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SENIOR NURSING LEADERS: UNDERSTANDING THEIR EMOTIONAL INTELLIGENCE, LEADERSHIP PRACTICES, AND HOW BOTH MAY BE ASSOCIATED WITH ENGAGEMENT OF THEIR DIRECT REPORTS

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A DISSERTATION IN PRACTICE

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Abstract

Leadership by its nature is a social interaction and is present in every interaction between people. Leader behaviors and actions are observed and judged by followers during every interaction. For senior nursing leaders in healthcare organizations, how they practice leadership influences how followers connect with the senior leader. Senior nursing leaders must practice leadership in a way that fully incorporates emotional intelligence domains. The integration of emotional intelligence with follower-centric leadership practices creates a powerful combination of outcomes that influence engagement.

This Dissertation in Practice research study was designed using a qualitative approach to understand how senior nursing leaders’ self-perceptions of their emotional intelligence (EI) and leadership practices may be associated with direct report leader engagement. The value of this research was to understand the meaning and essence of the phenomenon experienced by senior nursing leaders and the information was extracted by using semi-structured interview questions to create categories, codes, and conceptual themes.

This research revealed that the self-perceptions and meaning of senior nursing leaders helped to validate that a leadership development program focused on this type of affective, cognitive, and behavioral learning would help improve emotional intelligence, leadership practices, and engagement of direct report leaders. This research demonstrated the need for an integrated leadership development program for senior nursing leaders to develop their EI and leadership practices.

Keywords: Leadership, emotional intelligence, engagement, leader development
Dedication

This Dissertation in Practice is dedicated to those I have led and all those who were willing to follow. Thank you for teaching me what leadership really means and helping me to become a better leader and an eager follower.
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The journey through this doctoral program has been exciting, exhilarating, time intensive, and has made me pause and reflect many times as I question myself and where I am headed. The outcome of this process would not have been possible without the commitment and dedication of my committee – Dr. Donna Ehrlich and Dr. Peggy Hawkins. Thanks for your leadership and encouragement in times of doubt and questioning.

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CHAPTER ONE: INTRODUCTION

Background of the Problem

There are leaders that exist and exert their influence in every situation that humans encounter. Leadership, by its nature, is a social process and involves interacting with people. Whether it is at work with a person who has a formal title and role or in a civic organization of volunteers, there are always those people who emerge as the leaders. Some people desire to lead others and exert their influence in a way that creates positive change and moves people towards a common purpose or mission. It takes unique skills and abilities to form trusting relationships with followers. When trust is built between a leader and the follower, the follower’s perceptions of the leader’s effectiveness and competence creates receptivity in followers to align with the leader’s vision for the work (Goleman, 1999). In the healthcare setting, having nursing leaders with the knowledge, skills, abilities, and wisdom of how to practice leadership is becoming an essential imperative given the disruptive change and complex operating environment.

The study of leadership is complex and consists of many variables, including how leaders self-manage and how leaders’ behaviors affect followers. Researchers have studied emotional intelligence (EI) as a leadership concept, with a focus on how leaders become aware of their emotions and then regulate their emotions and behaviors. In thinking about leadership and emotional intelligence as parallel streams, somewhere in the middle of that is the concept of engagement. Leaders that effectively manage their emotions and utilize evidence based leadership practices generally are successful at
bonding with others and creating work climates that support engaged teams, specifically, with direct report leaders (Gallup, 2015; Goleman, 1997).

Employee engagement (EE) is a leadership and management topic that has appeared considerably in business and academic literature for over the last 10 years. In the workplace, the value of engagement has a direct impact on organizational productivity and employee commitment (Gallup, 2013). Research around the definition and the concept of EE has led researchers to explore tactics and strategies that facilitate the creation of a culture that supports engaged workers. While evidence suggests that leaders are at the center of helping to create and foster engagement in others, specific studies concerning how direct report leader engagement develops with a senior leader has not been extensively researched (Gallup, 2015). How the phenomenon of emotional intelligence and leadership practices contributes to engagement between a senior leader and direct report leader engagement has been studied in a limited way in the current leadership literature. The value of this relationship between a senior nursing leader and direct report leaders seems to be influenced by how the senior leaders’ EI manifests in how they practice leadership.

Statement of the Problem

The leadership practices that influence employee engagement are aggregated in the literature and are not specifically differentiated for specific types and levels of employees, such as leaders. What role EI plays in the relationship between senior and direct report leaders has not been studied with an emphasis on understanding the essence and meaning of leader and leadership practices. The components of how senior nursing leaders develop emotional intelligence and how these leaders learn to practice leadership
are complex. The factors that influence how senior leaders develop their self-awareness and are then incorporated into leadership practices is why this study was conducted and with the goal of better understanding how these factors may influence the engagement of direct report leaders. The more that is understood about the foundational development of EI and its connection to leadership practices, the more effective leadership development can be to help leaders achieve greater levels of success and influence the engagement of direct report leaders (Goleman, 1997; Salovey & Mayer, 1990; Gallup, 2015).

**Purpose of the Study**

The purpose of this qualitative study was to describe and understand how senior level nursing leaders’ self-perception of their emotional intelligence and leadership practices may be associated with the engagement of their direct reports. This Dissertation in Practice research was designed with the intent of identifying, describing, and reporting the essence of how leader self-perceptions and experiences of their EI and leadership practices may relate to the level of engagement present in their direct report leaders. This represents crucial elements to understanding the relationship between senior nursing leaders and those that they manage, as well as understanding how deriving the transferability of the meanings from a set of leaders in this study can inform EI and leadership development practices.

As leaders understand their own EI, the richness with which they lead transforms and enhances the relationships that they form with others, specifically their direct reports. “Emotional intelligence signifies the capacity of an individual to classify, assess, and differentiate among emotions in oneself and others; this [quality] being an essential requirement for effective leadership” (Ljunghom, 2014, p. 131). Organizations that
support leaders by giving them time to build self-awareness and allow leaders time to reflect on their actions, helps to build leader effectiveness and competence in leadership practices. Emotional intelligence is the reflection of “… competencies that constitute self-awareness, self-management, social awareness, and social skills” applied at different times and in different situations that influence the effectiveness of the interactions (Boyatzis, Goleman, & Rhee, 1999, p. 3). Leadership practices that incorporate EI as a framework helps leaders better understand engagement and the dynamics that are associated with organizational psychology.

**Research Question(s)**

Understanding how senior leaders’ self-perceptions of their EI and leadership practices affects direct report leader engagement helps to inform leadership behavior development and practices, and influences the broader organization’s culture. The primary research question in this study was:

*What are senior nursing leaders’ self-perceptions about their EI and how does that understanding inform their leadership practices that may relate to the engagement levels of their direct reports (direct report leaders)?*

These additional questions also guided this study:

- What do senior leaders know about EI?
- What are senior leaders’ perceptions about their EI experiences?
- How do leaders define leadership and key qualities?
- How do leaders develop EI?
- How are leadership and engagement connected, if at all?
- What role does a leader play in the process of the engagement dyad?
– How do variances in EI and leadership practices between leaders’
influence outcomes of engagement and performance (individual and
organizational)?

When leadership is practiced with EI, the relationship and the relational dynamics
between senior leaders and their direct reports helps to foster personal empowerment
and self-efficacy in a way that individuals internalize for their own self-efficacy. Once
individuals have internalized this, the fit between themselves and their work, including
the organization, helps build that leader’s level of engagement (Gallup, 2013; Greco et
al., 2006). Figure 1 provides a pictorial representation of how direct report leader
engagement may develop or how it may be associated with senior nursing leader EI and
leadership practices (Zhang & Bartol, 2010). These factors help to inform the research
question in this dissertation from the perspective of senior leader self-perceptions.

Possible Interactive Components to Nurse Leader Engagement via EI and Leadership Practices

![Figure 1: Antecedents to leader engagement (Adapted from Zhang & Bartol, 2010).]

Engaged leaders and followers demonstrate higher levels of trust, greater
commitment, improved relationships, demonstrate greater levels of productivity and
psychological commitment that contributes to their role effectiveness (Gallup, 2013).
McAlearney, Robbins, Garman, and Song (2013) proposed that engaging, empowering,
and aligning leaders and staff with common values and a shared purpose influences the
ability of high performing work teams to attain goals. Managing employee performance,
achieving outcomes, and sustaining results are difficult tasks for any leader and their leadership team. High performing work teams meet an organization’s mission and execute that mission through the talents and human capital of knowledge workers in an organization (Gruman & Saks, 2011). Zhang and Bartol (2010) have researched how employee creativity can be linked to the qualities of an engaged employee. The method of how leaders can link together the work of a department with an organizational mission enhances the psychological well-being, self-identity, and empowerment of individuals and teams (Zhang & Bartol, 2010).

When individual leaders are fully engaged, they transfer the energy and passion they have for their work into the work environment and it becomes palpable to employees. Direct report level leaders are usually at the frontlines with staff. When these leaders are engaged, they feel a greater sense of self-efficacy, purpose, confidence, and autonomy in their practice (Gruman & Saks, 2011; Zhang & Bartol, 2010). Engaged senior leaders that empower others to develop mastery of purpose promotes creativity and improves an employee’s willingness to expend discretionary effort at work (Pink, 2009; Zhang & Bartol, 2010). The foundations of EI build senior leader self-awareness that translates into more informed leadership practices that influence relationship and social awareness to affect engagement (Gallup, 2015).

**Significance of the Study**

Understanding leaders’ self-perceptions of emotional intelligence and leadership practices can inform how direct report leader engagement is influenced by the leaders’ actions and attitude. Leaders and their emotional intelligence may be the mediator that helps influence engagement in direct reports of senior leaders (Gallup, 2015). Most
studies on leadership, emotional intelligence, and engagement frequently have focused on the effect of leader behaviors on frontline staff. Few studies have investigated the role that EI and leadership practices play in the engagement of leaders of all levels. The intent of this study was to look for conceptual linkages and themes between EI and leadership frameworks through the perceptions of senior leaders, the shared experiences of those leaders, and insights that can inform how to improve targeted leadership development to enhance leadership effectiveness.

Direct report leaders judge leader competence through “perceived intentions” of the leaders’ actions and form impressions based on those observations (Kobe, Reiter-Palmon, & Rickers, 2001, p. 154). In seeking to uncover answers to the proposed research question and to gain knowledge that is transferable to leader development, the factors that influence engagement and how senior leaders perceive the role of emotional intelligence in engagement is central to the discussion. This action research dissertation will lead to strategies and tactics that build leader emotional intelligence, improve leadership practices, and affect direct report leader engagement. The value proposition for improving leader competence is improved leader performance, greater self-awareness of the leader about their actions, and engaged team members.

Emotional intelligence studies have appeared in the leadership literature and have received attention from academics in how EI informs leadership style and behaviors; yet, not all researchers value the difference between cognitive and social intelligence as a differentiator in leader effectiveness (Mayer, Salovey, & Caruso, 2004, p. 197). Some researchers consider EI to be a part of the positive psychology movement and do not believe that it represents significant enough scientific evidence (Goleman, 1997). Most
qualitative and quantitative studies involving EE focus on frontline employee engagement and do not address leader engagement as a distinct concept. The engagement of downstream direct report leaders may be influenced by how senior leaders have internalized and then exhibit the qualities of engagement and commitment themselves. Investigating and describing how senior leaders experience this through their perceptions of their emotional intelligence and how they practice leadership may provide valuable insights into how senior leaders can directly influence the engagement of direct report leaders and indirectly influence frontline staff engagement. The gap that is created when a leader does not draw upon this knowledge and put it into action can affect many factors related to trust development, authenticity, transparency, and the formation of a strong relationship with direct report leaders. This gap may influence workforce outcomes and overall operational measures of effectiveness.

Emotional intelligence is a cognitive, affective, and behavioral competency for leaders. “EI is centered on the self, particularly the self-awareness and self-management aspects of the self” (Mahon, Taylor, & Boyatzis, 2014, p. 4). While EI is not itself a single thing, it is comprised of a set of qualities and behaviors that influence leadership behaviors (Kobe et al., 2001). Followers see and perceive senior leaders’ behaviors and associate those behaviors or attitudes with leadership competence as a determinant of how followers are made to feel by leaders. This psychological connection helps align direct report leaders’ own engagement based on how they see senior leaders react and behave, cognitively and affectively (Smollan & Parry, 2011). Leader EI and select leadership practices may well help mediate the perceptions that followers develop as they interact with their leaders (Gallup, 2015; Goleman, 1997). These perceived intentions
form the relational connection between senior leaders and their direct report leaders, influencing trust formation and it builds alignment and connection with a leader (Kobe, Reiter-Palmon, & Rickers, 2001).

The value and effect of high levels of engagement do affect organizational and individual performance, outcomes, leader self-esteem, and contributes to establishing a clear purpose (Gallup, 2013; Gallup, 2015). Leader emotions influence how members in an organization manage complexity and regulate their emotions by looking to leaders as role models (Mahon et al., 2014). The scholarly investigation of engagement and its antecedents has focused mainly on frontline employees. Few studies have looked at how senior leader engagement and emotional intelligence affects direct report leaders and those leaders’ engagement level (Mahon et al., 2014). In total, how leaders react, respond, and behave has the potential to influence the work climate and organizational culture.

EE includes the terms employee satisfaction, morale, loyalty, and commitment that employees demonstrate towards their employer or organization (Gruman & Saks, 2011). EE is a quality that employees demonstrate in their willingness to apply both intellectual capacity and energy towards work and attaining outcomes individually and organizationally. Engagement is a psychological state that forms through a series of interactions between leaders and followers that builds trust, empowerment, confidence, and commitment (Greco, Laschinger, & Wong, 2006). The outcome of an engaged organizational workforce is that it helps create employees with a strong psychological state of wellbeing, clear purpose, and professional efficacy that promotes work performance (Gallup, 2013; Greco et al., 2006; Gruman & Saks, 2006). It is vital that
senior leaders understand and apply EI to close the gap of performance between leaders, direct reports, and other direct report employees (Gallup, 2014; NCHL, 2014).

Engaged leaders create outcomes that lead to a purpose driven and outcomes focused organization that meets and exceeds organizational objectives. Studies by Gallup demonstrate that as much as 70% of engagement is attributable to a leader’s level of engagement (Gallup, 2014). “The manager [who is] able to create a vivid line of sight from an employee’s work to critical organizational outcomes creates greater engagement” (Wallace & Trinka, 2009, p. 11). The application of EI and evidence based leadership practices promotes greater levels of personal and professional growth, strength development, and a desire for learning assignments that build competence and confidence (Wallace & Trinka, 2009).

Organizations want to have all employees engaged in their work and want to have leaders who can develop a work culture and climate that supports engagement. Research has demonstrated that the relationship between leaders and followers, regardless of position or title, is essential to helping connect the dots that guide their work (Gallup, 2013; Wallace & Trinka, 2009). The relationship between leaders and followers creates a dyad that serves to either engage or disengage an employee (Birkinshaw, 2013). This concept is valuable in the relationship that forms between the senior leader and direct report leaders that enable them to understand the vision, align their work, and help guide the overall strategic direction that is communicated with staff. Leaders who can build a relationship with followers will create trust and further build a durable relationship.
Aim of the Study

The aim of this study was to develop and design an evidence based leadership development strategy to cultivate, strengthen, and improve EI behaviors of senior level nursing leaders. Leaders play a vital role in organizations and how they learn to practice leadership influences how others perceive them in their role. If leaders are perceived as being effective, the more likely followers will be to connect with them. Learning how to lead in an emotionally intelligent way strengthens a leader’s effectiveness.

Methodology Overview

The proposed research question for this dissertation intends to help understand and describe the meaning senior leaders ascribe to their self-perceptions about EI and leadership practices that may be associated with their direct reports’ level of engagement. To collect data for this research, semi-structured interview questions were utilized and the responses were captured from the leaders’ thoughts and insights. Collecting, discerning, analyzing, and synthesizing the thematic codes summarized the data that were collected and helped to provide information about how the phenomenon of EI and leadership practices may be related to engagement.

The study utilized a phenomenological approach with a constructionist viewpoint. The constructionist perspective asserts that an individual’s reality is shaped through experiences with others (Creswell, 2014). This study proposes to use this perspective in understanding leadership, EI, and engagement of leaders through the lens of the senior nursing leader and their experiences with direct report leaders.

Interviews were conducted with 13 respondents using criterion-based sampling until the saturation in themes was reached. Interviews utilized semi-structured probing
questions that allowed for open-ended descriptions, explanation, and then secondary questions were asked based on the participants’ responses. The goal of the interviews was to identify the common themes and extract meanings (depth and breadth) to understand how emotional intelligence of leaders may relate to direct report leader engagement.

The targeted study group for this practice research was senior nursing leaders in a hospital or healthcare systems. The participants were recruited for interviews through two methods:

- Group 1 Participants: The national chapter of the American Organization of Nurse Executives (AONE) was utilized as a source of study participants. This approach allowed for the recruitment of participants from around the United States through an online recruitment posting. This approach helped to recruit participants with diversity in geographical location, roles, and titles.
- Group 2 Participants: An academic, public medical center located in the southwestern United States agreed to participate in the research. Only one leader chose to participate in the study.
Definition of Relevant Terms

There are some key terms and definitions to understand in the context of this study. These key words are foundational to understanding how emotional intelligence, engagement, and leadership practices were used for the purposes of this study.

Direct report leader: A leader who reports to a more senior person within an organization; may also be referred to as a downstream leader or subordinate leader.

Emotional intelligence: “The ability to monitor one’s own and others’ feelings and emotions, to discriminate among them, and to use this information to guide ones thinking and actions” (Salovey and Mayer, 1990, p. 185).

Engagement: A psychological state of interest, commitment, and passion generated by a purpose that connects to both the heart and the head of an employee.

Follower: A person who has a formal relationship with a leader and is guided by that leader’s purpose, vision, and direction.

Leadership: The ability to influence and create change through a reciprocal relationship between the leader and follower; does not require a title or position to effect the outcome; co-creation between the leader and follower.

Leadership development: The purposeful and formal development of potential and current leaders through classroom, coaching, simulation, and other modalities designed to improve and enhance competencies focused on improving leadership effectiveness.
Leadership style: The learned or adapted framework or model by which a leader builds a philosophy of values and behaviors to guide those that they lead others.

Senior nursing leader: A titled leader with the role description and formal title of director, senior director, administrative director, executive director, vice president, or chief nursing officer who has at least one direct report.

Self-efficacy: The internal assessment of competence and value related to a person’s role and perception of self.

Assumptions

Researchers bring with them insights and beliefs about the area that they are going to study. This researcher was no different. There are some underlying assumptions made by the researcher concerning leadership, emotional intelligence, and employee engagement based on experience and the wisdom gained through that experience. The topics presented in this dissertation are closely related and are at the intersection of business practices, management science, leadership theory, and the social sciences. EI, leadership, and engagement all involve people and processes within an organization, which affects individual and organizational performance (Schein, 2012). Leaders bring with them foundational personal and professional values by role modeling and serving as an example to all followers and stakeholders.

As the researcher understands their biases and the assumptions that they bring to the research process, bracketing (see description in Chapter 3) utilized by the researcher helped to acknowledge and set aside bias and preconceived ideas about the research and its potential findings. The researcher has a developed viewpoint and curiosity that has led him to the research question. Because of that, the researcher must purposely, and
intentionally, acknowledge their potentially biased viewpoint as he explored the problem statement and research question.

For this qualitative study of senior leaders’ self-perceptions of their EI and how they practiced leadership, the study design focused on having the leaders interviewed share their thoughts, feelings, and insights that enabled the researcher to extract the meaning and essence of the topic based on the leaders’ responses. During the interviews, the researcher remained neutral in responses and did not share thoughts on the specific topics that the participants shared. This process created a more neutral and non-biased data collection process.

**Delimitations and Limitations**

Delimitations and limitations are those factors considered and acknowledged for the current research study that examined emotional intelligence as an outcome of a well-developed EI and effective leadership practices. Leadership and management practices was studied broadly and how emotional intelligence affects employee engagement with direct report leaders is a narrower focus than has been extensively studied in the literature. The focus of this study has the delimitation of looking at how the engagement of leaders, as a subset of general employees and how the self-perceptions of leaders’ emotional intelligence may relate to direct report leader engagement. While the general principles and strategies around employee engagement may apply to all employees, how those principles are applied to leaders, instead of frontline employees, may not always apply to leaders as they may have different needs than general employee groups. Given the close working relationship that direct report leaders have with a senior nursing leader, the effect of the senior leader’s EI and leadership behaviors may affect that leader’s direct
report in a more significant way than frontline staff. The proximity and closeness of the relationship could potentially serve as a factor in direct report leader engagement based on the context of the working relationship.

Delimitations to this study include a small sample size of leaders within the hospital and healthcare setting. Collectively, the participants come from various parts of the country and all have different backgrounds based on their own experiences, size of the hospital setting, and their educational backgrounds. A more comprehensive look at leader/manager engagement would include greater numbers of leaders from different parts of the United States and at different levels of leadership within an organization.

Bias is another factor that can influence the study. The researcher acknowledges that based on the background and experience as an organization development consultant, previous work in the employee engagement space, and leadership coaching experience may influence how these topics are viewed. This acknowledged bias serves to draw attention to the issue as the research begins.

**Leader’s Role and Responsibility in Relation to the Problem**

Employee engagement is the outcome of several factors that involve the individual employee, the work environment, and in this context, senior leaders. Leaders influence staff at all levels and specifically, the role that they play in setting expectations, managing performance, and engaging followers has a contextual meaning. Leaders’ engagement informs their attitudes and behaviors that influence staff engagement. How leaders apply the principles of EI and how leadership is practiced may be factors that mediate engagement through relational factors (Gallup, 2013; Mobley, 2006). Engagement is a psychological state that forms through a series of interactions between
leaders and followers at all levels. These interactions build trust, empowerment, confidence, and commitment (Greco et al., 2006).

Despite much of the research on leadership and management, directly looking at specific leadership practices from the perspective of senior leaders’ self-perceptions has been lacking and this study hopes to demonstrate the possible interplay of EI, leadership practices, and engagement outcomes (Kinicki, Jacobson, Peterson, & Prussia, 2012). A recent study by Gallup, entitled “State of the American Manager” (2015) described and quantified how finding leaders with the right traits and talents is a key ingredient to successfully managing an organization and leading people. The study cited five talents necessary to be considered successful – “…they motivate their employees, assert themselves to overcome obstacles, create a culture of accountability, build trusting relationships and make informed, unbiased decision for the good of their team and the company” (Gallup, 2015, p. 7). This study went on to state that these talents are only present in about ten percent of leaders (Gallup, 2015). These findings alone help provide insight into the need to utilize key leader strengths and build on talents to create leaders that can be the most effective and that leaders account for as much as a “70% variance in engagement scores” related to their effectiveness in leading and managing (Gallup, 2015, p. 7). Thus, this construct and the dynamics involved in this relationship and its effect on frontline leader behavior forms the basis to demonstrate the value and importance of this study to understand the phenomenon around EI, leadership practice, and direct report engagement.
Summary

Understanding how EI and leadership practices influence employee engagement in leaders may help inform leadership development practices. How leaders learn to be leaders and how they practice EI influences organizational culture and the relationships between leaders and followers. These relational dynamics have the power to create an empowerment with direct report leaders in a way that creates purpose, meaning, self-efficacy, and overall engagement of direct report leaders (Gallup, 2013; Greco et al., 2006). In seeking to understand the proposed research question and to gain an understanding around EI, leadership practices, and engagement, this research study will explore these concepts and practices for understanding and meaning.
CHAPTER TWO: LITERATURE REVIEW

Introduction

This literature review discussed and explored how emotional intelligence and leadership practices of leaders are interrelated and how they both relate to employee engagement levels. In this focused research, understanding engagement was targeted at the level of the direct reports of senior leaders. Other topics that emerged in the discussion of leadership, emotional intelligence, and engagement were individual and organizational performance and leaders as knowledge workers. Part of what mediates the antecedents to engagement is looking at how senior leader emotional intelligence has an influence on their direct reports, typically formal leaders in an organization.

Purpose Statement

The purpose of this qualitative study was to describe and understand how senior level nursing leaders’ self-perception of their emotional intelligence and leadership practices may be associated with the engagement of their direct reports. The intent of this study is to understand how leaders practice leadership and to determine how leaders improve their performance.

Aim of the Study

The aim of this study was to develop and design an evidence based leadership development strategy to cultivate, strengthen, and improve EI behaviors of senior level nursing leaders. Because leaders play a vital role in developing relationships with stakeholders and staff, their ability to utilize their EI and leadership abilities has the potential of positively influencing others in their organizations.
The Process

The process of conducting a literature review for this topic was somewhat complex. While the concepts of leadership, emotional intelligence, and employee engagement all exist in specific domains, there are limited integrated research articles that look at them together and specifically with a focus of how those concepts relate to only leaders. For this literature review and the subsequent research design, a more interprofessional and combined approach to creating a single topic for study emerged from the literature review of the three independent topics and merged into the creation of a phenomenon-based inquiry to arrive at an endpoint. Through word searches using the terms engagement, leadership, and emotional intelligence, there were over 2 million results produced, yet the specificity of the subject areas was vague. This led to the general subject categories that were then combined into a more integrated review of the broad topics followed by specific areas of interest. A more focused search resulted in 200,000 active results. In addition to these search words and phrases, associated articles emerged related to individual and organizational performance. Figure 2 illustrates the process utilized to create this literature review.

Figure 2: Literature review process.
Leadership as a Foundation

Leaders in all organizations are faced with many complex and complicated issues. Healthcare leaders in particular face enormous issues in the current healthcare environment that affects both the external landscape of the ecosystem that healthcare operates in, as well as internal pressures. For senior healthcare leaders to be effective and manage the many issues that they face, their leadership strength, and talent is an essential part to how they manage themselves and their stakeholders. The traditional ways of thinking about leadership and leadership theories is no longer sufficient for the healthcare leader given the dynamic nature of the environment in which these leaders work (Weberg, 2012). How leaders perceive their leadership practices and EI and how it influences others’ engagement was the primary focus of this literature review and the research which follows, yet a clear understanding of these three concepts is not linear.

Defining Leadership

Leadership can be described in qualitative terms based on how it is reflected in style and behavior, especially as interpreted by followers. Leadership is present in every interaction; it is full of affective interpretations. Management is focused on attaining specific outcomes that drive the organization’s outcomes. Both leadership and management are complimentary and influence each other. Wefard and Downey (2009) asserted that the definitions of leadership and management are distinct; management is more competence based and leadership is described by different qualities. Leadership behaviors may be moderated or inhibited by individual barriers, organizational constraints, culture, and organizational norms (Kinicki et al., 2012). In a recent study of healthcare executives, it revealed that “71% of respondents describe their leadership team
as strong or very strong, while just 50% can say that about their midlevel managers” (Weiner, 2015, p.8). This quote raises the question about the need for leadership development and focused succession planning that allows for individualized leader development and not just a generalized program that is not customized to the individual or group (Wang, Law, Hackett, Wang, & Chen, 2005).

Leadership can be defined and described in various ways and includes many definitions. Both the content and context of leadership needs to be understood, while the key behaviors and actions are described similarly (Kouzes & Posner, 2012). Some common definitions include the following attributes or characteristics:

1. Facilitator of change;
2. Sets the direction and creates a plan;
3. Influences;
4. Forward looking and visionary.

While there can be a variety of descriptions and attributes related to leadership, one of the clearest definitions comes from the work of Daft (2006) and he described leadership as, “an influence relationship among leaders and followers who intend real changes and outcomes that reflect their shared purposes” (p.5). Kouzes and Posner (2012) asserted that leadership is a collection of five key attributes and practices- “model the way, inspire a shared vision, challenge the process, enable others to act, and encourage the heart” (p.15). In both of these instances, leadership is the embodiment of an influencing relationship in service of others and connects to a greater purpose (Lowney, 2003). The definition also involved change. Since this research study on senior healthcare leaders,
specifically nursing leaders, the amount of change that is required in the current state of hospital management acknowledged that change is a constant.

Leadership ability and competence is critical to the work of formal leaders. The ability of a leader to engage others and build relationships is critical. Based on Daft’s definition of leadership, the relational aspect of leadership is essential. How a leader and follower form a relational bond helps to build trust that is foundational to creating a connection and in developing shared purpose (Kouzes & Posner, 2012). Engagement can be thought of as an outcome measure of how successfully leaders model behaviors that support direct reports. Considerable evidence exists and discussion in the literature suggests that there is a link between how leaders influence others with the behaviors that they display, such as trust-building, self-identity, confidence, psychological empowerment, and a feeling of purpose. All of these are connected to how leaders relate and form a reciprocal relationship with followers. The working definition of leadership includes terms around relationship management, the ability to influence others, and the ability to create change.

Leadership Attributes, Theories, and Behavior

Another theory that influences how leaders lead others and the factors that influence their own engagement is connected to the concept of empowering leadership and sharing power which gives leaders “…greater decision-making autonomy, expressing confidence in the employee’s capabilities, and removing hindrances to performance” (Zhang & Bartol, 2010, p. 109). Senior leaders that are able to empower others, especially their direct reports, create an environment of trust, improved creativity, and help develop other leaders. “Conceptually, a case can be made for a close relationship
between empowering leadership and psychological empowerment” (p.110) and this helps to explain how these factors may align with how engagement is developed in both leaders and followers (Zhang & Bartol, 2010). Direct report leaders require more psychologically focused methods of connection between a leader and the cause that they are supporting to feel engaged, which is related to a leaders’ need for self-efficacy, meaningful work purpose, and mastery of their work (Pink, 2009).

Kouzes and Posner (2012) have studied leadership for 30 years. Their study of leaders, their behaviors, and the effect that leader styles, behaviors, and emotions have on others has been included in their research. Kouzes and Posner (2012) have been able to demonstrate a linkage between leadership qualities and leadership styles. These styles and leadership qualities are reflective of many EI qualities and suggest that leadership is the most effective when a leader embodies these practices. Leadership is a relational and is not just a technical or task, but requires active interaction with others. Leaders that can integrate the practice of leadership with these ideas have demonstrated greater levels of effectiveness and success based on Kouzes and Posner’s research (2012).

For leaders to influence and create change there is both a transactional and transformational component that a leader must exercise and understand. If a leader is a facilitator of change, then leaders’ behaviors and actions must be congruent to create trust within followers, especially their direct report leaders. While senior nursing leaders may lead change, without the trust and commitment of their direct report leaders to help co-manage processes and work with staff to execute the changes, the senior leaders’ effectiveness to be transformative will be diminished. The process of change requires an
initiator of that change; however, there must also be committed followers and a guiding group that is committed to the vision and direction of the leader (Kotter, 1996).

**Emotional Intelligence**

Emotional intelligence (EI) has become an increasingly interesting topic and concept in business that describes leadership behavior, self-leadership, determines how a leader responds and reacts to situations, and is a tool to help leaders identify and develop their strengths. “Where leaders were once seen to control, plan, and inspect the overall running of an organization, in today’s more service-oriented industries, leader roles are also to motivate and inspire others, to foster positive attitudes at work, and to create a sense of contribution and importance among employees” (Palmer, Walls, Burgess, & Stough, 2011, p. 5). Senior nursing leaders that can effectively develop and utilize their EI as a part of how they practice leadership will be more successful within their organization and as a leader gets higher in the organization, the more EI is needed to be successful (Castellano, 2016). The relational components of leadership exist in every interaction encountered during the day, especially in the workplace; EI is interaction, transaction, and is transformative in nature (Kobe et al., 2001).

Many researchers have defined emotional intelligence and there are four key leaders in this field – Salovey and Mayer, Goleman, and Bar-On. Historically, the concept of a non-cognitive intelligence factor was described in the early twentieth century by Thorndike where he described the relationship components necessary for managers to interact with others beyond a functional definition (Salovey & Mayer, 1990). Researchers who were looking at cognitive intelligence studied this definition and the
idea of social intelligence. The definition of social intelligence has morphed into the more current working definitions of EI (Goleman, 1997; Salovey & Mayer, 1990).

It is important to differentiate emotional intelligence from cognitive or intellectual intelligence. Social intelligence was studied as a part of the research on cognitive intelligence and neurological function. While Thorndike and his colleagues explored the idea of social intelligence, it came about as an unintended consequence of the work. This work was valuable in understanding how emotional intelligence has evolved in current research. From that original work, it was well understood that how people know and express their emotions is variable based on that individual and because of this these differences, people can learn the skills with how to improve both the “appraisal and expression” of their emotions (Salovey & Mayer, 1990, p. 191). Both cognitive and emotional intelligence should be considered complementary to each other and are not competing forces within our affective, cognitive, and behavioral responses; both serve to work together to recognize and regulate emotional responses (Goleman, 1997).

Peter Salovey and John D. Mayer (1990) were significant researchers in the field of EI and created a landmark paper that served to launch EI into applied social science research with an application for professional interactions. They constructed a definition describing EI as “…the ability to monitor one’s own and others’ feelings and emotions, to discriminate among them and to use this information to guide one’s thinking and action” (p.189). This definition connects how effectively one deals with emotions both within oneself and within others and begins to shape how the domains of EI have emerged into both recognition and regulating functions. Salovey and Mayer focused their work on understanding how the lower and higher functional centers of the brain are
influenced and respond neurologically to emotionality (Salovey & Mayer, 1990). Their work focused on the related processes that occur in the brain that include “appraising and expressing emotions in self and others, regulating emotion in the self and others, and using emotions in an adaptive ways” (Salovey & Mayer, 1990, p. 191). This ability to recognize, express, and respond to emotions is valuable for leaders to be able to identify and regulate through processing in the brain that aids in the leader’s social interactions and responses in positive and productive ways.

Other researchers share this definition and the general concepts, most notably Daniel Goleman (2005, 1997). Goleman (2005, 1997) expanded Salovey and Mayer’s definition and concepts around EI. This work led to the idea that there are two primary models of EI – ability based and mixed. Ability based EI features “a set of mental abilities of perceiving, assimilating, understanding, and managing emotions” (Salovey & Mayer, 1990, p. 190). Goleman’s model included a focus on the mixed model of EI which described EI as a combination or a “mixture of abilities and other personality dispositions and traits”, not a distinct and separate mental operating system (Kobe et al., 2001).

Reuven Bar-On is another contemporary researcher that has studied EI. The Bar-On model looks at EI as a set of competencies and skills that make people successful and help improve a person’s overall sense of self and wellness (Bar-On, 1998). Bar-On also was the first researcher to propose a measurement term and tool for EI referred to as the Emotional Quotient (EQ). Bar-On proposed five main domains in his model- intrapersonal skills, interpersonal skills, adaptability, stress management, and general mood (Bar-On, 1997).
Perceptions form the basis of an individual’s sense of reality and are largely experience based from interactions or observations of the leader and their behavior. Emotional intelligence is valuable in these interactions between senior leaders and their direct reports. Goleman (1998) cited self-awareness, self-regulation, motivation, empathy, and social skills as important characteristics for a leader to embody and practice. These behaviors help explain the overall emotional, psychological, and social health of the leader and how that leader relates intellectually and emotionally with direct reports. Relationship and trust are inputs and outputs of the relationship that is a bidirectional interaction. How leaders manage their emotional intelligence impacts how followers create “affective interpretations” which are then judged and perceptions are formed about the “intentions and behaviors” of the leader (Kobe et al., 2001, p.1). A key finding in both Salovey and Mayer’s work, along with Goleman, is that empathy plays a large part in generating warmth and caring which is then perceived by others as a positive and genuine behavior that builds relationship and trust (Goleman, 1997; Salovey & Mayer, 1990).

EI has four general dimensions that a leader possesses through the development of intellectual and social intelligence coupled with decision making according to Goleman (1997):

- **Self-Awareness** – the leader has a general sense and an ability to understand feelings of self and others that leads to an accurate self-assessment.
- **Self-Management** – the ability of a leader to know and control internal impulses, including emotional states/reactions.
• Social Awareness – strong sense of situational awareness to assess and understand individuals and settings.

• Relationship Management – this is the core of leadership accomplished through influence that leads to desirable outcomes in individuals or groups.

Another component that is sometimes included in this list is motivation.

Goleman’s model also included 25 competencies that fit into the four dimensions. How these competencies are distributed within the dimensions helps to create the profile of someone who has a well-developed EI in the way that these 25 traits or competencies are practiced. In addition to these competencies, he has also constructed categories for the EI competencies based on whether the competencies are “independent, interdependent, hierarchical, necessary but not sufficient, or generic” (Vitello-Cicciu, 2002, p. 205). This categorization process helps to explain how competencies build on each other within the four broad dimensions that build EI competence. The model that Goleman has built helps to understand how our emotions are linked to our cognitive functions and behaviors, including affective responses. When a leader processes information, the possible reaction to that may create a non-verbal response that also conveys a message. Leaders that are skilled in EI can holistically interpret and manage their reactions, thereby mediating their behaviors with those that they are interacting with at the time.

How EI is linked to engagement and the practice of leadership requires more study. Since the original concept of EI was asserted by Salovey and Mayer (1990), there have been other models proposed, such as the competency based model studied by Goleman (Gardner & Stough, 2002). All of these models share common themes that can be applied to general leadership principles, and specifically how a leader with developed
emotional intelligence is able to draw on the talents and strengths they possess to influence and engage others. Goleman’s model of EI has a focus on individual performance and the affect that EI has on performance (Goleman, 1997). All three of these models proposed by these researchers are foundational to another emerging area of EI, specifically valid and reliable EI testing and scoring. These tools are used for a variety of purposes with a focus on self-assessment, colleague feedback, and strengths development to improve EI skills and leadership competencies (Schaufeli & Bakker, 2003).

Followers view leadership practices with a discerning eye by watching what and how the leader communicates, observing verbal and non-verbal behaviors, and by gauging how genuine the leader conveys a message (Kouzes & Posner, 2012). The follower judges the effectiveness of the leader based on the perceptions that they form during interactions with that person or by observations of the leader. Perceptions form the basis of an individual’s reality. This reality informs what others think and feel about a leader and that leaders’ overall ability to connect through relationship and builds engagement. “Nursing leaders who possess EI will demonstrate the ability to perceive emotions, to express emotions accurately, and to differentiate authentic from false emotional expressions” (Vitello-Cicciu, 2002, p. 209).

Moreover, the value of emotion in the work of leaders is possibly underestimated. Gardner and Stough (2002) asserted, “…the majority of research has yet to identify the effect of leaders’ emotions on their work and direct reports, and in general the role emotions play in leadership” (p. 70). This begins to shape how vital EI is for leaders, yet the significance of it is not fully understand in context of the senior leaders’ direct
reports. This is important to understand as leaders share their vision and direction to others in an attempt to inspire them or to help support risk taking and innovation (Gardner & Stough, 2002).

**Connection and Aligning the Work of Direct Report Leaders**

Employee engagement is a data point that can be used by organizations to assess how their employees are feeling and thinking about their work, their relationship with leaders, and the organization. This assessment is also utilized to assess leader effectiveness in creating a climate of inclusiveness and a culture of engagement. Employee commitment, attachment, vigor, vitality, corporate citizenship, and employee self-efficacy are surveyed through a variety of questions and responses (Saks, 2006). Through the over 30 years of studies conducted by Kouzes and Posner (2012), there is statistical evidence that suggests that, “leader behavior explains the vast majority of constituents’ workplace engagement” (p.25).

Engagement is different from satisfaction and can be influenced by a variety of antecedents that influence the outcome or level of employee engagement experienced by employees (Saks, 2006). While most satisfaction and employee engagement surveys target frontline employees, how senior leaders and the relationship that they have with direct report leaders mediate engagement receives less attention. Employee engagement is linked to how the leader builds relationship; leaders and their relationship with their more senior leader also is a valuable experience to describe to ascertain what influence emotional intelligence of that senior leader contributes to the downstream leader and their engagement (Palmer et al., 2001). The analysis of this relationship may also demonstrate
differences in the need that direct report leaders have to help foster their engagement, which may be different from frontline staff or workers.

The term engagement gained popularity in organizational psychology and the business literature nearly 10 years ago and has spread through different professions and industries over the last decade. With all of the focus and an intellectual understanding of how employee engagement is a fundamental business strategy, Gallup (2016) reported that during the most recent survey results from 2015, only 32% of employees are actively engaged. Since this report in 2012, the national rate of employee engagement has not waivered much and still hovers in this range. What that means is 70% of employees are actively disengaged in their work (Gallup, 2013; Gallup, 2016). These results would suggest that the connections between an employee’s head, heart, and actions do not align and that there is no alignment or connection with their leader or the organization. This connection, the individual and organizational behaviors that support engagement and how emotional intelligence influences direct report leader engagement is what helped shape the research question and this literature review. “Life in civilized society is reciprocal, and we all learn the rules of the culture in which we grow up when and how to reciprocate” (Schein, 2012, p. 80). Leaders can sometimes forget that reciprocity is an expectation of followers, is necessary to build relationships that foster trust, and ultimately supports engagement (Schein, 2012). Leaders must be acutely aware of this as they work to develop relationships with their direct report leaders that will foster engagement.

There are several different theories that are used to describe the construct of employee engagement. Understanding engagement from the psychological perspective
of self-determination and self-efficacy helps explain how engagement forms through formal and informal processes. As theories evolve and are better understood, strategies for improving engagement, including performance management, coaching, and development of specific skill sets that are comprised of subsets of leadership behaviors.

The definition of the term engagement has different definitions. For the purposes of our discussion about leaders, engagement can be summarized as the “…simultaneous employment and expression of a person’s preferred self in task behaviors that promote connections to work and to others, personal presence (physical, cognitive, and emotional), and active, full role performance” (Gruman & Saks, 2011, p. 125). Gallup described engaged employees as those that are passionate and feel highly connected to their organization and leaders; those not engaged are staff that are on autopilot and do not display any energy or passion in their work (Gallup, 2013). Both definitions refer to the physical, mental, and emotional components that align the individual with how they connect their personal purpose with the goals and values of the organization. It is interesting to note that while employee engagement is a popularized term and that there are many business strategies developed to improve employee engagement, there is no clear standardized definition within the literature. Rather, there are a set of key words and terms that constitute the various definitions of engagement.

Individual

Gallup described three types of employees – engaged, not engaged, and actively disengaged (2013). Based on these categories of employees, the impact of engagement reflects metrics associated with turnover, customer satisfaction, quality of services or products, financial performance, or business growth opportunities (Gallup, 2013).
Employee engagement data from Gallup (2016) demonstrated that the percentage of engaged employees averaged 32%. This number is identical to the engagement percentage of nurses, even though other healthcare professionals rank much higher (The Advisory Board, 2014). Gallup (2016) then looked at the percentage of employees that were not engaged in their work and that constituted 50.8%, which left 17.2% of employees that were actively disengaged. These same metrics are often what leaders are accountable for on their performance assessments in their organizations. How engaged are the leaders’ staff? Gallup (2013) asserted that there is a direct relationship between individual employee performance and the organization’s performance – effective or not effective. While these numbers look at all employee groups, there is not a clear representation of how leaders actually rank in their level of engagement separate from line employees.

Engaged employees and leaders demonstrate high levels of energy, they view their work as purposeful, and the employee is easily able to make a connection with how their work contributes to the organizational mission (Gruman & Saks, 2011). “Employee engagement entered a rather static state in 2015 and has not experienced large year-over-year improvements in Gallup’s 15-year history of measuring and tracking the metric” (Gallup, 2016, p. 1). The value of healthcare workers feeling connected to their work, their direct leadership, and the organization’s mission helps to create an engaged and energized workforce (Simpson, 2009). Engaged leaders help to produce organizational outcomes that directly affect patients and organizational goals that are reflected in high patient satisfaction scores, quality patient care, decreased adverse patient events, and an enhanced sense of self (Simpson, 2009). This is a significant concept to consider when
thinking about how the frontline leader connects with their leader and what that senior leader does to help foster engagement in the frontline leader. This cascade of engagement has an effect on all levels in the organization, with leaders and their relationship with direct reports being a vital link to nurses’ engagement.

**Organizational**

As a role, nursing leaders represent the largest number of healthcare leadership professionals in a hospital and most healthcare delivery systems (The Advisory Board, 2014). Understanding the “affective and motivational response at work, understood as engagement at work” helps to create a linkage with why the nurse leader’s engagement must also be understood (Simpson, 2009, p. 1013). The nurse leader contributes to the creation of an environment that supports nurse engagement and connects how leadership competence influences overall performance for themselves and the frontline staff.

Simpson’s (2009) research suggested that engagement is a dynamic and iterative process that is understood within the context of an employee’s work role and overall performance. Much of the research on employee engagement and its link to an organization has focused on how engagement fosters employee behaviors that are mission driven and aligned with an organization’s purpose. Much of this integration between engagement as a concept, is bridged by the senior leader coaching and connecting direct report leaders’ work to individual and organizational expectations (Kinicki et al., 2012). Performance management is a mechanism to establish expectations and create clarity with employees about how their work makes a difference and to help establish goals that may influence how direct report leaders internalize engagement (Kinicki et al., 2012).
Leadership and Management Effectiveness

Employee engagement is not a luxury; it is a business imperative in competitive work environments, specifically in healthcare organizations. Senior leaders and managers in an organization influence employee engagement through the level of engagement that they have internalized and display in their own attitudes and behaviors (Suleman, 2013). Leaders must prioritize the work that they do and focus on implementing leadership practices that support all employees and leaders that improves employee engagement (Gallup, 2013). Senior leaders set the tone of the organization with a strong vision, managers must role model positive leader behaviors to influence the immediate work environment, and employees’ give of their emotions in the work that they do and contribute to the organization’s success (Suleman, 2013). Organizations with high levels of employee engagement with both line employees and leaders outperform similar organizations that do not have high engagement levels (Gallup, 2013).

Engagement is valuable for all companies, especially in the healthcare industry. Leadership practices that focus on engaging employees provided an effective strategy for improving engagement scores that may represent the outcome of effective leadership practices utilizing EI.

Senior leaders must role model engagement to their direct report leaders and this is influenced through the skills of self-awareness and self-management. As Wallace and Trinka (2009) discussed, employee engagement is a variable that leaders can either foster or lose. For many years, employee satisfaction or happiness was the goal when considering how employees contributed to organizational outcomes (Gruman & Saks, 2011). EE is now common language used when discussing employee morale,
commitment, loyalty, and performance (Gallup, 2013). This may be especially true with frontline nursing leaders and the affective influences that contribute to behaviors that engage the leader and in turn fosters engagement in followers (Simpson, 2009). Garman and Johnson (2006) have suggested that leadership competencies are composed of the “knowledge, skill, abilities, and traits and/or motives” (p. 13) that serves as predeterminants to effective leadership. Further research may explore developing a core set of leadership competencies that are evidence-based and influence EE.

**Individual and Organizational Performance**

Leadership practices that support an environment that promotes active engagement is valuable in any work setting. “Leadership is a relationship between those who aspire to lead and those who choose to follow” (Kouzes & Posner, 2012, p.30). The drivers of engagement and key leader behaviors affect work practices that may demonstrate a relationship between engagement and high performing work environments.

In a study by McAlearney et al. (2013), high performance work practices (HPWP) in the healthcare setting included human resource practices that supported employees and demonstrated a positive relationship with organizational performance. HPWPs were defined as “…a set of practices within organizations that enhance organizational outcomes by improving the quality and effectiveness of employee performance” (McAlearney et al., 2013, p. 446).

**Behaviors and Practices of Teams**

Research has indicated that there are specific types of leader behaviors that support high performing teams and individuals. “There are four sub-practices that are focused on (1) engaging staff, (2) aligning leaders, (3) acquiring and developing talent,
and (4) empowering the front line” (McAlearney et al., 2013, p. 446). These practices help provide evidence that there is a connection between an engaged workforce and the delivery of safe, effective clinical care in healthcare organizations. The four sub-practices reinforce that there are drivers of engagement that have universal application in all business settings (Gallup, 2013). These practices may also connect how the role of the frontline leader influences the engagement of the frontline staff caring for patients; leaders above them create expectations of performance that influence the supervisor’s actions. This cascading flow of information and communication affects how engaged leaders are in taking them to the next level with the staff that they lead (Simpson, 2009).

Creating a consistent definition of engagement influences leaders’ and their behaviors that help to foster vitality, productivity, and supports employee commitment to create an energized and engaged employee (Spreitzer & Porath, 2012). Some of the other effects of engagement include a workforce that demonstrates more civility, better decision-making, openness to receiving performance feedback, and enhanced organizational transparency (Spreitzer & Porath, 2012). Leaders who are engaged themselves and help to foster that engagement with their followers can achieve positive outcomes for their departments or organizations (Gruman & Saks, 2011). Leaders from the senior level on down play a significant role in creating work environments that are supportive and effective for staff and those that they serve (Greco et al., 2006).

**Learning and Knowledge Workers**

A factor for consideration in EE is the type of work done by employees. Is it technical task focused or more knowledge focused? Knowledge workers, such as senior and direct report leaders, have different needs that help them engage in their work and
what helps connect their individual desire for mastery and autonomy to their workplace engagement (Pink, 2009). The level of oversight and degree of autonomy for knowledge workers is critical to their level of psychological commitment (Gruman & Saks, 2011; Pink, 2009; Simpson, 2006). The methods that leaders utilize to engage direct report leaders may be a key strategy for developing this connection and alignment. The value of these antecedents that create an engaged leader, while perhaps similar to the frontline employee, is still unknown without empirical evidence to help demonstrate an association or an understanding of the essence of the experience.

While nurse leaders are primarily administrative professionals, much of their work is still technical and task based. Nurse leaders’ work can be considered knowledge based because they utilize knowledge and analytical thinking to do their jobs. While some nurse leaders may not self-identify as knowledge workers because of the many tasks and technical work that they do, their role is about managing complex information and using knowledge to critically think and solve problems. Part of this issue with self-identification as a knowledge worker may have its origin in the fact that there is no educational standard for entry into practice as a nurse. The basic educational level required for entry into practice for professional nurses has been an issue within the nursing profession for many years and speaks to the professional issues in the workforce. This may inform the way that engagement strategies for knowledge workers develop based on more relational factors with the direct report and the senior leader.

Senior leaders and their reports are very much knowledge workers and their personal level of psychological meaningfulness, safety, and availability determines personal level of engagement. These three concepts associate how valued and important
leaders feel in their role, if they can be their authentic self without risk to their self-image or esteem, and how focused they are on their role (Garman & Saks, 2011). These three factors influence how nursing leaders relate to their role through clarity, demands, and resources available for them to do their job (Garman & Saks, 2011). This also helps to support Simpson’s (2006) review of the literature on engagement that suggested engagement can be refined to include four levels - personal engagement, burnout and engagement, work engagement, and employee engagement. Within these four constructs, there is a blending of how Gallup defined engagement by three levels - engaged, disengaged, and actively disengaged (Gallup, 2013; Simpson, 2006). All of these definitions, constructs, and theories integrate how the engagement needs of all leaders are critical to developing engagement at a level where the knowledge worker can be vital and energized by their work and find purpose in the work that they do.

Emotional intelligence is an important ability and competence for helping people in their personal and professional lives. Knowledge workers seek purpose in their work and having a senior leader that is skilled in translating the vision and mission for their direct reports into something meaningful that can be internalized helps to develop that sense of psychological meaning (Garman & Saks, 2011).

Discussion and Integration of the Themes

Engagement is a multifactorial equation that involves the individual employee, the work environment, and in this context, senior leaders’ EI and leadership practices. The literature review focused on examining leader engagement and its associated factors, antecedents, and the generalized outcomes of strong engagement. In the healthcare industry, developing leader engagement is essential and must cascade down to the staff
level employee. The senior leaders’, direct report leaders’, and staff nurses’ engagement is necessary for delivering high quality clinical care, a meaningful patient experience, and that the patient experiences an engaged, energized, and committed frontline caregiver staff (Gallup, 2013; Simpson, 2006).

The key themes discussed in this literature review help facilitate an understanding of the emotional intelligence of senior leaders as related to the engagement of direct reports. This central research question helped to identify the following themes:

- Employee engagement is complex and involves many psychological satisfiers that contribute to an individual leader’s sense of power, empowerment, purpose, trust, relationship to the frontline nursing leader, and how they relate to the overall organization (Gallup, 2013; Greco et al., 2006; Simpson, 2006).

- Leadership competence of the senior and other leaders plays a crucial role in engagement through the development of a relationship that fosters and supports an environment where staff are committed, empowered, focused on their work, and engaged in the mission (Wallace & Trinka, 2006).

- Performance and outcomes management were linked to how engaged frontline workers and leaders are to the work that they do and that high performing work groups share common values and purpose (Gruman & Saks, 2011; McAlearney et al., 2013).

- Engagement of frontline workers and leaders needs framing in the context of knowledge workers and not a technical or task based employee. Both groups of employees require an approach that seeks different personal/professional outcomes and desires from their work (Gruman & Saks, 2011; Pink, 2009; Simpson, 2006).
• Emotional intelligence allows leaders to manage a range of emotions that they are feeling and use that knowledge and reflective practice to understand others’ feelings. This allows leaders at all levels to build better relationships and supports a culture of engagement (Gallup, 2013; Salovey & Mayer, 1990).

• Leaders with higher levels of EI have a greater ability to recognize and respect how others are feeling which was interpreted by followers as authenticity, builds trust, and relays the genuine feeling of knowing that the leader cares about them and their feelings. This relational interaction builds engagement and a willingness to want to support the leader and the work of the organization (Gallup, 2013; Goleman, 2001; Mayer, Salovey, & Caruso, 2004).

**Translating the Themes into Practice**

Understanding how engagement develops informs the individual leader’s behavior and practices, and the broader organization’s culture, which helps form the basis of the relationship between leaders and followers. This relationship and the dynamic between these two variables helps to create a feeling of empowerment and self-determination in a way that the leader internalizes; once internalized, the frontline leader perceives a fit between themselves and the organization that helps build the leader’s level of engagement (Gallup, 2013; Greco et al., 2006). In seeking to understand the proposed research question and in looking at how emotional intelligence is linked to leadership competence in the area of engagement, this research set out to describe and extract the meaning of this phenomenon. How senior leaders use emotional intelligence to inform their practices with direct reports contributes to the leadership literature by helping
understand this dynamic and how the structure of leadership development programs build skills in conjunction with leader talents.

**Summary**

This section presented an overview of the current literature on emotional intelligence, engagement, and leadership practices. Engagement is not a static state, but one that transitions and is fluid. Leaders need an awareness of how they feel, think, and act so that they can regulate their behaviors in how they interact with others. This is true both from a verbal and nonverbal perspective as all followers that interact with leaders are keenly aware of what leaders say and do, or conversely, what they do not say and do.

Engagement becomes a byproduct of how a leader works with direct reports. The individual and organizational aspects of engagement are influenced by leaders’ actions. Direct report leaders perceive how senior leaders interact with others as a measure of leaders; overall competence (Kinicki et al., 2012). Other leaders can use the precept that forms to judge the leader and their performance, as well as the history of interactions that they may have with that leader to inform or even model their own behavior.

Connection and relationship are important aspects to how the bidirectional nature of the leader and follower establish mutual goals, expectations, and align on organizational values and goals. Knowledge workers, leaders, must develop their professional sense of purpose, feeling of autonomy, and a feeling of accomplishment is part of how emotional intelligence may influence direct report leader engagement. Leaders hold the pieces to engagement and how emotional intelligence is connected to this for direct report leaders provides the basis for continued research and an opportunity to develop leaders with the skills necessary to mobilize their talents (Gallup, 2015).
CHAPTER THREE: METHODOLOGY

Introduction

Understanding leader emotional intelligence and the leadership practices of senior nursing leaders helps provide a clearer understanding of employee engagement and the experience of what creates the connection between leaders and followers. Leaders that can understand their emotions and how they respond by regulating their feelings, thought, and actions, such as leadership behaviors, may positively influence the engagement of direct report leaders. The use of qualitative inquiry methods helped examine what descriptions, themes, and understanding of these self-perceptions influenced senior leader’s emotional intelligence, leadership practices, and styles of leadership.

Purpose of the Study

The purpose of this qualitative study using a phenomenological method of inquiry was to describe and understand how senior level nursing leaders’ self-perception of their emotional intelligence and leadership practices may be associated with the engagement of their direct reports. Leaders make an impact in all that they do and developing their EI and leadership skills provides them with the best chance for being successful.

Research Question

This Dissertation in Practice research was designed with the intent of identifying, describing, and reporting the meaning, understanding, and essence of leader perceptions about EI and how that relates to the engagement of their direct reports. The following research question guided this qualitative study:
What are senior nursing leaders’ self-perceptions about their EI and how does that understanding inform their leadership practices that may relate to the engagement levels of their direct reports?

The intended outcomes of this research were to provide insights into exploring how leaders understand their EI, how they learn to practice leadership, and how they develop relationships on both a cognitive and emotional level with their direct report leaders. Based on the outcomes, this researcher’s assertion was that understanding self by recognizing and regulating emotions informs leadership practices and that this can be a learned skill achieved through professional leadership development programs, coaching, and talent management strategies that support the development of emotional intelligence as a leadership competency (Gallup, 2015). The intended outcome of this research study was to complement existing research on EI, leadership, and develop more focused thought on direct report leader engagement. There also needs to be more meaningful leadership development programs that are evolutionary and continuous by design, not leadership development conducted as a sporadic event or one-time training.

Aim of the Study

The aim of this study was to develop and design an evidence based leadership development strategy to cultivate, strengthen, and improve EI behaviors of senior level nursing leaders. The qualitative research will help to illustrate and develop an understanding of how to best approach this aim.

Research Method

The research method used for inquiring about emotional intelligence, leadership, performance, and engagement was a qualitative research approach. Qualitative research
is designed to use words and phrases in place of numerical values and utilizes questions that seek to explore and create explanations (Creswell, 2014). In this qualitative study of the practices of senior nursing leaders that explored emotional intelligence, leadership, and employee engagement, the goal was to understand the leader, their thoughts and feelings, experiences, behaviors, and leadership styles they utilize. By using a qualitative design, the richness of understanding the central phenomenon concerning emotional intelligence and engagement can be uncovered and understood. This was accomplished using semi-structured interview questions that allowed the participants to fully explain and share their thoughts, feelings, and insights based on their own perceptions and insights.

**The Approach**

A qualitative research approach using a phenomenological study design offered the researcher an opportunity to fully explore and extract the essence of leadership concepts and practices from interviews conducted with senior nursing leaders. Experiences of senior nursing leaders, combined with the formal and informal ways that they learned how to become leaders, will provide an understanding that will enable key ideas and themes to be extracted and transferred to a leadership development program. “Qualitative research is an approach for exploring and understanding the meaning individuals and groups ascribe to a social or human problem” (Creswell, 2014, p. 4). This research intended to understand the experiences of senior nursing leaders and to gain insight into the how the notion of their emotional instead of cognitive intelligence plays a role in how they lead and how their behaviors and actions connect to enfranchise their direct report leaders. The qualitative research methodology facilitated the mechanism by
which these interviews revealed learnings about the various perspectives shared by these leaders and generated multiple experiences with common elements that can help create meaning towards understanding leadership practices based on emotional intelligence. The stories and experiences shared by the participants helped create examples of how EI and leadership practices facilitate engagement with the senior leaders’ direct reports.

Phenomenology utilizes a constructivism approach through grounded theory and supports inductive reasoning. This technique was used throughout the study to identify specific ideas, thoughts, experiences, and examples that build on key concepts that are distilled into generalizable knowledge applied to the broader area of study.

Phenomenology is a design that allows for the exploration of an individual’s experience with a specific phenomenon – emotional intelligence, leadership, and engagement. The leaders’ perceptions were analyzed through naturalistic research, which included mapping concepts that led to thematic coding. By conducting individual interviews with study participants, it permitted the researcher to explore the concepts of leadership by engaging with study participants to describe their experiences. These interviews culminated in the analysis and inductive reasoning process to form codes, generate themes, and then assign meaning to those themes in a more transferable way that applied to all leaders (Creswell, 2014).

**Study Design and Protocol**

Interviews with the leaders participating in the study were conducted by phone, taking approximately one hour to complete with the participants. This technique allowed for the collection of facts, details, and experiences to create more transferable themes to apply to analyzing the research question. All participants in the study self-selected to
participate based on their interest in the topic. Participants did have to meet some conditional criteria for inclusion in the study.

Recruitment of participants for the study was facilitated through an announcement on the American Organization of Nurse Executives (AONE) weekly email update that includes sections on healthcare news, educational offerings, legislative updates, and research opportunities (M. Meadow, personal communication, April 6, 2015). The ad explained the purpose of the study, the aim, study design, and directed interested parties to contact the researcher directly through the posted email or by phone (see Appendix A). This email update was pushed to AONE’s 9000 members twice a month. A secondary group of participants were solicited through an academic medical center who’s Chief Nursing Officer (CNO) agreed to allow nursing leaders to voluntarily participate in the study. This process went through the hospital’s research committee for approval and the recruitment letter was sent by email from the CNO to the eligible leaders.

The questionnaire design for the study protocol was constructed using semi-structured interview questions (see Appendix B). The questions guided the discussion in a standardized format and the researcher kept field notes that corresponded to the questionnaire form. The semi-structured interview process was conducted by phone with the study participants. All phone conversations were audio recorded and then transcribed. Consent for the verbatim recording and transcription of the interview was obtained verbally and documented on the questionnaire form by the researcher. Each of the questions was open ended to allow participants the opportunity to give full and comprehensive answers; the researcher designed the interview tool to keep the responses unfiltered with the respondents sharing as much as they wanted regarding their answers.
By examining the perceptions of nursing leaders about their EI and their leadership practices, it helped to explore and create an understanding about how leaders can learn how to use their EI with meaning and purpose. By harnessing this component of their overall cognitive intelligence, the emotional part can help regulate the behavior through learning how to manage emotion.

**Description of the Participants**

The targeted study population for this Dissertation in Practice research was senior nursing leaders. In an effort to explore and specifically address the research question, this study sampled individuals who had the most information rich history based on their general level of experience. Senior leaders were selected as the target group and were defined as any formal nursing leader with the title of Chief Nursing Officer (CNO), Chief Operations Officer (COO), Vice President of Patient Care Services, Administrative Director, Senior Director, and Director. The advantage of focusing on these hospital leaders is that nursing represents the largest group of employees in a hospital setting and this level of position has a large scope of influence over the largest workforce in a hospital or healthcare system.

Engagement of the clinical staff is essential for operating a clinical care environment. Current research by The Advisory Board (2014) suggested that as a group, nurses are the least engaged of all healthcare workers, with nearly 8% of staff disengaged. Because frontline leaders are at the center of working directly with staff and are the most direct link to the workplace culture, the literature asserted that frontline leaders have the greatest direct influence over leveraging and developing high engagement levels with staff (Gallup, 2013). If the manager of a work unit is not
engaged, that leader’s disengagement will cascade down to staff; thus, this necessitates that the senior nursing leader foster engagement with direct report. This relationship is key to keeping engagement cultivated and at high levels with direct leader reports (Gallup, 2014; Gallup, 2015).

The Sample

The selection criteria for leaders to participate in the study included the following: senior level nursing positions from the director level positions and above, at least one direct report, and have been in their formal leadership role for at least one year. This type of criterion sampling focused on senior nursing leaders who lead other leaders. The selection criteria were important from the perspective of understanding how goals and behaviors align between the senior leader and their direct report leaders.

The sample of leaders for this study consisted of 13 senior nurse leaders representing a variety of organizations, locations, experience levels, and roles within the criteria established to define senior nursing leaders. Three additional potential study participants initially made contact to participate in the study and then did not follow up with the researcher. After two attempts, the researcher removed them from further consideration.

Sampling Method

The sampling method used was a purposive process utilizing semi-structured interview questions. This is a non-probability sampling technique. There were a total of 16 open-ended interview questions with two questions that were built on a Likert scale where participants self-scored their self-perceptions of their level of emotional intelligence using a scale between one and five, with five being the most positive
response. The participants were asked to score themselves based on what level of EI competence they had when they began their first formal leadership role and then they scored themselves a second time corresponding to their current level of EI.

The study sample provided a representation of the general demographic characteristics of the senior nursing leader population. For this type of study, the sample size provided for a reasonable number of participants as saturation within the study sample was reached early on in the data collection process. The parallel collection and analysis of the data based on the coding and themes identified determined the overall number of leaders interviewed.

**The Researcher’s Role**

The researcher acts as a filter through which information flows and provides context from interviews to help decant key categories and themes that help to answer the research question and focus the work of the aim (Kohlbacher, 2006). Understanding how emotional intelligence informs the individual leader’s behavior and leadership practices provides a background to not only individual performance, but may help explain organizational behavior and culture.

In this qualitative study, the researcher served as a part of the context and framework to collect the data by asking objective and subjective questions to participants. As a former senior nursing leader, this researcher established trust quickly with the participants through the researchers’ nursing background as a commonality. Because the researcher shared this common background with the participants, his awareness of bias was important in utilizing bracketing to limit bias. This is an important point to make concerning how bracketing helped the researcher reflect and acknowledge any bias that
he may have as the research started to constantly keep this awareness present as the data collection and analysis progressed (Creswell, 2014). Many of the participants commented that they liked that the researcher was a nurse interviewing them. The researcher utilized field notes and made reflective comments based on what was extracted at the time of the interview and retrospectively as the verbatim interview audio recordings and transcripts were reviewed. The researcher reflected on the participant’s ideas, thoughts, and experiences. The analysis identified codes and themes that were extracted towards the purpose of understanding the data to answer the research question.

Data Collection Procedures

Understanding the meaning of leadership practices through participant descriptions and self-perceptions was a necessary antecedent in answering the research questions about emotional intelligence and engagement. Based on the use of a qualitative research approach, the following tools were used:

- To conduct and collect data for this qualitative study, a semi-structured interview questionnaire was utilized, asking open-ended questions that allowed for explanation and interrogation of the participants being interviewed.
- The instrument was designed to take no more than 60 minutes to complete.
- The interviews were audio recorded then transcribed from an audio file.
- The transcribed record was used for analysis through researcher reflection, coding, and key themes and common ideas were formed based on the analysis.

Participant recruitment and data collection began in July 27, 2015 and continued through September 16, 2015. The interview questions/discussion guide was used for all of the interviews conducted. All the interviews were conducted between the researcher
and the participant; all were conducted by phone and an audio recording was used to facilitate verbatim transcription of each interview. Interested participants were scheduled for an interview time that was convenient for their schedule. By September 30, 2015, 16 participants had responded with interest in participating and 13 actually completed the interview process. Based on saturation of the themes and content from the interviews, the call for participants closed and the data collection stopped.

**Data Analysis Plan**

The process of analyzing data collected in a research project represents a key step in using the data for more than just information. The data becomes information and that information then transforms into the researcher’s ability to draw conclusions, relationships, correlations, evidence, and trends in how it supports or challenges the research questions that were generated around the problem statement (Creswell, 2014). The analysis, synthesis, and interpretation of the data provide useful information to describe significance and rigor.
The data analysis plan (Figure 3) inverted pyramid helps to show the steps in the analysis of the data collected from the participants. This inverted pyramid also represents how inductive reasoning was used to arrive at more transferable finding and application to the broader conceptual framework that can be applied to all leaders.

Figure 3: Data analysis plan illustrated by steps in the process.

The primary methods used in the analysis of this data included data reduction and verification. For this research, the analysis looked at the codes and categories identified from the interview transcripts and field notes that then translated into conceptual themes. Each of the 13 participants answered 16 questions, which generated 208 responses across those questions. Overall, there were 20 codes identified and 50 key phrases identified in the data. These codes were merged into four themes that were then extracted from the coding process. These four themes contained shared meaning by the participants. The findings related to questions of leader behaviors and engagement with a focus on how a leadership development strategy can be formulated and implemented that will build emotional intelligence as a leadership competency.
Quality, Credibility, and Verification

For a qualitative study, verification is an important step that helps to check the accuracy of the data collected (Roberts, 2010). In this study, triangulation was used as a method to compare the data. Transcripts from verbatim audio recordings, field notes, and handwritten notes were compared to the participant answers to each question for key words, concepts, codes, and those were aggregated into themes that were used for further analysis. The process of designing and structuring the research, developing a research question, and then formulating a research plan is a key contribution of the researcher in a qualitative design. How the research and the plan design are constructed influences its level of quality and credibility throughout the research process. Member checking and auditing were a comprehensive part of this research study with the Dissertation Committee and other colleagues with subject matter expertise.

As a first step, the technique of bracketing was utilized. Bracketing is the process used by the researcher when conducting qualitative research that helps decrease research bias and preconceptions about research that facilitates improved rigor and trustworthiness (Shenton, 2009; Tufford & Newman, 2010). Because of the nature of qualitative research, participant interviews helped to provide “…unique opportunities to construct understanding from the perspective of the informant, [and] also mark an inherently subjective endeavor” (Tufford & Newman, 2010, p. 80). A key role in bracketing is how the researcher reflects and brings a conscious awareness to their biases about the subject and acknowledges the process of suspending judgment so that it does not interfere with both the data collection and analysis. For this study, the researcher carefully stated assumptions about the research and possible findings, used the process of memo writing
to process concepts, and structured the interview questionnaire with open-ended questions for the participants to respond to in the interview, without judging the content of those responses. This technique helped “to both protect and enhance the research process” (Tufford & Newman, 2010, p. 87). Another technique that was utilized in this study was how the researcher worked to give a voice to the participants’ as presented in Chapter 4 without interjecting personal thoughts in the actual themes that emerged from the data.

Matching these categories allowed the researcher to verify that the content of the interviews was consistent. By comparing the data between different interview participants, reviewing transcripts and documents, and looking at the data collected in the interviews, the researcher validated the accuracy of participant responses, and how the findings applied longitudinally across all interviews conducted. Peer discussions with subject matter experts on the dissertation committee served to validate the process and procedures the researcher was using for data collection, process of analysis, and to discuss any perceived researcher issues to ensure interpretative clarity.

Credibility and transferability are two other concepts that help to provide for establishing rigor and quality in the data collection and methods involved in qualitative research. Some of the techniques utilized to ensure credibility in the research design included oversight of research tool design, audio recordings and verbatim transcripts, triangulation, utilizing techniques to enhance participant honesty by maintaining participant anonymity, the use of iterative questioning techniques to draw out responses and different perspectives, and an understanding of the participant roles being studied (Shenton, 2004). Developing and using methods to demonstrate validity and
transferability to a population of senior nursing leaders created impact related to the study results and findings related to leadership development, specifically around emotional and social intelligence (Figure 4).

**Figure 4:** Coding and thematic analysis research process (Mayhill, 2000).

**Ethical Considerations**

The population studied was senior nursing leaders in healthcare leadership roles. This study focused on the self-reported perceptions of how senior leaders’ emotional intelligence and leadership practices may be associated with downstream leaders’ level of engagement. In using a random sampling technique from the population of senior leaders, the sample represented the cohort. Each participant was assigned a letter to blind any identifying data to maintain confidentiality and follow the procedures of consent to participate in the study. This sample did not represent a group at high risk or a vulnerable population; none of the participants were harmed physically or psychologically. Participation in the study was voluntary and the recruitment method for participants
included leaders that self-selected to participate and could choose to decline participation at any point in the process.

Prior to the start of the actual phone interview process, the participants were read an introductory statement to describe the type of research that was being conducted and the researcher obtained their permission to audio record the interview and to create a transcript for review by the researcher. This disclosure helped to promote open and frank dialogue between the interviewer and the participant.

The data security process was shared with the participants and was a high priority for the researcher to safeguard any access or security breech to prevent any breaks in confidentiality or anonymity. The data collected was not shared with anyone directly beside the researcher. Only the researcher had access to the interview transcripts and audio files through a secure cloud based storage system that required a password.

Based on this sample, there are limited ethical considerations beyond confidentiality and blinding the survey results of each participant. The researcher acknowledges that there is sensitivity to the data collected by keeping all of the information obtained confidential in nature to that participants felt safe in sharing. There were not names of participants included in the responses nor any other identifying characteristics or descriptors.

The Institutional Review Board (IRB) at Creighton University approved the study with exemption on July 8, 2015 under the social behavioral approval category (see Appendix C). This process identified any potential threats or harm to participants who responded to the survey and provided a mechanism to safeguard participants’ identity, confidentiality, and any information that they shared in an agreed upon method to protect
their rights by participating in the study. In addition to the Creighton IRB approval, both the public medical center and AONE reviewed and approved the research study through their respective review processes. While no study with human subjects is risk free, this study represents a low level of risk to participants personally and professionally by participating in the research and by ensuring strict confidentiality and anonymity in reporting techniques.

Summary

Research conducted on engagement demonstrates that there is a positive influence between leadership behaviors and engagement. Engagement is both a concept and construct which is an outcome measure of leadership effectiveness (Gallup, 2015). There is considerable data to support the ideas behind the themes and research question, combined with looking at the value of leadership competence from the senior nursing leader’s perspective.

The proposed research question in this dissertation is designed to describe and develop the meaning for this phenomenon around emotional intelligence and engagement using a qualitative research design yielding data from self-reports and self-perceptions from leaders. The use of qualitative methods helped to examine what aspects of emotional intelligence influence leaders’ practices, styles, and behaviors as it related to the perceived engagement level of their direct reports.

This research question and the data helped to develop shared meaning into the value of leadership effectiveness and the role it plays in helping to support a culture of engagement. The outcomes from this research were intended to enhance individual and organizational leadership competence by better understanding how to develop leaders’
ability of emotional intelligence. Based on the outcomes, this researcher’s assertion is that leadership competence develops through professional leadership development programs, coaching, and talent management strategies that support the goals of employee engagement and improved business outcomes (Gallup, 2013).
CHAPTER FOUR: FINDINGS

Introduction

The elements of how leaders embody emotional intelligence have a significant effect on how followers perceive a leader as a person and frequently those perceptions form the basis of how followers judge a leader’s effectiveness. This is more significant with close working relationship between senior leaders and their direct report leaders. Leadership exists during every interaction that a nursing leader has with any one that they meet – colleague, direct report, patient, community member, or physician. The ability to influence is present in every encounter and is subject to situationism based on the context of the interaction (Antonakis, Ashkansay, & Dasborough, 2009). How leaders recognize and regulate their emotions during interactions has the possibility of creating either positive or negative experiences for others. The results of this study of senior leaders’ self-perceptions of their emotional intelligence and leadership practices were presented in this chapter.

Four themes were identified through data collection, category coding, thematic coding, and the analysis process. The findings in this study included the following:

1. Leadership is a relational process;
2. Emotional intelligence seems to mediate direct report leader perceptions;
3. Engagement is dynamic and senior leaders determine the flow;
4. Leader behavior creates a culture reciprocally.
Purpose of the Study

The purpose of this qualitative study was to describe and understand how senior level nursing leaders’ self-perception of their emotional intelligence (EI) and leadership practices may be associated with the engagement of their direct reports. This research was intended to help inform how future senior leaders can learn how to practice leadership.

Aim of the Study

The aim of this study was to develop and design an evidence based leadership development strategy to cultivate, strengthen, and improve EI behaviors of senior level nursing leaders. The complexity and challenge that exists in healthcare requires leaders that strategically and tactically can contribute to the success of individuals and the overall organization.

Presentation of the Findings

The research question posed in this study guided the interview process in obtaining qualitative data from a sample of the senior nursing leader population who work in hospital and healthcare systems in the United States. The inquiry method of semi-structured interviews provided for the conduit to obtain a vast amount of data that was rich with information, key concepts, themes, and helped to create a direction for what type of leadership development would be useful for leaders as they grow and develop.

The Participants

The participants who were enrolled in this qualitative research (N=13) were all female, which is a representative sample of the gender of the primary workforce in the
nursing profession, including those in nursing leadership. The mean for years of experience as a senior leader was 21 years and the average age of the participants was 56.5 years of age. The age of the participants ranges from 37 to 65, with the median age being 58.

Educational levels for the participants ranged from those with a bachelor’s degree, to those with a master’s level degree in one of four areas – nursing (MSN), business (MBA), nursing administration (MNA), and organizational management (MAOM). Of the 13 participants, four participants had doctoral level degrees with two leaders completing a Doctor of Philosophy in Nursing, one obtained a Doctor of Nursing Practice, and one leader completed a Doctor of Education degree.

Table 1 represents the demographics of the senior nursing leaders that participated in the study. This table also includes other data from the leaders that helped categorize their leadership style, their primary competency within the EI domains, and the type of facility where they work, and if the facility that they work in serves primarily adult, pediatrics, or a mixed population of patients.

Table 1

**Nursing Leader Participant Demographics**

<table>
<thead>
<tr>
<th>Leader</th>
<th>Age</th>
<th>Gender</th>
<th>Title</th>
<th>Yrs in Leadership</th>
<th>Educ Level</th>
<th>#Dir Reports</th>
<th>Leadship Style</th>
<th>EI Strength Domain</th>
<th>Facility Type</th>
<th>Adult/Peds</th>
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**Mean** | 56.5 | 20.1 | 10

**Median** | 58 | 19.5 | 8
Findings and Themes in the Study of Leaders, EI, and Engagement

Leadership is a Relational Process

Leadership has similar definitions across the literature. While some of those definitions vary, the common ingredients are relationship, influence, and enabling change. Lowney (2003) created a definition that speaks to the nature of leadership being a serving relationship with followers and he emphasized that leadership begins with self-awareness and understanding self before being able to lead others. The leader must understand and embrace the fact that leadership is more than a title or role. “Leading is not simply about what you do. Leading others powerfully is more about who you are. Who and what are you?” (Mobley, 2011, p. 39).

In this study, understanding leaders’ self-perceptions about their leadership practices and emotional intelligence provided foundational knowledge of how leaders thought, felt, and acted. Within this theme of leadership fundamentals, several subthemes included leaders’ definitions of leadership, qualities, and styles important for leaders, and narratives of how the leaders learned about leadership.

Definitions of Leadership

Leaders’ responses to questions about what qualities of leadership are important and how internalized qualities inform their behavior helped define what leadership meant to the participants. Participants defined leadership consistently. The generalized definitions included the concept of influencing and creating a direction for followers. Relationship development and forming sustaining relationships with followers was also a key component. Relationship formed the basis of how the leader influenced others to create change and to gain a shared understanding. The qualities necessary for forming
relationship with people were honesty, authenticity, and connection. Leader F is in an Executive Director role and was a former CNO and CEO. She commented that to her, the definition of leadership is “co-creation” and that “leaders must demonstrate humility over narcissism”. This idea connects to the notion that leadership at its basic level is about relating and exists in every interaction that a leader undertakes (Kouzes & Posner, 2012; Lowney, 2003).

Through the development of relationship, leaders have the ability to influence and create change. Leader H, a Chief Nursing Officer at a large academic medical center, defined leadership in terms of “taking people not necessarily where they want to go, but where they need to go and to do it in a way that maximizes their best skills”. The leader must be able to negotiate the complexity of working with direct report leaders and helping to maximize those direct reports’ strengths and talents. In organizations where people’s strengths and talents are used for continued development, leaders and organizations excel at a rate greater than other organizations (Roth, 2008). Leader K, who is a director of a clinical unit, stated that she “likes working with her team and always asks them how she can help them grow and develop”.

Leader A is a clinical director of a large trauma and burn unit. She believed that “leadership is about being behind the scenes to support and creating a common goal for everyone to aspire to meet”. This same leader also thinks that how she acts has an effect on her clinical supervisors. She said, “I need to role model positive behaviors to set expectations for my team. I think this is more important than coaching”. Direct report leaders, especially those that are novice, need a foundation and they need someone to set the standard for them so that they can learn how to transition from a bedside leader to
leading others. This theme was reiterated from a senior leader who has worked as a CNO and CEO. Leader C stated, “I have to mentor and grow people; this is the only way I can truly begin to instill a culture of clinical excellence, patient safety, and service excellence.” Leader K had a 30-year career in the Army and is now officially retired from the Army, but is in a senior nursing leadership position working within the Veteran’s Administration (VA). In terms of her definition of leadership, she believed that “leadership is about influence, setting a vision, and then harnessing the energy of people to see the vision and that she then helps bring people along”. This leader also discussed the critical role that relationship plays with her direct report leaders. “I have close relationships with all of my direct reports. If I know and understand those who report to me, it allows me to understand them and to be a better leader by knowing how to adjust expectations and how to best communicate with them”. Leader K is a new senior leader and believes that as a leader, her role is “helping people achieve outcomes – leading people to a different place and being supportive”. She also needs to “help people to become collaborative by helping them negotiate complexity inside and outside the organization”.

There are leaders who think of their role more in terms of management and control. A management focus looks to control processes and tasks. The work of the manager was viewed as transactional. Leader I is the director within the quality and compliance division of a pediatric academic medical center. She believed that her role is “to exercise management authority for the strategic plan”. She admitted that this is a technical definition. She also believes that she “needs to grow and engage her team”. When leaders think about leadership in terms of just functions, there can be a
misunderstanding of the difference between leadership and management, including the transactional and transformational aspects of each discipline.

Another finding was interesting as it relates to both style and perceptions of individual leadership definitions. All respondents compared and contrasted that their roles are both transactional and transformational. The context of the situation dictates whether their role needs to be more functional or relational in how they get the work accomplished.

**Qualities and Styles of Leaders**

Participants in the study were asked to list and describe the qualities that are important to them and to list what behaviors they believed made a difference in creating a positive difference in leading their direct reports. It was also important for the participant leaders to self-describe their leadership styles, as leadership styles also have behavioral and affective descriptors associated with them that gives a more vivid picture of leaders’ behaviors.

Leaders described an array of qualities, characteristics, and behaviors that they believed were important for themselves and any leader to exemplify (Figure 5). Honesty ranked as the most important leader quality. The top characteristics with the most frequent responses from the participants are listed and 50% of the participants described the qualities of honesty, vulnerability (this included openness by their definitions), and caring/empathy.

Honesty was the quality identified through the interview process as the most important characteristic or behavior with 69.2% of participants identifying that as a non-negotiable behavior. Honesty included discussions about relationship building and
managing relationships with direct reports. For the senior leader, they also wanted to be able to trust whom they report to as well. Both vulnerability and caring/empathetic qualities were identified as critical to the relationship between the leader and their direct report leaders. Leader M has worked professionally as a formal leader for 34 years. She is currently a CNO and stated, “everything is about relationship” and “leadership is relationship and it oils the mechanics of the interaction, it’s that relationship, that authentic being”.

The next most frequent responses to the interview question, “What leadership qualities are the most important to you” included responses that fit into managing emotions and the ability to be forward-looking and visionary which both scored at 46.2 % respectively.

**Key Leadership Qualities and Behaviors for Nursing Leaders**

*Figure 5: Key leadership qualities and behaviors*

Participants in the leader interview process responded to the important leader characteristics and qualities that replicated research results conducted by Kouzes and Posner (2012). The top leadership qualities identified by Kouzes and Posner across a
wide range of leaders in different countries was honesty (p. 34). Honesty ranked as the number one response from people in their studies since 1987. “For people to follow someone willingly, the majority of constituents believe the leader must be honest, forward-looking, competent, and inspiring” (Kouzes & Posner, 2012, p. 35). For this cohort of nursing leaders that participated in the study, their top characteristic or quality needed in leaders was honesty. While the other top qualities identified by Kouzes and Posner (2012) were in the top eight characteristics identified by these nursing leaders, the other top three qualities were not ranked in that order by these nursing leaders.

Leadership style was another qualifier that defined how senior leaders viewed themselves and how they worked as a leader. The literature identified different styles that are more likely to complement EI competencies and support engaging environments. The most common leadership styles that support creating engagement include both servant leadership and transformational leadership (Kouzes & Posner, 2012). Table 2 summarizes the participants’ leadership styles. The senior nursing leaders in this study indicated three primary leadership styles – transformational, servant, and participative.

Table 2

**Leader Styles by Frequency**

<table>
<thead>
<tr>
<th>Leadership Style</th>
<th>Number</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participative</td>
<td>2</td>
<td>15%</td>
</tr>
<tr>
<td>Servant</td>
<td>3</td>
<td>23%</td>
</tr>
<tr>
<td>Transformational</td>
<td>5</td>
<td>39%</td>
</tr>
<tr>
<td>Mixed (all combined with transformational)</td>
<td>3</td>
<td>23%</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>13</td>
<td>100%</td>
</tr>
</tbody>
</table>

Ten of the participants identified with one primary style and three participants expressed mixed styles, and all three mixed styles shared transformational leadership as a
common thread. Leader F, who has been a CNO and CEO, shared that as a transformational leader she believes that “in order to fully practice transformational leadership, the leader must first transform personally and live the principles of the style before leading any type of change within the organization”.

While transformational leadership was the most selected style on its own by the nursing leaders, if combined with the mixed styles category, the transformational leadership style was identified individually or in combination by 62% of nursing leaders. Leader H discussed how using servant leadership and transformational leadership styles together permit her to “simultaneously serve, influence, and create change by being an advocate, developing talent, and providing coaching”.

Both servant and transformational leadership styles are relational with a focus on followers and helping influence to bring about change (Daft, 2006). Leader J is an emergency department director of a large, urban center and has over 250 employees and 8 direct reports. Leader J described her style as both servant and transformational. She stated, “my leadership style is about inspiring, creating enthusiasm, creating engagement, and being a change leader”.

*Learning how to Lead*

The experiences of how leaders learned to lead others and how leaders developed their leadership skills varied by each individual leader and their collective personal and professional life experiences. The most common finding was that there was no consistent way in which nursing leaders learn and develop how to be leaders. This is especially true for the transition from a frontline position into the first formal leadership position. Most of the leaders shared that they did not participate in a formalized leadership development
program at the beginning of their leadership careers. Almost universally, leaders identified that they “took a class or read books on their own” and learned how to be a formal leader by watching others and learning from their individual experiences.

Two participants shared that they learned how to be leaders from a family member. Leader D, the Assistant CNO at a community hospital described how she “came from a family of leaders where leadership was innate”. “I have watched people in my career and use them as role models and take away things from them that I want to try”. Additionally, Leader H described that she learned about how to be a leader “from my feminist mom who role modeled strength and common sense as her first female role model”.

Leader H described how her career progression was not typical. Nursing was a second career for her and that she “advanced very quickly from her role as a bedside nurse, to an oncology nurse educator, Vice President of Professional Practice, and then into the role of Vice President of Nursing after only 6 years as a formal leader”. She believed that she has had positive role models, was able to participate in a formal leadership development program sponsored by the organization where she worked, and completed formal leadership education while in both her master’s program and in her doctoral program. This type of career path that included formal leadership development was not a common finding and not a typical path in learning how to become a formal leader responsible for people, programs, processes, and performance.

Leader B and H shared that they have “learned a great deal about what not to do by interacting and watching leaders that they have reported to and observed”. Leader B stated, “bad leaders or bosses provide great of examples of what not to become as a
leader”. The leaders interviewed shared a common sentiment, which was that all of the participants thought that leaders with “bad” behaviors are the best teachers as they create lasting impressions that linger in these leaders’ minds.

Leader K who had a 30-year history in the Army has had the most formal leadership development of any of the nurse leaders interviewed. “The Army starts preparing leaders from the time that they are frontline clinical nurses. The dual role that a military nurse serves creates the need to have nurses prepared to perform at the next level of command”. While civilian nurse leaders do not operate in the same environment, it does seem to speak to the value and need of succession planning and the necessity to keep developing leaders for the future from the beginning of the work experience.

The nurse leaders interviewed identified various methods that they used to learn about leadership and how to become effective leaders. Many of the leaders read books, attended conferences on their own, took classes as a part of their graduate education, attended organizational based leadership development programs, attended specialized nurse leader fellowships (such as the Wharton School at the University of Pennsylvania Nurse Leader Program), found a mentor, and observed how different leaders perform as leaders. Leader L is the director of an inpatient hospice unit for a university based medical center and reported, “my CNO has structured formal classes on a variety of leadership topics and presents content on a monthly basis … these are well received”. Leader E was the youngest participant at age 37 and reported that her CNO does classes for the nursing leadership team. She thought that these sessions “also helped the CNO to develop a relationship with her direct reports”.

Emotional Intelligence Mediates Direct Report Leader Perceptions

Emotional Intelligence (EI) changes and evolves as leaders understand themselves better, gain experience in both life and their career, and develop more mature skill sets through formal development and coaching. For the cohort of participants in this qualitative study, this group of leaders’ experience had average leadership tenure of 20 years. The leaders’ experiences shared the common theme of EI development throughout their careers, starting with their first formal role to their most current role.

While the nursing leaders in this study easily identified their leadership style or philosophy, the answers to questions about EI were not as well developed. Only five of the 13 participants, or 38% of leaders, had any type of formal or self-study on EI. That included what it is, why it is useful, or how it is developed. Many of the participants understood the subject in concept; leadership was a topic that 100% of participants had studied through formal classes or through self-development.

Leader Definitions of EI

The leaders in this study shared their definitions of emotional intelligence. How leaders understood and described the definition of EI from their own experiences and perceptions informs how EI becomes operational for the leader. Nursing leaders in this research study defined emotional intelligence as:

1. “Managing emotions and being aware of emotions in a way to channel it in problem solving” (Leader A)

2. “A mature, developed understanding and application to dealing with the human condition” (Leader B)
3. “Your responses to people around you, nonverbal, paying attention to circumstances. Using the cues around you” (Leaders C, E, L)
4. “Intentions and perceptions of how your emotions interact with others” (Leader D)
5. “Understanding self and others; approaching others using self-reflection, being in the moment, receptivity” (Leader F, G, H)
6. “Awareness of emotions, emotional triggers for others, and managing yours and others emotions” (Leader I)
7. “Critical thinking; intuitive and knowing when to act and when to take pause” (Leader J, K, M)

Leaders defined their understanding of EI in these terms and that informed how they operated. Given that EI is a generalized descriptor of four specific domains and competencies, how the leader takes the generalized definition and then applies the ability to express emotion, regulate the emotion, and then utilize the emotion, as a basis of their actions and styles is what becomes important.

Perceptions of EI

Study participants retrospectively self-rated their EI low on a five-point scale when they started in their first formal leadership position. The scale used ranged from one to five, with one being a naïve, novice leader with minimal EI to a score of five that was an expert and well-evolved EI. Twelve of the 13 (92%) participants reported improved perceptions of their EI over the course of their careers, tenure, and different roles and titles. One participant rated herself as a four for both her EI level as a novice and now as a seasoned leader. She shared with the researcher that she had undergone an
undefined major life event that has influenced how she ranked herself and transformed her as person early in her career.

Collectively, the senior nursing leaders interviewed had improved in how they understood and utilized EI (Table 3). For most of the leaders, though, they all shared the perspective that it would have been valuable to have had formal development in leadership through an organized program that would have helped them explore understanding themselves before they had to understand and respond to others. As leaders, they could have developed through their own self-awareness and growth while integrating that into leadership practices. All the nursing leaders thought that this would have made them more effective in their roles and their personal sense of confidence would have been greater much earlier in their careers.

Table 3
Leader EI Self-Reporting Assessment from Novice to Current State

<table>
<thead>
<tr>
<th>Participant (N=13)</th>
<th>EI New to Leadership</th>
<th>EI Experienced Leadership</th>
<th>Difference or Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>3</td>
<td>3.5</td>
<td>0.5</td>
</tr>
<tr>
<td>B</td>
<td>2</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>C</td>
<td>2.5</td>
<td>4</td>
<td>1.5</td>
</tr>
<tr>
<td>D</td>
<td>2.5</td>
<td>5</td>
<td>2.5</td>
</tr>
<tr>
<td>E</td>
<td>3</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>F</td>
<td>2</td>
<td>4.5</td>
<td>2.5</td>
</tr>
<tr>
<td>G</td>
<td>2.5</td>
<td>4.5</td>
<td>2</td>
</tr>
<tr>
<td>H</td>
<td>2</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>I</td>
<td>4</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>J</td>
<td>2.5</td>
<td>4.25</td>
<td>1.75</td>
</tr>
<tr>
<td>K</td>
<td>1</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>L</td>
<td>2</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>M</td>
<td>1</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Mean</td>
<td>2.31</td>
<td>4.44</td>
<td>2.13</td>
</tr>
<tr>
<td>Median</td>
<td>2.50</td>
<td>4.50</td>
<td>2.00</td>
</tr>
</tbody>
</table>
Connection between EI and Leadership Practices and Style

The connection between the heart and the mind is influenced by a leader’s ability to form relationships with others and this is potentially mediated by leaders’ emotional intelligence through their behavioral responses (Goleman, 1997; Gallup, 2015). Leaders’ cognitive and emotional intelligence mediates all interactions. The Intelligence Quotient (IQ) represents cognitive intelligence. IQ provides leaders the ability to interpret situations; it is EI that allows for understanding and interpretation that leads to action. Leaders must be able to integrate both cognitive and emotional intelligence together to facilitate relationship and lead in a way that is both engaging and effective for their direct report leaders and other key stakeholders. Leader G is a 57-year-old bachelor prepared nurse who is a director at a 245-bed community hospital. She believed that “a leader’s EI needs to be reflected in everything that a leader does and it should be all-inclusive”. Leader G shared that “as a direct report leader of the CNO, she [the CNO] works harder to demonstrate her EI with frontline staff more than she does her direct reports”. She believed that EI should be practiced consistently and not as a selective behavior. She was aware of this and makes sure she uses her EI for the staff and leaders that report to her because she knows it makes a difference in the way she feels as a direct report and that it makes a difference for her direct report leaders.

EI consists of self-awareness, self-management, social awareness, and relationship management. Leader A described her leadership style as transformational and integrated EI into her work by “role modeling the behaviors she wants to see in her team; it keeps the team feeling positive about the work and it helps my leaders understand the organizational changes”. “EI helps me to maintain my situational
awareness of what is going on in the environment and then I can choose how to approach the situation and be more responsive without making assumptions” as reported by Leader B who works at a critical access hospital. Leader B identified as a servant leader and believed that by taking this approach that she can best serve her team.

While leadership style and different leadership theories provided foundational practices and helped leaders connect to a value system in how they lead, EI helps to take those theories and styles and connects them to relational factors that build trust through the leader qualities of honesty, competence, and vulnerability. The connection between these factors can create a bridge between leadership competencies and the behaviors and attitudes of leaders. Leader E stated, “I have transformed in my EI from when I was first a leader until now. I realized how much influence I have and how what I say and do influences others”. This marriage of style and EI equips senior leaders to create influence with their direct report leaders and positively affect the entire work climate and culture.

The marriage of a leadership style and EI combines “both the art and science of working with people, using critical thinking, reflecting, and learning to ask questions”, according to this leader. “It is what comes from understanding self and then applying it towards others” as stated by Leader F. Leader F is a senior nursing leader who was a CNO and then was promoted to CEO, only to then be asked to step down as the CEO. This created a great transformation for her in how she viewed herself and how she had to redefine herself as a leader and rebuild her self-esteem.
EI Domains

The domains within EI are key elements to being present and using EI as a mediator of leadership practices. All four domains of the EI umbrella are necessary components for leaders to employ because they represent the totality of EI. For the leaders in this study, they had a specific area that they believed was their strength within the EI domains. Figure 6 represents how EI requires both the ability to recognize and regulate behaviors. This process involves higher cognitive brain function to mediate emotions controlled by the limbic system (Salovey & Mayer, 1990). The greatest skill strength within this cohort of participants was self-awareness. Six of the 13 participants indicated that they relied on self-awareness as the most frequent EI competency, which represented 46% of the participants. While self-awareness is the cornerstone to EI, it represents how the inner self is aware and understands mood and behavior. An important facet to EI is the ability to detect mood or emotion, and to then regulate it and use it in a way that adds value to a leadership practice. For example, Leader L stated, “knowing myself and what my reactions may be helps me to better read situations. I am also aware that I have to make sure that I know how to react and modulate my emotions in a way that promotes interaction. It’s not just my emotions”. This underscores the value of not only recognizing emotions and how to understand and use that internal and external data, but also making sure it was converted to information that the leader then applied to regulating their behavior.
Within the four domains of EI, leadership practices are embedded that compliment incorporating EI into leader behavior. Forty-six percent of the participants in this study relied on self-awareness as the primary mediator of their cognitive, affective, and behavioral responses. The other three domains are equally important. The next most utilized domains were social awareness and relationship management at 23% respectively. Self-management represented only 8% utilization as the primary domain utilized by participant leaders. The significance of this represents findings consistent with the value of understanding self before understanding others. A leader must utilize self-reflection as a practice to have the awareness and understanding of how his emotions, moods, and thinking work together. Probably the most challenging aspect of EI for leaders is self-management. Regulation of mood and learning to mediate emotional reactions in situations requires conscious development, coaching, good role models, and gained wisdom from experiences and learning. Leader D commented that
she “is a work in progress” and “works on continuing to develop her EI, especially by working hard not to react so that she can continue to listen and understand”.

Understanding self is a vital aspect of leadership and EI. Leader F has a PhD in human and organizational development. She shared that “self-reflection and taking time to ‘recenter’ herself helps her be more present and intentional with how she pauses and responds”. Leaders frequently need to listen and help people tell their story as a way to help them feel heard and this translates into building caring and trust in the leader and follower dynamic, especially when it is with direct report leaders.

Besides understanding self, leaders must utilize EI as a method of improving social awareness, sometimes referred to as situational or operational awareness. Insight into what others are thinking and feeling during an interaction is an important value for Leader J. Leader J reflected on social awareness and said, “I feel the room and determine what is going on and how mindful I need to be in each situation”. “As a leader, I also have to understand my intention during the interaction or situation and approach each situation with a level of confidence that helps others feel inspired”. Leader K felt that “most people are not necessarily aware of their emotions and as a leader I have to use my understanding and awareness to determine their receptivity”.
Engagement is Dynamic and Senior Leaders Determine the Flow

Leadership is about influence and forming relationship with followers. If a leader fails to form relationship and does not let followers know that she cares, the follower may judge the leader as uncaring or uninterested (Gallup, 2015). Engagement is an outcome measure of the work that goes into developing EI skills and utilizing a leadership philosophy and style of practice that nurtures and enfranchises others to want to become part of the vision and mission (Kouzes & Posner, 2012; Gallup, 2015; Lowney, 2003).

A leader who is successful engaging others utilizes a distinct approach in how leadership is practices, mood is regulated, and employs positive psychology to drive self-motivation of others to want to be part of something larger than just their own work. The domains of EI helped to regulate emotions and then set the tone for others. Leader C, a leader with experience in the C-suite as a COO and CNO commented, “I have to change how I interact with different people by using my EI and adjust my style to the needs of the situation and person”. Leaders do need to individualize how they interact with people based on the context of the situation and how the person is responding to them in the interaction.

Leader J, an experienced emergency department director, shared that she “became engaged as the CNO began seeing her leadership strengths before she actually saw them in herself”. She relayed that the relationship she had with the CNO that she reported to helped her develop as a leader and she became more engaged through her leader’s style and EI. Leader E, a more novice formal leader compared to her peers, reflected on the idea that “I have to be fully aware of how I am impacting others, not only what I say, but
how I look when I say it because people watch compare my words with how I am saying it to them – do they match?”.

Leaders that effectively utilize their EI have higher degrees of buy-in from their direct report leaders and staff. Leader G said, “EI has a huge impact on engagement and what others are willing to do with you”. “Connecting the purpose with the emotional components of work builds the case and positive energy”.

“I have to show up, be present, demonstrate caring, and utilize empathy; I also have to mentor the leaders that report to me so they can grow and develop”. Leader K was very passionate about her role in developing others as a mechanism to build their engagement and interest in the work.

Senior leaders are challenged by their own level of engagement. Leader J, an experienced operator said, “I left the hospital setting for 12 years before returning to a formal leadership role because of the former CNO I worked for who was micromanaging, not supportive, and essentially bullying”. Leader A shared that her engagement level is challenged right now given some work dynamics. She said, “I have always looked forward to going to work until the last year. Our organization has experienced so many financial challenges that it is making it difficult to stay up and energized”.

Leader H spoke about how her engagement has been related to the relationship or lack of relationship she has with her boss. Leader H shared an experience about working for a nationally known leader who wrote and spoke on leadership, yet did not practice what she preached to other nursing leaders. “She made me feel diminished and micromanaged by always questioning and second guessing every decision I made; she was very dictatorial and I was uninspired, so I left”. Leader H also discussed how “this
served as an experience for me to know what not to do to others and I work very hard to do the exact opposite of her”. During the interview, participants were asked to share an experience about leadership and EI that served as an exemplar for them. Each leader shared an experience that has served as a life lesson for them in their journey. Only two (15%) of the 13 participants shared recalling a positive experience, while the remaining 11 (85%) participants shared stories of negative experiences that served as examples of what not to do instead of what to do as a positive leadership practice. This represented an area where positive role models would benefit the development of nursing leaders.

**Leader Behavior Creates a Culture Reciprocally**

Leaders set the tone of the workplace and their leadership teams through their behaviors, attitudes, and actions. As evidenced by the number of negative learning experiences that leaders shared about their experiences, how a leader acts and behaves has many implications. An important area that emerged in the research from this group of senior nurse leaders was how valuable and delicate the balance is between leaders and followers, especially the direct reports of the senior nursing leader. These lower level direct report leaders are greatly influenced by the leadership and EI of the senior leader. Senior nursing leaders realize that how they build a relationship with their direct reports influences the type of relationships that their direct report leaders have with frontline staff.

Leader M has been in formal leadership for over 30 years and most of that time she has worked in behavioral health. She shared some of her key learnings about how leaders set the tone for the leadership team and the staff. Leader M believed that “leadership is a quality to create an environment for peak performance, identifies a
vision, and to ask questions that create dialogue; a leader must drive out fear, demonstrate humility, and build self-esteem with people”. She also said that “EI has to be used and practiced so that it is integrated into who you are; otherwise it becomes a separate thing that isn’t integrated into who you are”.

Leader K discussed how leaders must practice what they say is important to them so that others see their words in action. “We have to practice the golden rule. I know that sounds basic, but without it and in the absence of people seeing us behave in a certain way, people need to understand those expectations of performance and conduct”.

Analysis and Synthesis of Findings

The findings of this qualitative study represented a unique view into how leaders perceive their own emotional intelligence and how emotional intelligence is a key competency for leaders that demonstrates an association with direct report leader engagement. Emotional intelligence has a foundational role in leadership practices and leadership behaviors. Leadership practice and EI are integrated factors that influenced the relationship between the senior leader and their direct report leaders. The relationship between the senior leader and direct report leader is influenced on a cognitive and affective level and the direct report forms perceptions of the senior leader through that relationship. This has many implications in the study of leadership and in considering how and what leaders need for their development, and ultimately, to prepare them for being effective leaders.

Senior leaders play an important role in balancing their emotional intelligence with their leadership style and practices to promote the engagement of their direct report leaders. The participants in this research shared their perspectives, experiences, and
thoughts about this topic so that the phenomenon around how direct report leader engagement is influenced by leadership and EI. While both leadership and EI have been studied separately and together in the literature, this study provides an insight and understanding from the senior leaders’ perspective on how and what they can do to create a climate, and a culture that supports their leaders. By supporting the direct report leaders that interface with staff and other stakeholders, the leader can influence the development of a positive work climate and culture that is supportive of personal and professional engagement.

The highlights of the study results are summarized below. There were 10 key learnings from the research:

1. Nursing leaders are not prepared for their roles in any consistent or formal way that creates the probability of creating and sustaining performance;
2. While many nursing leaders have received formal leadership or management focused training and education, most of that development has not included emotional intelligence and the education process is event based and not a continuous learning and development process based on their needs;
3. Leadership style and qualities were connected to components of EI that can cross over to improve leadership effectiveness;
4. Interprofessional and interdisciplinary leadership development for nursing leaders was lacking;
5. Senior nurse leaders report a higher connection, cognitive recall, and affective expression of negative leadership experiences as exemplars of what not to do than positive experiences they have had that serve as exemplars;
6. Self-awareness, self-understanding, reflection, and critical thinking were a greater predictor of successful application of EI than just years of experience. Years of experience are valuable, if through self-reflection, behavior change occurred to improve EI and overall leadership practice based on gained wisdom;

7. Senior nurse leaders of the future and those in mid-level management require formal leadership development programs with consistent content, coaching opportunities, and ongoing performance management to navigate their novice to expert status as leaders;

8. Leaders at all levels required an environment and relationship with an upstream leader that is supportive and a relationship that individualized;

9. Engagement of leaders needs to be better understood beyond studies that look at engagement from the perspective of a frontline employee and a deeper dive into efforts to improve engagement beyond traditional reward and recognition programs;

10. Leadership, EI, and engagement are interrelated as practices, values, and a philosophy that intersect with the individual and how they translate that into building credibility, trust, inspiring a vision, and being a positive role model that cultivates a willingness for others to choose to follow them and create change.

Summary

To understand an issue or question, research can provide the insight into that idea or phenomenon that a researcher wants to explore. This qualitative study utilized semi-
structured interview questions that were administered by phone to 13 senior nursing leaders. The goals of these interviews was to gain insight, understanding, and establish the essence of how senior nursing leadership practices, and emotional intelligence may be interrelated and associated with overall direct report leader engagement. What are the practices, perceptions, thoughts, and ideas that senior nursing leaders have regarding the phenomenon of how and what they do relates to downstream leader engagement?

This study has helped to collect data from willing participants that has become information through data collection and analysis. This analysis has created the opportunity to synthesize the data to establish inferred evidence and understanding of these focal points. By completing this study, the research process has allowed for the development of an applied solution to improve leadership practices and EI that relate to direct report leader engagement and answered the original research question. Additionally, this research has implications for further research to strengthen leadership development and to integrate how EI and engagement fit into leadership development is a very specific way that adds value both academically and socially.

Because of these findings, a systematic leadership development program is proposed to reflect the applied nature of this research study. A proposed solution to solve this issue is presented in Chapter 5.
CHAPTER FIVE: CONCLUSIONS AND RECOMMENDATIONS

Introduction

Leadership practices, including the integration of emotional intelligence, provided leaders with insights into how to best understand and manage their emotions. How a leader manages his emotional intelligence is reflected in his attitudes and behaviors during interactions with followers. As followers watch leaders in different situations, followers form perceptions of their leaders and assign a value to the leaders’ behaviors and attitudes to assess whether or not the leaders are effective based on those perceptions (Schein, 2012; Wang et al., 2005). These perceptions become a frame of reference for the followers and the follower assigns meanings to those cues that determine what the followers think about the leaders. Leaders must develop trust, act authentically, be forthright, and demonstrate humility. These perceptions then become reality for the followers who then judge the leaders. These perceptions informed what the followers think and feel about leaders and influences their overall engagement level (Salovey, 1990).

This study focused on senior leaders’ self-perceptions of their EI and leadership practices as a reflection of how those behaviors, attitudes, and emotions may affect the level of engagement of those leaders that report directly to them. Senior nursing leaders can positively influence the engagement level of their direct report leaders through the development of EI and leadership practices.

Others observe everything a leader does or does not do. Leaders that have a sense of their emotional intelligence and their leadership practices can better understand how their direct reports perceived them and their overall effectiveness as a leader. Self-
leadership and knowing one’s self is a major determinant to moving into other levels of leadership and provides a capacity necessary to lead and engage others (Lowney, 2003).

This study explored how EI and leadership practices informed how senior level nursing leaders understand their emotions and leadership style to make a difference in how they practice leadership.

To explore the self-perceptions of senior nursing leaders’ EI and leadership practices, a qualitative study design utilized semi-structured interviews conducted with senior nursing leaders. The inquiry method allowed for the research to focus on understanding the meaning and essence of senior level nursing leaders as they perceive their EI and leadership competence as a mechanism to gauge how engaged their direct reports are based on how the senior nursing leader connects with them and their work.

Using a phenomenological approach to inquire and learning how EI and leadership practices related to engagement as a way to understand how to develop leadership development programs served as the focus of the study. The participants in the study (N=13) included a wide range of senior nursing professionals from the director level through the senior executive team. This study design allowed for the open exploration of senior nursing leaders’ thoughts, feelings, and perceptions about their EI, leadership styles, and experiences with leading, influencing, and engaging others. As a result, these collective experiences formed the basis of designing a leadership development and EI development program to enhance and improve leader effectiveness.
Purpose of the Study

The purpose of this qualitative study was to describe and understand how senior level nursing leaders’ self-perception of their emotional intelligence (EI) and leadership practices may be associated with the engagement of their direct reports. Understanding how leaders think and act helps to inform the development of interventions to improve leadership competence.

Aim of the Study

The aim of this study was to develop and design an evidence based leadership development strategy to cultivate, strengthen, and improve EI behaviors of senior level nursing leaders. Leadership development goes beyond a class or an event; this development strategy must consider both short term and long-term outcomes.

Proposed Solution

The proposed solution for helping senior leaders to improve their leadership practices and build emotional intelligence that supports the engagement of other leaders combine a complex mix of a leadership development program that includes didactic learning, simulation, leadership coaching, and performance management. This approach builds on the integration of theory, practice, and wisdom learned through experience as a leader. Senior leaders have learned about leadership in many ways and have a wide range of knowledge, skills, and abilities as a foundation to starting a leadership development program.

Background for Developing the Solution

Leadership development through formal didactic content and individual coaching and experiential development was the foundation for building a learning and
development solution. This design is structured to improve how a leader understands themselves, learns the components to emotional intelligence, practices skills necessary for EI, develops skills in discernment and reflection, and integrates advanced leadership practices in how they think and work as a leader. The program design focuses on self-discovery and longitudinal growth and development throughout the leadership life span. Change is a discontinuous process that creates situations where new skills and behaviors need frequent practice and include a structured review process to allow for reflection and learning (Boyatzis & Van Oosten, 2002). The solution being proposed to enhance and improve leaders’ emotional intelligence and generalized leadership practices requires that leaders be willing to change behavior, learn new practices, and achieve a new and different skill set for relating to their direct report leaders and other stakeholders. Additionally, novice leaders or individuals that are new to their role as a formal leader can take advantage of the opportunity to learn these skills at the beginning of their professional career and continue to grow and develop their skills. “Unlike IQ, which is considered relatively stable and unchangeable, research on emotional intelligence indicates that it can be improved through learning” (Tucker, Sojka, Barone, & McCarthy, 2000, p.332)

The leaders participating in the leadership development program are working adult learners. Approaching learning with adults, especially in the development of leadership and EI, requires a different approach than cognitive or technical training (Tucker et al., 2000). This can be challenging when healthcare centric organizations develop programs for nursing leaders with a curriculum development strategy similar to technical skills training of clinical personnel. Another factor to consider when
developing a program is considering that behavioral change for leaders who may be highly tenured and seasoned may be difficult and a personal inventory of readiness for change may need consideration so that people can prepare themselves for the development process.

Two key factors from the literature reflected on the need to create a learning program that is both content rich and involves significant practice of the targeted skills (Goleman, 1997). The significance for creating a program that is strong in skill practice is to develop strong neural connections and to disrupt old ones that mediate both cognitive and behavioral responses (Goleman, 1997). Any new behavior or change requires “rewiring” our neural circuits to produce a different response. Another learning issue that is valuable for professionals is the deliberate incorporation of coherence or incorporating the development process into the larger professional development structure and aligning the development activity with the goal of both personal development and in meeting the organizations’ goals (Birman, Desimone, Porter, & Garet, 2000). This helps to create relevance and value for the leader with a direct connection to their current role.

Support for the Solution

Interviews with senior nursing leaders (N=13) resulted in consolidated themes and experiences that represented shared meanings and ideas regarding EI and leadership. The data collected from the senior leaders indicated that there was no formal leadership development, especially regarding emotional intelligence, prior to their transition into a formal leadership role. Many of them went from working at the bedside or being a shift leader one day, to becoming a formal leader with key leadership and management responsibilities the next day. This lack of formal structure in how nurses transition into
leadership has many gaps and frequently sets up individuals and organizations for
disappointment.

Some organizations have identified high potential frontline staff as future leaders
and have begun a development process with those people to prepare them for a role in
leadership. For example, Banner Health in Arizona has a well-developed talent
management program where frontline staff was identified as high potential future leaders.
Those individuals are invited to participate in a 24-month development program that
begins to prepare them with leadership skills and most importantly, helps them
understand themselves, their style, their values, EI, and how that is integrated into the
organizational culture and goals (A. Steinbinder, personal communication, December 3,
2015). Leadership development for more senior leaders is conducted at Catholic
Healthcare Initiatives (CHI) in Colorado by an academic partnership that exists between
CHI and the University of Washington’s Center for Leadership and Strategic Thinking
(C. Haycock, personal communication, January 8, 2015). This program is an interactive
and an experience based development program focused on senior leaders and senior
executives in this large, multi-state hospital and healthcare system. The program is an
18-month intensive that is followed by stretch assignments and executive coaching for
ongoing growth and development. The program at CHI is not only a leadership
development program, but serves as a succession tool to grow and cultivate internal
leaders for more senior positions in the organizations (C. Haycock, personal
communication, January 8, 2015). This strategy helps feed the organization’s leadership
pipeline. Participants for the course were nominated and sponsored by a senior level
executive and invited to participate in the program.
Proposal Concept and Solution

Leadership by its very nature is a complex dynamic that incorporates the domains of emotional intelligence. How leadership and EI are practiced is incorporated through the eyes of a leader and the follower provides insights for learning. EI changes with time (Figure 7) as a graphic representation of leader growth through experience and behavioral change.

![Leader Self-Perception Scoring Over Career Span as Formal Leader](image)

Figure 7: Leader EI self-reporting of new leader vs. current leader EI rating.

As the leader moves from novice status into more expert level based on experience, and has received more formal education, the changes in how leaders grow in their emotional intelligence is perceptible both from the leader’s perspective and the follower. This progression was primarily without formalized development of leadership practices or EI, which influence the individual leaders’ effectiveness with direct report leaders’ engagement and the overall effectiveness of leaders within an organization. The proposed leadership development program is intended to decrease the gap between the new and experienced leader in how they practice leadership and apply EI. While EI progression can be tracked through self-assessment and behaviorally validated
assessments, leadership practices also need to be tracked by methods that allow for measurement, such as 360-degree feedback programs of both EI and leadership practices. Kouzes and Posner (2012) have created the Leadership Practices Inventory (LPI), which is both a self-assessment, and a colleague based feedback tool that provides leaders with a report of their self-perceived ratings compared to how others see them. When this tool is used in combination with executive coaching, the gap between what leaders thinks and what others see can be used to quantify the difference between the ideal and actual self.

The development of a leadership program is a systematic process that requires an interdisciplinary team representing stakeholders from operations, human resources, testing and psychometric design, curriculum specialists, technology support, and subject matter experts. While this list is not all inclusive, the team that is putting the program together must conduct a baseline needs assessment to understand what the leaders and stakeholders in an organization want and need to help define success for the program and the participants.

The proposed leadership development program has a longitudinal development design focused on quarterly comprehensive content immersion sessions. A necessary component to follow up the intensive sessions is learning opportunities for the leader to practice the newly formed skill or behavioral change in how the leader practices EI and leadership. To sustain the work of acquiring cognitive knowledge, the leader must be able to practice what they have been taught and learned in the sessions (B. Avolio, personal communication, January 19, 2016).

The scope and design of the leadership development program is comprehensive and includes didactic sessions, simulation, executive coaching, and performance
management as the core (Table 4). This design intends to create a fully comprehensive learning program that has integrated components for the development of leadership and EI.
<table>
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<tr>
<th>Learning Approach</th>
<th>Content</th>
<th>Outcomes</th>
<th>Primary Domain</th>
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| Didactic (40 hours)     | • Self-Assessments (DiSC, StrengthFinders, EI Assessment Tool) for discovery process  
• Values Assessment  
• Introduction to EI  
• Leadership Beyond the Basics  
• Understanding the Psychology of Engagement | • Increase leader’s self-awareness and understanding of strengths and limits of self  
• Understand the issues of how leadership and EI behaviors are necessary for long-term performance & strategic leadership  
• Develop a leadership journey map for discovery of the ideal and actual self | • Cognitive  
• Affective |
| Simulation (20 hours)   | • Participation in 10 live actor based scenarios  
• Focus on common leadership competencies of visioning, developing executive presence, coaching, conflict resolution, relationship management, listening skills, and the application of emotional intelligence | • Practice interaction skills in a safe environment  
• Develop capabilities of the leader and their team through interactions  
• Build self-confidence and self-efficacy  
• Integrate EI with skill based leadership competencies | • Cognitive  
• Affective  
• Behavioral |
| Executive Coaching (12-15 hours) | • Assign an executive coach to each senior leader for monthly coaching for 1 year with assignments | • Goal directed recognition and regulation  
• Behavior modification, enhancement, personal change  
• Closes the gap between the ideal and real self; drives opportunity for improvement  
• Improve motivation for sustained self-development and goal directed change  
• Develop and sustain optimism for self-development and self-reflection | • Affective  
• Behavioral |
| Performance Management (Ongoing) | • Incorporate formal 360-degree feedback process into ongoing performance feedback and yearly performance review | • Conduct and pre and post assessment of the leaders EI and leadership practices | • Behavioral |
| Continuous Development (Monthly) | • Just in Time Learning  
• Action Learning | • Develop 5 min podcasts  
• Peer based coaching/learning | • Cognitive  
• Affective  
• Behavioral |
Factors and Stakeholders Related to the Solution

Policies Influencing the Proposed Solution

Policies to support the implementation of an evidence-based leadership development requires an organization to rethink how it prepares leaders and may also influence how leaders are originally selected for their roles. Many traditional leadership development programs focus heavily on management behaviors that tend to concentrate on tasks. For instance, how to complete a performance appraisal, how to develop a staffing grid, how to develop a budget, and other associated activities to support operations. While these are necessary and valuable skills and knowledge to develop, they do not represent the domains of emotional intelligence as a leadership practice that influences relationship development and building trust.

Every leader interacts with followers; in the research conducted in this study, 13 (100%) of the nursing leaders identified or referred to a leaders’ ability to form and manage relationships as a non-negotiable skill that is essential to develop trust with others. As the concept is applied to direct report leader engagement, the connection between relationship and trust is an essential part of the equation for leaders work to create engagement and align their work with the culture. While this is an identified area of needed skill, few organizations provide this type of formalized education and development for their leaders.

The primary policy consideration in an organization implementing this solution would be a formal policy that describes how leaders are selected, on boarded, and then developed systematically for the initial role that they are hired for, as well as a clear structure and process of talent and succession planning. This provides a mutual benefit to
the individual leader, and the organization. The organization benefits from developing successful and effective leaders that can apply EI in a way that supports their practice of leadership. In Gallup’s (2015) recent report, *The State of the American Manager*, formal leaders influence both direct and indirect reports through how they form relationship, set a vision, and serve as role models. This can be translated into measurable outcomes for an organization, both financial and non-financial, such as brand equity, reputation, and community benefit (Gallup, 2015).

Policies and practices may include looking at how basic nursing education is structured to prepare nurses from the very beginning of their careers to mobilize their leadership skills at the bedside. Through systematic development during nurses’ careers, the level of leadership development can be customized to meet nurses’ needs as a part of their professional path and career map. In interviews with senior nursing leaders in this study, the participants were vocal about the need to better prepare leaders from the start of their careers. Leader M expressed a concern that basic nursing education is not doing the job that it needs too in many ways. She said, “As a nursing leader, I meet with our local colleges and let them know that I am buying what they are selling and that it is not meeting the organization’s needs”. Leader M continued by stating, “Leadership is vital at the bedside and in the boardroom, so we might as well start developing leadership skills as people enter their academic preparation programs”.

*Potential Barriers and Obstacles to Proposed Solution*

Formally creating a leadership program designed to build competency in the domains of emotional intelligence requires changes on an organizational level. Organizations, specifically senior leaders in the organization and the organization’s board
members, must believe and understand the overall value of developing the leaders in their organizations. Frequently, cost is cited as a factor that inhibits robust leadership development programs, especially in an era where operating margins within healthcare and hospital systems are being reduced and challenged daily. That fact alone can support the need and value to prepare leaders to be able to transcend the day-to-day work to lead the organization in new and creative ways. The program needs to be considered a valuable asset to provide the organization with a supply of effective leaders that can function in a highly complex healthcare ecosystem. Viewing leadership development as a nice to have program is an outdated perspective and having a formal leader program can be justified by looking to the future and needing an emotionally intelligent leader that also practices leadership using evidence-based approaches (B. Avolio, personal communication, January 19, 2016).

Another potential issue is how the program will be delivered to participants. Each program must consider whether the program will be managed internally by employees in organization development (OD) and training, or if an outside vendor or academic partner will conduct the program. In the case of the internal staff developing and managing the program, are the right level of organization development and coaching staff on board that have the credibility and expertise to operate the program. The proposed program developed from this study is not an introductory level course, but will require experienced mentors, simulation professionals, and structured education, learning, and practice opportunities where leaders can not only learn what emotional intelligence is, but also practice the techniques that build EI.
Here is a list of some potential barriers and obstacles to consider:

1. Barriers – lack of official processes, technical approaches of leaders compared to relational/transformational techniques, funding, and organizational attitudes that challenge the value of the program;

2. Obstacles – senior leader biases, changing mindsets of leaders, and thinking that centers on “training” instead of a development based program with milestones.

Financial and Budget Issues Related to Proposed Solution

Creating a sustainable funding stream to implement a leadership development program that focuses on building EI competency and other critical leadership skills requires an organization to have a strategic priority around initial and on-going development of leaders. Like any other skill, if EI is not learned early and practiced often, the competency will not be developed. The direct and indirect costs of leadership development can be high, but the cost of leader turnover and transitions in strategy are also expensive to organizations. The direct and indirect costs of not having well prepared and practicing leaders with strong EI skills can influence leader and staff turnover and morale.

Emphasis on practicing leadership that is focused on individual mastery of leadership practices, key organizational practices, and full embodiment of EI forms an interconnection that supports a culture of engagement where the right people, processes, practices, and purpose enable overall organizational excellence (NIST, 2013). The leader in this development sequence must look at their readiness to grow and develop as a
leader beyond just knowledge building; understand self involves a transformational and continuous process (B. Avolio, personal communication, January 19, 2016).

Existing Support Structure and Resources

Within most organizations, the types of supports and resources available to develop and implement a leadership development curriculum for EI and leadership education is quite varied. During the interview process, many senior leaders discussed the formal structures in their organizations that support leadership development. Most leaders reported that the types of programs available were minimal while others reported that they had highly functioning organization development professionals that worked to provide formal leadership development, training sessions, 360-degree feedback programs, and executive coaching. While these are the types of program that work to support this type of necessary education, most organizations are not equipped to provide this level of internal support for its leaders.

This type of leadership development framework or model is not based on pure training. This type of program involves longitudinal and continuous leader development and it requires a process of learning, interacting, taking risks, and receiving ongoing coaching and feedback about how to lead with a new and different approach. This type of approach is not a common methodology with many organizations. Many organizations conduct training, but are not set up to provide this level of ongoing support to its leaders.
Change Theory

The science of change management and implementation can facilitate the leadership development process and the personal experience leaders must go through to change their individual behavior and build on their emotional intelligence skills. The change required for leader development includes a ground up approach for leaders at all levels and for emerging leaders that currently do not hold a formal leadership position. Starting early in the career of nurses while they are still in a frontline clinical role will help to build a workforce that is more personally aware of their emotions and how to regulate their emotions and behavior. This will then prepare future leaders from the time that they enter the general nursing workforce and develop this competency throughout their careers. An individual leader’s readiness for personal change that translates to professional changes in their thoughts, ideas, and actions can be difficult. The leaders’ essence of who they are as leaders is informed by life experiences. This type of longitudinal leadership development program will meet participants where they are at in their journey and go forward from that place for continued development.

The purpose of a change model is to help provide context and structure to understanding the change that is to occur and then using the model and framework to help guide the work of the change plan. “Methodologies and philosophies already exist to help organizations navigate the waters of change and sustain successful organization development. The question is not, ‘Is there a solution’ but ‘Which solutions best fit my organization?’” (Howard, Logue, Quimby, & Schoenberg, 2009, p. 25). The Burke-Litwin Organizational Change Model (Burke, 2008) is a whole systems approach that includes the individual and the entire organization, with a focus on the people side of
change in the context of internal and external forces in the environment (Appendix D). Disrupting an individual’s and an organization’s status quo and creating an innovation are essential to facilitate the change process. “Creating an environment of open and safe communication is essential when changes are being introduced to an organization” (Foltin & Keller, 2012, p. 22). Burke reported that Lewin suggested “…the target is often the organization’s culture, especially the group and organizational norms to which the members conform” (Burke, 2011, p. 62).

To summarize the change recommendations, they included:

1. Changing both system and individual norms regarding leadership development;
2. Reframing the value of leadership development with a focus on EI and direct report leader engagement is an essential part of doing business that adds value essential to competing in a new healthcare ecosystem;
3. Formalized didactic and content rich curriculum designed as professional development and not technical training;
4. Simulation with actors to provide leaders with a safe environment to try the new skills;
5. Integrate leader performance management to track behavior change and outcomes;
6. Coaching and providing tools for leaders that are designed to change behaviors to improve leadership practices, emotional intelligence, and engagement strategies for direct report leaders;
7. Integrate leader performance into a management performance program to track ongoing development goals related to 360-degree feedback, development plan goals, and engagement scores.

8. “The change process isn’t completed until it becomes a new norm” (Foltin & Keller, p. 24). Change is an ongoing process and rarely ends, and instead becomes a cycle of continuous improvement.

**Implementation of the Proposed Solution**

Implementation of a structured leadership development program requires a coordinated approach to planning and deployment. The model for this type of program would require the organization’s senior leadership team to sponsor the program and to set the expectation in the organization in the value of an extensive program that would require an investment of 18 to 24 months’ participation from the leaders selected. Additionally, as the executive coaching process starts, stretch learning assignments created for leaders will help them integrate and transfer their learnings. The organization needs to develop and support the work required for this development. Some organizations struggle with leader taking on additional or stretch assignments that may take them away from their day-to-day responsibilities.

This type of leadership development program creates a narrative for the leaders participating (B. Avolio, personal communication, January 19, 2016). The leader’s individual narrative is created through these experiences. This program is not something that is done to a leader, but requires the active engagement of the leader to embrace and experience. It is through this shared experience with the cohort of other leaders...
participating that the individual and collective story is created for the leader and the organization.

**Factors and Stakeholders Related to the Implementation of the Solution**

**Leader’s Role in Implementing Proposed Solution**

Leaders that are going to implement this type of development program must approach it as an investment in their organizations’ future. A key success to a program like this will require senior leadership team support and sponsorship. Because the focus of the development program is on nursing leaders, the Chief Nursing Officer, and Chief Executive Officer need to co-sponsor the work and make it an organizational priority and require that participation in the program is an expectation.

The idea behind a longitudinal leadership development program focused on the individual leaders’ talents and strengths is to develop the leader so that the leader can become a more effective transformative leader (Gallup, 2015). This type of leadership development will improve the way that leaders work with their direct reports, teams, will affect the overall organizational culture, and will improve the execution of the organizational strategy (Cocowitch, Orton, Daniels, & Kiser, 2013). The senior leaders and executives that decide to support, develop, and implement a program must create a steering team that helps to design and provide oversight. This will align the senior executives and the organization around this work and the overall value and need of such a program.

**Building Support for the Proposed Solution**

The science of implementation, change leadership, and dealing with resistance is an essential part to officially launching a new way of thinking about the work of
leadership. While this leadership development strategy is programmatic, it is really about changing the way individuals think about leadership development and the practice of EI. The senior leader who would be sponsoring this program would need to understand that it is about dealing with individual concerns and organizational concerns. The entire executive team must support this program and understand how it aligns with building a future for the organization, its overall success, and in developing the culture of excellence. This culture of excellence, both for individual leaders and for the entire organization aligns with the Ignatian value of magis, or excellence (Creighton, n.d.). This value represents the desire to strive towards excellence and create a legacy for all of those served.

Additional Considerations for Implementation and Assessment

The leader of an organization that would want to implement this as a development strategy would have to personally understand the benefit and have a personal conviction to the idea that leadership is a discipline and learning to practice leadership using EI is a different way of thinking. This type of development strategy can also be supported to demonstrate the difference that it makes in outcome measures for the organization, such as decreased turnover of staff, increased engagement scores, decrease costs for orientation due to turnover, and decreased costs for reducing leader turnover.

Global and External Implications for the Organization

Every solution or new way of thinking or conducting leadership development faces the potential of not being funded, adopted, or continued in the long term. Organizations must constantly balance competing priorities. In the modern healthcare organization with changing reimbursement models and models of care, there is a
decreasing ability of organizations to deploy monies to non-operational programs. This is especially true for standalone hospitals or rural hospitals that have more limited budgets.

Another important factor to consider that may create an issue is the sophistication of an organization’s training and development or organization development departments or staff. Depending on how these individuals are selected and depending on their professional backgrounds, the openness to new programs and ways of preparing leaders instead of managers may come under challenge.

The approach to leadership development varies by each organization. Larger organizations, such as Banner Health in Arizona and Catholic Healthcare Initiatives in Colorado have well developed leadership development programs. Each senior leader has a professional coach who helps them to grow and develop into a more effective transformational leader. Performance coaching centers on helping the individual leader to better understand themselves to become a more effective leader. Many OD practitioners and coaches use a variety of assessment tools for leaders to grow and develop. Spreading and scaling a leadership development program that encompasses specific competencies around EI can be accomplished through commercially available programs, a program that is created by an organization, or by creating a partnership with academic organizations that can co-create a leadership development program

An area of further research and consideration surrounds the topics of leader selection and leader turnover. How organizations select and promote leaders for their organizations can range from informal processes to sophisticated talent and succession management programs. There are two ways that leaders enter a healthcare organization –
internal promotions and external candidates. Organizations must consider what they are looking for in leaders that they either promote or hire externally. Many healthcare organizations do not have well developed processes and structures in place for determining what competencies and capabilities leaders’ need to be successful within their roles and at various levels of leadership (Gallup, 2015). What a frontline nursing supervisor needs as a skill base is different from senior director competencies. However, as people decide that they are interested in pursuing leadership positions as a career path, having a formal mechanism for how to develop talent is often times lacking and frequently there is not a formalized development path. The development process requires an approach that develops leaders based on the progression of their role and their needed skill development.

In some healthcare organizations, leadership development connects with succession planning and planning for the future needs of the organization from a leadership succession perspective. How organizations link these two together can begin a proactive approach to meeting the need to develop leaders for the organization’s future state (Groves, 2007). Organizations that can integrate leadership development and their succession planning and talent management together may have an opportunity to create leaders prepared to lead the organization in this chaotic and complex environment.

**Evaluation and Timeline for Implementation and Assessment**

Developing a way to measure both the implementation and outcomes of a program or significant change initiative is an essential way to create value in the program, directly and indirectly. The development of a leadership program focused on leaders requires planning from operations, human resources, and the internal or external
resources that will be involved in managing the program. These types of programs require integration and careful planning to maximize the resources, a plan for scheduling, finance and budget development, and logistical considerations, such as how participants for the program will be selected and what level of leader that the program will support (B. Avolio, personal communication, January 20, 2016). This program would require at least a year of planning from a startup initiative in order to adequately prepare, select participants, develop or adopt curriculum, and launch the first session.

Developing an evaluation for the program and the participants requires a short term and long-term focus. Education based programs are frequently measured based on static measures that assess the structure, format, and content of the learning compared to actual outcomes it achieved in personal transformation that impact the organization. Many organizations include a stretch assignment for the leader that is participating in a development program where that leader gets experience solving a complex problem and receives mentoring from a more senior person that serves as a guide and coach. This approach allows for the integration of the didactic content through an action-learning project, supported by coaching and mentoring (Groves, 2007). The goal of this type of leadership development program to improve EI in leaders is a change in that leader’s behavior that can be both observed and assessed through 360-degree feedback mechanisms.

Many traditional metrics for evaluating the effectiveness of education and development programs focus on the participant’s satisfaction or participation. Instead, the outcomes have longer-range outcomes for the individual leader and their EI and leadership practices. Moreover, the organization begins to benefit as that leader evolves
into a more effective leader that is capable of work that is more complex and projects that support the mission and vision of the organization (Groves, 2007). A leader that becomes more effective is usually more productive, has lower turnover, and as their leadership style begins to evolve, relationships improve with direct report leaders, colleagues, and other staff members to promote improved engagement and decreased levels of turnover or low morale (Gallup, 2015; Groves, 2007; Schfauli & Baker, 2005). These types of outcomes reflected in metrics can be associated with an improved financial impact for a reduction in the hiring process for leaders and in extreme cases of disengagement, cost to the organization in leave and short-term disability.

**Implications**

**Practical Implications**

The practical implications for preparing leaders to understand themselves, understanding of others, and balancing their emotional responses with a full toolkit of leadership practices that enhance engagement has significant contribution to an individual and organization’s performance. Organizations with highly engaged associates, especially leaders, can achieve great things and keep the mission focused on achieving goals. Gallup’s work with leaders has focused on leadership and capability as a talent (Gallup, 2015). “Talents are innate and are the building blocks of great performance, knowledge, experience, and skills develop our talents into strengths, but unless we possess the right innate talents for our job, no amount of training or experience will lead to exceptional performance” (Gallup, 2015, p. 11).

The value in leadership development that provides longitudinal growth using a variety of strategies is that it produces leaders that understand self and seek to be the best
by utilizing their talents. The talents that are present in leaders with a well-developed EI and those that integrate evidence-based leadership practices support the engagement of direct report leaders. In fact, leaders that are engaged have teams that are more engaged and considering that 51% of leaders are disengaged in their work, developing a leader with these strengths and talents is an invaluable asset to the organization, chiefly direct report leaders and followers (Gallup, 2015).

**Implications for Future Research**

How leaders grow, develop, and become better leaders is both a personal and professional journey. The process and openness to developing emotional intelligence and using that knowledge, feelings, and cognitive ability to control behavior is something that can be developed in individuals. Many times leaders are not given the opportunity to learn how to develop their EI and integrate that development with skills or competencies incorporated into a formal leadership development program.

Frequently, leaders are promoted into formal management roles where their technical knowledge from their past position is used as a predictor of their aptitude and potential success in a new and different role (Gallup, 2015). This idea is quickly becoming an antiquated approach to purposely recruiting leaders that have formal preparation and have an evolved level of emotional intelligence.

This research contributed to the greater good by leveraging existing leadership development programs and creating new content that would improve how leaders perform and connect their work with the idea of engaging their direct reports using their emotional intelligence practices. Individuals and organizations deserve effective, caring, empathetic, and relationship focused leaders. Leaders that can successfully create
relationships through individual and group connections have the power to transform individuals and organizations. Leaders that are aware of their emotions and know how to recognize and regulate those emotions create a powerful dynamic for improved relationships and communication. Another area to research is the study of team emotional intelligence. This entire space has received some attention, but how teams develop a collective EI is valuable as it relates to a team’s effectiveness and overall performance.

This work identifies an interesting point concerning healthcare and nursing leadership. Much of the work in leadership studies and in the literature is not specific to this profession and the complex nature of healthcare and the role of senior nursing leaders may reflect different needs in how this industry and workforce are studied. The American Organization of Nurse Executives (AONE) (2014) has published Nurse Executive Competencies to help guide the development of senior nursing leaders. While this document serves as a valuable resource, which includes a self-assessment, AONE does not offer a longitudinal and continuous leadership development program based on these competencies to build nursing leader competence.

This research study also reflected on the notion of how engagement is changing in the workforce. What employees need and want from a leader and organization may be complex with an intergenerational workforce. Specifically, most studies on engagement have looked at all levels of employees in aggregate without creating a distinction between formal leaders and those without a leadership and management function. This is especially true in healthcare. The needs of a frontline staff member may not be the same for a person in a leadership and management role. What employees give and get,
according to Gallup (2013) is a core component to fostering engagement. This study begins to raise the question as to whether that is the same for the leader and the staff member.

**Implications for Leadership Theory and Practice**

The results of this study and the information obtained from the interviews suggested several areas of focus related to leadership theory and practice. How leadership practices and emotional intelligence influences others, typically a follower, from the perspective of the senior leaders’ influence continues to be an area of further explanation. While many leadership theories discussed how the work of leaders is to support followers, and how a leader develops that skill is not completely evident. The other factor that is essential yet not completely evident in healthcare and nursing leadership is how a leader develops these skills and practices. Leaders in healthcare, as evidenced by reports from the study cohort, do not receive any uniformed and consistent leadership development that helps prepare novice leaders and continues to develop more experienced leaders. This lack of formalization of leadership skill and practice development, in addition to lacking development of emotional intelligence, fortifies the need to look at leadership theories that can support further research to demonstrate how these concepts are possibly related. For example, as leaders transition into their first formal leadership role, there is a gap that exists in how that leader learns about how to be an effective leader (NCHL, 2014).

The new leader may receive training on computer systems, how to complete a requisition to fill an open position, how to pull up their patient satisfaction score, and many other technical tasks. These task-based activities represent management skills, but
do not related to how a leader creates a workplace where engagement flourishes. In general, the interviews with the senior nursing leaders that participated in this study support the view that overall nursing has been too technically focused when it comes to leadership and developing the future leaders of the profession requires a different direction.

The two leadership theories that help represent the issues of senior nursing leaders and healthcare leadership reflected by both transactional and transformational leadership theories. Leader-Member Exchange (LMX) and Bass Transformational Leadership Theory have a dual role in understanding how leaders interact with their direct reports and other stakeholders. Within the context of every interaction, there is both a transactional component and a transformational one that represents a functional and relational aspect of the situation and is part of how both the individual and the organization function (Burke-Litwin, 2008). How leaders negotiate those and relationships and complex dynamics is a measure of their effectiveness as a leader, including their own self-perception of their effectiveness.

Developing nursing leaders for the future will be a challenge. While this study did not construct a solution focused on initial academic preparation for nursing practice, the research supported the need to begin to develop nurses from the time that they enter their undergraduate academic programs for nursing. Just as nurses or physicians and other clinical providers learn both theory and practice of patient care and patient management, formal leaders must start early in their careers and maintain the development of their leadership skills, emotional intelligence, and abilities that keep them refreshed and learning. Leaders can then share and disseminate the learnings that they
have reflected on and begin the change process with their direct report leaders. This will instill a new set of values with their leaders and begin a shift in the organizational climate and culture, specifically with leaders. Byham & Wallace (2016) advised leaders to consider this - “It’s important for you to self-assess whether a leadership role is the best career match for you” (p. 81). Matching talents and abilities for those seeking leadership roles helps to identify if the potential leader has the foundational ingredients for leadership.

This change then aligns with an overall disruption in individual leadership practices that cascades to broader groups and then the entire organization can allow for organizational transformation and framing of what constitutes an effective leader. Senior leaders that can build relationship with their direct report leaders and create a workplace that is healthy is exhibited by a “strong sense of trust” and “… these organizations engage and empower employees in decision making, risk taking, and personal and professional growth” (Shirey, 2006, p. 258). At this point, transformation of the organization begins to take root and leaders practice differently and can make a difference.

A leader development strategy that incorporates EI and self-reflection supports the Ignatian values. The Ignatian values are reflected in the study and practice of leadership. The behavioral dimensions of leadership form the basis of trust and relationship between the leader and follower that will define how the leader and the organization are perceived (Johnson, 2012). As leaders grow and develop, they must first start with building their capacity for self-leadership and self-awareness as the way forward to leading others and leading using emotional intelligence (Lowney, 2003).

All of the Ignatian values pertain to effective leadership practices. Specifically, (a) cura personalis, (b) unity of heart, mind, and soul, and (c), being an agent of change applied to the practice of leadership that is servant/transformation focused and follower-centric. Having defined leadership as a relationship based, influencing, and creating change, these values support that work of the leader. Leaders serve others and it is through this serving relationship that connection forms, trust is developed, and as an agent of change practicing these values, the leader helps create magis or the journey of excellence in service of others.

Summary of the Study

This Dissertation in Practice focused on answering the research question concerning how senior nursing leaders’ self-perceptions of emotional intelligence and leadership practices associated with direct report leader engagement. The research was focused on this applied problem of leadership from the perspective of a lack of leaders with well-developed emotional intelligence as skill within leadership practices. The effect of the lack of this competency related to emotional intelligence is a lack of overall leadership practice performance and the gap that is created between senior nursing leaders and their direct report leaders or direct reports. To help gain insights, meaning, and the full essence of this phenomenon, a qualitative study was conducted using a purposive sampling technique with 13 senior nursing leader participants.

Through the use of semi-structured, open ended interview questions, senior nursing leaders confirmed that the assumptions about this gap and the overall negative
effects of ineffective leadership and EI to direct report leaders and organizations exists and creates a problem for healthcare and hospital systems that can be measured in operational costs and personal disenfranchisement.

Based on the leaders’ responses, comments, insights, and the available current literature, an evidence based leadership development solution was created that focuses on building competencies in leadership practices and emotional intelligence as the mechanism to create direct report leader engagement. The proposed solution includes program design rich in content, demonstrates coherence with the leaders’ goals, includes simulation and skill practice, and is supported by a year of executive coaching. The design of this program focused on leader development and not training; training is usually a onetime event without behavioral outcomes are connected to knowledge, cognitive neural change, transfer of knowledge to practice, and sustained transformational professional and personal change.

This leadership development program was designed with the intent to prepare leaders in nursing to bring together their personal value sets and behaviors with a better understanding of self, translated into emotionally intelligent leadership practices that engage their direct report leaders and stakeholders. The combination of leadership practices, leader emotional intelligence, and how factors in the organizational and social context merges together helps to create an overlap where leader engagement can flourish (Figure 8).
Figure 8: Factors that promote direct report leader engagement.

While this study is a small representation of the entire senior leader population in healthcare, the meaning and essence of the phenomenon explored the assumptions and the research validated these assumptions. Further exploration of this subject and future research how it informed leader practices create another research opportunity. This study provided insights and led to the understanding of senior leader self-perceptions about EI and leadership practices that translated into the proposed leadership development program. This proposed model of leadership development was created for nursing leaders with the intent to make a difference in developing more emotionally intelligent leaders that practice leadership with the goal of engaging their direct report leaders and followers.
References


Appendix A

Participant Recruitment Posting on AONE

Research Participants: Attention Senior Nursing Leaders

Emotional Intelligence (EI) is a vital competency for all leaders and especially senior leaders. How a senior leader perceives their own level of EI informs how they manage their emotions and behaviors. These behaviors and emotions have an effect on downstream leaders and may influence the engagement level of more junior nursing leaders. This doctoral dissertation research is sponsored through Creighton University. This is a qualitative study seeking nursing leaders with the title of CNO, ONE, VP Executive Director, DI Director, or Director and who have at least one direct report. The study utilizes a one-time, 30-60 minute interview to gather data. Participation in the study will be kept strictly confidential. Interested participants may contact Dr. L. L. (EdD) NC, RN, CENP at 602-579-2020. Participants will receive a summary document of the research outcomes following the completion of the dissertation process. Thank you in advance for your excellence and consideration in helping inform how to improve leadership practices around emotional intelligence.

RN in OR/Emergency - All Levels, Ace Infectious (Full Time)

RN – Please visit your CNO/Head Supervisors to participate in a research study conducted by Sue Neissig, MSN, RN, PhD candidate exploring the administrative or Emergency Supervisor role and the perceived impact on nurse and patient safety. Participation will be kept confidential. The research consists of a one-time 30-60 minute phone interview and participants will receive a $50 visa gift card after the interview as an act of appreciation. If you are interested in participating or learning more about this opportunity, please respond by email to Sue Neissig or phone at 508-727-1281.

Post your research

For a nominal fee, AONE assists nurse leaders in accessing participants for research studies. In order to qualify for access to the AONE membership, all research must be consistent with the AONE mission and scope and reviewed by AONE. In addition to the option of purchasing a mailing list rental, AONE now offers the opportunity to announce approved research studies in our weekly e-newsletters. AONE is happy to help AONE members with access for their research requests. For more information on this service, contact B. T. (PhD, RN) AONE director of professional practice, at (312) 422-2807.
Appendix B

Interview Template

Introduction

"Thank you for agreeing to participate in an interview for research on leader emotional intelligence and engagement. This study is looking at how senior leader emotional intelligence may affect direct report leaders and their level of engagement. Any comments or remarks that you make will be confidential; you and your responses will remain anonymous. Please let me know if you have any questions and if at any time during the interview you need to take a break, please just let me know. Do you have any questions before we begin?"

Demographics/Background

Interviewee (By Title/Position):

Current Position and how many years in the position:

Level of Leadership Position: VP  CNO  Sr. Director  Director  Other

Contact Information:

What type of hospital or healthcare setting do you work in?

How many direct reports are within your span of control?

Where is the hospital or healthcare organization located?

What is your education level?

What are your professional certifications?

Questions on Leadership

How long have you held a formal leadership position?

What is your definition of leadership? Describe your style of leadership.

What leadership qualities are important to you?

What types of leadership development have you participated in for your role as a formal leader? Has this included EI training or self-assessment, 360, etc. Formal leadership program offered through employer, class, specify type/frequency/content.
What leadership qualities do you look for in someone that you report to and describe his or her significance for you?

Describe a time when you felt inspired or not by your leader. What influenced your reaction or feelings?

Tell me about a time when you felt energized or not by the leader you report to. What influenced your reaction or feelings?

**Engagement and EI**

Explain your definition of engagement.

Describe emotional intelligence.

On a scale of 1-5, with 5 being exceptional, what is your perception of your leader's effectiveness in applying the principles of emotional intelligence?

How does EI influence/impact engagement?

Describe a time when your level of engagement has been at its highest and why. Lowest?

Take me to a time when your emotional intelligence had an effect on others or your own thoughts and feelings about your level of emotional intelligence? This may include a time when you learned that something you said or did had either a positive or negative effect on a colleague, direct report, or other peer. How were you made aware of this?

How would you describe your level of EI when you first started in a formal leadership role compared to at this current time? On a scale from 1 to 5, with 5 being very well developed, rank your self-perception of your EI when you first started in a formal leadership position compared to where you believe you are now.

How has EI informed your role as a leader?

What part of EI do you think has the most influence on your success as a leader - self-awareness, self-management, social awareness, or relationship management?

Please take a moment to add any other thoughts you would like to share or summarize your thoughts on emotional intelligence and engagement. Thank you for participating in this interview for my doctoral research.

How long have you held a leadership position?
Appendix C

Institutional Review Board Approval

Social Behavioral Institutional Review Board
2500 California Plaza • Omaha, Nebraska 68178
phone: 402.280.2126 • fax: 402.280.4766 • email: irb@creighton.edu

DATE: July 8, 2015
TO: Craig Laser
FROM: Creighton University IRB-02 Social Behavioral

PROJECT TITLE: [760461-1] How the perceived emotional intelligence of senior nursing leaders relates to engagement of direct reports: A qualitative study to inform leadership practices

REFERENCE #: Exempt 2/3
SUBMISSION TYPE: New Project

ACTION: DETERMINATION OF EXEMPT STATUS
DECISION DATE: July 8, 2015

REVIEW CATEGORY: Exemption category # 2/3

Thank you for submitting the above mentioned proposal to the Institutional Review Board office for review. An IRB administrator has determined this project is exempt from Federal Policy for Protection of Human Subjects as per 45CFR46.101 (b) 2/3. The project and exemption is approved for a 3 year period. The following documents have been reviewed as part of this submission:

- Application Form - 114.1B Application for Determination of Exempt Survey Status (UPDATED: 07/7/2015)
- Creighton - IRB Application Form - Creighton - IRB Application Form (UPDATED: 07/6/2015)
- CV/Resume - Craig Laser 2015.pdf (UPDATED: 05/19/2015)
- Letter - Agreement Letter from Maricopa Med Center for Research Site Option (UPDATED: 07/7/2015)
- Other - DIP References (UPDATED: 07/7/2015)
- Other - Document for permission to access AONE members for interview/survey (UPDATED: 05/19/2015)
- Proposal - PPT Proposal (UPDATED: 07/7/2015)
- Questionnaire/Survey - Laser Interview Questions.xlsx (UPDATED: 07/7/2015)

Continued approval is conditional upon your compliance with the following requirements:

1. Compliance with the Creighton University IRB policies and procedures
2. Problems must be reported using the Reporting Form for Reportable New Information. Problems requiring report can be found in the IRB Policy 134 “Reportable New Information”
3. All protocol amendments and changes to approved research must be submitted to the IRB and not be implemented until approved by the IRB. Please use the modification form when submitting changes to protocol or consent documents.

If you have any questions, please contact Christine Scheuring at 402-280-3364 or christinescheuring@creighton.edu. Please include your project title and reference number in all correspondence with this committee.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within Creighton University IRB-02 Social Behavioral's records.
Appendix D

Burke-Litwin Model of Causal Organizational Change (Burke-Litwin, 2008)