Understanding the Relationship Between Nurse Leader Emotional Intelligence and Nurse Satisfaction

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Professional Practice Model

Kristen Swanson Theory of Caring
* Maintaining Belief
* Knowing
* Being With
* Doing For
* Enabling

INNOVATION
COLLABORATION
ACCOUNTABILITY
RESPECT
EXCELLENCE
Study Purpose and Objectives

• To investigate the extent to which the level of nurse leader Emotional Intelligence (EI) is associated with staff nurse satisfaction in the acute hospital setting.
  – Determine the relationship, between the level of nurse leader EI and staff nurse job satisfaction.
  – Determine if there are any specific components of EI that impact staff nurse satisfaction.
Applicability to PPM

• The PPM which incorporates both the nursing caring model and the hospital iCARE values is solidified through the relationships we have with our patients, families and ourselves.

• Evidence shows that leadership is critical to successful organizational outcomes and employee satisfaction.

• Nursing job satisfaction is important to patients, families and healthcare practitioners because it has been linked to positive patient outcomes and quality of care.
Applicability to PPM

• EI is the ability to control impulses and delay gratification, regulate one’s mood and when faced with frustrating situations continue to be motivated and empathize with others.

• Strong leaders are skillful in relating to others and creating relationships that are essential in achieving their goals.
Applicability to PPM

• The four domains of EI are: self-awareness, self-management, social awareness and relationship management.

• Nurse leaders who possess high EI have an understanding of the impact other people have on their professional and personal well-being.
Conceptual Framework

- Bar-On model of Emotional-Social Intelligence (ESI).
- ESI: a cross-section of interrelated emotions and social competencies, skills and facilitators that determine how effectively we:
  - Understand and express ourselves
  - Understand others and relate to them
  - Cope with daily demands

- The emotional and social competencies, skills and facilitators are grouped into 5 major components:
  - Intrapersonal
  - Interpersonal
  - Stress management
  - Adaptability
  - General mood

Methods (Study Population)

- A cross-sectional design with a convenience sample of 7 directors and 13 nurse managers (20 nurse leaders) of 17 inpatient units.
- To maintain confidentiality an independent consultant certified in EQ-i 2.0 was secured for distribution, analysis, interpretation and dissemination of the results.
- To assure anonymity a specific numerical identifier was assigned to each nurse leader and a letter code to each unit.
- Staff nurses included full and part-time RNs who spent 50% of their time in direct care, were employed at the hospital for a minimum of 3 months and completed the NDNQI nurse satisfaction survey in 2014.
• **Emotional Quotient Inventory (EQ-i) 2.0 was used to measure EI.**
  – EQ-i 2.0 is the next generation of the EQ-i assessment tool based on the Bar-On model.
  – The EQ-i 2.0 is a self-report instrument containing 133 items scored on a five point Likert scale.
  – The individual’s responses result in a total EQ or EI score and scores on five composite scales that comprise 15 subscale scores.
  – EQ-i 2.0 scoring ranges: high range > 110; mid-range 90-110; low range < 90.

• **The NDNQI RN Survey was used to measure two subscales.**
  – Job Enjoyment- the job enjoyment scale consists of seven questions scored on a 6 point Likert scale.
  – Job Enjoyment scores presented as T-scores (< 40 low satisfaction, 40-60 moderate satisfaction, > 60 high satisfaction.
  – Nurse Manager Ability, Leadership and Support of Nurses- the scale consists of five questions scored on a 4 point Likert scale – a score > 2.5 is a favorable rating.

National Database of Nursing Quality Indicators (NDNQI) 2014. RN Survey Scoring and Glossary Guide.
Results

• Seventy-nine percent (476/621) of eligible direct care RNs completed the NDNQI survey and 100% of eligible nurse leaders completed the EQ-i 2.0 survey.
• Demographic queries could not be added to the EQ-i 2.0 survey and due to participant confidentiality comparisons could not be established.
• However- since all of the nurse leaders completed the survey some demographic characteristics were derived from the HR database:
  – Homogenously female between the ages of 35-69
  – All worked full time
  – 67% held a BSN
  – 30% held an MSN
  – 5% held a doctorate in education
  – 5% is currently enrolled in a BSN program
Results

• Question 1: Is there a relationship, between the level of nurse leader EI and staff nurse job satisfaction?
  – Nurse leaders mean Total EI was 104.76 (mid-range 90-110).
  – Mean Total EI scores ranged from 81-129 (low to high).
  – Staff nurse mean job enjoyment score was 61.60 (>60 high).
  – Job enjoyment score range was 49.77-75.20 (40-60 moderate satisfaction).
    Nurses on some units are less satisfied than others.
  – Mean manager ability, leadership and support of nurses score was 2.95 (>2.5 is favorable).

• Data showed no significant main effect on staff nurse job enjoyment related to nurse leader EI; F (3,30) =31, p= .822 (p>.05). There was however a strong correlation between job enjoyment and nurse manager ability, leadership and support of nurses (r=.82, p<.01).
Results

• Question 2: Are there any specific components of nurse leader EI that impacts staff nurse job satisfaction?
  – All 5 composite scores fell in the mid-range.
  – The 15 subscales were in the mid-range with a mean score of 103.56.
  – The subscales of self-actualization and problem-solving had the lowest mean scores.
  – The subscales of empathy, optimism, reality testing and emotional self-awareness had the highest scores.

• The self-perception composite significantly predicted job enjoyment, $B = -.75$, $t = -2.373$, $p < .05$. Additionally, the self-perception composite significantly predicted manager ability, leadership and support of nurses score $B = -.72$, $t = -2.360$, $p < .05$. 
## Results

<table>
<thead>
<tr>
<th>Subscale Scores</th>
<th>Mean Score</th>
<th>Score Range</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-regard</td>
<td>100.53</td>
<td>63-123</td>
<td>15.375</td>
</tr>
<tr>
<td>Self-actualization</td>
<td>97.88</td>
<td>71-125</td>
<td>11.729</td>
</tr>
<tr>
<td><strong>Emotional self-awareness</strong></td>
<td><strong>107.15</strong></td>
<td><strong>84-126</strong></td>
<td><strong>11.024</strong></td>
</tr>
<tr>
<td>Emotional expression</td>
<td>102.32</td>
<td>68-121</td>
<td>9.975</td>
</tr>
<tr>
<td>Assertiveness</td>
<td>103.15</td>
<td>67-127</td>
<td>11.032</td>
</tr>
<tr>
<td>Independence</td>
<td>102.32</td>
<td>70-120</td>
<td>13.334</td>
</tr>
<tr>
<td>Interpersonal relationships</td>
<td>103.35</td>
<td>81-125</td>
<td>13.282</td>
</tr>
<tr>
<td><strong>Empathy</strong></td>
<td><strong>109.82</strong></td>
<td><strong>97-124</strong></td>
<td><strong>9.233</strong></td>
</tr>
<tr>
<td>Social Responsibility</td>
<td>101.53</td>
<td>80-124</td>
<td>10.607</td>
</tr>
<tr>
<td>Problem-solving</td>
<td>98.41</td>
<td>70-123</td>
<td>12.033</td>
</tr>
<tr>
<td><strong>Reality testing</strong></td>
<td><strong>107.91</strong></td>
<td><strong>86-130</strong></td>
<td><strong>11.36</strong></td>
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<tr>
<td>Impulse control</td>
<td>104.85</td>
<td>62-125</td>
<td>13.725</td>
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<tr>
<td>Flexibility</td>
<td>102.53</td>
<td>94-122</td>
<td>7.325</td>
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<tr>
<td>Stress tolerance</td>
<td>104.24</td>
<td>76-124</td>
<td>13.296</td>
</tr>
<tr>
<td><strong>Optimism</strong></td>
<td><strong>107.5</strong></td>
<td><strong>77-124</strong></td>
<td><strong>12.755</strong></td>
</tr>
</tbody>
</table>

Mean, Score Range and SD of subscale scores (n=20)
# Results

<table>
<thead>
<tr>
<th>Total EI &amp; Composites</th>
<th>Mean</th>
<th>SD</th>
<th>Score Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total EI</td>
<td>104.76</td>
<td>10.549</td>
<td>81-129</td>
</tr>
<tr>
<td>Self-Perception</td>
<td>101.41</td>
<td>11.335</td>
<td>70-121</td>
</tr>
<tr>
<td>Self-Expression</td>
<td>102.97</td>
<td>12.511</td>
<td>58-126</td>
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<tr>
<td>Interpersonal</td>
<td>106.06</td>
<td>9.745</td>
<td>90-128</td>
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<tr>
<td>Decision-making</td>
<td>104.41</td>
<td>11.980</td>
<td>79-126</td>
</tr>
<tr>
<td>Stress Management</td>
<td>105.15</td>
<td>10.944</td>
<td>81-126</td>
</tr>
</tbody>
</table>

Total EI and Composite Mean Scores, SD and Score Range (n=20)
Limitations

- Study conducted at a single acute care organization limiting the generalizability of the findings.
- Demographic queries could not be added to the EQ-i 2.0 survey so variables such as age, years of experience as a manager could not be linked to the assessments.
- Response bias possibility due to: self-report survey and nurse leaders were direct reports of the author due to confidentiality comparisons could not be established.
- The NDNQI staff survey and the nurse leaders EQ-i 2.0 were administered at different periods.
Practice Implications

- Acknowledging emotions can be thought of as a “soft side of leadership”- nurse leaders need to provide guidance of both emotional and critical thinking processes.
- Employees tend to follow leaders they trust, are empathetic and have relationship with.
- Relationships are developed through communication that is:
  - Self-aware
  - Appropriately regulated
  - Cognizant of the emotions of others
  - Directed by knowledge of motivating factors
- Nurse leaders are instrumental in attracting and retaining productive and engaged staff.

Recommendations

- EI is both teachable and learnable and ESI factors can be enhanced.
- EI competencies can be improved—EI development in leadership training should be considered.
- More study is needed for further reflection on the understanding of EI both academically, personally and professionally.


Questions