

Abstract

To date, literature is emerging regarding leadership and emotional intelligence (EI) within interprofessional education (IPE). Likewise, a strategic revolution has awakened throughout healthcare organizations as evidenced based, patient-centered care has received new prominence that requires effective leadership concomitant with the essential attribute of emotional intelligence (EI) (Edbor & Singh, 2016; Paren, 2015; & Tyler, 2015). Nursing education and other IPE programs are beginning to work collaboratively to address this revolution by preparing emotionally competent leaders who are capable of developing a professional reflective practice. Factors found to facilitate and influence leadership development include attitude, motivation, failures, intentions, individual self-reflection, and emotional intelligence (Resnick, 2016; Galuska, 2014; & Gallagher-Ford, 2014). And, the sense of self-confidence will be on the rise as EI-infused leaders will seek to; identify their own skills, strengths, weaknesses, and clarify their own values and priorities in setting high standards (Cox 2017). Grande (2017) concurs that leadership and EI characteristics accurately garner emotions in self and others; promotes the use of emotions to facilitate reasoning; provides an understanding of emotions in self and others; and serves to manage emotions in self and others. Also, there is a growing recognition that EI-infused leadership is a vital quality that must be cultivated in organizational support across organizational levels. Combining EI-infused leadership development with organizational strategies within this evolving healthcare climate contributes to the implementation of an evidence-based practice (EBP). The support of advance practice roles is essential in minimizing barriers, and maintaining a level of engagement throughout the EBP implementation process (Aarons et al 2017; & Patterson, Mason, & Duncan, 2017). Moreover, EI positively impacts clinical nurses and other interprofessional practitioners both personally and professionally. The EI-infused leadership roles enhance patient safety, outcomes, and efficient work processes (Grande, 2017). Notably, the critical impact at the point of service by clinical leaders who demonstrate emotional intelligence challenge ineffective work processes, and inspire others to act (Gatson Grindel, (2016). Recently, Mayer, Oosthuizen, & Surtee (2017) found that deeper insights into the EI of South African women leaders was associated with effective leadership qualities, creativity, and innovation. And, that emotional intelligence serves as an important source for women leaders to increase leadership qualities, as well as empathetic communication within the challenges of Higher Education workplaces. In addition, Rivero & von Feigenblatt, (2016) set forth a high priority challenge for universities/colleges to expand their curricula to better prepare future corporate leaders with the inclusion of EI initiatives for both undergraduate and graduate curricula. Responding to the challenge, nursing and other IPE educators are readily integrating curriculum to consider EI-related competencies to build self-awareness and professionalism among academic and clinical practice goal is to among nursing and other inter-professional evidenced-based, patient-centered care (Prufeta, 2017; & Wang, 2016).



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

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

Building the Evidence

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

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

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

“Emotional intelligence involves the ability to perceive accurately, appraise, and express emotions; the ability to access and/or generate feelings when they facilitate thought; the ability to understand emotion and emotional knowledge, and the ability to regulate emotion to promote emotional and intellectual growth” (Salovey & Mayer, 1997, p. 35). Emotional intelligence and the associated characteristics have been associated with successful leaders in many arenas but have not been well embraced in health care leadership (Spear, 2015).”

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

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

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

“Emotional intelligence (EI) can be defined as the ability to discriminate between different emotions and label them appropriately, and to use emotional information to guide thinking and behavior (Goleman, 2000). According to Goleman (2004), EI is an array of skills and characteristics that drive leadership performance. Goleman’s model outlines five main EI constructs: (a) Self-confidence: a strong and positive feeling of self-worth; (b) Self-regulation: controlling or redirecting one’s disruptive emotions and impulses and adapting to changing circumstances; (c) Social skill: managing relationships to move people in the desired direction; (d) Empathy: considering other people’s feelings, especially when making decisions; and (e) Motivation: being driven to achieve for the sake of achievement.”

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

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