __ 30 - 39
   __ 40 - 49
   __ 50 - 59
   __ 60 - 69

3. How many years have you **been a nurse**? _____

4. Of those years that you have been a nurse, how many have been in **management**? _____

5. How long have you been in your **current position/job title**? _____

6. Please check the type of nursing education that you have? __ Diploma
   __ Bachelor
   __ Masters
   __ Doctorate

7. Please explain any **additional** education you have obtained.

_____

8. What type of unit(s)/department(s) do you manage.

_____

9. Please indicate the total number of people (not EFTs) who report to you _____

Appendix D

Interview Guide

1. Describe to me how you identify emotions in yourself and other people?
    a. Have you ever had an "aha" moment as a nurse manager when you realized that you had the ability to discriminate between accurate/honest and inaccurate/dishonest feelings?

2. Describe to me how you prioritize your thinking on the basis of associated feelings in your daily practice as a nurse manager?
    a. How do you assess your ability to generate emotions to facilitate judgment and memory? (is this important? And why?)

3. Tell me about a situation when you perceived the causes and consequences of emotions?
    a. Tell me about a situation when you understood relationships among various emotions? (did the emotions contradict one another?)

4. Tell me about a situation when you think an understanding of the impact of emotions would have been helpful?

5. Tell me about a situation when you noticed someone else monitor and reflect on their emotions?

6. How have you used your ability to manage emotions in your role with other nurse managers?
    a. Any specific positive consequences?
    b. Any specific negative consequences?

7. Can you share some experiences you have encountered as a nurse manager in which you managed emotions in others?

Appendix E

Personal Assumptions

An assumption is a self-evident truth. The following are assumptions the researcher has about nurse managers' perception of emotional intelligence (EI) and how mangers use EI in their daily practice.

1. Some participants may not know what EI is.
2. Participants will not understand the importance of self-assessing their EI and the context in which EI is generated (i.e. within the nurse manager group and between nurse managers and immediate supervisor).
3. Participants may have difficulty reflecting on different perceptions of EI in relation to nursing leadership.
4. Participants may have difficulty articulating how they use EI in their daily practice.
5. If a participant understands/identifies EI in him/herself, their answers will be more comprehensive.
6. Participants may not understand the complexity of EI required to be a nurse manager.
7. Some participants may consider themselves high in EI, could exhibit a higher concern for their staff and the moral dimension of empathy.
8. More experienced nurse managers may be more emotionally mature and use EI in their daily practice.
9. Nurse managers may not understand why EI is important to develop personally and professionally.

Appendix F

Research Ethics Approval Certificate

UNIVERSITY OF MANITOBA | Research Ethics and Compliance
Office of the Vice-President (Research and International)

Human Ethics
208-194 Dafoe Road
Winnipeg, MB
Canada R3T 2N2
Phone +204-474-8880
Fax +204-269-7173

APPROVAL CERTIFICATE

February 11, 2013

TO: **Gustavo Castaneda** (Advisor J. Scanlan)
Principal Investigator

FROM: **Stan Straw, Chair**
Education/Nursing Re[redacted]NREB)

Re: **Protocol #E2013:006**
"Nurse managers' perceptions of emotional intelligence and use in daily practice in two community hospital settings in western Canada"

Please be advised that your above-referenced protocol has received human ethics approval by the **Education/Nursing Research Ethics Board**, which is organized and operates according to the Tri-Council Policy Statement (2). **This approval is valid for one year only**.

Any significant changes of the protocol and/or informed consent form should be reported to the Human Ethics Secretariat in advance of implementation of such changes.

Please note:

- **If you have funds pending human ethics approval, the auditor requires that you submit a copy of this Approval Certificate to the Office of Research Services, fax 261-0325 - please include the name of the funding agency and your UM Project number. This must be faxed before your account can be accessed.**

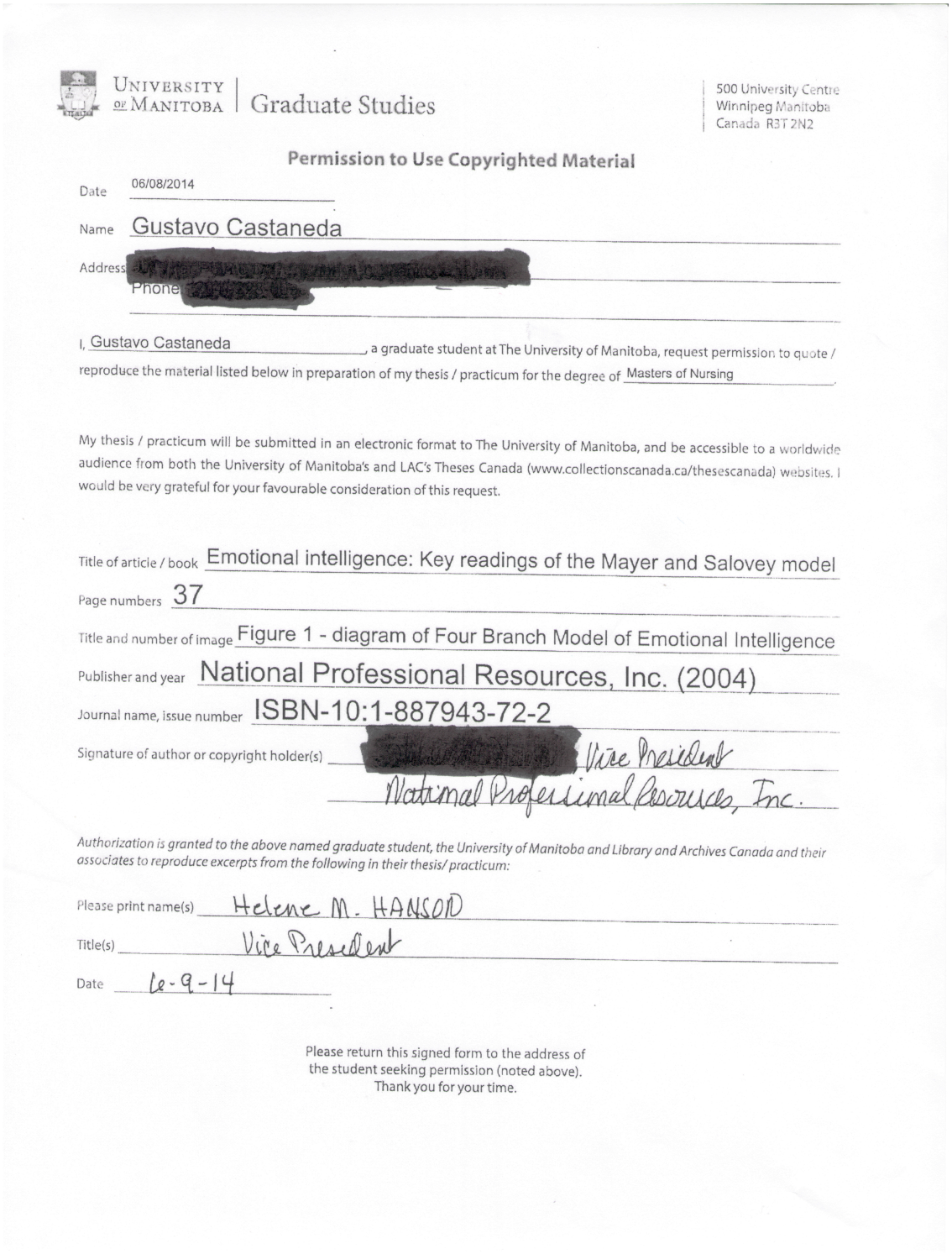
- **if you have received multi-year funding for this research, responsibility lies with you to apply for and obtain Renewal Approval at the expiry of the initial one-year approval; otherwise the account will be locked.**

The Research Quality Management Office may request to review research documentation from this project to demonstrate compliance with this approved protocol and the University of Manitoba *Ethics of Research Involving Humans.*

The Research Ethics Board requests a final report for your study (available at: http://umanitoba.ca/research/orec/ethics/human_ethics_REB_forms_guidelines.html) **in order to be in compliance with Tri-Council Guidelines.**

Appendix G

Figure 1 Copyright Clearance



UNIVERSITY OF MANITOBA | Graduate Studies

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Winnipeg Manitoba
Canada R3T 2N2

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Date 06/08/2014

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Title of article / book Emotional intelligence: Key readings of the Mayer and Salovey model

Page numbers 37

Title and number of image Figure 1 - diagram of Four Branch Model of Emotional Intelligence

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