THE ROLE OF EMOTIONAL INTELLIGENCE IN LEADING A DIVERSE NURSING TEAM

By:

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DECLARATION

I declare that **THE ROLE OF EMOTIONAL INTELLIGENCE IN LEADING A DIVERSE NURSING TEAM** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any other degree at any other institution.

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Helena Elizabeth Maria (Linda) Haskins Date:

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ABSTRACT

Globalization has opened international borders thereby creating a culturally diverse healthcare environment worldwide. Skills necessary to manage this diverse group extend beyond technical knowledge, expertise or excellent leadership skills. This study sought to determine the role of Emotional Intelligence (EI) in leading a diverse nursing team.

A Quantitative, exploratory and descriptive design was applied, using a questionnaire as data collection instrument, to collect data from 390 nurses working in a large training hospital in the United Arab Emirates. The aim was to ascertain subordinates' views of their nurse managers' personal competence (self-awareness and self-management skills), and social competencies (social awareness and relationship management skills).

The results indicated that the majority of respondents considered their leaders to be effective and emotionally competent. A significant relationship was found between effective leadership and the nurse manager's self-confidence, self control, empathetic skills and culturally sensitive communication. An in-service training programme was developed and recommended for the further development of emotional intelligence in all nursing managers at this hospital.

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CHAPTER 1
ORIENTATION TO THE STUDY

1.1 INTRODUCTION

The researcher reflected back in time when she commenced her nursing training, and her perception of the nurse managers' seemed so disciplined, organised, relaxed and straightforward. It somehow seemed similar to that of a well-coached rowing team on smooth waters, and each rower followed the direction given to him or her by the captain. The team's performance was reliant on following the directives provided and working as one unit. Twenty-five years later, leading a team is more like a white water rafting adventure and the leader is required to use different skills to keep his/her team inside the raft (Covey 2004:97).

To cope with these 'white waters' that we might find in healthcare, leaders need to integrate their cognitive abilities, leadership skills, and cultural competence (Lopes, Brackett, Nezlek, Schutz, & Salovey 2004:1018; Mays, De Leon Siantz & Viehweg 2002:139; Emmerling 2003:1). Additionally, nurse managers face the dynamics of diversity in the team and must, therefore, consider each member's feelings and emotions during their interaction (Mayer, Salovey & Caruso 2000:396; Goleman 2004:25).

Authors such as Goleman, Boyatzis, and McKee (2002a:3-22) and Byrne (2004:1) comment on the research conducted over the last couple of years to demonstrate the importance of the leaders emotional intelligence competencies and its effects on the workplace. These research studies suggest that nurse managers create a work environment where his/her team feels safe, allow professional growth, excellence in performance and prosperity for the organization as a whole (Amundson 2004:1; Vitello-Cicciu 2003:30; Campinha-Bacote 1996:22).

The researcher, therefore, needed to determine whether nurse managers in a healthcare facility in United Arab Emirates (UAE) do create a healthy and safe

healthcare environment. This can be determined by exploring the role of the nurse manager's self-awareness, self-management, social awareness and relationship management skills in leading a diverse nursing team (Goleman 2004:317; Goleman, et.al 2002a:39).

In this chapter, the following aspects will be addressed and reviewed: a background sketch, the problem statement and the research question. The researcher will highlight the purpose of the study and identify the significance of conducting this research. In defining all the concepts, the researcher will start with a conceptual definition, and then continue to operationalize that definition. During the final part of this chapter, the researcher will illustrate the research design and methodology that will be applied to demonstrate how this research study will be conducted.

1.2 BACKGROUND

(www.emirates.org)

The United Arab Emirates (UAE) is a constitutional federation of seven Emirates. The country expanded exponentially over the last decade due to their oil production and construction infrastructures. The UAE has a population of 4.3 million of which 11% are UAE Nationals and 89% are expatriates from various parts of the world (United Arab Emirates web page).

1.2.1 Cultural Diversity

The people of the Emirates are very friendly, and in many ways have remained true to their culture and traditions. It is a norm within the UAE culture to avoid conflict. At the same time, those in positions of authority of Health Care Services have a responsibility to ensure that employees provide safe and competent patient care. Thus, if leaders ignore conflict among those they supervise, patient care might well be affected, resulting in practices that could lower standards to a dangerous level and affect the health care system in the UAE negatively (Semmens 2003:32).

According to family tradition, Emirati women are usually not allowed to participate in most decisions. However, due to globalisation, there has been a dramatic shift from this traditional mindset to one where women now have the courage to make their own decisions and establish a career by entering academic institutions.

This drive towards careers is, unfortunately, very short lived as they are expected to marry young and fulfil family commitments. The UAE currently has approximately 230 Emirati nurses who have conducted their studies through either the Institute of Nursing or the Higher Colleges of Technology (personal information 2004, Federal Department of Nursing, Ministry of Health UAE). Due to this low volume of trained Emirati nurses, government authorities are obliged to recruit nurses from abroad in order to staff the various healthcare organizations within the Emirates (El-Haddad 2006:284).

Globally, the nursing workforce constitutes the largest percentage of the main health care budget. Health care authorities in the UAE deal with budget constraints by recruiting nurses from areas where they know they are able to hire nurses for wages that is more competitive than that of their home countries (Salary Grid 2005, Facility in UAE). This in itself contributes to obstacles to the provision of safe patient care services by lowering the skill mix of care teams. The salary market can drive the manpower budget downward to meet the bottom line earning potentials of a hospital.

The researcher entered a healthcare facility as a nurse manager in the United Arab Emirates ten years ago and experienced a monumental cultural shock on arrival. In addition, the researcher found that the nurses in that facility often had limited passion for, or, commitment to the healthcare of their patients. The researcher realised that her attitude might have been somewhat ethnocentric at that point in time and subsequently acted upon the need to become more culturally sensitive and acclimatised to the work environment in order to manage the diversity of the workforce and the clients (Andrews & Boyle 1999:25; Leininger & McFarland 2006:15; Mays, et.al 2002:139; Campinha-Bacote 1996:22).

Cultural diversity in this context is ascribed to differences in nationalities, cultures, language, and educational backgrounds in the field of nursing. These particular diversity issues reflect many of the challenges faced by the facility in providing culturally congruent care (Ozabaci 2006:169; Samarah, Paul, Mykytyn & Seetharaman 2002:1). Culturally congruent care can be described as "*culturally based care, knowledge, acts, and decisions used in sensitive and knowledgeable ways to appropriately fit the cultural values, beliefs, and lifeways of clients for health and well-being, or to prevent illness, disabilities, or death*" (Leininger & McFarland 2006:15). Valuing cultural diversity is an essential aspect of living and working in a multicultural society. Health care professionals need to become aware of the cultural influences and health behaviours related to illness and recovery, and translate that awareness into culturally congruent care (Leininger & McFarland 2006:159).

The current nursing workforce in the particular hospital consists of nurses from 36 different countries. The breakdown of these nurses' country of origin is; 53% Asian (Philippine, Indian, and Pakistani), 10% Southern African, 7% European, Australian, New Zealander and American and 29% from other Arab (Palestine, Jordan, Syria, Oman) and African countries (Nursing staff data base March 2008, UAE).

1.2.2 Language Difficulties

An article by Bergeron (2001:1), Castania ([S.a.]:1) and Levy ([S.a.]:1) highlight the fact that cultures differ in the activities and the tools they use. These authors continue by commenting that language is the primary cultural tool used, and that this is critical to re-structuring the mind and in forming high-order, self-regulated thought processes (Bergeron 2001:1). According to Bergeron (2001:1) the home language of an individual is tied to the person's culture and moreover language communicates traditions, values, and attitudes.

The official language spoken in the work environment is English, however, due to the diversity of the workforce, this is not the native language of most employees, nor is it spoken well by many. This is often the major cultural constraint for nurse managers. Conflict may arise between what the patient/client perceives their illness to be and what the physician may diagnose, or nurses may misunderstand each other, or the given instructions due to the care-givers language (Spector 2004:204; Budnik 2003:1). This has a very negative effect on the patients, as it compounds their discomfort due to being ill, in the regimented hospital environment, separated from their families and in an unfamiliar environment and not being involved in the care plan set by the healthcare team. Thus, they may feel the behaviour displayed by the healthcare team is demeaning and demanding.

Communication is an essential component of care, yet interpersonal communication can be ambiguous and misunderstood (Kim [S.a.]:1; O'Hara 2003:166). Communicating across cultural boundaries increases the risk of misunderstanding, which is further compounded when dealing with complex scientific/medical information (Cuckier & Middleton 2005:54; Bhui & Bhugra 2004:476).

Verbal and non-verbal cultural communication plays a major role in leading and managing a diverse nursing team. From personal experience, body language, tone of voice and speaking different languages are often the biggest obstacles within the current work context. These miscommunications across cultures can lead to conflict

or discomfort. One finds that tone of voice may range from being extremely loud to the very soft submissive tones of differing individuals depending on their cultural backgrounds (Semmens 2001:30; Singh [S.a.]:1).

Conflict situations may arise directly from language difficulties between healthcare professionals and/or the patients/clients. According to the official language policy, only English should be spoken in the clinical setting (Hospital Policy). Nevertheless the researcher has had trouble in achieving compliance from these groups of nurses with the official language policy. While leadership is present, the policy is observed; however, in the absence of leadership, the use of the workers' native language is commonplace. This contributes to huge patient safety issues as valuable information could be missed or misunderstood (El-Haddad 2006: 284).

1.2.3 Education and training

Many of these nurses have been employed at the facility since it opened 35 years ago. During the seventies to nineties there has been very little ongoing education and training or leadership support to facilitate personal and professional growth. The lack off training and support has resulted in these nurses practicing with only the knowledge attained through their basic nursing training. El-Haddad (2006:285) mentions in her article that the WHO Eastern Mediterranean Region Office (EMRO) conducted studies in 1998 on the education programs in these Gulf Countries and released a report with what needs to be done to improve nursing education programs in these regions.

The researcher has personal experience in educating and training nurses in this hospital. It appears as if some nurses have difficulty in applying theoretical knowledge attained into the practical setting. Although the facility has many competency-based and in-service training opportunities available, the researcher and her leadership team still find the skills of some nurses, in general, to be poor.

This is evidenced by the results obtained from the nursing qualifying exam, unit specific competency testing and peer review feedback. It is evident that there is a general lack of critical thinking abilities based on the exam and competency review among nearly half off the nurses. This has created a challenge for nurse managers in equipping these nurses with the best or evidence-based practice to cope with the culturally diverse patient population and the technological changes that have occurred over the past few years. Many authors suggest the importance of empowering employees, however, the application and retention of information is dependent on various abilities within the individual (Fer 2004:565; Yeh-Yun Lin 2002:1).

Furthermore, in 2004, the healthcare environment in the United Arab Emirates faced many changes as well as challenges. The biggest change came from the merging of healthcare facilities. At the beginning, there were many mixed and very turbulent feelings and this can be directly linked to the “paralysis principle” of Campinha-Bacote which states that resistance or aggressive behaviour is portrayed when change is introduced (Campinha-Bacote 2002:24).

Many of the ‘merging’ nurses are from cultures which are not highly assertive, and they act according to the expected norms of their own cultures (Singh [S.a]:1). This has led to this group of staff to being considered as passive in their interactions with the management and the physician team especially (Semmens 2001:31).

The current focus of healthcare is aimed at providing safe and high standard patient care. The researcher and the nurse managers’ have successfully initiated many safety and quality initiatives within a “Shared Governance” model. It forms part of the strategy of the Nursing Leadership Team for creating an environment where nurses participate in their own clinical practice and decision-making processes (Lopes 2004:1; Byron 2003:1; Hartsfield 2003:1; Jacques 2003:1; Leban 2003:1).

Facilitating and encouraging participative management practices has allowed for creative and highly inspirational performances and interactions within clinical settings. As stated by Upenieks (2002:624) participative management, shared governance,

decentralisation, and automation of work units support the notion of a supportive and opportunity-driven environment. Although the researcher recalls many successful events and changes that occurred under her leadership, the researcher still feels that 'something' is lacking in driving all categories of nurses towards greater nursing excellence. The current group of Nurse Managers are empowering, influential and effective in getting the subordinates to perform. However, it is evident from patient complaints and incident reports that some nurses revert to unacceptable and dangerous practices when the nursing leadership is not around.

1.3 PROBLEM STATEMENT

Based on results from the qualifying nursing examination, unit based competency testing and peer reviews, it is evident that some nurses do lack critical thinking skills. Although these nurses are being empowered and supported through educational activities, competency-based training and self learning packages in order to improve their knowledge and skills, this is still not evident in practice today. Some nurses frequently revert to inappropriate practices, which leads to mistakes and conflict situations when nursing leadership is not around to supervise them.

The researcher believes that the cultural diversity among staff within this specific health care facility is responsible for many of the challenges faced by the Nursing Leadership Team in their quest to provide safe and culturally congruent care. Language is one of the issues that constitute a cultural constraint for both the patients/ clients and for the nurse leaders (Davidhizar & Giger 1999:26). This is evident from the nurses' tone of voice, verbal and non-verbal communication practices and problems in understanding English fully.

Cultural diversity in a workforce is known to pose many challenges, not only due to differences in language, norms and values, but also due to the commitment of nurse practitioners and the way services are rendered. In this particular health care facility, much has been done to empower all nurses, and in so doing, enhance patient care, however it is felt that even more steps need to be taken to counteract the apparently

irresponsible behaviour of some nurses (Sperber & Hirschfield 2004:40; Armstrong 2005:2).

Since emotions are an authentic component of everyday work life for both supervisors and subordinates, the nurse manager's Emotional Intelligence (EI) Competencies could be an influential factor in predicting leadership success in a culturally diverse environment (Goleman 2004:22; Amundson 2004:1).

1.3.1 Research question

From the problem statement, the following research question is derived:
Can emotional intelligence competencies assist the nurse manager in dealing with culturally diverse subordinates more effectively?

1.4 PURPOSE OF STUDY

The purpose of this study is to determine whether emotional intelligence can enhance the capabilities of a nurse manager within a specific context to better deal with their culturally diverse teams, and if so, to make appropriate recommendations for an appropriate in-service training programme for the nurse manager.

1.5 OBJECTIVES OF THE STUDY

The objectives of this research study are to:

- Define and describe emotional intelligence
- Ascertain whether emotional intelligence competencies can assist nurse managers in dealing with their culturally diverse subordinates more effectively.
- Determine whether the nurses' perceive their nurse managers' to be emotionally competent in their leadership role.
- Develop an in-service training program for nurse managers to better equip them for managing cultural diversity in the workplace.

1.6 SIGNIFICANCE OF THIS STUDY

The researcher feels that by conducting this study she will be able to provide the scientific evidence that is needed to:

- Illustrate the importance of combining leadership skills and emotional intelligence competencies for leadership effectiveness.
- Guide future nurse managers in developing their emotional intelligence competency skills in order to lead their diverse nursing teams towards performance excellence.

1.7 DEFINITION OF CONCEPTS

1.7.1 Cultural diversity:

Authors like Andrews and Boyle (1999:5), Leininger and McFarland (2006:15) and Spector (2004:204) refer to cultural diversity as "*differences in race, ethnicity, nationality, education, social and economic status or class and that this is related to attributes of groups of people in society*." The literature review states that cultural diversity is a very broad concept. Looking at the context of the researcher's healthcare facility, cultural diversity is evident in the differences and similarities found among the 36 nationalities, their corresponding cultures, languages and nursing educational backgrounds.

1.7.2 Cultural Competence*:*

Campinha-Bacote (1995:22) and Wells (1995:51) describe cultural competence as a complex integration of knowledge, attitudes and skills that enhance transcultural communication and suitable/effectual interactions with others. Saldana (2002:3) describes it as "*the acceptance and respect for difference, a continuous self-assessment regarding culture."* People who are culturally competent portray attention to the dynamics of difference, the on-going development of cultural knowledge, and

the resources and flexibility within service models to meet the need of minority populations.

1.7.3 Emotional Intelligence (EI):

Authors such as Goleman (2003:317), Jooste (2003:139), Crowther (2004:2), Lust and Moore (2006:1) describe EI as the manager's ability to be aware of their own emotions, to understand them, reason about them, and then successfully apply the influence of their emotional energy to enhance living. As a leader, this is necessary in caring for the carer. Mayer and Salovey (1997:189), Vitello-Cicciu (2003:30), Hafey ([S.a.]:1) and Law, Wong and Song (2004:483) define EI as the capacity to understand emotional information and to reason with emotions. The manager can then use this information to guide his/her thinking and actions to promote emotional and intellectual growth.

1.7.4 Empathy:

Empathy is the ability '*to sense*' what other people are feeling and the ability to capture their perspective and be culturally accustomed to a broad diversity of people (Goleman 2004:318; Strickland 2000:113; Caruso & Mayer 1998:2).

1.7.5 Leadership:

Jooste (2003:25) defines leadership as a "*complex process by which a person influences others to accomplish a mission, task or objectives and directs the organization in a way to make it more cohesive and coherent* ". Daft (2001:5) regards leadership, on the other hand, as an influential relationship among the leaders and their followers who intend to bring change about and which also reflects the group's shared goals. Booyens (1999:158) states that leadership is an interpersonal process which involves the nurse manager influencing team activities and acting as a role model in order to motivate staff to achieve their personal and team goals.

1.7.6 Motivation:

Motivation is the ability to use our '*deepest preferences*' to move and guide us towards our goals by being innovative and continuously striving to improve and persevere in the face of setbacks and frustrations (Goleman 2004:318; Strickland 2000:113). Motivated nurse managers have the instinctive drive to achieve the goals they have set for themselves. By empowering, or involving nurses in care decisions, and setting clear goals for the nurses the leader can foster increased motivation in his or her team

1.7.7 Self-awareness:

Self-awareness is the ability to know what we are feeling now and using these feelings to guide our decision-making; it is the realistic assessment of our own abilities and a well-grounded sense of our self-confidence (Goleman 2004:318; Strickland 2000:112). The nurse manager that has this quality is aware of her or his own emotions, drives, strengths, weaknesses and needs. A nurse manager with a high degree of self-awareness understands how his/her feelings affect him/her as well as those around him or her and their performance.

1.7.8 Self-regulation:

Self regulation is the ability of the person to handle her own emotions so that they facilitate rather than obstruct the task at hand; be conscientious and delay gratification to pursue goals and recover effectively from emotional distress (Goleman 2004:318; Strickland 2000:112; Herbert & Edgar 2004:56). This can be determined by identifying how nurse manager control their own impulses and their ability to constructively channel their moods when presented with emotionally-charged situations. These leaders do not make rash decisions based on the emotion of the moment unless they have sufficient data to support their decision.

1.7.9 Shared Governance Model

Shared Governance Model can be described as a system of management that creates an environment of empowerment for staff nurses (Scott & Caress 2005:1). Swage (2004:4) describes shared governance in terms of guaranteeing quality through processes, such as clinical effectiveness, risk management, complaints, professional development, and good quality clinical data.

1.7.10 Social Skill*:*

Social skills are the ability to handle emotions in relationships well and to accurately read social situations and networks. Nurse Managers that portray strengths in this skill interact with people smoothly and they use their social skills to persuade, lead, negotiate, and settle disputes in the service of co-operation and teamwork (Goleman. 2004:318; Strickland 2000:112).

1.7.11 Transcultural Nursing*:*

According to Davidhizar and Giger (1999:5) Leininger defines transcultural nursing as the humanistic and scientific area of formal study and practices which focuses upon differences and similarities among cultures with respect to care, illness and health and is based on a person's cultural values, beliefs and practices.

1.8 FOUNDATIONS

The foundations of the research study are the building blocks that will assist the researcher in demonstrating the theoretical framework that will be applied and the research design and methodology which support the study's theoretical framework and objectives.

1.8.1 Theoretical Framework

Neuman (1997:56) states that frameworks are sweeping ways of viewing the social world. Polit and Beck (2006:155) complements Neuman in stating that a theoretical framework is the conceptual underpinning of a study. Polit and Beck (2006:155) further postulate that if a study is based on a theory, the framework is a theoretical framework, and if the study has its roots in a specified conceptual framework, then the framework is a conceptual framework. Based on these definitions of theoretical frameworks, the researcher proposes to use the conceptual framework of Goleman, Boyatzis and McKee (2002b:38).

An article by Fer (2004: 565) illustrates that emotional intelligence went through a phase of popularisation in 1995 with Goleman's EI findings, which were loosely based on the work of Mayer and Salovey in the 1990s. Bailie and Ekermans (2006:3) emphasize that irrespective of the leadership model that is being used, successful leadership is largely dependent on the need for the manager to possess emotional intelligence. Bailie and Eckermans (2006:3) further point out that EI is becoming increasingly popular within industrial and organizational psychology as a determinant of work success. Romanelli, Cain, Kelly and Smith (2006:5) state that healthcare professionals' "aptitudes for service and caring orientations" may be reflected through the healthcare provider's emotional intelligence. Punia ([S.a.]:686) Ashtiani, Hoseinian and Yasdi (2008:903) comment that research done on the human brain proves that the manager's mood affects the emotions of their subordinates around them. Punia ([S.a.]:687) conclude, that Goleman has elaborately researched the concepts to develop his EI Competency Framework.

Lust and Moore (2006:1) note that in Goleman's book *Working with Emotional Intelligence* the author provides a framework with five domains, each with their own core competencies. Individuals who understand and apply these competencies enjoy success in the work place (Miller 1999:26; Herbert & Edgar 2004:56). Strickland (2000:112) illustrates in her article how Goleman's EI Competency Framework assists Directors and Senior Nursing Leaders in incorporating their cognitive skills with their EI

skills in order to be successful in the clinical setting, thereby creating exceptional organizations.

In his book *Working with Emotional Intelligence,* Goleman (2004: 22) emphasizes that emotional competence is a learned capability based on emotional intelligence, which results in the individual's outstanding performance at work. In their book *Primal Leadership*, Goleman et. al (2002b: 38) explain how the five domains previously mentioned is simplified into a four domain model, refer to table 1.1. **Self-awareness** is the first domain and it addresses the individual's emotional awareness, strengths and weaknesses and self-confidence. **Self-management**, as the second domain, focuses on controlling impulses and behaviours, being transparent and adaptable, striving for achievement and showing initiative and being optimistic. In the third domain, which is **social awareness,** the individual's empathy, service orientation and organizational awareness are demonstrated. As the fourth and last domain, **relationship management** focuses on being an inspirational leader by influencing and developing others, being a change catalyst, managing conflict, building bonds, and striving for teamwork and collaboration.

Table 1.1 EI Framework (Goleman et.al 2002b:38)

Personal Competencies These determine how we manage ourselves.	**Social Competencies** These determine how we manage relationships
Self-awareness ▪ Emotional Awareness ▪ Accurate Self-assessment ▪ Self-confidence	**Social Awareness** ▪ Empathy ▪ Organizational awareness ▪ Service orientation
Self-Management ▪ Emotional self-control ▪ Transparency ▪ Adaptability ▪ Achievement ▪ Initiative ▪ Optimism	**Relationship Management** ▪ Inspirational leadership ▪ Influence ▪ Developing others ▪ Change catalyst ▪ Conflict management ▪ Building bonds ▪ Teamwork and collaboration

According to Goleman (2004:24), the individual's EI determines his or her potential for learning practical skills that are based on self-awareness, self-management, social awareness and relationship management with others.

By using Goleman et.al (2002b:38) framework, the researcher will seek to enquire from the subordinate's, how their managers' self-awareness, self-management, social awareness and relationship management skills affect their feeling safe, encourage their professional growth and promote change in their overall performance in the clinical setting.

1.8.2 Research methodology

The researcher aims during this planning phase of the study, to identify what research design will be used, identify who will participate in the study by specifying the population, the sample and the sampling process. The researcher will describe the

data collection method and instruments to be used and how the data will be analysed once collected. The researcher will conclude this section by providing evidence of the validity and reliability of the research instrument which will be utilized and identify the ethical principles relevant to this study.

1.8.2.1 *Research Design*

Research methodology and design incorporate important methodological decisions about the different types of study a researcher can utilize to support the research objectives (Neuman 1999: 106; Polit & Beck 2006:15). A quantitative, exploratory and descriptive design was chosen to study the relationship between emotional intelligence and leading a diverse team. According to Neuman (1999: 106) and Polit and Beck (2006:508), a **quantitative study** can be defined as the investigation of phenomena that lend themselves to precise measurement and quantification. These authors continue in saying that a **descriptive design** is the accurate portrayal of the characteristics of a situation, and that by **exploring** the situation more information about the phenomena can be obtained (Neuman 1999: 106; Polit & Beck 2006:498).

As emotions are an authentic component of everyday work life, the Nurse Manager's Emotional Intelligence (EI) competencies should be an influential factor in predicting leadership success (Goleman 2004:22; Amundson 2004:1). By using a critical deductive approach, empirical evidence can be obtained from the nurses to explore the effect their managers' EI competencies have on their performance (Neuman 1997:74; Polit & Beck 2006:5 – 21).

1.8.2.2 *Target Population and Sample*

This section will illustrate what target population the researcher has selected to participate in the study, and the sampling process the researcher will use to ensure that the sample size is realistic in order to obtain an adequate amount of information from the nurses.

1.8.2.2.1 **Target Population**

The target population, according to Polit and Beck (2006:259), is where the researcher specifies the characteristics that clearly state the study population through a set of eligibility criteria. Target population is thus the entire population in which the researcher is interested. Neuman (1999:203) describes populations as a specific pool of 'cases' that the researcher wants to study.

This study is aimed at the nursing staff working in a not-for-profit tertiary health care facility based in UAE. All nurses go through a credentialing process before employment, and nurses, therefore, must meet the Personnel Qualifications and Requirements (PQR) from the Regulating Authority (which states that nurses must have either a Diploma of Nursing of not less than 3 years in duration or a Bachelor's in Nursing) to be eligible to participate in this study. The Nursing Population, according to the March 2008 Hospital Master Staffing Rota is 1150 Registered Nurses (250 Charge Nurses, 850 Staff Nurses, and 50 Graduate Nurse Trainees).The researcher will select only the staff nurses from the twenty-four in-patient areas to participate in this study.

1.8.2.2.2 **Sample and Sample Technique**

Polit and Beck (2006:260) define sample as the process of selecting a portion of the population to represent the entire population. Polit and Beck (2006:260) continue in stating that a sample is a subset of the population or 'strata'. Scheuren (2004:10) notes that the sample size is dependent on the statistical quality needed, and that this, in turn, relates to how these results will be used. Polit and Beck (2006:269) conclude that the larger the sample the more representative it is likely to be, and, thus, the smaller the sample error. There are many statistical programs that can be used to determine how big a sample size needs to be in order to reflect the target population as precisely as needed for the study (Argyrous 2005:210). According to Viseo (2006:223) Slovin's formula would provide researchers the sample size to be included in the study: Slovin's Formula: n1 = N divided 1 + Ne2

where:
n is the sample size
N is the population size
e is the desired margin of error (Viseo 2006:223)

The researcher aims to use a systematic random sampling process. Polit and Beck (2006:261) describe systematic random sampling as the selection of every "*n*th" from some list or group. These authors further conclude that systematic sampling designs can be applied in such a way that an essentially random sample is drawn (Polit & Beck 2006: 265).

The researcher aims to use the 850 Staff Nurses (SN) from within the facility where she is employed to gain greater staff nurse participation. Although Slovin's formula predicted a total of 276 SN to be included in the sample the researcher will select every second SN that is on the Master Staffing Rota for March 2008. This selection would represent a 50% sample of the total SN population, which gives half of the SN equal opportunity to participate in the study (Neuman 1997:218; Polit & Beck 2006:265). The researcher anticipates that approximately fifty percent of the questionnaires will be returned for analysis, which should provide sufficient data to validate what their view is on their managers' EI competencies and its effect on leading them as a diverse team.

1.8.3 Data Collection Method and Instrument

The phenomena that the researcher is interested in must be translated into concepts that can be measured, observed or recorded. The researcher needs to ensure that the selection or developing of methods for gathering data is appropriate to the research design and the phenomena that need to be measured. Without the appropriate data collection method, the validity of the research conclusions can be easily challenged (Polit & Beck 2006:288).

1.8.3.1 ***Data Collection Method***

Polit and Beck (2006: 288) state that the first decision the researcher must make in the data collection method is whether to use an existing versus a new data collection instrument designed specifically for the study. The researcher will develop the questionnaire using Goleman et. al. (2002b:38) EI framework to structure the questionnaire instrument.

Polit and Beck (2006:293) further elaborate that the important dimensions of data collection methods vary along several key dimensions: structure, quantifiability, obtrusiveness and objectivity.

The *structure dimension* refers to data that is structured and ensures that the instrument will collect the same information from all the participants in a comparable and pre-specified way. The q*uantifiability dimension* requires that data need to be analysed statistically and must be collected in such a way that they can be quantified. The o*btrusiveness dimension* posits that data collection methods differ in terms of the degree to which individuals are aware of their status as study participants. *The objectivity dimension* states that some data collection approaches require more subjective judgment than others do. However, quantitative researchers generally strive for methods that are as objective as possible (Polit & Beck 2006:291).

The researcher aims to employ the structure and quantifiable dimensions for the purpose of this study. These methods are necessary to ensure that the data collection instrument collects the same emotional intelligence competency components from all the participants in a comparable and pre-determined way and then to analyse the data statistically to provide the evidence needed to support the research question (Polit & Beck 2006:291).

1.8.3.2 *Data collection Instrument*

According to Polit and Beck (2006:291), there is a vast amount of information that could be gathered by directly questioning people through self-report. The data instrument aims to gather subjective data to develop a construction of the nurses' view on their Nursing Manager's EI competencies. The researcher will use a structured, formal and written questionnaire by which data will be collected.
The first part of the questionnaire will contain closed-ended questions to gather biographical data reflecting the cultural diversity of the participants as well as their educational background and experience.

The second part of the questionnaire will be structured according to Goleman et.al. (2002b:38) EI competency framework under the following four sections:

- Self-awareness
- Self-management
- Social-awareness
- Relationship management

The third part of the questionnaire will be structured to reflect the manager's effectiveness, based on drive, motivation, self-confidence, knowledge, and honesty/integrity. All the items in the second and third part of the questionnaire will be coupled with a five point Likert Scale. According to Polit and Beck (2006: 297), a Likert Scale is a response type which consists of several declarative statements that express a viewpoint on a topic. The respondents are then required to select a response from the five alternatives.

1.8.3.3 *Reliability and Validity*

Data collection methods vary in quality, and an ideal collection procedure is one that captures a concept in a way that is relevant, accurate, truthful and sensitive (Polit &

Beck 2006: 324). The researcher aims to describe the relevance of reliability and validity for this study.

1.8.3.3.1 **Reliability**

Polit and Beck (2006:324) and Neuman (1999:138) state that the reliability of a quantitative measure is a major criterion for measuring its quality. Reliability is the consistency with which a data collection instrument measures the attributes that it purports to examine. According to these authors, there are three aspects regarding reliability that a researcher needs to take into consideration in quantitative studies, and they are stability, internal consistency and equivalence. The *stability* of a measure, according to Polit and Beck (2006:324), is the extent to which the same score is obtained when the same instrument is used with the same people on different occasions. A data collection instrument will have *internal consistency* to the extent that all its sub-parts measure the same characteristic. The *equivalence* reliability approach is used primarily with observational instruments to determine the consistency of the instrument by different raters or observers (Polit & Beck 2006:327).

The researcher anticipates that the data collection instrument developed to test the nurse's view of their manager's EI Competencies in leading them effectively requires internal consistency to ensure that the tool has no margin of error to the extent that all its subparts measure the same characteristics (Polit & Beck 2006: 326; Neuman 1999: 138). The reliability coefficient is a quantitative index whereby the researcher can objectively determine how reliable the questions are (Neuman 1999: 143; Polit & Beck 2006: 327; Argyrous 2005: 364; Jaisingh 2006: 68).

1.8.3.3.2 **Validity**

Neumann (1999:141) and Polit and Beck (2006: 329) maintain that the second important factor for evaluating a quantitative instrument is its validity. Validity can be described as the degree to which the data collection instrument measures what it is supposed to measure. Validity has a number of assessment approaches that a

researcher can consider for application to a specific study, of which face validity is one. Polit and Beck (2006:328) comment that **face validity** refers to whether it appears as though the instrument is measuring the appropriate construct. Neuman (1999:140) and Polit and Beck (2006:328) uphold that although face validity is required there are three other aspects of validity that are of greater importance namely content validity, criterion-related validity and construct validity.

Content validity is concerned with the adequacy of coverage of the content area that is being measured, and this is crucial for testing knowledge. In **criterion-related validity***,* the researcher seeks to establish a relationship between scores on an instrument and some external construct. The instrument, whatever abstract construct it is measuring, is said to be valid if its scores correspond strongly with scores on some other criterion. Sometimes there is a distinction made between two types of criterion-related validity, firstly, predictive validity, which refers to the questionnaire's ability to differentiate between people's performances or behaviours on some future criterion, and secondly, concurrent validity, which refers to an instrument's ability to distinguish among people who differ in their present status on some criterion (Polit & Beck 2006: 329).

Construct validity is the most difficult and challenging to measure. In construct validity, there is always an emphasis on testing the relationships predicted based on theoretical considerations. According to Polit and Beck (2006: 331) the testing of the questionnaire's validity is not proved, but rather is supported by an accumulation of evidence. For the purpose of this study face and content validity are applicable.

1.8.3.4 **Permission to do the Research**

The researcher will submit an application to the hospital's Research Committee requesting to do the proposed study at a particular hospital in the UAE. The researcher will enclose with this letter the research proposal and the provisional data collection instrument in the form of a questionnaire, as well as the document explaining the study to the Staff Nurses.

1.8.4 Data Collection Process

The researcher aims to distribute the questionnaire once approval has been granted by the hospital's Research and Ethics Committee. The EI questionnaire will be distributed to every second SN that is on the Master Staffing Rota available at the organization for March 2008. The researcher proposes a period of one month for the SN's to return their completed questionnaires before starting the data analysis.

1.8.4.1 ***Data Analysis***

Data collected in a research study, do not by themselves answer the research question or test the hypothesis. This data needs to be systematically analysed in order for trends and patterns to be determined (Neuman 1999: 293). During data analysis, the raw data collected by the questionnaires will be captured by means of a computer programme. The questionnaire content is organised into logical sections and the items are numbered in the 'official column', which serves to facilitate the collation of data. All the data obtained from the data collection instrument will be displayed in the form of tables, graphs, and bar charts (Neuman 1997: 296; Polit & Beck 2006: 352-360). The researcher can use different levels of measurement and statistical tools to assist in the analysis of data that have been collected, and this will be discussed in more detail below.

1.8.4.1.1 *Levels of Measurement*

Polit and Beck (2006: 351) and Argyrous (2005:8) state that there are four levels of measurement which a researcher can use to analyse data. These four levels of measurement are **nominal, ordinal, interval and ratio** and will be discussed in detail in chapter 3. The researcher will make use of the ordinal level of measurement to rank the nurse managers' different EI Competencies based on their relative standing in relation to fostering excellence in performance of a diverse nursing team.

1.8.4.1.2 *Descriptive Statistics*

Statistical procedures enable the researcher to organise, interpret and communicate numeric information (Polit & Beck 2006:352). These authors emphasize that descriptive statistics are used to synthesize and describe data, and that averages and percentages are examples of descriptive statistics. When the researcher calculates index data from a population, they are called parameters. Most scientific questions are about parameters and researchers use statistical methods to estimate these parameters (Polit & Beck 2006:352).

1.8.4.1.3 *Inferential Statistics*

Inferential statistics, according to Polit and Beck (2006:362), are based on the laws of probability and provide a means of drawing conclusions about a population, or given data from a sample. In this study, inferential statistics should illustrate the relationship between effective leadership of a culturally diverse nursing team and the Emotional Intelligence competencies of the leaders.

1.9 SCOPE AND LIMITATIONS OF THE STUDY

The study will be conducted in a culturally diverse tertiary health care facility in the UAE. Currently there are nurses from 36 different nationalities, cultures, languages and different nursing educational backgrounds. Some of the limitations the researcher foresees with this study are:

- The diverse group of nurses who are the object of the study do not feel comfortable in participative decision-making processes and the extent of their proposed participation is unclear.
- Some of the population's cultures are not accustomed to giving feedback abut their superiors.

1.10 ETHICAL CONSIDERATIONS

Ethical issues are present in any kind of research. The research process creates tension between the aims of the research to make good generalizations for the good of others and the rights of participants to maintain privacy (Orb, Eisenhauer & Wynaden 2001:93). To ensure that ethical principles are applied in this quantitative study, the researcher needs to ensure:

- The research question does not pose an ethical dilemma for the participants.
- To apply the ethical principles of respect for human dignity and justice in the research process.
- To ensure safeguarding human subjects and protecting their right to self-determination, this involves obtaining their informed consent before participation in the study.
- Confidentiality of the participants is maintained through anonymity whereby the researcher provides the data with a unique identification number to ensure that there is no link between the data and the participants, and not to have any means of identification on the questionnaire (Polit & Beck 2006:95).

1.11 LAYOUT OF THE PROPOSED STUDY

The researcher proposes to have five chapters in this dissertation; the organization will be as follows:

a. Chapter 1 will contain an orientation to the study
b. Chapter 2 will contain the literature review on cultural diversity and Goleman's, Boyatzis and McKee's Emotional Intelligence model.
c. Chapter 3 will deal with the research methodology used in the study.
d. Chapter 4 will contain the presentation and discussion of the data gathered.
e. Chapter 5 will contain the conclusions, limitations and recommendations.

1.12 CONCLUSION

In this chapter, the background to the study was explained, the problem was stated from which the research question and the objectives were formulated, and the research methodology was indicated. This study will be done in a specific context based on Golemans, Boyatzis and McKee's theoretical framework, which deals with emotional intelligence.

In the next chapter, the Goleman et.al (2002b:38) EI framework will be explained followed by a review of the literature on cultural diversity.

CHAPTER 2
LITERATURE REVIEW

2.1 INTRODUCTION

As worlds no longer have boundaries, and native populations become increasingly mobile it has become necessary for healthcare facilities to take on a “globalized” approach in delivering culturally congruent care (Wheelan, Buzalgo & Tsumara 1998:359). Cultural diversity brings many challenges and opportunities to the fore that the community, healthcare facilities and managers need to be aware of. This requires, moreover, that healthcare organizations and policy makers develop guidelines and policies that will accommodate these challenges and enable those in positions of leadership to manage a diverse team effectively.

Consequently, nurse managers need to be skilled in adapting to these changing trends by incorporating various leadership skills with emotional intelligence competencies. Appropriate management of the leader’s emotions will contribute to the effectiveness of the leader (Goleman et.al 2002b:53)

Firstly, the researcher will examine globalization, the reasons for it and the effect of globalisation on cultures today. The researcher will then address cultural diversity, its effects, and the management of a culturally diverse workforce. To round this chapter off, the researcher will introduce Goleman’s four domains of emotional intelligence, the development of emotional intelligence and employing emotional intelligence in the work environment.

2.2 GLOBALISATION

Globalisation is of key importance in helping us to understand the nature of contemporary social, economic and political changes.

2.2.1 Defining globalisation

The literature includes many definitions of globalization, and Orme, Powell, Taylor, Harrison and Grey (2004:239) describe globalization as an accelerated process of economic interaction among countries and cultures, supported by a large number of modern communication technologies. Feigenbaum (2002:13) describes globalization as the point at which "*the expansion of trade, together with the geographical integration of production, came to be a significant piece of what came to be known as globalization".* Crowley (2001:98) defines a globalized world as one in which political, economic, cultural and social events become more and more interconnected, and also one in which they have more impact. In other words, societies are affected more and more extensively and more and more deeply by events of other societies.

2.2.2 Reasons for Globalisation

There are many reasons for the growth of globalization. The world wide integration of market goods, services, labour and capital has been influenced by developments in:

- Modern communication technology,
- Transport mechanisms,
- Free international capital flows,
- Changes in economical, political, cultural, social and legal systems (Orme, Powell, Taylor, Harrison and Grey 2004: 239).

Orme et.al. (2004:239) comment, that the reason for globalization above all is increased prosperity, thus, economic reasons can be considered as the main driving force behind the process of globalization. Competitive advantages in the production of different goods are the reason that it is in the economic interest of any country to focus on its main competences and to acquire all other needed goods and services through "exchange" with others (Crowley 2001:99).

2.2.3 Effects of Globalisation

People migrate for a variety of reasons, including individual motivations and familial responsibility. Migration provides a means of financial and health support to the immigrant (Hildebrandt 2004:3). This author further elaborates that once migration begins changes occur at the individual and community level. Silver (2006:13) states that migration has a psychological impact on the individual migrant and their family or group. This author continues further that transnational literature focuses on the struggles and behaviours of migrants who adopt dual identities. Orme et.al. (2004: 391) explains that globalisation of health care and the differences and similarities among and between human groups and cultures will increasingly continue to be an issue.

Unfortunately, in recent times several incidents have made it clear that there continues to be the same underlying problems in international relations and human rights and refugee rights' violations (Orme et.al 2004: 391). Orme et.al (2004: 391) further elaborates that the consequence of globalisation is a social stratum of residents in our societies who are basically deprived of any rights and who could be seen as a renaissance of the medieval outlaws. The balance between the exclusion and inclusion of migrants is a typical ethical dilemma. Migration now seems to be the norm rather than the exception. Nevertheless, 40 per cent of the world's population live in poverty and are starving yet remain where they are instead of moving to a friendlier environment.

2.3 CULTURAL DIVERSITY

This section will describe what has created this diversity and how cultural diversity affects appropriate communication, education, and the health of diverse populations. It is also important to note within the context of this research, that leading and managing a diverse team require certain skills which are often neglected, which then gives rise to conflict in the work place.

2.3.1 Defining Cultural Diversity

Cultural diversity is a broad concept encompassing differences in terms of nationalities, race, culture, education, language, religion and health beliefs (Spector 2004:21). Andrews and Boyle (1999:15) focus on how different the other person is from one's self rather that on how different the self is from others. Jooste (2003:178) describes cultural diversity as the variations among groups of people with respect to values, habits, shared identities, preferences, beliefs, taboos and rules of behaviour determined to be appropriate for individuals, groups and society.

With cultural diversity being such a broad concept, valuing diversity and enabling all individuals to develop their unique talents may be difficult to achieve. Healthcare providers need to understand what, where, how, why, when and who needs to be responsible for managing cultural diversity in the work place in order to lead their organizations effectively

2.3.1.1 *Culture*

Mahatma Gandhi was a visionary who spoke very early on of the dynamics and importance of valuing diversity when he wrote: "*I do not want my house to be walled in an all sides and my windows to be stuffed. I want the cultures of all lands to be blown about my house as freely as possible. But I refuse to be blown off my feet by any (Covey 2006:128)."*

According to Andrews and Boyle (1999:3), a **culture** represents a way of perceiving, behaving, and evaluating the world. These authors continue further by stating that culture provides a blueprint or guide for determining people's values, beliefs, and practices, including those pertaining to health and illness (Andrews & Boyle 1999:3). Spector (2004:9) describes culture as the addition of socially inherited characteristics of a human group that comprise everything which one generation can tell, convey or hand down to the next.

In society today, culture is best thought of as a resource, and just as for any other resource such as food, water, and energy, it cannot belong exclusively to any particular individual or group of individuals (Sotchangane 2002:216). All groups must have access to some of the resources for survival, and cultures are needed in order to interact with each other in social life. This is normally learned during process of education, socialization, maturation and growing old (Sotchangane 2002:216).

Sotchangane (2002:216) states further that culture is controlled by the environment, which places limits on what can and cannot be done. Handwerker (2002:109) states that "culture evolves, and because it does, so do cultures". If anyone just views the community that they live in, it is obvious that enormous cultural complexity is found. The preservation of this diversity is the challenge for the future (O'Hara 2003:167).

As globalisation has interconnected worlds and there are no longer distinct boundaries, it is clear that in order for us to understand the differences of these various cultures and interact with each other, it is necessary to understand and manage diversity (O'Hara 2003:168).

- **Assimilation vs. Multiculturalism**

The term **multiculturalism** generally refers to a pluralistic approach to understanding relationships between two or more cultural groups' culture, beliefs and ethnicity within the demographics of a specified place (Spector 2004:329). **Assimilation**, on the other hand, can be described as the requirement that individuals adapt to their new country, its language and ways of doing things and thus develop a new cultural identity (Clark 2007:4; Spector 2004:309).

- **Ethnocentrism vs. cultural relativism**

Cultural relativism can be described as the belief that cultures must be judged on their own terms rather than by the standards of another culture. **Ethnocentrism** is the

belief that one's own group is the standard or centre of everything and all other cultures are therefore scaled and rated with reference to it (Spector 2003:326). Heaney and Van Ryn (1996:63) and Blench (2001:2) explain that not having cultural resources affects how people view the world, their self-image and their expectations for the future. These authors continue by saying that the cultural system of beliefs and values are then passed from one generation to another As a result of this understanding of social cohesion, migrants are often considered highly threatened, due to the perceived cultural and ethnic unlikeness that they bring to their adopted communities. However, at the same time, many ethnic, racial and other diverse groups have retained their individuality and express it energetically (Heaney & Van Ryn 1996:63). They are demanding not only an awareness of their differences, but respect for their values, customs and language.

Social organizations which include politics, economics, religions and kinship need to view and analyze culture-specific behaviour in totality (Heaney & Van Ryn 1996:64). Nabudere (2005:1) describes how cultural-ethnic and religious communities in Africa have become acutely aware of the threat to their identity by an engulfing, mainly western-driven economic globalization.

2.3.1.2 *Diversity*

Spector (2004: 312) defines **diversity** as the fact or quality of being different. The use of the term 'diversity' may encompass differences in racial or ethnic classifications, age, gender, religion, philosophy, physical abilities, socioeconomic background, sexual orientation, gender identity, intelligence, mental health, physical health, genetic attributes, behavior, attractiveness, place of origin, cultural values, or political view as well as other identifying features.

2.3.1.3 *Applicable concepts*

For individuals to understand the value of diversity in practice one need to be familiar with certain concepts that direct nurse managers in their interactions with others or the

way they conduct business. The "**cultural values**" of a nurse manager refer to powerful, persistent, and directive forces that give meaning and direction to the nurse manager's actions, decisions and way of life usually over a period off time (Andrews & Boyle 1999:25; Spector 2004:284). As cultural values, "**cultural strength**" refers to the degree of agreement among employees about the importance of specific values and ways of doing things. If wide-spread consensus exists, the culture is strong and cohesive; if there is little agreement, the organisational culture is weak (Daft 1999:88).

As culture is a very broad concept and in order to identify the differences and similarities that exists within the culture healthcare professionals needs to be aware that there are subcultures within cultures that affects the relationships and interactions. "**Subcultures**" are smaller groups that exist within a group but differ in some way from the prevailing sociologies. Nurses can be classed as a specific subculture within the hospital community (Spector 2004:309). Many cultural groups still experience some sort of stereotyping by others based on where they are from or who they are. **Ethnocentrism**, the belief that one's own culture and subculture are inherently superior to other cultures, is the natural tendency of most people (Daft 1999:311).

Change creates many different feelings among groups of individuals. According to Campinha-Bacote (2002:24), the **paralysis principle** is when resistance or aggressive behaviour is displayed when change is introduced. This requires nurse managers to utilise their cultural intelligence, which is an individual's ability to adjust to a new culture. This **cultural intelligence** has three main parts: thinking and problem solving in a set way, being persistent and energized in one's actions, and lastly, acting in a particular way (Tan 2004:19). Campinha-Bacote (1995:22) and Wells (1995:51) describe "**cultural competence**" as a complex integration of knowledge, attitudes and skills and suitable and effectual interactions with others that enhance transcultural communication. Saldana (2002:3) describes cultural competence as "*the acceptance and respect for difference, a continuous self-assessment regarding culture."* People who are culturally competent pay attention to the dynamics of difference, the on-going

development of cultural knowledge, and the resources and flexibility within service models to meet the needs of minority populations.

According to Campinha-Bacote (1996:22), leaders need a culturally competent model for managing a diverse workplace and recommend that nurse managers' use this model to guide them in becoming culturally competent. ***Cultural awareness*** is the deliberate and cognitive process whereby the nurse manager becomes appreciative and sensitive to the values, lifestyles, practices and problem-solving abilities of another culture. ***Cultural knowledge*** is the process whereby the nurse manager obtains a solid educational foundation concerning the worldview of a nurse's culture. ***Cultural skill*** is the skill whereby the nurse manager uses culturally appropriate communication to effectively interact with nurses from ethnically and culturally diverse backgrounds.

Building effective relationships can be a challenge, but can be overcome through following a no-fault policy or consensus principle. ***Cultural encounter*** is the process which allows the nurse manager to engage in direct cross-cultural interaction with nurses from diverse cultural backgrounds (Campinha-Bacote 1996:23). This author re-iterates that nurses in leadership positions must make cultural competence a habit by integrating the cultural competence model into practice. These habits are powerful forces and if used effectively can create the cohesiveness and order, essential to establishing effectiveness in our work lives (Campinha-Bacote 1996:25).

Much research has been conducted over the last decade by nurse theorists to establish best practices in providing culturally congruent care. According to Davidhizar and Giger (1999:5), Leininger defines "**transcultural nursing**" as the humanistic and scientific area of formal study and practices which focus upon the differences and similarities among cultures with respect to care, illness and health, and are based on a person's cultural values, beliefs and practices.

2.3.2 Effects of cultural diversity

Our lives are affected daily as a result of globalisation and countries are challenged to ensure that they provide the infrastructure to address the cultural needs within globalised communities (Feigenbaum 2002:14). This author continues further that the impact of globalization on workers and the environment are a concern (Feigenbaum 2002:14). However, politicians have still not developed clear policies to address the challenges to **cultural integrity** that globalization has created in order to ensure that ethnic and cultural identity is respected and maintained and regulations are followed (Sotchangane 2002:214; Blench 2001:2; Dower 2005:1; Tu-Huong & Diep 2004:2).

Wood, Landry, Bloomfield (2006:2) and Benjamin and Dower (2005:1) state that poverty and structural economic decline have contributed to a lot of misery for populations that are faced with globalization and cultural diversity due to distance from markets, high transport costs, challenging health and agricultural problems. Silver (2006:3) highlights the issue of family separation due to migration and the emotional well-being of the migrant and family members. This author affirms that familial separation may profoundly influence the roles, support structure and responsibilities of transnational family members, resulting in changes in psychological and emotional stress levels for all family members.

Changes in the economy are linked with other aspects of society: e.g. social and political structures in the organization of civil society, preferences, beliefs, and patterns of consumption and the repertoire of cultural expression. Organizations in advanced countries with environmental and worker protections see themselves at a competitive disadvantage in relation to rivals from countries with less costly regulation (Wood et.al 2006:2).

2.3.2.1 *Workforce*

The concept of **global workforce diversity** according to Jooste (2003:176) refers to employing and inclusion of people who are culturally different in terms of individual

qualities, race, ethnicity, age, gender, religion, and identity, mental and physical abilities. Jooste (2003:141) states that managing workforce diversity entails creating an organisational climate that accepts each individual employee for what they bring to the workplace. The leadership role of the manager requires creating such an organisational climate such that the benefits of human differences can be translated into constant performance (Jooste 2003:141; Lephoko, Bezuidenhout & Roos 2006:29).

2.3.2.2 *Teamwork*

Jooste (2003:157) states that a **team** can be described as a small group of people with complementary knowledge and skills who are committed to a common purpose, performance goals and approach for which they hold themselves mutually accountable. Booyens (2003:171) and Jooste (2003:162) state that research done on group performance and decision-making suggests that a variety of opinions, skills and perspectives will have a positive effect on group efficiency and effectiveness.

2.3.2.3 *Conflict Potential*

Daft (1996:286) describes **conflict** as a hostile or antagonistic interaction in which one party attempts to undermine the intentions or goals of others. Cultural conflict can be described as events that occur when there is polarization between two groups and the differences are intensified by the different ways that those events are perceived (Spector 2004:21). Ethnic conflicts may be found in both developed and under developed countries. Changes that have occurred over the last several years have created cultural barriers that openly create misunderstanding, tensions and often conflicts between co-workers (Spector 2004:18). Wentling ([S.a.]:1) and Upenieks (2003:143) support Spector in saying that organizations need to value diversity, and continues further that there are some barriers such as stereotyping, discrimination and prejudice that could exist, which need to be addressed to avoid cultural conflict.

Conflict situations may arise directly from language difficulties between individuals, such as healthcare professionals and others, such as the patients/clients. The researcher has had trouble in achieving compliance with the official language policy from groups of nurses. While leadership is present the policy is enforced, however in the absence of leadership the use of the native language is commonplace. This contributes to major patient safety issues as valuable information can be missed or misunderstood.

The notions of linguistic relativity indicate that one's perceptions, interpretations, logic and the categorization and inference of everyday setting, as well as events, could be influenced by one's understanding of a particular language or structure. This leads to the hypothesis that the meaning and functions of one's relationship in a conflict situation is linguistically relative (Cuckier & Middleton 1995:8).

A crucial aspect in cultural diversity, according to Campinha-Bacote (2007:7), is the importance of individuals considering and addressing intra-cultural differences appropriately. The way in which conflict is handled also varies from the extreme of managing and dealing with issues to non-confrontational and avoiding behaviours (Cuckier & Middleton 1995:7).

2.3.2.4 *Health Care Provision*

In a culturally diverse environment, the nurse needs to be aware that all cultures have their own ideal health practices, lifestyles and values (Andrews & Boyle 1999:461). Hildebrandt (2006:3) states that the decision to migrate is often driven by monetary motives and the desire for a better living standard. Health is an important non-economic aspect of well-being, and a relationship between migration and health is conceivable. The literature is suggestive that a causal relationship running from income to health exists at both the macro and the micro levels. Hildebrandt (2006:7) re-iterates that the demand for health care tends to increase with income and that the poorest are often in the worst health. Another crucial factor to take into consideration concerning the consequences of cultural diversity and health is that every person has

their own world view pertaining to life, people or groups, that influence care or caring responses and decisions (Leininger & McFarland 2006:16).

There has been an increase in earning inequality over the last decade due to technological changes that increased income for highly skilled labour (Spector 2004: 41). The correlation between socio-economic status and the health status of a given person or family can be explained in part by the reduced access to healthcare among those with lower socio-economic status. Spector (2004:43) states that poverty is more than the absence of money and there is more than one way to analyze poverty. As illustrated by Spector (2004:45), the effects of poverty often lead to high morbidity and accident rates, precipitating high care costs which in turn prevent the person from seeking health care services (Spector 2004:45).

Other barriers that are interrelated to this cycle are the lack of access to health care services, language and transportation issues. According to Spector (2004:23), Davidhizar and Giger have identified six cultural phenomena that vary among cultural groups which affect their healthcare. These cultural phenomena are: environmental control, biological variations, social organization, communication, and space and time orientation (Spector 2004:22).

There has been a lot of debate on globalization and how this creates rising social and health inequalities (Orme et.al 2003:215). These authors further elaborate that globalization is perceived as generating negative effects on national health care systems due to restrictive market promoting policies, shifting disease patterns, climate changes, poorer working conditions and the effects on food security. Consequently, new and evolving healthcare systems and healthcare providers are challenged to provide effective health promotion and care which is based on beliefs, attitudes and behaviours that are different from their own (Orme et.al 2003:215). Wood et al (2006:21) support Orme et. al. (2003:215) in stating that cultural diversity has an effect on public engagement, urban planning and development, business, entrepreneurship, education, the arts and sports.

2.3.2.5 *Communication*

Many events and incidents occur directly as a result of failures of communication that fails among the healthcare team. It is therefore a necessity for the nurse manager to have a clear vision and effective communication skills since communication is the lifeline of the organisation and consequently very important for success.

It is evident within the clinical setting that cultures differ in the activities and the tools they use to communicate (Bergeron 2001:1). According to Castania ([S.a.]: 1), and Levy ([S.a.]: 3) the home language of an individual is tied to the person's culture to communicate traditions, values, and attitudes. Cuckier and Middleton (1995:2) support Bergeron by saying that the basic modes of communication differ among people from different nationalities and backgrounds. Bergeron (2001:1) continues in commenting that language is the primary cultural tool used and that it is critical to re-structuring the mind and in forming high-order, self-regulated thought processes.

Another very crucial aspect of cultural diversity is the way we interact within a globalized 'world'. In a healthcare setting, communication is an essential component of care, yet interpersonal communication can be ambiguous and misunderstood. Language is one of the issues that can constitute a cultural constraint (Davidhizar & Giger 1999: 26).

The importance of interpersonal communication is often evident in the nurses' tone of voice, verbal and non-verbal communication practices and problems in understanding English well. Spector (2004: 204) and Budnik (2003:1) comment that conflict arises between what the patient/client perceives their illness to be and what the physician may diagnose, or when nurses misunderstand each other, or the instructions given. This has a very negative effect on the patients, as it compounds their existing discomfort due to being ill, in the regimented hospital environment, and being separated from their families, in an unfamiliar environment. They, thus, may feel the behaviour displayed by the healthcare team is demeaning and/or aggressive.

These differences in perception are apparent in areas such as decision-making, initiating and coordination mechanisms, temporal orientation, and communication styles (Cuckier & Middleton 1995:2). These authors further elaborate that there is a wide range of ways in which diversity can affect organizational behaviour and outcomes (Cuckier & Middleton 1995:2). According to Cuckier & Middleton (1995:7) communication distortion can be a direct consequence of diversity due to losing all familiar cues and symbols of social discourse. Communicating across cultural boundaries increases the risk of distortion, which is further compounded when dealing with complex scientific/medical information (Cuckier & Middleton 1995:54).

2.3.2.5.1 Modes of Communication.

Verbal and non-verbal communications are the two main types of communication used in practice and play a major role in leading and managing a diverse nursing team (Jooste 2003:202). It is evident from the literature that issues arise due to a lack of communication among individuals and groups.

People interpret tone of voice, facial expression and body language differently. As healthcare providers, understanding this is important to ensure that we communicate in a transcultural manner (Spector 2004:23). The other issue that arises is the staff's ability to communicate and interact with others through a common language to avoid misunderstanding and confusion (Spector 2004:24). In addition to sharing a common language, one finds that tone of voice may range from being extremely loud to the very soft seemingly submissive tones of differing individuals depending on their cultural backgrounds (Semmens 2001: 30; Singh [S.a.]:3). Cross-cultural communication may result in implicit and often contradictory assumptions made by individuals of different backgrounds. Verbal communication as well as non-verbal communication can be misinterpreted, and leaders may often isolate non-conformers as a result of this.

2.3.2.5.2 Effective Communication

According to Jooste (2003:200), a **communication champion**, is philosophically grounded in the belief that communication is essential in pursuing the organizational vision. Learning, problem-solving, decision-making, and strategizing are all oriented around the nursing team and stem from the organisational vision. Leaders build a shared vision by communicating with words and actions (Jooste 2003:201). It is important for a leader to communicate effectively in order to communicate the vision and values of the organisation in order to make a difference. Successful communication is not achieved by telling others what to do, but it involves a wide range of activities and tools for getting a vision into the consciousness of numerous followers. Jooste (2003:204) concludes that managers can direct the attention of their followers to what is significant, define the higher meaning of actions and attitudes, and be aware of the symbolic messages conveyed by their own behaviour, appearances and personal expressions of the vision.

Successful leader communication also includes deceptively simple components such as actively listening to others. According to Jooste (2003:203), studies have shown that due to the rapid changes in, and the demands of the healthcare environment, there is not always time for the listening and reflection that good communication requires.

2.3.2.5.3 Management Communication

According to Daft (1999:157) there is a difference between a manager's and a leader's communication. The manager's role in communication is that of "*information processor*", meaning they gather written and personal information, facts and data which they then send to their subordinates and others who can use it to complete their task (Daft 1999:157).

2.3.2.5.4 Leadership Communication

Daft (1999:157) states that a leader's communication requires the leader to communicate the bigger picture and not only bits of information or facts.

2.3.2.6 Education

Education for a culturally diverse group is one of the greatest challenges countries need to overcome. Lack of education can affect those that have no access to schooling due to cost or the geographical distribution of educational institutions to the living areas of the individuals. Besides the challenges faced by an immigrant, language barriers and cultural differences also affect the education of a diverse group (Spector 2004:26).

Jeffrey's (2006:26), Leininger and McFarland (2004:241) highlight the importance of creating Nursing Education programmes that will ensure culturally competent providers capable of dealing with cultural diversity. Incorporating cultural care into nursing actions and decisions facilitates the provision of meaningful and beneficial culture-specific care; prevents transcultural conflict and results in many beneficial health outcomes. Many of the facility's nurses are from cultures which are not so assertive and in which compliance is the norm, and they naturally act according to the expected norms of their own cultures (Singh [S.a.]:1). This has led this group of staff to being considered as passive in their interactions, especially in relation to management and the physician teams (Semmens 2001:31).

2.3.2.6.1 Empowerment

Jooste (2003:216) defines **empowerment** as a dynamic process of interaction between the managers and the nurse during motivational, power-sharing and participative decision-making. Although many authors suggest the importance of empowering employees, the application of this concept is reliant on various abilities within the individual (Fer 2004:565; Yeh-Yun Lin 2002:1).

At the ward level better outcomes have also been associated with greater proportion of staff at higher grades, as they are able to function independently and have greater critical thinking abilities. The variations in both quality and outcome of higher grade staff suggest that investment in employing qualified staff, providing post-qualification training and developing effective methods of organizing, nursing appear to pay dividends in the delivery of good quality patient care (Lopes 2004:1; Byron 2003:1; Hartsfield 2003:1; Jacques 2003:1; Leban 2003:1).

This empowerment has allowed for creative and highly inspirational performances and interactions within clinical settings. As stated by Upenieks (2002: 624) participative management, shared governance, decentralisation, and automation of work units support the notion of a supportive and opportunity-driven environment.

2.3.3 Managing Cultural Diversity in the Workplace.

All people are not the same, even though they might have much in common. Cultural diversity in the work place has expanded to such a degree that this diversity affects the way in which we respond to challenges and information (Jooste 2003:141). Workforce diversity means the hiring and inclusion of people from different cultural groups (Jooste 2003: 141). Jooste (2003: 141) continues that many leaders relate to people in the organization as if they share similar values, beliefs, motivations and attitudes about work life. However, this is clearly not the case in many health care organizations today.

2.3.3.1 Management

To manage is to bring about, to accomplish, to have responsibility for, and to provide services. As organisations are unique in terms of people and specialisation, managers need to be able to deal with these cultural challenges to ensure that the organisational goals are achieved and that the unit/department is effective in rendering the services required (Crowther 2004:2).

2.3.3.1.1 Management Defined

Crowther (2004:2) defines **management** as meeting goals and objectives in getting the job done and successfully managing a range of activities and meeting outcomes. Management can also be defined as the attainment of organizational goals in an effective manner through planning, organising, staffing, directing and controlling organisational resources (Jooste 2003:285).

2.3.3.1.2 Components of management

According to Jooste (2003:284) management has five functions: planning, organising, staffing, directing and control.

- **Planning** is the definition of goals and objectives for the organisation, developing strategies, using budgets to allocate resources and setting policies and procedures.
- **Organisation** involves work arrangements, establishing organisational structure, creating responsibility and authority relationships, and position descriptions needed for the manager to accomplish the plan.
- **Directing** is the use of influence and rewards to motivate employees to take desired actions and also includes delegation, and coordination of employees and management of conflicts.
- Another management function, **control**, is developing performance standards, establishing reporting systems, and monitoring employee's activities to determine whether the organisation is on target towards its goals and taking corrective actions as necessary (Jooste 2003:337).

2.3.3.1.2.1 Planning

The biggest reason why organisations fail is due to managers' not being clear in their units' goals and objectives, develop effective strategies, effective utilization management of resources and developing appropriate policies and procedures for

their nursing team (Jooste 2003:82). Benefits of planning for the organisation include to:

- Establish direction in management
- Define the business
- Improve communication and team work
- Develop personnel
- Help measure the performance of employees
- Improve profitability
- Facilitate change management (Jooste 2003:83).

According to Swansburg and Swansburg (1999:71), the plan set by the nurse manager must have unity, continuity, flexibility and precision. These authors further comment that planning improves with experience, facilitates the art of handling people, it gives sequence to activities and protects the organisation against undesirable challenges or changes (Swansburg & Swansburg 1999:72).

All managers need to plan, and due to the on-going changes in healthcare today these plans needs to be flexible to accommodate the changes required. Healthcare leaders need to be proactive in determining what changes are required for safe healthcare provision to ensure that it gives them sufficient time to prepare the team with the resources and education as needed (Crowther 2004:6; Goleman 2004:190).

2.3.3.1.2.2 Organising

Organising involves work arrangements, establishing organisational structure, creating responsibility and authority relationships, and even job descriptions needed to accomplish the unit's/ department's plan (Jooste 2003:132; Swansburg & Swansburg 1999: 356).

Organising is important for nurse managers because it:

- Leads to the analyses of the work and the resources available
- Divides the work load into activities to be performed by individual nurses
- Promotes the productive utilisation of resources.

- Groups the tasks of employees into specialised units.
- Creates the mechanism for the co-ordination of the different activities in the organisation (Jooste 2003:132).

Swansburg and Swansburg (1999:357), explains that for the manager to organise their activities effectively, requires introducing the principles of organising, which are:

- **Chain of command** clearly delineate the hierarchical relationships within which authority flows from top to bottom
- **Unity of command** with the employee understanding that there is one manager with one plan
- **Span of control**, allowing the manager to effectively supervise in terms of numbers, function and geography
- **Specialisation** whereby each manager should perform a single leading function, which therefore creates differentiation among kind of duties
- **Bureaucracy** has evolved over the years. Chain of command, unity of command and specialisation supports bureaucracy structures.

2.3.3.1.2.3 Leading

Leading is one of the most important components required by a manager and it has been stated in the literature that whichever model of leadership is examined, it was influenced by the need of leaders to possess emotional intelligence (Bipath 2007:22). **Leadership** can be described in terms of how management achieves its goals and objectives (Crowther 2004:2). Jooste (2000:25) defines leadership as a complex process by which a person influences others to accomplish a mission, task or objective and directs the organization in a way that makes it more cohesive and coherent. Leadership can also be defined as an interpersonal process which involves the manager influencing team activities and acting as a role model in order to motivate staff to achieve their personal and team goals (Booyens 1999:158).

2.3.3.1.2.4 Control

Control indicates the coordination of numerous activities, ranging from decision-making relating to planning and organising activities and information about each nurses' performance. Control is the management tool for improving performance. Control or evaluating is where the nurse manager is seeing that everything is implemented according to the plan that was developed, and that nursing care is provided accurately and safely (Jooste 2003:337).

Clinton (2004:363) and Arguinis (2009:78) define performance as those outcomes that are produced or behaviours that are exhibited in order to perform certain job activities over a period off time. In a healthcare organization, the aim of performance management is to develop and provide opportunities for staff to reach their full potential while rendering clinical bedside care (Clinton 2004:363). Jooste (2003:336) supports Clinton in saying that a leader needs to facilitate personal and professional growth and provide support for employee development. Management is responsible for the creation of the working environment and for obtaining the cooperation of employees in order to make the best use of the available resources to meet the desired outcomes for the patients/clients (Clinton 2004:363).

According to Swansburg and Swansburg (1999:61), a good control system:

- Reflects the nature of the activity
- Report errors promptly
- Is forward thinking
- Is objective, understanding and clear
- Reflect organisation trends
- Indicate corrective action.

2.3.3.1.3 Managing diversity

Chief Executive Officers, managers, supervisors and educators must be able to effectively recruit, manage and promote a culturally diverse workforce. It is also

essential that leaders recognize and respect what influence cultural differences like faith and religion, communication, beliefs and values might have in managing this diversity (Williams [S.a.]: 58; Spector 2004:11).

The long-term success of any organization requires that it has a diverse workforce population that can bring fresh ideas, perspective, and views to the clinical setting (Williams [S.a.]:1). Campinha-Bacote (2003:7) continues in saying that leaders need to avoid stereotyping their employees based on their ethnicity and emphasizes the need for leaders to become culturally competent.

According to Wilson et al. (2003: 8), cultural diversity provides a framework for considering cultural competence, which is a necessary skill when building diverse relationships. Only through the interactions of people, and thus, nurses from diverse backgrounds, can this competence provide a broader perspective of racial, ethnic and cultural differences (Adams & Price-Lea 2004:98). Adams and Price-Lea (2004:98) continue further in stating that creating a more diverse workforce is beneficial in establishing a sense of community, narrowing the health disparity gap and promoting the health of all people.

Healthcare providers have a responsibility to develop awareness and knowledge concerning different cultures (Wells 1995:51). For a leader to be successful in a diverse work environment cultural competence is demonstrated by being:

- Aware of and sensitive to their own culture.
- Aware of and willing to explore their own biases and values.
- Respectful of and sensitive to diversity among individuals.
- Knowledgeable about another's culture.
- Skilled in selecting and using culturally sensitive intervention strategies (Wells 1995:51).

The ultimate goal in working with diversity is to weave it into the goals, vision and mission of the organization which is required before the organization can fully benefit from diversity (Merrill-Sands, Holvino & Cumming 2000: vii). Mays et.al. (2002:140)

support Merrill-Sands et al. (2000 :viii) statement saying that leaders who value cultural diversity respect its worth and integrate this respect into the policies, programs and services that are being developed for the organization. Samarah et.al (2003:8) comments that nurse manager's needs to know how cultural diversity may impact on the performance of heterogeneous workgroups.

Leininger and McFarland (2006:241) emphasize that organizations need to evaluate the political and educational dimensions of creating a diverse nursing workforce as this is critical to the development and implementation of culturally diverse programs. In today's world, nurse managers' needs to consider the ethnic and cultural backgrounds of staff when identifying preceptors, nurses, managers, educators and support staff in the work environment (Staten, Mangalindan, Saylor & Steunkel 2003:203). If nurse managers manage the diversity of their nursing team, they will create a work environment that fosters access to the talent of people who are increasingly diverse (Williams [S.a.]:1). Because of this positive work environment, staff would feel free to behave differently in spite of ethnic and cultural differences (William [S.a.]:1). Theiman, April and Blass ([S.a.]:1) comment that although Western societies have a need to underpin leadership and management ideas and theories into practice, the same is not evident in non-Western countries as people might find it difficult to relate to them.

These authors further elaborate that the "*convergence theories*" emphasize that economical ideology drives cultural values to such an extent that exposure to Western ways of engaging in business will result in the adoption of Western values. The divergence perspective, however, recognizes that country and cultural differences are deeply rooted and drive the values of society beyond economic ideology (Theiman et.al [S.a.]:2). Merrill-Sands et al. (2000:vii) points out that diversity efforts have the potential to strengthen organizational effectiveness and efficiency and to advance social justice. This author further concludes that experience over the last decade has shown that the full potential of diversity is neither a simple nor a straightforward process (Merrill-Sands et al 2000:vii).

According to Mays et al. (2002:139), different paths can lead to cultural competence and this cultural competence depends on the particular group's needs and characteristics. Mays et al. (2002: 39) define cultural competence as a set of congruent behaviours, practices, attitudes and policies that are integrated into an organisation and are related to embracing cultural difference.

The American Nursing Diversity in Nursing Practice states in their position statement that knowledge of cultural diversity is vital in all levels of nursing practice (American Nursing Association 2007:1). Diversity programmes have been shown to increase productivity, efficiency, and job satisfaction and that leading a diverse workforce requires cross-cultural communication skills (Crowe 2007:2). Sloand, Groves and Brager (2004:2) support Crowe with their statement "*that managing a diverse workforce requires culturally and linguistically appropriate systems and processes."* Goleman (2004:324) notes in his book Working with Emotional Intelligence, that Steele, a psychologist from Stanford, has researched diversity management issues.

According to Goleman (2004:324) the outcome of Steele's research resulted in the development of the following strategies for leveraging diversity:

- To have optimistic leaders.
- To provide genuine challenges to convey the individual's respect for the person's potential.
- To place emphasis on learning in order for the person to develop and grow.
- To affirm a sense of belonging.
- To value multiple perspectives.
- To provide a role model for appropriate behaviour.
- To build self-confidence through constructive and frequent feedback.

2.3.3.1.4 Barriers to Managing Diversity

Some barriers in managing a diverse workforce are miscommunication, lack of staff awareness, failure to appreciate other cultures, reluctance to admit a lack of understanding, differing concepts of nursing responsibilities, and the supervisor's inexperience in dealing with a culturally diverse workforce (Campinha-Bacote 1996: 22). Daft (1999:315) states that managers face a number of personal and organizational barriers to achieving a high level of diversity awareness, acceptance and appreciation. These barriers are:

- Ethnocentrism – the belief that one's own culture is superior
- Stereotyping and prejudice – prejudice can be defined as the tendency to view people who are different from the mainstream in terms of sex race, ethnic background or physical ability.
- The White "Male" Club – which alludes to the work environment in which minorities are excluded from certain social functions, lunches and promotion opportunities.
- The Paradox of Diversity – is when the leader faces significant challenges in simultaneously promoting diversity and maintaining a strong unified corporate culture.

Other barriers the manager can face in the workplace are cultural influences towards such things as physical space, time and authority.

2.4 EMOTIONAL INTELLIGENCE

Goleman (2004:3) asserts that great leaders move followers through passion and inspiration by using their emotions. No matter what a nurse manager has set out to do, their success depends on how they do it. By reviewing the literature the researcher wants to illustrate the significance of developing EI competencies and EI Effects in the workplace when managing a culturally diverse team.

2.4.1 Definitions

The literature is extensive in view of research done on emotional intelligence over the last couple of years. Before continuing with the literature review on which the theoretical framework is based, it might be beneficial to review the different definitions of EI.

- According to Jaeger, Breciani and Sabourin ([S.a.]: 1) **emotions** can be defined as organized responses that adaptively trigger cognitive abilities and direct an individual to act.
- **Intelligence** can be defined as a set of mental processes that are stable and used to create intelligent behaviour. Fer (2004:565) further elaborates that Intelligence Quotient (IQ) tests may be able to assess analytical and verbal knowledge, and any other skills required in problem solving, but they do not address a person's emotional ability.
- Howard Gardiner defines **Interpersonal Intelligence** as the ability to sense other's feelings and be in tune with others (Gardiner [S.a]: 1).
- **Intrapersonal Intelligence,** according to Howard Gardener is the ability to know your own body and mind (Gardiner [S.a.]: 1).
- David Perkins defines **Experiential Intelligence** as a person's accumulated knowledge and experience in different areas (Gardiner [s.a.]: 1).
- According to Goleman (2004: 317), **Emotional Intelligence** can be defined as the ability to manage one's own feelings so that they are expressed appropriately and effectively, thereby enabling people to work collaboratively towards their common goal. Bipath (2007:14) defines EI as an display of non-cognitive skills and capabilities that influence a managers ability to cope with the environmental changes and challenges.

2.4.2 Basic physiology of Emotional Intelligence (EI)

It seems that the best starting point in describing Goleman's framework is to comment on the basic structure of EI, where it originated, and the reason why this competency based model of Goleman is advised.

Punia ([S.a.]: 686) and Ashtiani, Hoseinian and Yasdi (2008:903) point out that research done on the brain has proven that a manager's mood affects the emotions of their subordinates around them. Goleman et.al. (2002b:103) support this view by reiterating that EI involves circuitry that runs between the brain's executive centres in the prefrontal lobes and the brain's limbic system. It is this limbic system that governs an individuals' feeling, impulses and drives, while the neo-cortex, on the other hand, governs analytical and technical ability. These authors continue by stating that skills based in the limbic system are solely learned through motivation, comprehensive practice and feedback on performance (Goleman et.al 2002b:103). One can, therefore, understand how difficult it is to try to alter deeply ingrained habits; thus, changing these habits will require lots of practice and repetition.

The amygdala is the brain's emotional memory bank, which stores all the individual's moments of triumph and failure, hope and fear, indignation and frustration (Goleman 2004:75; Goleman et.al 2002b:47). These stored images then play a crucial role in how we react upon information received that is related to survival. These authors comment further that there is no separation for the brain between work and personal stress (Goleman 2004:75; Goleman et.al 2002b: 47).

Goleman (2004:75) continues in saying that when the amygdala presses the brain's "panic buttons", it triggers a cascade of events that could have a negative impact on the body. If the individual does not have adequate coping skills and relaxation skills, to ensure that they impose self-control over feelings that might affect their work-social life balance it will affect their interactions with others negatively. These prefrontal lobes ordinarily keep the amygdala's urges in check, bringing judgment to these raw impulses, an understanding of the rules of life, and a sense of what response is most skilful and appropriate.

2.4.3 Goleman's Emotional Intelligence Framework

Gardner presented his seven intelligences in 1983 and Salovey and Mayer re-conceptualised Gardner's inter and intra personal intelligence and proposed a more comprehensive framework for emotional intelligence in 1990 (Fer 2004:566; Harris 2005:2). Fer (2004:566), Baillie and Ekermans (2006:3) elaborate that emotional

intelligence went through a phase of popularisation in 1995 with Goleman's EI findings, which were loosely based on the work of Salovey and Mayer. Since Salovey and Mayer conceptualised Gardner's EI three alternate models of constructs have been proposed ranging from:

- the ability models from Salovey and Mayer to
- the non-cognitive models from Bar-On in 1997 and
- the competency based model from Goleman in 1995 (Bipath 2007: 28)

Goleman (2004:22) comments that emotional competence is a learned capability based on emotional intelligence that result from the individual's outstanding performance at work. The individual's EI determines his or her potential for learning practical skills that are based on self-awareness, self-management, being socially aware, as well as social skills for interacting and managing relationships (Goleman 2004:26).

2.4.3.1 Self-Awareness

Self awareness is the ability of individuals to understand their own inner resources, abilities and areas for development (Goleman 2004:67; Goleman et.al 2002b:40). These authors conclude that people that are self-aware are realistic and honest about themselves (Goleman et.al 2002b:40). Strickland (2002:112) supports Goleman et.al in stating that the person with a high degree of self-awareness is conscious of how their feelings affect them, those they interact with, and their performance.

According to Punia ([S.a.]:1) and Strickland (2000:112), the concept of self-awareness is concerned with one's self and contributes to **emotional awareness** competency, which the individuals need to cultivate in order to manage their own emotions. With professional growth and experience, individuals are able to **accurately assess** what their own strengths and limitations are, and, therefore, will be **self-confident** in their dealings with others (Strickland 2000:112; Punia [s.a.]: 687; Goleman 2004:67).

Goleman et.al (2002a: 40) affirm that outstanding nurse managers have the ability to self-reflect and be thoughtful, which allows them to think things over instead of

reacting impulsively. What drives individuals forward to reach their goals in life from a neurological point of view, boils down to the mind's ability to remind individuals of how satisfied they feel when they accomplish their goals (Goleman et.al 2002a:41). Neurological research has shown that managers who stay attuned to their feelings are able to find the meaning in data, which leads to better decision-making abilities (Goleman et.al 2002a:42).

Baillie and Eckermans (2006:4) point out that the handling of interpersonal relationships in such a way as to elicit desirable responses in others showed the largest correlation with job performance. Adeyemo and Ogunyemi ([S.a.]:4) and Villanueva and Sanchez (2007:351) maintain that strong self-efficacy enhances individual accomplishments and personal well-being. These authors continue in saying that if an individual has an efficacious outlook, this produces personal fulfilment, reduces stress and reduces vulnerability to depression.

Nurse managers who do have an accurate self-assessment ability, know the effect of their emotions and displays a sense of self-confidence, which is a hallmark of excellence in performance (Goleman 2004:64; Novack [S.a.]: 2). Many studies have shown that managers who mishandle a given situation often display signs of a blind spot (Goleman 2004:65). According to Goleman (2004:55) "blind spots" that are most common and costly for organisations are those leaders who have: "*blind ambition, set unrealistic goals, are relentless in striving towards success, drive others hard and are power driven".* Goleman (2004:66) further elaborates that people who have an insatiable need for recognition also have a pre-occupation with appearances and have the need to appear perfect. These blind spots, according to Goleman (2004:65), can actually drive individuals to avoid self-awareness, which affects the other competencies.

As all workplace competencies are learned habits, Goleman (2004:65) and Novak ([S.a.]: 2) predict that individuals can learn to do better in those competencies they know and work in. Managers with superior performance, constantly seek out feedback, as they do want to know how others perceive them, and according to Goleman (2004:67), this in itself is an invaluable tool for change.

Self-confident people have an “aura” around them; they see themselves as efficacious, able to take challenges and to master new jobs or skills. They believe themselves to be motivators and change agents, and feel that their abilities stock up favourably in comparison to those managers’ that are not confident. As a result of the self-confidence they have in themselves, these leaders are able to justify their decisions and they remain “unfazed” by others (Goleman 2004:69).

2.4.3.2 Self-Management

Self-management flows from self-awareness and is one of the most important EI skills a nurse leader needs to be competent in. Good self-management skills allow the nurse manager to control disruptive emotions and impulses that might have a negative influence on interpersonal interactions (Goleman 2004:82; Hillis [S.a.]:1). According to Goleman et al (2002a: 45), self-management is the individual’s inner conversation, which is the component of EI that frees them from being prisoners of their own emotions.

Lust, Moore (2006:1), Baillie, Eckermans (2006:4) and Goleman (2004:82) state that nurse managers with high self-regulation scores are able to **control their emotions** more effectively, preventing their emotions from overriding their capacity to think and act appropriately. The core competencies a nurse manager needs to cultivate in order to develop self-control are being **trustworthy**, conscientious in one’s work, **flexible**, **adaptable**, showing creativity and being **innovative** (Goleman 2004:82; Lust & Moore 2006:1; Baillie & Eckermans 2006:4). It is evident in practice today that subordinates feel comfortable and are able to freely and openly approach leaders that remain calm and in control of their emotions, as opposed to those that are explosive (Strickland 2000:113). This author continues further that managers who have this self-control over their emotions and impulses create an environment of fairness and trust.

Goleman (2004:80) further elaborates that emotional self-regulation is not just dampening down distress or stifling impulses, but it also means to intentionally elicit an emotion, even an unpleasant one. According to Strickland (2000:113), Goleman

(2004:81), Baillie and Eckermans (2006:4), emotional self-control does not mean denying or repressing true feelings. Every emotional feeling has its use, and even anger, sadness and fear can become sources of creativity, energy and connectedness (Goleman 2004: 81; Baillie & Eckermans 2006: 4; Strickland 2000: 114). Goleman (2004: 81) further postulates that anger can be a source of motivation, especially when it stems from the urge to right an injustice or inequity.

According to Goleman (2004:83), a manager's ability to practice self-control manifests largely in the absence of obvious emotional fireworks. Managers with these skills seem unfazed under stress or in handling a hostile person without lashing out in return. According to Goleman (2004:83), the ultimate act of personal responsibility at work may be in managers taking control of their own state of mind and mood, which exert a powerful pull on thought, memory and perception. Goleman (2004:87) states that the more accurately one can monitor ones own emotional upsets, the sooner one can recover from distress.

Strickland (2000:114), Punia ([S.a.]: 687), Lust et al. (2006:1) and Goleman (2004:89) comment that nurse managers with high skill in self-regulation act ethically, build trust through reliability, and take responsibility for their performance. These authors' emphasise the importance of including many people's ideas, handling multiple demands smoothly, and being able to shift priorities and respond rapidly to change. According to Goleman (2004:102), the following leadership practices are creativity killers: constant surveillance, evaluation, over control and relentless deadlines.

Motivation skills are those that are typically seen in outstanding performance, and these are the individual's **achievement,** drive, commitment, initiative and **optimism**. Nurse Managers with high motivational drive are results-oriented and have a high drive to meet the unit's objectives and standards (Goleman 2004:113; Lust & Moore 2006:4; Strickland 2000:113). Strickland (2000:113) states that nurse managers with high motivational skills seek new challenges and want to stretch their capabilities. Punia ([S.a.]: 687), states that managers with an achievement record and commitment foster a culture of innovation and optimism so that the followers in this culture emerge as pioneers in their professional lives.

Strong group dynamics, regular meetings and feedback, and a focus on improving performance, will create a team that will have a collective drive to achieve (Goleman 2004: 116; Strickland 2000:113; Herbert & Edgar 2004:56; Miller 1999:26; George 2000:1028). According to Goleman (2004:120), self-awareness is the building block for nurse managers' commitment, and they thrive in an environment of challenge and pressure. The innovative manager is proactive instead of reactive, which contributes to the innovative manager's motivational drive (Goleman 2004:123). Goleman (2004:105) continues that innovation needs to be balanced by social awareness to avoid unintended negative consequences. Optimism requires hope in pursuing goals and this is the primal motivating force at the other end of the managers vision (Goleman 2004:129).

2.4.3.3 Social-Awareness

This is the skill required by nurse managers to be able to pick up the social rhythm and timing of those they work with through empathy, by understanding the organizational culture and climate and by having a service orientation towards those that they lead (Goleman 2004:137). Sensing what others feel, without their saying, so captures the essence of **empathy**. According to Goleman (2004:135-137), empathy is the leader's social radar, and the human nervous system is automatically set to engage in empathy. Goleman (2004:138) continues that those primal bonds lay the groundwork for learning how to cooperate and be welcomed into a group.

The extent to which a nurse manager masters this competency determines the manager's level of social competence and is crucial to excellence. If a nurse manager is approachable and displays active listening skills, he or she embodies the empathy competencies (Goleman 2004:141). However, according to Goleman (2004:143), empathy alone is not enough for nurses, they have to care. This author further elaborates, that when a manager becomes excessively involved with the team's personal issues, they may experience distress, as they do not have the self-management skills to calm their own sympathetic distress (Goleman 2004:144).

Goleman (2004:153) states that the nurse manager, who empowers the team with information which might serve the group's self-interest, lays the foundation for a trusting relationship, and this is essential for organizational efficiency and effectiveness. According to Goleman (2004:161), the manager needs to be **aware of what is going on in the organization** in order to have all the facts needed to motivate their staff. According to Goleman (2004:162) and Bipath (2007:15), managers' **sensitivity to the political fault lines** of alliance and rivalry makes them more understanding of the underlying issues and enables them to address what really matters to key decision-makers.

2.4.3.4 Relationship Management

Relationship management is the ability of the nurse managers to manage their relationships with others. The competencies required by the manager are: a willingness to **develop others**, the ability to **influence the team**, being a **change catalyst**, and a **manager of conflict,** having **effective communication skills**, **teambuilding** and have a **collaborative approach** (Goleman 2004:163; Punia [S.a.]: 686; Strickland 2000:114). Nurse Managers' ability to ensure their own and their subordinates' success are to proactively evaluate the teams developmental needs and then to appropriately plan the training that is required.

The manager's greatest role lies in coaching others in order for them to reach their full potential. Goleman (2004:147) and Novack ([S.a.]: 2) state that a nurse manager who portrays excellence in these skills is emerging as second only to team leadership among top performers. Developing others requires person-to-person crafts, and according to Goleman (2004:147), coaching and development are the art of counselling.

One can understand that interaction and effectiveness in counselling relies heavily on the manager's empathetic ability and the ability to focus on their own feelings and to share them with those that they lead (Goleman 2004:147). It is human nature to want to improve and to be aware of what we are competent in, and this can be a major retention strategy to keep enthused nurses seeking professional and personal growth

(Goleman 2004:147). Nurse Managers that show active personal interest in those they guide and have empathy and understanding for their subordinates have better coaching skills.

Goleman (2004:148) states that managers who are excellent coaches create trust and are more willing to give constructive feedback with the aim of developing others. This feedback is of great importance for establishing excellence in performance. However, managers need to ensure that feedback on subordinates' performance is based on personal goal setting, and that this is provided in privacy to ensure trusting relationships (Goleman 2004:149). It is very important for managers to involve others in providing feedback on their peers' performance. This is, however, affected by a person's culture since in many cultures individuals are brought up not to say 'things' about others, which makes honest feedback difficult (Goleman 2004:149; Semmens 2002:139).

Goleman (2004:151) also reiterates that micromanaging individuals and their performance affect the leader's success. Although guidance is available, many workers still face stereotyping and discrimination and this affects productivity, creativity, excellence in performance and the creation of a trusting environment (Goleman 2004:155). According to Goleman (2004:158), the ability to leverage diversity requires three skills, getting along well with others who are different, appreciating the unique ways others may operate, and seizing whatever business opportunities these unique approaches might offer.

Emotions as a signalling system to influence others need no words. Jooste (2003: 114) defines **influence** as the ability to affect the perceptions, attitudes or behaviours of others. Goleman (2004: 165) states that the emotional economy is the sum total of exchanges of feelings among us. This means that in "*subtle ways (or not so subtle) we all make each other feel a bit better (or a lot worse) as part of any contact we have*" and that every encounter or interaction can be weighted along a scale from being emotionally toxic to nourishing. Goleman (2004:165) continues in saying that although this "influence**"** skill is largely invisible, this economy can have great benefits for a business or for the tone of the organizational life.

This is very evident in practice: if the nurse manager is in a negative mood about whatever needs to be accomplished, their emotions are reflected onto those they lead, which makes them negative, too. In his book, Goleman (2004:167) states that everyone in an organization is part of each other's emotional tool kits, and for better or worse, we continually prime each other's emotional states. Howard Friedman, a well-known psychologist according to Goleman, (2004:168) has observed that the "*essence of eloquent, passionate, spirited communication seems to involve our facial expressions, voice gestures and body movements to transmit emotions*." Individuals who portray these "*emotional adapters*" are better able to move and inspire others and to ignite their energy to innovation. Goleman (2004:171) suggests that persuading others is strengthened by identifying a bond or commonality and taking time to create this is not a detour, but a required step, in influencing others. Nurse Managers who are weak at influencing others can be so because of a failure to build rapport, over-reliance on one strategy, spearheading his or her own point of view, failure to inspire interest and/or having a negative impact on the group (Goleman 2004:173). Many 'charismatic' leaders who communicate a topic with passion will create an environment where the group follows willingly (Goleman 2004:174).

On top of being charismatic, nurse managers who communicate effectively have **active listening skills** and send convincing messages to their teams (Goleman 2004:174; Punia [S.a.]: 688). Being an adept communicator is the cornerstone of all social-management competencies (Goleman 2004:176); Punia [S.a.]: 687; Strickland 2000:114). To ensure smooth interaction, it is important for the nurse manager to keep his or her "cool," especially when dealing with difficult people or situations (Strickland 2000:114; Goleman 2004:177). **Negotiations** between people happen all the time, and the skilful nurse manager is able to avoid barriers like threats or demands to impede these negotiations (Goleman 2004:181). According to Goleman (2004:182) and Punia ([S.a.]: 687), some strategies managers can use to manage conflict are to:

- Remain calm and to tune into their own feelings and expressing them.
- Show a willingness to work things out rather than responding with more aggression.

- State his/her point of view in neutral language.
- Try to find equitable ways to resolve disputes, working together to create win-win situations for both sides.

According to Strickland (2000:116) and Goleman (2004:185), the artful nurse manager is attuned to his/her own, and the team's feelings, and this enables the manager to establish credibility and be a key source of the organization's emotional tone. These emotional tones, which are set by the nurse manager, ripples downward and affect those that they lead either positively or negatively (Goleman 2004:189). However, there are times when persuasion, consensus building and all other arts of influence are not successful in achieving goals so that the power of the leader's position is required to get people to act (Goleman 2004:190; Covey 1992:102; Booyens 1999:189).

Collaboration and **cooperation** are essential for ensuring positive group dynamics and organizational excellence. According to Goleman (2004:200), one great anatomical imperative for humans to group together is the neo-cortex, which gives us our ability to rationalise our thought processes. Nurse Managers need to use their influence skills to encourage people to work together, and they should ensure that they understand the group's dynamics in order to lead the team effectively (Goleman 2000:203; Jooste 2003:163).

It is evident in practice that groups perform better when they share a synergy to group goals, or appear, to be in a state of harmony as when leaders direct their energy to allowing subordinates to use their full potential (Goleman 2000:205; Strickland 2000:116). So often nurse managers think that it is a sign of weakness to ask for help, but the more people who have input or who the manager networks with, the stronger the bonds of collaboration and teamwork (Goleman 2004:208).

2.4.4 The Role of Emotional Intelligence in the Workplace

EI in the workplace is a very important aspect for organisational effectiveness. Before examining this issue, it is essential to describe what is meant by being a resonant and a dissonant manager to illustrate the value of EI in the workplace. A resonant nurse manager executes a vision by staying in tune with everyone's emotions thereby motivating, guiding, inspiring, listening and persuading his/her team to excel (Goleman et.al 2002a: 27). **Resonant** nurse managers therefore, are able to read and stay in tune with the emotions of their team members, which contributes to better relationships and improved overall performance of the team (Goleman et al 2002a: 21). **Dissonant** nurse managers on the other hand, are leaders who are not in 'touch' with the feelings of their team, and, therefore, create an atmosphere which leads to anger, frustration and even rage (Goleman et al 2002a: 19). These authors continue by stating that emotions are the glue that keeps people together in a team and committed to an organisation.

Fer (2004:564) and Harris (2005:2) comment how intelligence has played a central role in highlighting the understanding of human behaviours over the past decade. These two authors continue in stating that the academic arena has focused mostly on linguistic and logic intelligences. At the same time, the literature suggests that EI is becoming increasingly popular within industrial and organizational psychology as a determinant of work success (Novack [S.a.]: 1; Baillie & Eckermans 2006:3).

Lust and Moore (2006:1), Bailie and Eckermans (200:3) have indicated in their studies the need for EI as a determinant for organizational success. Goleman et.al. (2004: 3) elaborate further in describing how studies have shown that the organisation's climate drives business results, but, at the same time, is not totally responsible for the performance of an organisation. These authors stress that it is the managers' actions that affect how their team will feel, and, therefore, perform (Goleman et.al 2002a:18). However, as McQueen (2004:101) makes clear, intellect alone will not make a leader, as true leadership is reliant on other factors, such as emotions, to assist the manager in coping more effectively.

As mentioned, there has been a dramatic change in the workplace over the last century due to globalisation, mergers and acquisitions, and the resulting diversity, which requires a more dynamic nurse manager. There have been many new developments in the leadership field with a great deal of focus on improving the characteristics that effective leaders need to have in order to cope with the pressure and demands of the rapidly changing world. It is, therefore, understandable that an author like Covey (2004:100) directs his thoughts in the book "*The 8th Habit*" towards moving leaders from being effective to that of being great. On a more emotional note in his book, *Working with Emotional Intelligence* Goleman (2004:237) highlights the specific competencies required to be emotionally intelligent. Goleman's framework of EI provides nurse managers with a structure by which they can judge their abilities of being self-aware, self managing, socially aware in their interactions with others and displaying appropriate relationship skills for managing others effectively (Goleman 2004:238; Goleman et al 2002b: 39). These changes and challenges cannot be met unless nurse managers become both culturally and emotionally competent (Goleman 2004:3; Punia [s.a.]: 684).

According to Goleman et al (2002b: 105), studies that were conducted as part of competence-building programmes have shown remarkable improvement in the targeted competencies as a result of the change process. Based on these findings nurse managers can, therefore, be made more effective if provided with the right tools to strengthen these competencies (Goleman et.al 2002b:107). Goleman (2004:22) maintains that EI skills are synergistic with cognitive ones, both of which top performers display. Analysis of the literature suggests that the modern demands of nursing necessitate the skills of EI to meet the needs of direct patient care and cooperative negotiation with a multi-disciplinary team (McQueen 2004:101). These authors suggests, that irrespective of the leadership model that is being used, successful leadership largely relies on the need for the nurse manager to possess emotional intelligence (Baillie & Eckermans 2006:3; Goleman et.al 2002a: 3).

Romanelli, Cain, Kelly and Smith (2006:5) state that healthcare professionals' "*aptitudes for service and caring orientations*" may be reflected in their emotional

intelligence. Mayer, DiPaulo and Salovey (1990: 778) state that EI is a general construct that describes the ability to appraise and express emotions and use them for motivational and decision-making purposes. The authors further elaborate that empathy requires the accurate identification of emotional responses of other people (Mayer, DiPaulo & Salovey 1990: 778).

Salovey and Mayer (1990:185) state that emotions may facilitate the generation of multiple plans, and that positive emotion may alter memory organization so that cognitive material is better integrated, thus, redirecting attention and motivating the individual. Lust and Moore (2006:1), maintain that Goleman's EI framework provides the core competencies that are essential to success in the workplace. Strickland (2000:112) supports Lust and Moore in saying that Goleman's EI framework assists nurse managers in incorporating their cognitive skills with their EI skills in order to be successful in the clinical setting, thereby creating outstanding organisations.

Managing a group's emotional dynamics can have a decided effect not only on a particular meeting, but also on the health of the entire organization (Simpson & Keegan 2004: 82). These authors affirm that in order to create positive group dynamics, managers must extend individual EI to the group setting by applying their emotional competencies. Low, Lomax, Jackson and Nelson (2004:2) also emphasise the need for EI in the workplace, stating that there are numerous literature articles to support the emotional skills needed for achievement, productivity, career success, personal health, resilience and leadership.

Mayer, Salovey and Caruso (2000:396), according to Goleman, state, that EI will assist people in teamwork, cooperation, and as well as helping them learn how to work together more effectively. Goleman (2004:13) continues in stating that employers have a list of competencies that they seek in a new manager, which are communication skills, interpersonal skills, initiative, empathy, and the ability to build rapport, collaboration and personal management.

From the South African perspective, EI is focused on putting people first by addressing their emotional connotations, which is what Bartho Pele principles are centred around (Jooste 2003:145). According to Jooste (2003:149), Charlton made a statement that "*people who are passionate about his or her own feelings*" are crucial for organizational effectiveness and leadership success.

Studies of Emotional Intelligence in leaders conducted by the Hay Group (Boyatzis, Goleman and Hay Group 1999:6) have reflected that each of Goleman's competencies is required for leadership success. Punia ([S.a.]: 684) and Novack ([S.a.]:1) re-iterates that, managers with high emotional intelligence see changes as opportunities for improvement and they cherish ongoing development for themselves and those they lead.

Adeyemo and Ogunyemi ([S.a]:1) state that emotional intelligence and self-efficacy training will enable individuals to cope with institutional stress. Emotionally Intelligent leaders contribute to improvement in the morale, motivation, greater cooperation and lower turnover of personnel (Strickland 2000:112). Despite these theoretical links, there has been relatively little reported evidence examining the relationship between EI in the workplace and effective leadership (Gardner & Stough 2002:69). The main focus of EI literature has been on the hypothetical value of EI on individual success and some empirical support has been established for a positive association between EI and work performance (Herbst, Maree & Sibanda 2006:594). The new paradigm of EI has focused on the role of EI in different styles of leadership, with transformational leadership demonstrating higher levels of subordinate efforts and performance ratings and higher ratings of managers' effectiveness (Gardner & Stough 2002:69).

2.4.5 Developing Emotional Intelligence Competence

As healthcare organizations become more and more diverse, academic institutions need to address how they can integrate Emotional Intelligence competencies into the Nursing Curriculum in order to ensure that the nurse of the future is better equipped to deal with all the diversity dynamics that they will surely encounter (Foreman [S.a.]:3).

Many academic centres haves conducted research on EI as a predictor of prospective academic and professional success among students (Romanelli et.al 2006:1; Miller 1999:26). Romanelli et al. (2006:1) further postulate that today's students may be more concerned with the technical aspects of their profession and appear to be more emotionally immature compared to previous generations of learners.

According to Romanelli et al (2006:1) article authors such as Lam, Jogger, Wagner, Elam have done various studies on EI and its influence on the healthcare professional's success. A positive relationship between EI scores for leadership success and general intelligence was demonstrated $p<0.01$, and overall the EI scores were higher in females than in the males (Romanelli et.al 2006:1).

Flowers (2005:1280), emphasizes how medical education has long overlooked the teaching of normal psychodynamics within their curriculum. This author continues further that a normal psycho-normality course should include five cyclic modules consisting of self-awareness, self-development, relationship building, self-responsibility and reflection (Flowers 2005:1280). Goleman (2004:250) emphasizes that many companies have demonstrated the need to initiate training programs to develop their employees.

This has resulted in the development of the EI Consortium in the United States of America, which is a coalition of researchers and practitioners from business schools, the federal government and various corporations. The EI Consortium has developed guidelines for the training and development of employees so that they reach their full potential in becoming emotionally competent (Goleman 2004: 250). These guidelines include:

- Assessing the job and developing competencies required for the specific role.
- Assessing each individual's profile, their strength's and limitations in order to identify what requires improving.
- Delivering assessments with care to ensure that feedback remains positive.
- Gauging readiness to perform in the assigned role. This needs to be evaluated before starting to ensure that the learning plan is set up accordingly.

- Motivating individuals in order for them to be emotionally charged and willing to participate in the learning process.
- Making change self-directed to ensure “buying in” from those at the lowest level through shared governance principles.
- Focusing on clear, manageable goals and having a workable plan to attain them.
- Preventing relapse through continuous follow up and re-training.
- Giving performance feedback regularly, preferably from more than just the manager to ensure that it is focused on the performance and not the individual.
- Encouraging practice that is acceptable in order for this to become “routine”.
- Arranging support from a network of individuals to assist the individual to learn and grow professionally.
- Providing role models that exhibit excellence in performance for subordinates to learn from.
- Encouraging change that fits the organization to ensure that the subordinate sees that leaders are positive about the changes.
- Reinforcing change through praise, promotion abilities and expanded responsibility.
- Evaluating competencies and skills regularly or more frequently, depending on the individuals needs.

Boyatzis (2000:5), states that if people do change, they change because they want to increase their productivity or their potential for promotion, or they want to become a better person, or pursue one of the first two objectives. Boyatzis (2000:13), continues that there are two major learning points helpful in engaging self-directed change and the learning process, “*firstly to engage your passion and create your dreams, and secondly to know yourself.”*

2.5 CONCLUSION

The literature is clear on how globalization has impacted on cultural diversity and what is required to ensure that organizations and leaders are equipped with the necessary skills to cope in this ever-changing health care environment. Change is evolutional, and, therefore, it is essential to ensure that Health Care Leaders address the needs of both the diverse patient and employee populations to ensure better health care outcomes. The nurse manager needs to be aware of the effect that cultural diversity has on communication, health, and education, and need to manage diversity to ensure that employees are able to effectively and efficiently align with the organizational culture and goals.

In reviewing the literature on EI, it is clear what competencies are required for a nurse manager to be effective and successful in leading employees. Each of the competencies are interrelated, and, if one is weak, it affects the others, which is why so much emphasis is placed on ensuring that the manager is competent in all the skills in order to be considered Emotionally Competent.

In the next chapter the research design and methodology will be discussed.

CHAPTER 3
RESEARCH METHODOLOGY

3.1 INTRODUCTION

The literature review on EI and cultural diversity is paramount to illustrating the relevant information to support the study. In this section the aim is to clarify what research methodologies must be incorporated in the study, provide the empirical data needed to answer the research question, and, finally, demonstrate the measures taken to ensure the study's integrity (Polit & Beck 2006:15). According to Polit and Beck (2006:509) and Mouton (2001:56), research methodologies are the techniques used to structure a study, and to gather and analyse information in a systematic manner.

Based on the problem statement, the research question seeks to identify whether Emotional Intelligence competencies can assist nurse managers in dealing with cultural diverse subordinates more effectively?

The objectives of this research study are therefore to:

- Define and describe emotional intelligence
- Ascertain whether emotional intelligence competencies can assist nurse managers in dealing with their culturally diverse subordinates more effectively.
- Determine whether nurses perceive their nurse managers' to be emotionally competent in their leadership role.
- Develop an in-service training program for nurse managers to better equip them for managing cultural diversity in the workplace.

The following aspects will be discussed in this chapter: the research design, the population, sample and sampling method, the data collection instrument and method, reliability and validity, data analysis, as well as the ethical considerations.

3.2 RESEARCH DESIGN

The researcher used a quantitative, exploratory and descriptive design to study the relationship between emotional intelligence and leading a diverse nursing team. The researcher applied a deductive approach, and the empirical evidence was obtained from the staff nurses.

3.2.1. Definition of Research Design

Neuman (1997:106) states that research design and methodology incorporate important methodological decisions about the different types of study a researcher can utilize to support research findings. Polit and Beck (2006:15) state that it is the methods researchers use to structure a study, obtain and analyse the information relevant to the research question and to ensure the integrity of the study.

3.2.1.1 *Quantitative Research*

This is the investigation of phenomena that lend themselves to precise measurement and quantification by testing the variables relevant in the study (Neuman 1997:106; Polit & Beck 2006:508). Schurink (1998:241) describes a quantitative approach as a research paradigm based on the positivist theory, whereby explanations are based on universal laws and quantification.

According to Polit and Beck (2006:163) and Schurink (1998: 241), quantitative research:

- Use a deductive approach for reasoning
- Use a etic perspective of inquiry, where the researcher determines reasoning
- Aim in objectively measuring the social world, and to predict and control human behaviour
- Sees reality as objective
- Concepts are in the form of distinct variables
- Seek and control phenomena

- Observations are systematically undertaken in a standardised manner
- Data are presented by means of extracted figures gained from precise measurement
- Research design is standardised according to fixed procedure and can be replicated
- Data analysis is undertaken by means of statistical procedures
- The unit of analysis is variables and form part of the whole

3.2.1.2 *Exploratory Design*

Exploratory research is a study that explores the dimensions of a phenomena or that refines hypothesis about relationships between phenomena (Polit & Beck 2006: 500). Neuman (1997:19) states that exploratory designs address research concepts from the beginning, with the goal to formulate questions for future research.

3.2.1.3 *Descriptive design*

Polit and Beck (2006: 498) and Knapp (2000:3) describe descriptive research as the accurate portrayal of the characteristics of situations, individuals or groups and/or the frequency in which the phenomena occur. Neuman (1997:20) defines descriptive design as the detailed 'picture' of the subject being studied. The researcher thoroughly illustrated by means of the literature review the components to support the EI framework of Goleman, Boyatzis and McKee and the competencies as a predictor for leadership success.

3.2.1.4 *Deductive Approach*

According to Neuman (1999:46), deductive approach is where the researcher begins the study with an abstract, logical relationship among concepts then move towards a more concrete empirical basis. Polit and Beck (2006:22) defines the deductive approach in that, theories or prior findings are used deductively as the basis for generating explorations that are then tested empirically. The researcher used the EI

Framework of Goleman et.al (2002b:38) as basis to draw the empirical data that was required to answer the research question.

3.2.1.5 *Empirical Evidence*

According to Polit and Beck (2006:57), empirical evidence involves the collecting of research data, then preparing that data for analysis. The questionnaire provided the biographical information to determine the cultural diversity of the subordinates, followed by reviewing the nurses' perception of whether their nurse managers' is emotionally competent and effective in leading them (Appendix D).

3.2.2 Concept in Quantitative Research

A **theory** is defined as an abstract generalisation that presents a systematic explanation about how phenomena are interrelated. A **framework** is the conceptual underpinnings of a study, and for this study Goleman, Boyatzis and McKee's EI framework was used (Polit & Beck 2006:163; Bipath 2007:85).

Concepts are the most elementary linguistic constructions in which people describe and understand reality. In order to communicate in an unambiguous way, clarity of concepts is required (Polit & Beck 2006:163; Bipath 2007:85). To measure constructs, measurement instruments need to be developed that will allow the researcher to collect valid information about the constructs that are being studied. The manager EI Competence and leadership and the subordinates diversity was measured using a tool developed by the researcher (Appendix D).

Variables are constructs used in the research process. A variable could be dependant (presumed effect) or independent variable (the cause). In the research process the researcher used the independent variable (managers EI Competence and effective leadership) to ultimately predict the relationship with the leading a diverse team as the dependant variable (Polit & Beck 2006:163; Bipath 2007:85).

3.3 RESEARCH METHODS

The researcher identified the research design, and selected the participants through specifying the population, sample and the sampling process. The researcher described the data collection method and instruments used, and how data is analysed. The researcher concluded this section in providing evidence of how validity and reliability of the research instrument was applied and what ethical principles the researcher incorporated and maintained throughout the study (Herbst 2000:25; Mouton 2002:122).

3.3.1 Population

The target population according to Polit and Beck (2006: 259) is where the researcher clearly specifies the characteristics of the study population through a set off eligibility criteria. Target population is thus the entire population in which the researcher is interested. Neuman (1999: 203) describes populations as a specific pool of ‘cases’ that the researcher wants to study.

This study is aimed at the nursing work force employed in a not for-profit tertiary health care facility based in the UAE. All nurses go through a credentialing process before employment, and nurses, therefore, must meet the Personnel Qualifications and Requirements (PQR) from the Regulatory Authority in UAE. The PQR states that nurses must have either a Diploma of Nursing of not less than 3 years duration, or, a Bachelors in Nursing in order to be eligible to participate in this study. The Nursing Population, according to the March 2008 Hospital Master Staffing Rota is 1150 Registered Nurses comprised of 250 Charge Nurses, 850 Staff Nurses (SN), and 50 Graduate Nurse Trainees.

3.3.2 Sample

Polit and Beck (2006:508) describe the sample as the subset of a population that is selected to participate in the study. The researcher selected the staff nurses from the

twenty-four in-patient areas to participate in this study, which represents a total of 850 SN from diverse cultural backgrounds.

3.3.2.1 Sampling Method

Polit and Beck (2006:261) describe systematic random sampling as the selection of every “nith” from some list or group. These authors further conclude that systematic sampling designs can be applied in such a way that an essentially random sample is drawn (Polit & Beck 2006:265). Random sampling can be defined as the selection of a sample that allows each member of the population equal probability of being chosen to participate (Polit & Beck 2006: 508; Neuman 1999:202).

According to Viseo (2006:223) Slovin’s formula would provide researchers the sample size that should be included in the study: Slovin’s Formula: n1 = N divided 1 + Ne2 where:
n is the sample size
N is the population size
e is the desired margin of error (Viseo 2006:223)

The researcher used a systematic random sampling method to select the participants for the study and therefore selected every second staff nurse on the Master Staffing Rota. Although Slovin’s formula predicted a total of 276 SN to be included in the sample the researcher will select every second SN that is on the Master Staffing Rota for March 2008. By selecting every second staff nurse, therefore, allowed for 425 staff nurses to participate in the study. The main problems experienced were that the Master Staffing Rota (MSR) constantly changes due to resignations and recruitment of candidates, which made using the MSR somewhat difficult in the selection process.

3.3.3 Data Collection

The phenomena that the researcher is interested in must be translated into concepts that can be measured, observed or recorded. The researcher needs to ensure that the selection or the development of methods for gathering data is appropriate to the

research design and the phenomena that needs to be measured. Without the appropriate data collection method, the validity of the research conclusions is easily challenged (Polit & Beck 2006:288).

3.3.3.1 Data Collection Methods

Structured, quantitative approaches for collecting self-report data are appropriate when researchers know in advance exactly what they need to know and can, therefore, frame appropriate questions to obtain the necessary information (Polit & Beck 2006: 294).

There are three methods that researchers can use to collect the data required to provide the quantitative information required for answering the research question.

- Self- report – this is used to gather a good amount of information by directly questioning people. Examples of this are the question form, scales, and other special forms of structured self reports.
- Observational – for some research questions it is required to directly observe people's behaviour and examples of this are categories, checklists, rating scales and observational sampling.
- Biophysical measures – the trend for clinical and patient-centred studies is the greater use of bio-physiological and physical variables (Polit & Beck 2006: 312).

Using Goleman, Boyatzis and McKee's EI framework, a questionnaire was developed as the data collection instrument to gather data for the twenty EI Competencies that is required to answer the research question. The researcher used a structured, formal written questionnaire that was divided into three separate sections measuring different aspects.

Once the tool was approved by the hospital's Ethics Committee (Appendix B), the researcher initiated the distribution of the EI Questionnaire. The researcher attended four divisional nursing town hall meetings (medical, surgical, critical care and paediatrics) with the Staff Nurses from the eleven in patient units selected based on the sampling process. The attendance for the four different session meetings were

110, 91, 108 and 80, which left approximately 36 questionnaire packages that were provided to the unit manager to give to the remaining nurses who were part of sample group on their return from annual leave. During this meetings a brief description of Emotional Intelligence was discussed after which the purpose of the study, and reasoning for SN participation was explained through a Power Point presentation.

The information leaflet (Appendix C) and the questionnaire (Appendix D) was then distributed with time provided for clarifying any concerns or uncertainties. The researcher encouraged the staff nurses to be open and honest in order to gather the information required to improve their work environment. Anonymity of the participant was established as no names were requested on the questionnaire and the SN was asked to deliver the completed questionnaire to a sealed box outside the nursing secretaries' office prior to the timeframe stipulated. Completing and handing back of the questionnaire implied that the participants gave consent to voluntarily participate in the study.

3.3.3.1.1 Advantages of Questionnaires

- They are less costly and require less effort to administer.
- Questionnaires offer the possibility of complete anonymity and confidentiality.
- The absence of the interviewer ensures that there will be no bias reflecting a respondent's reaction to the interviewer rather than to the questions themselves.
- The answers of the different questions are easier to compare.
- Answers are easier to code and analyse statistically.
- Respondents are more likely to answer about sensitive topics.
- There are fewer irrelevant or confusing answers to questions.
- Less articulate or literate respondents are not at a disadvantage.
- Replication is easier (Polit & Beck 2006: 296; Neuman 1997:240).

3.3.3.1.2 Disadvantages of Questionnaires

- Questionnaires can suggest ideas that the respondents would not otherwise have thought about.
- Respondents with no opinion or knowledge can answer anyway.
- Respondents might be frustrated as their desired answer is not a choice.
- Misinterpretation of a question might go unnoticed.
- Clerical mistakes or wrong response might be possible.
- Questionnaires force respondents to give simplistic answers to complex issues.
- They force respondents to make choices they would not make under their own cultural norms (Neuman 1997: 240).

3.3.4 Developing the Data Collection Instrument

The researcher used Goleman et.al (2002b:38) EI Framework to gather subjective data to determine the relationship of the nurses' perceptions of their Nurse Managers EI Competencies.

The first part of the questionnaire contained closed-ended questions to gather biographical data reflecting the cultural diversity of the participants, their nursing educational background, experience and length of service. This was also needed to determine if there are other factors that could possibly be the reason why nurses revert back to unsafe practices when nurse managers are not around.

The second part of the questionnaire was structured according to Goleman, Boyatzis and McKee's EI competency framework under the following four sections:

- Self-awareness
- Self-management
- Social-awareness
- Relationship management

The third part of the questionnaire was structured to reflect the nurse manager's leadership effectiveness, based on drive, motivation, self-confidence, knowledge, honesty/integrity and communication skills.

All the items in the second and third part of the questionnaire evaluated the nurse manager using a five point Likert Scale. According to Polit and Beck (2006: 297), a Likert Scale is a scaling technique which consists of several declarative statements that express a viewpoint on a topic. The respondents are then required to select a response from the five alternatives (Appendix D).

3.3.5 Internal and External Validity of the Instrument

The internal and external validity of a study is very important to demonstrate that the researcher can illustrate that the research tool is dependable and consistent. The researcher provided evidence that ethical principles were applied throughout the study.

3.3.5.1 Reliability

Reliability informs researchers about a data collection tool's dependability and consistency in measuring the same attribute (Polit & Beck 2006: 324; Neuman 1997: 138). As data collection methods vary in quality, the researcher ensured that the data collection captures the concepts that are relevant, accurate, truthful and sensitive.

The researcher ensured the stability of the questionnaire by pre-testing the tool on a pilot group of 10. After feedback was received from the pilot group, the questionnaire was changed to reflect this feedback, and distributed to the participants once approval was received from the hospital's Ethics Committee (Appendix B).

3.3.5.2 Validity

Validity can be defined as the degree to which an instrument measures what it is supposed to measure (Polit & Beck 2006:328). According to Polit and Beck (2006: 331) the testing of the questionnaire's validity is not proved, but rather is supported by an accumulation of evidence.

According to Polit and Beck (2006:328; Neuman 1997:144), there are four types of validity:

a) **Face validity** is judgment by the scientific community that the indicator really measures the construct.
   - A pre-test of the questionnaire was conducted to determine whether the individuals who are not part off the sample group had any difficulty in understanding and answering the questions. This was accepted by the hospital's Ethics Committee, thus establishing face validity.

b) **Content validity** is addressing the fact that all the components of a definition represented, was measured. Content validity is concerned with the adequacy of coverage of the content area that is being measured, and this is crucial for testing knowledge (Polit & Beck 2006: 329).
   - The literature study supported an investigation to clarify the concept of cultural diversity and how it affects the workplace, and it explored the components of the various EI competencies, the effects of EI competencies in the workplace and how to develop these competencies so that leaders are more effective in a culturally diverse work environment.

c) In **criterion-related validity** assessments, the researcher seeks to establish a relationship between scores on an instrument and some external construct. The instrument, whatever abstract construct it is measuring, is said to be valid if its scores correspond strongly with scores on some other criterion. Sometimes there is a distinction made between two types of criterion-related validity: firstly, predictive validity, which refers to the questionnaire's ability to differentiate between people's performances or behaviours on some future criterion; and, secondly, concurrent validity, which refers to an instrument's ability to distinguish

among people who differ in their present status on some criterion (Polit & Beck 2006: 329).

d) **Construct validity** is the most difficult and challenging to measure. In construct validity, there is always an emphasis on testing the relationships predicted based on theoretical considerations.

For the purpose of this study, face and content validity are applicable (Polit & Beck 2006: 329).

3.3.6 Pre-testing the Questionnaire

The tool was developed based on the EI Framework of Goleman, Boyatzis and McKee. Face validity of the data collection instrument was established by pre-testing the instrument. A group of 10 individuals that was not part of the sample group was selected for the pilot study. The group consisted of a Nurse Educator, 4 Nursing Students, an Intensivist, the Quality Manager and 3 Nurse Managers who were also from different cultural backgrounds. They were requested to give feedback on whether they understood each component and identify those concepts that were not so clear. Based on the feedback received from the group, the tool was amended and then forwarded for approval to the Hospital's Ethic's Committee prior to distribution to the staff nurses (Appendix D).

3.3.7 Data Analysis

During the data analysis, the raw data collected from the questionnaire was captured by means of the computer programme, South African Statistical Program (SAS), version 7. The questions contained in the questionnaire comprise categorical answers leading to categorical variables and which could be analysed in specific way (Appendix G).

Summary statistics used for the responses to each individual question are frequencies, i.e. counts of how many nurses selected a particular response. These frequencies are illustrated by means of pie charts or bar charts. The pie chart is used

in cases where the respondents are allowed to choose only one alternative, and the pie chart then illustrates the share of the total respondents opting for each choice. Bar charts are particularly useful in the case of a question that offered a number of alternatives and where the respondents were allowed to mark more than one choice (the “Strongly Agree, Agree, Neutral, Disagree and Strongly Disagree” options) where the bar chart compares the frequencies of the different choices.

The information gathered from the questionnaire will be presented in tables, pie graphs and bar charts. There was response rate of 390 respondents which equals 92%. The researcher used frequency data and percentages, rounded off to the second decimal point, to present the data in the next chapter.

3.3.7.1 Levels of Measurement

Polit and Beck (2006: 351) and Argyrous (2005:8), state that there are four levels of measurement a researcher can use to analyse data. *Nominal* measurement, which is the lowest level, involves using numbers simply to categorize attributes. *Ordinal* measurement ranks the objects on their relative standing on an attribute. *Interval* measurement occurs when researchers can specify the rankings of objects on an attribute and then the distance between these objects. *Ratio* measurement is the highest level of a quantitative measure. Ratio, therefore, has a rational and meaningful zero, and thus provides information about the magnitude of the attribute (Polit & Beck 2006:351; Argyrous 2005:8). The researcher will make use of the ordinal and the ratio level of measurement to rank the different EI Competencies based on their relative standing in leading a diverse nursing team to excellence in performance.

3.3.7.2 Descriptive Statistics

Statistical procedures enable the researcher to organise, interpret and communicate numeric information (Polit & Beck 2006: 352). These authors continue that descriptive statistics are used to synthesize and describe data, and that averages and percentages are examples of descriptive statistics. When the researcher calculates index data from a population, they are called parameters. Most scientific questions are

about parameters and researchers use statistics to estimate these parameters (Polit & Beck 2006: 352).

The researcher will use the first part of the questionnaire to determine the parameters of the different nationalities, their native language and their highest nursing qualifications and convert these into percentages to synthesize and describe the biographical diversity data. The researcher will calculate the averages and percentages of the various components of the EI competencies and leadership effectiveness being captured to synthesize and describe their importance in leading a diverse nursing team (Appendix G).

3.3.7.3 Inferential Statistics

Inferential statistics, according to Polit and Beck (2006:362), are based on the laws of probability, and these statistics provide a means for drawing conclusions about a population, or set of given data from a sample. In this study, inferential statistics should illustrate the relationship between leading a culturally diverse nursing team and the Emotional Intelligence competencies of the leaders.

3.3.7.4 Ethical Principles

Ethical issues are present in any kind of research. The research process creates tension between the aims of the research to make good generalizations for the good of others and the rights of participants to maintain privacy (Orb et.al 2001:93). To ensure that ethical principles are applied in this quantitative study, the researcher ensured that:

- The research questions do not pose an ethical dilemma for the participants. The questions in the questionnaire were framed in such a way to determine the effect nurse managers EI competencies have on leading a diverse nursing team.
- To ensure the safeguarding of human subjects and protecting their right to self-determination, obtaining their informed consent is essential before participation in

the study. By reading the information leaflet and completing the questionnaire, voluntary agreement to participate in the study is implied.

- Confidentiality of the participants is maintained by not requesting identification on the questionnaire. Anonymity is further ensured whereby the researcher provided the data with a unique identification number to ensure that there is no link between the data and the participants (Polit & Beck 2006: 95). The researcher feels that anonymity and informed consent were obtained, which protects the participants from recrimination. A sealed box to ensure anonymity was placed outside the nursing secretary's office for the staff nurses to drop their completed questionnaire. As so many nurses have questioned the reason for their not being able to participate in the survey, the researcher feels that she did not give all staff nurses equal opportunity to participate due to the sampling process selected.

3.4 CONCLUSION

In this chapter the aims were to clarify what research methodologies were incorporated in the study, provide the empirical data needed to answer the research question, and finally, demonstrate the measures taken to ensure the study's integrity. The following aspects were discussed in this chapter: the research design, the population, sample and sampling method, the data collection instrument and method, reliability and validity of the instrument, data analysis, as well as the ethical considerations applicable.

In the next chapter the data analysis will be discussed.

CHAPTER 4
DATA ANALYSIS

4.1 INTRODUCTION

This chapter discusses the analysis of data and interpretation of the results related to the relationship between the Nurse Managers' Emotional Intelligence and leading a diverse nursing team. Although Slovin's formula predicted a total of 276 SN to be included in the sample the researcher distributed four hundred and twenty five questionnaires to the staff nurses, whereby 390 were completed and returned for analysis, thus giving a response rate of 92%.

The completed questionnaires were submitted to a statistician at CAMIRA Consulting for purposes of data processing and analysis. The questionnaire consisted of three sections: section one covers the biographical information; section two covers the emotional intelligence of the nurse manager; and section three addresses leadership effectiveness.

The results will be discussed in accordance with these three sections.

4.2 DATA ANALYSIS

The computer program used for the analysis is the South African Statistical (SAS) Program, Version 7. The questions contained in the questionnaire comprise categorical answers which led to categorical variables analysed in specific ways.

The information is presented in tables, pie graphs and bar charts, and percentages rounded off to the second decimal point will be presented. As a measure of reliability, the Cronbach Coefficient Alpha was computed at 0.87, indicating a high measure of internal consistency of items in the questionnaire (Polit & Beck 2006:11; Argyrous 2005: 237). The Analysis of Variance (ANOVA) test was done in view of inferential statistics to determine the relationship between leadership effectiveness and the nurse manager's EI competencies (Polit & Beck 2006:362). The data analysis provided data

which illustrates the relationship between leadership and the manager's self-confidence, self-control, culturally sensitive communication and empathetic skills (Appendix G). Although a five point Likert Scale was used in the questionnaire the researcher applied only 3 categories in the explanation of the results where strongly agree and agree was considered as the agree category, followed by the neutral and both strongly disagree and disagree was captured as disagree.

4.3 RESULTS

The results will now be presented based on the data accumulated by means of the questionnaire.

4.3.1 Section 1: Biographical Data

The biographical information sought in this section included variables such as nationality, language, highest level of nursing education, years of work experience and length of service at the hospital under the study.

4.3.1.1 Nationality of the staff nurses

The respondent's nationality was important to identify the national diversity of the nurses included into the study.

Table 4.1 Nationality of staff nurses (n = 390)

Nationalities	**n**	**%**
Jordanian	16	4.10
Palestinian	22	5.64
Somalian	5	1.28
Philippine	187	47.95
Indian	103	26.41
Pakistani	8	2.05
British	4	1.03
South African	17	4.36
German	5	1.28
Malaysian	23	5.90
TOTAL	**390**	**100.00**

As one can observe from the Table 4.1, the majority (187; 47.95%) of the respondents were nurses from the Philippines, followed by Indian nurses (103; 26.41%), while the group that is least represented is from Britain (4; 1.03%). It can thus be deducted that the general behaviours and values exhibited amongst the nursing staff of this hospital would be strongly influenced by the cultures of the Philippine and Indian nurses.

4.3.1.2 Nurses' Home Language

Identifying the respondents' home language was important as effective communication is essential for conveying messages correctly during service delivery and interaction with patients and colleagues. Misunderstandings can easily occur when communication is not culturally appropriate or when staff do not speak and understand the official language well.

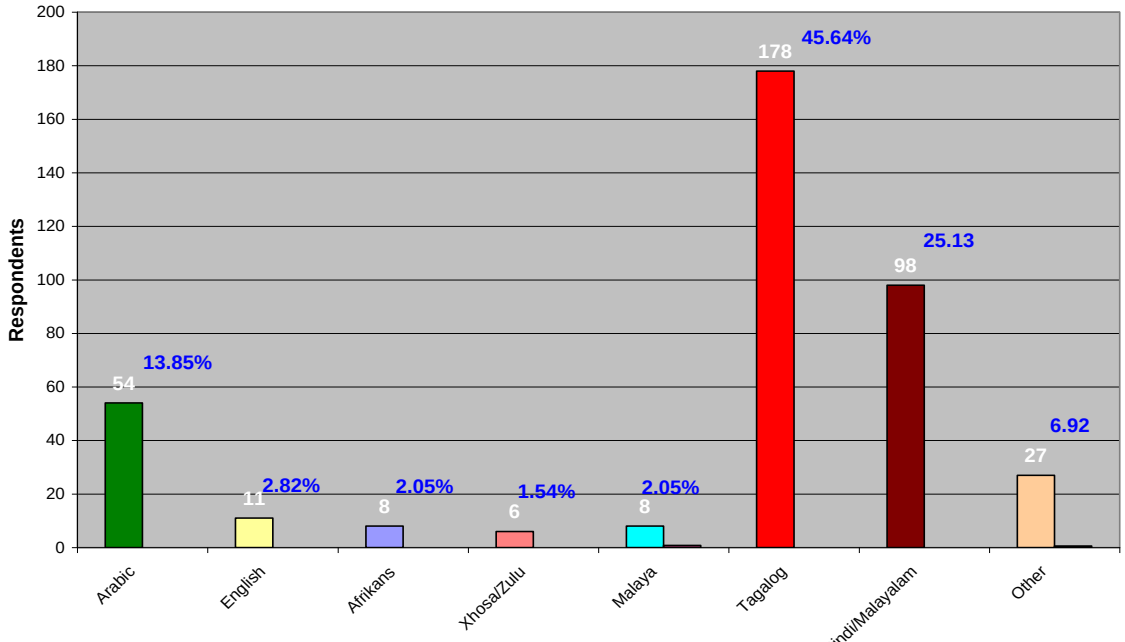


Figure 4.1 Nurses Home Language (n=390)

From Figure 4.1**,** it is evident that almost half (178; 45.64%) of all the respondents speak Tagalog, the language spoken by the Philippine respondents, followed by Urdu/ Hindi / Malayalam (98; 25.13%) spoken by the Indian and Pakistani respondents, and Arabic (54; 13.85%) spoken by the Jordanian, Syrian, Sudanese and Palestinian respondents. This illustrates the major difficulties faced by nurse managers as the

majority of the respondents' first language is not the internationally accepted language, which could well be a contributing factor to communication errors as staff might not understand English well. However, although it poses an issue for the nurse manager, there are recognised translators readily available to communicate with patients in their national language, and therefore, language difference are not a constraint in communicating with patients.

4.3.1.3 Highest Nursing Qualification

The data concerning highest nursing qualification was required to illustrate the educational background of the respondents. This was important to determine the professional skill mix of the nurses working in this hospital.

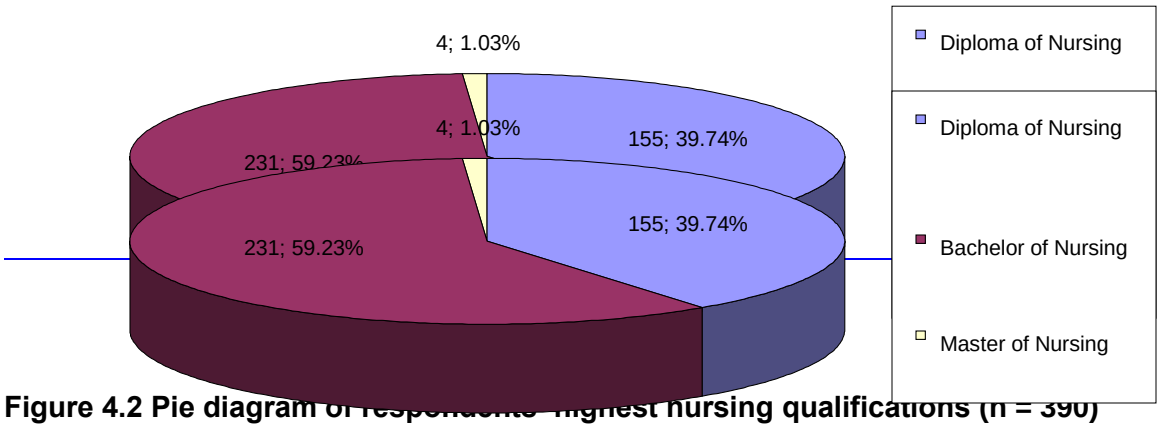


Figure 4.2 Pie diagram of respondents' highest nursing qualifications (n = 390)

Figure 4.2 Pie diagram of respondents' highest nursing qualifications (n = 390)

More than half (231; 59.23%) of respondents have a Bachelor of Nursing followed by

a Diploma in Nursing (155; 39.74%) and only 4 (1.03%) of the respondents have completed their Master's in Nursing (Figure 4.2). It is encouraging to note that 275 (60.26 %) of these nurses are graduated with a Bachelor's Degree, indicating a comprehensive and sound educational background.

4.3.1.4 Years of experience as a nurse

Establishing the years of experience after completion of their basic training as a nurse would not only indicate the respondents' level of experience and seniority in line with their peer groups, but would also indicate the duration of time they have had to work within a team context under the leadership of a nurse manager.

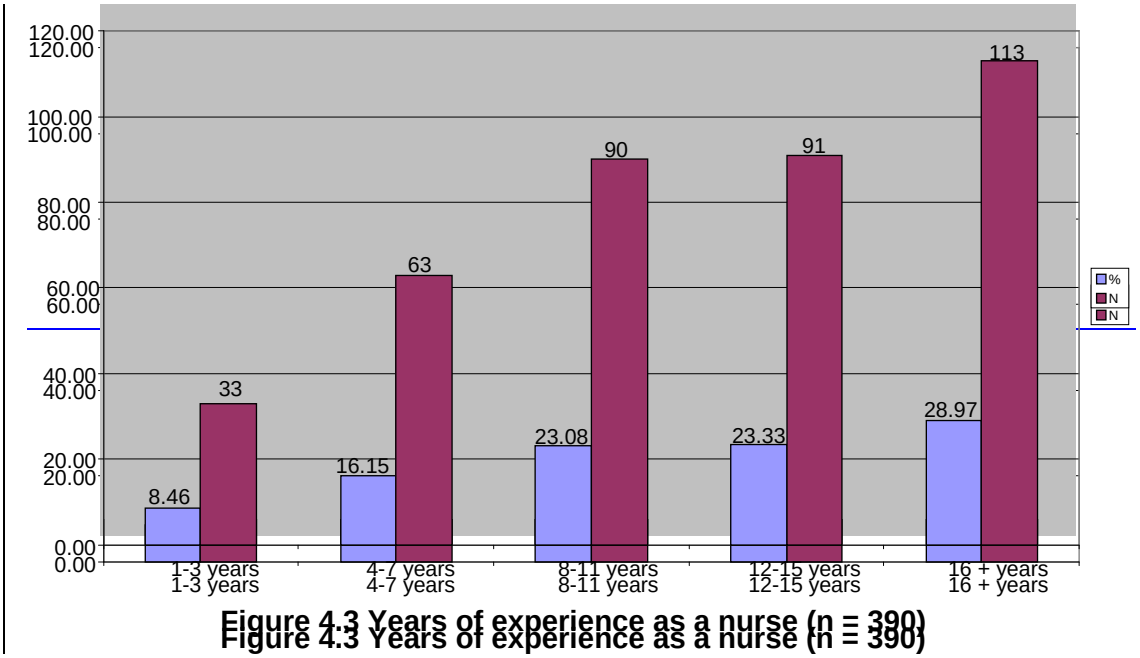


Figure 4.3 Years of experience as a nurse (n = 390)
Figure 4.3 Years of experience as a nurse (n = 390)

The data in Figure 4.3 indicates that more than a quarter (113; 28.97%) of the respondents have more than 16 years experience, followed by an almost equal number (91; 23.3% and 90; 23.08%) who had 12 to 15 and 8 to 11 years experience, respectively. The group with the least years (1 to 3 years) experience only applied to 33 (8.46%) of the respondents. It is thus evident that the greater majority (294; 75.38%) of the respondents have been between eight and sixteen years experience as nurses, which is indicative of a well established and experienced nursing staff component. This could, however also, imply that these well-seasoned nurses are set in their ways, finding it difficult to adjust to change and new leadership.

4.3.1.5 Length of Service at the facility

Respondents were asked about their length of service at the facility to illustrate the nurse's dedication to this particular institution, and to ascertain whether it can be expected that they are familiar with the institution's policy and procedures.

Table 4.2 Nurses Length of Service at Facility (n = 390)

Length of Service	n	%
1-4 years	176	45.13
5-8 years	87	22.31
9-12 years	37	9.49
13-16 years	38	9.74
17 + years	52	13.33
TOTAL	**390**	**100.00**

Just below half (176; 45.13%) of the staff nurses have been employed at this hospital between 1-4 years followed by 87 (22.31%) who have been there for 5-8 years and 52 (13.33%) with a service record of 17 years or more. It is thus evident that more than half (214; 54.87%) of the respondents have been working at this hospital for five years or longer, which implies that they should be familiar with the facilities policies, procedures and standards of practice (Refer to Table 4.2).

4.3.2. Section 2: Emotional Intelligence of the Nurse Manager

The nurse managers' EI skills, which are dealt with in this section, included variables pertaining to self-awareness, self-management, social awareness and relationship management.

4.3.2.1 Self-Awareness

This section sought to identify whether the respondents perceived that their nurse manager to have a deep understanding of their own emotions, and limitations. The respondents had to comment on how they perceived their nurse leaders emotional awareness, role as a resource expert, the nurse leader's self-assessment and self-confidence skills and willingness to allow respondents to participate in sharing their views and ideas.

4.3.2.1.1 Nurse Managers Emotional Awareness

This question was needed to determine how the respondents perceived their nurse manager's emotions, which affect them in the clinical setting.

Figure 4.4 – Nurse Managers' Emotional Awareness (n=390)

As indicated in Figure 4.4**,** the majority (267; 68.46%) of respondents agreed that their leaders were aware of how their emotions affect others, as opposed to 56 (14.36%) who stated that their nurse leader was not aware of how their emotions affected others, while 67 (17.18%) of the respondents were neutral in their response. One can therefore conclude that more than two-thirds of the respondents perceive their nurse managers to be competent in emotional-awareness.

4.3.2.1.2 Nurse Manager as the Resource Expert

Nurse Managers need to be resourceful in order to guide and support the team within their clinical sphere. This question concerning the nurse manager as the resource expert was required to determine whether the respondents perceived their nurse manager to be the resource expert that they can go to for guidance and support if so required.

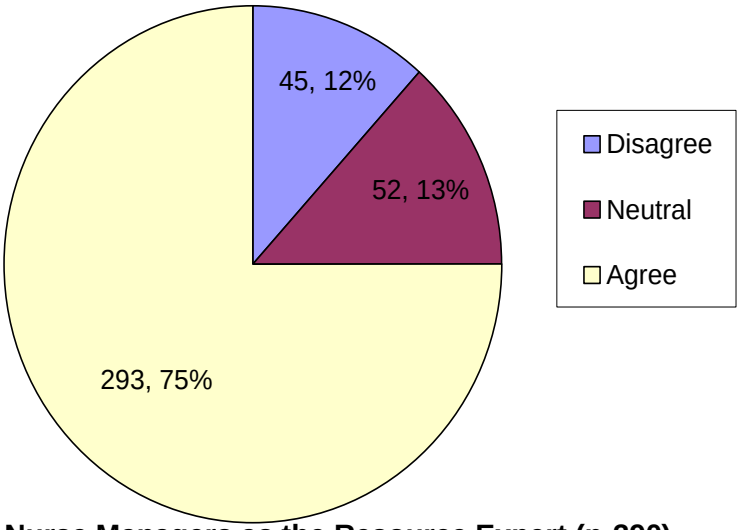


Figure 4.5 – Nurse Managers as the Resource Expert (n-390)
Figure 4.5 Nurse Manager as the Reseource Expert (n=390)

It is clear from Figure 4.5 that three-quarters of the respondents (293; 75.13%) do perceive their nurse manager to be their resource expert, followed by 52 (13.33%) of the respondents who remained neutral. As the group that disagreed applies to a small number (45; 11.54%) of the respondents, one can conclude that the nurse manager is the primary resource expert they go to for guidance and support.

4.3.2.1.3 Nurse Managers Self-Assessment Abilities

Accurate self-assessment by nurse managers of their own strengths and weaknesses is an important skill in order to determine their own capabilities and limitations.

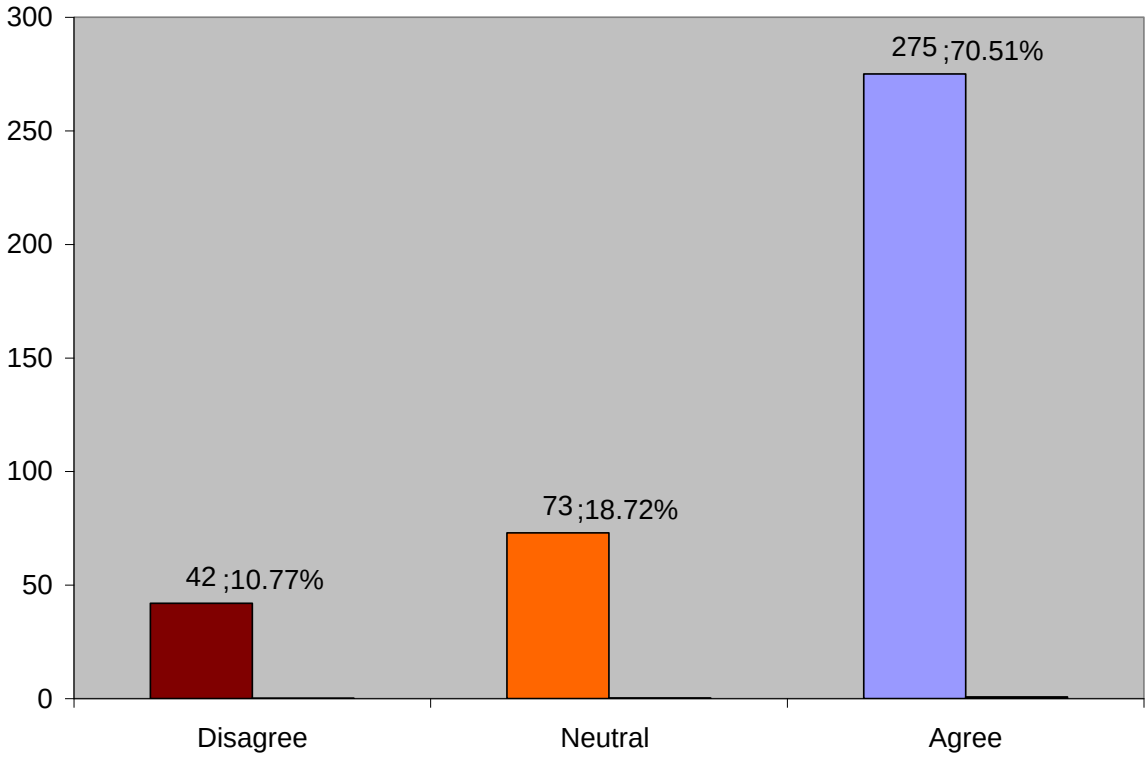


Figure 4.6 Nurse Manager Self-Assessment Abilities (n=390)

It is evident in Figure 4.6 that the majority (275; 70.51%) of respondents perceive their nurse managers to be aware of their own capabilities and limitations, followed by 73 (18.72%) who remained neutral, and a small number of respondents (42; 10.77%) who disagreed with this statement. As most of the respondents agreed with the nurse manager's ability to engage in accurate self-assessment, one can infer that the managers know their strengths and limitations, as this is the foundation for all the EI competencies to be built upon.

4.3.2.1.4 Nurse Managers' Self-Confidence

The nurse managers' self-confidence supports the effectiveness of their advocating for the success of the unit. It was therefore important to ascertain whether the respondents were of the opinion that their managers did in actual fact have the self-confidence to advocate on behalf of the unit.

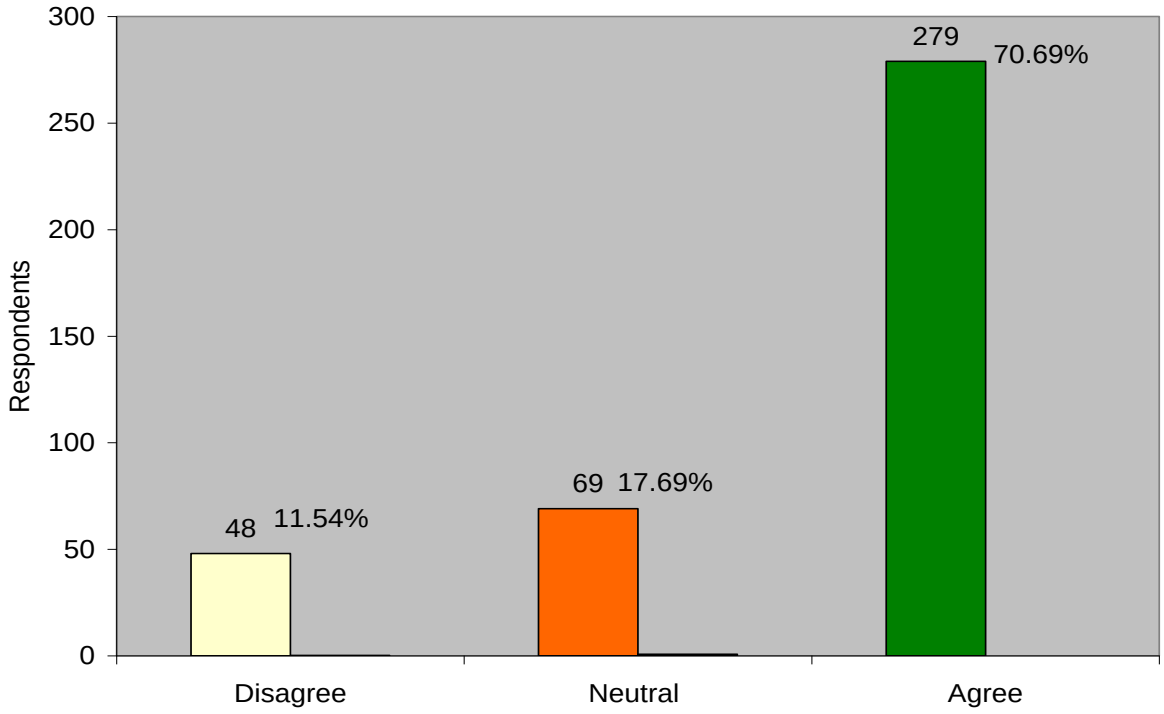


Figure 4.7 Nurse Managers Self-Confidence (n=390)

From Figure 4.7**,** it is evident that more than two-thirds of the respondents (276; 70.77%) agreed that their nurse manager is self-confident, followed by 69 (17.69%) who were neutral in their response, and 48 (11.54%) respondents who disagreed that their nurse managers were self-confident.

The box plot below (Figure 4.8***)*** shows that the level of confidence has a significant effect on leadership effectiveness with respect to both location and variation. A high level of confidence (strongly agree at level 5) has the highest leadership effectiveness, while a low level of confidence (strongly disagree at level 1) has the lowest leadership effectiveness.

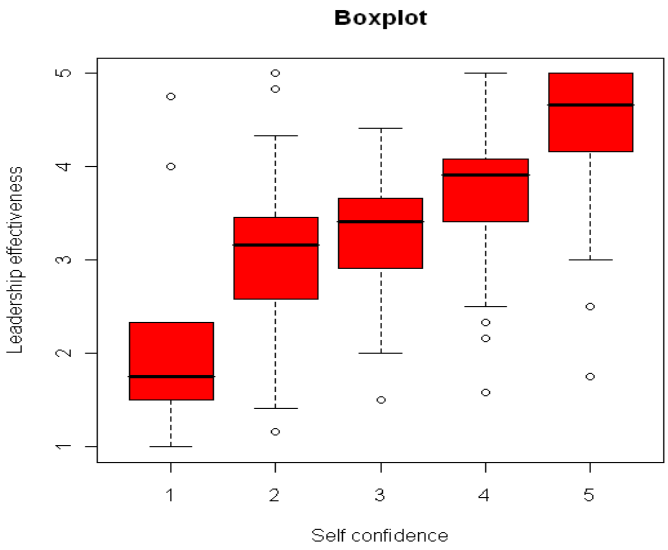
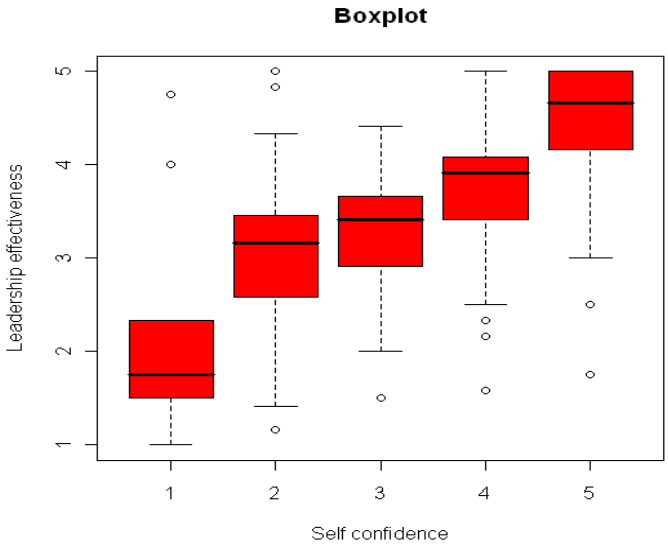


Figure 4.8 Boxplot for Mean Values of Self Confidence



A significant difference $p < 0.0001 (F_{4,389} = 72.48)$ was found between the means of effective leadership for the levels of self confidence, indicating that self-confidence has a significant effect on leadership effectiveness at a 99% level of self-confidence (Refer to Table 4.3).

Table 4.3 ANOVA Means and Standard Deviations for Self-Confidence

Level	Number	Mean	Std. Dev	Std Err Mean	Lower 95%	Upper 95%
1.00	9	2.27778	1.27612	0.42537	1.2969	3.2587
2.00	36	3.07870	0.86050	0.14342	2.7876	3.3699

3.00	69	3.25845	0.61073	0.07352	3.1117	3.4052
4.00	154	3.76786	0.58516	0.04715	3.6747	3.8610
5.00	122	4.48634	0.56958	0.05157	4.3842	4.5884

4.3.2.1.5 Sharing their Views and Ideas with the nurse manager

The respondents were required to indicate whether their manager encourages subordinates to share their views and ideas.

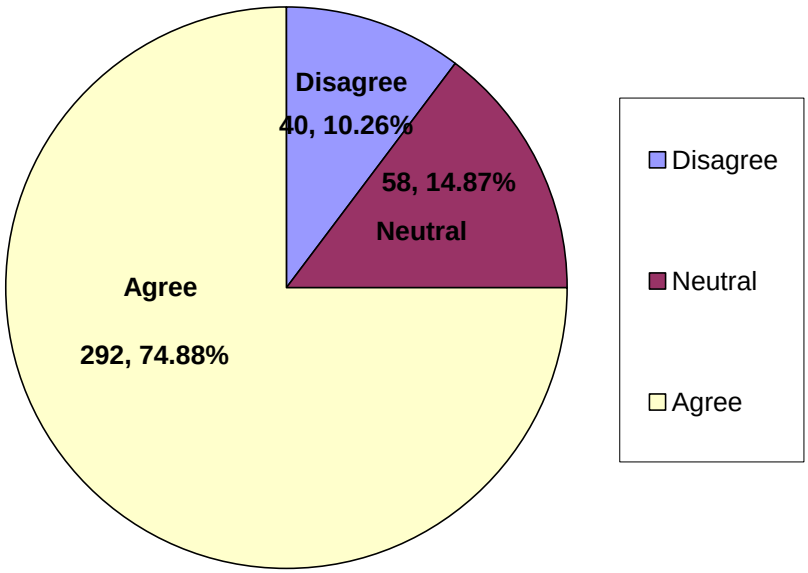


Figure 4.9 Sharing their views and Ideas with Nurse Manager (n=390)

The data in Figure 4.9 indicate that almost three-quarters (292; 74.88%) of the respondents were of the opinion that their nurse manager encouraged them to share their views and ideas, and 58 (14.87%) respondents were neutral, while 40 (10.26%) respondents did not agree that they were encouraged to share their views and ideas. Allowing the exchange of mutual views is indicative of an openness and willingness of the nurse manager to involve colleagues and subordinates in matters that involve

them all.

4.3.2.2 Self-Management

Self-management assists the nurse manager in controlling disruptive emotions and impulses that can have a negative influence on interpersonal relations and interactions. This section will seek to understand how the respondents perceive their nurse manager's self-management skills, as lack of said skill could be a major constraint in building effective teams. It was therefore necessary to establish whether the nurse managers are perceived to control their emotions, are transparent and adaptable, and have achievement drive. Moreover, it must be determined whether the nurse managers use their initiative and remain optimistic even in difficult times. It was also required to understand whether the respondents perceive the nurse manager as communicating in a culturally sensitive manner. Finally, the respondents had to comment whether the nurse manager share the unit's goals with the subordinates so that they understand the direction forward and whether the respondents are involved in setting their own performance goals to ensure that this is not a possible constraint in facilitating professional growth.

4.3.2.2.1 Nurse Managers' Emotional Self-Control

With regard to situations that might provoke anger, respondents were required to indicate whether the nurse manager was able to control his/her emotions and impulses without outburst. It is evident from the literature that the largest constraints on interpersonal relationships are disrespectful and unprofessional behaviours that affect the team's performance and morale.

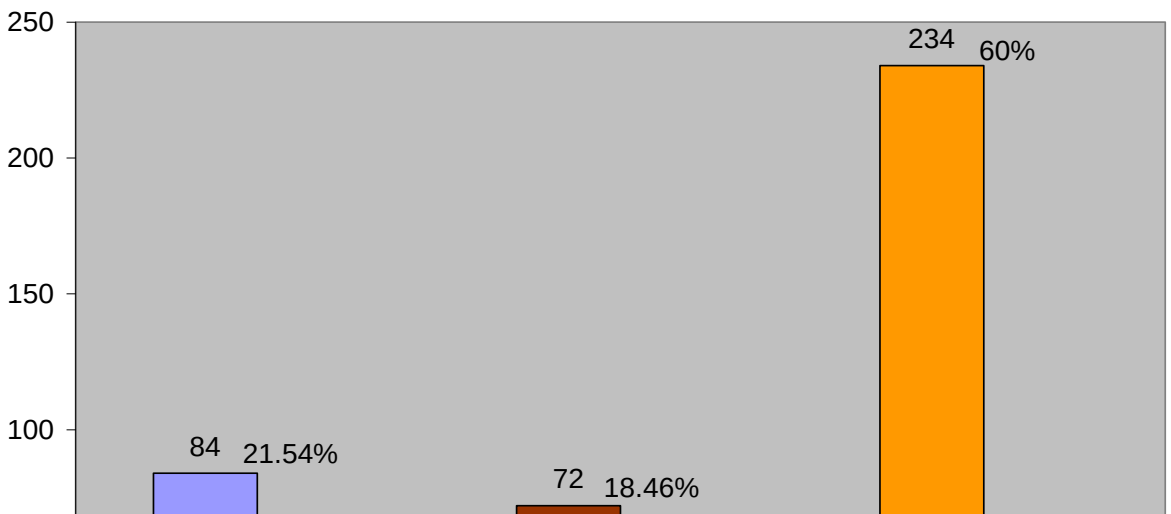
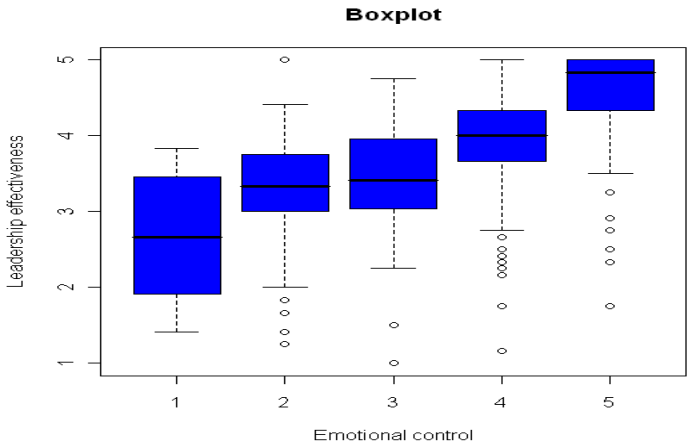


Figure 4.10 Nurse Managers' Emotional Self-Control (n=390)

Almost two-thirds (234; 60.00%) of respondents commented that their nurse managers are able to control their emotions, followed by 84 (21.54%) who disagreed that their nurse manager exhibited emotional self-control, 72 (18.46%) respondents remained neutral (Figure 4.10). The box plot below (Figure 4.11) shows that the level of emotional self-control has a significant effect on leadership effectiveness with respect to both location and variation. A high level of self-control (strongly agree at level 5) has the highest leadership effectiveness while a low level of self-control (strongly disagree at level 1) has the lowest leadership effectiveness.

Figure 4.11 Box plot of Nurse Managers' Emotional Self-control



A significant difference $p < 0.0001$ ($F_{4,389} = 43.03$) was found between the means of effective leadership for the levels of self control indicating that managers' emotional

self-control has a significant effect on leadership effectiveness at a 99% level of emotional self-control (Table 4.4).

Table 4.4 ANOVA Means and Standard Deviations for Managers Emotional Self-Control

Level	Number	Mean	Std. Dev	Std Err Mean	Lower 95%	Upper 95%
1.00	11	2.66667	0.898301	0.27085	2.0632	3.2702
2.00	73	3.29566	0.727948	0.08520	3.1258	3.4655
3.00	72	3.43056	0.716724	0.08447	3.2621	3.5990
4.00	164	3.95988	0.660792	0.05160	3.8580	4.0617
5.00	70	4.53452	0712706	0.08518	4.3646	4.7045

4.3.2.2.2 Nurse Managers' honesty and integrity

The respondents had to comment on whether their nurse managers instil honesty and integrity.

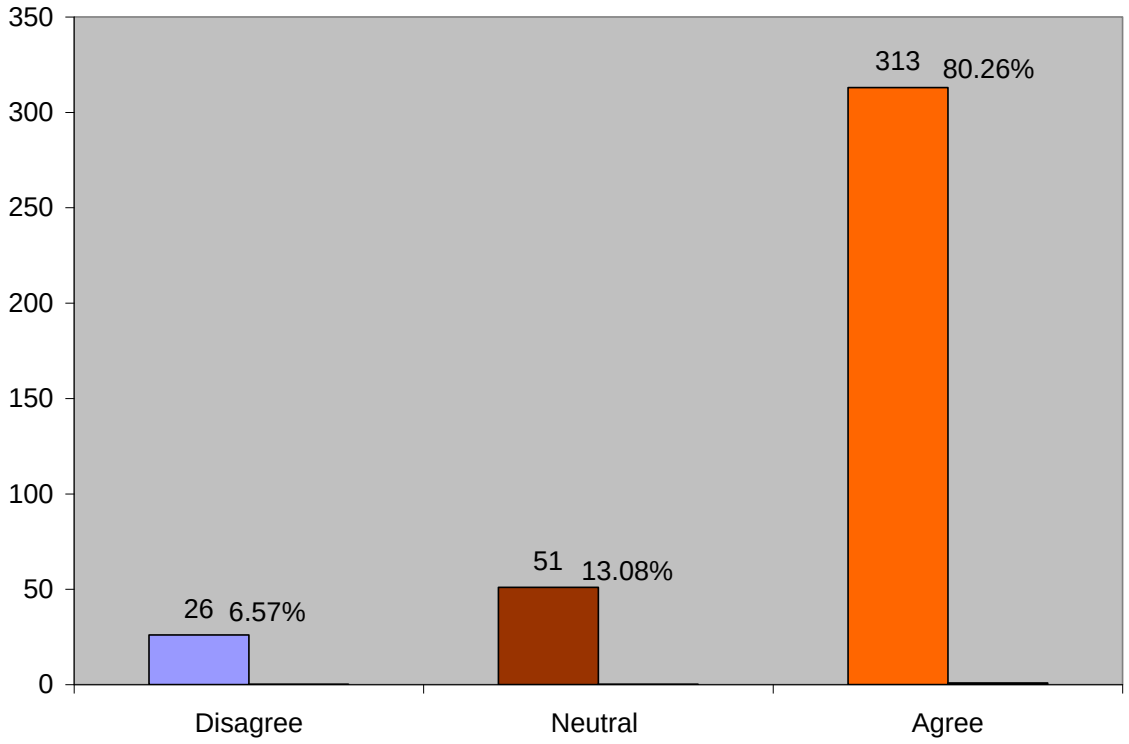


Figure 4.12 Nurse Managers' honesty and integrity (n =390)

As illustrated in Figure 4.12, the majority of the respondents (313; 80.26%) agreed that their nurse manager demonstrates honesty and integrity, followed by 51 (13.08%) of the respondents who remained neutral and 26 (6.57%) who disagreed that this was the case. In view of such a high percentage of positive responses, it is evident that the nurse managers are considered in a respectful light by their colleagues and that their behaviour is considered acceptable in terms of norms and values.

4.3.2.2.3 Adaptability of the Nurse Manager

The respondents were requested to indicate whether they perceived their nurse manager to be flexible and adaptable to their (subordinates) needs in the face of many challenges.

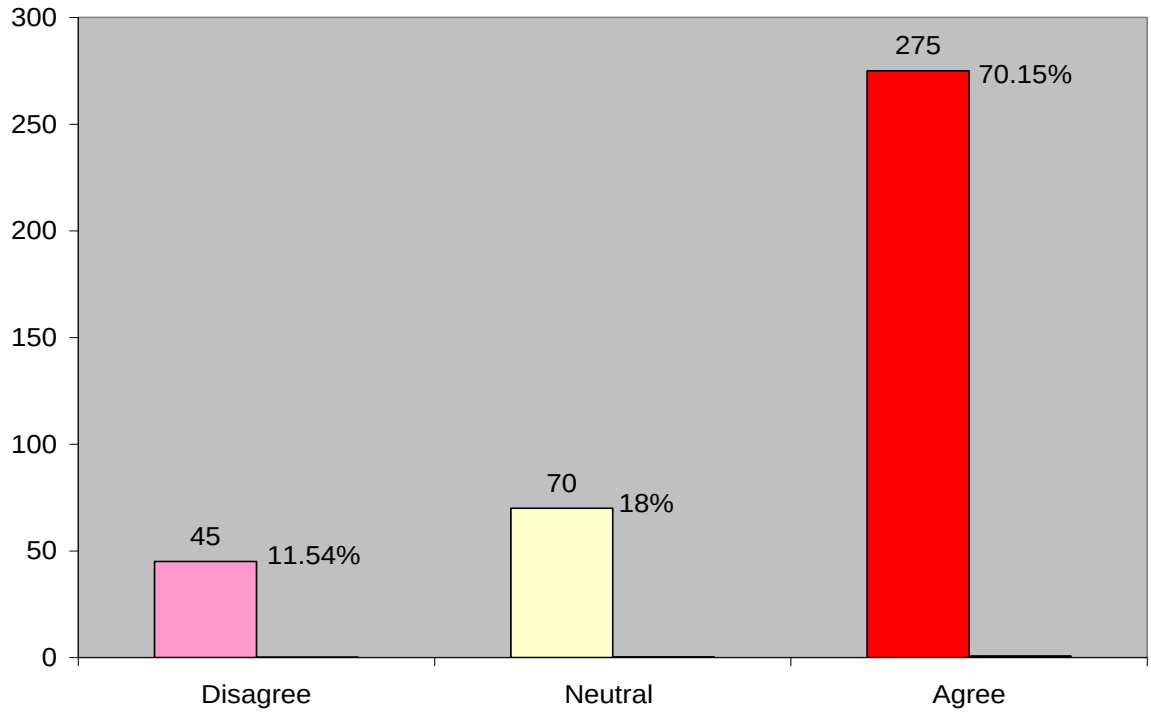


Figure 4.13 Adaptability of the Nurse Manager (n=390)

As highlighted in Figure 4.13, the majority (275; 70.51%) of the respondents agreed that their nurse managers were adaptable, followed by 70 (17.95%) respondents who were neutral, and 45 (11.54%) respondents who disagreed. The large number of

positive responses confirms the managers' perceived compassion and willingness to meet the individual needs of colleagues.

4.3.2.2.4 Nurse Managers' Achievement Drive

The respondents had to comment on whether they perceived their nurse manager as a person who is constantly striving for improvement and thus moving the team forward in a quest for nursing excellence.

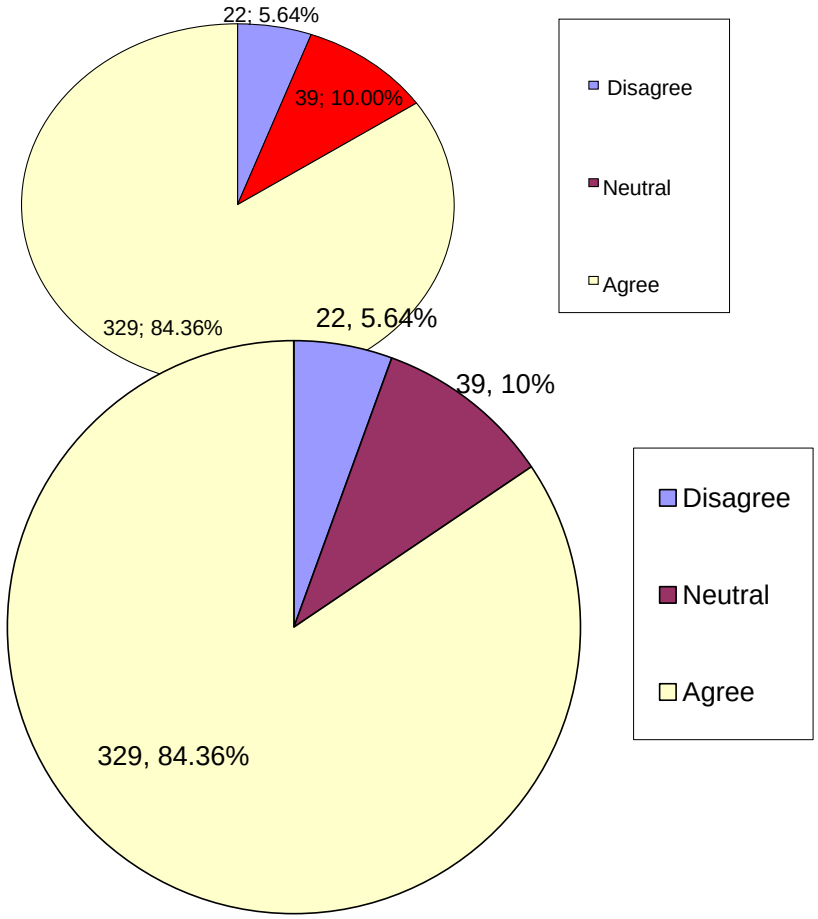


Figure 4.14 Nurse Managers' Achievement Drive (n = 390)

The vast majority (329; 84.36%) of respondents commented that their nurse managers were high achievers, followed by 39 (10%) who remained neutral, and 22 (5.64%) who did not agree that their nurse managers strive for improvement and excellence **(**Figure

4.14**)**. It is evident from the literature that nurse managers with high motivational skills seek new challenges and want to stretch their capabilities. Nurse managers that are perceived to be high in achievement and commitment drive also foster a culture of innovation and optimism and the followers in this culture emerge as pioneers in their professional life (Strickland 2000:113; Punia [s.a.]: 687).

4.3.2.2.5 Subordinates encouraged to share ideas

The respondents were requested to comment whether the nurse manager encourages them to share ideas in view of improving the nursing care activities, therefore creating an environment whereby nurses in the clinical setting participate in a Shared Governance Model.

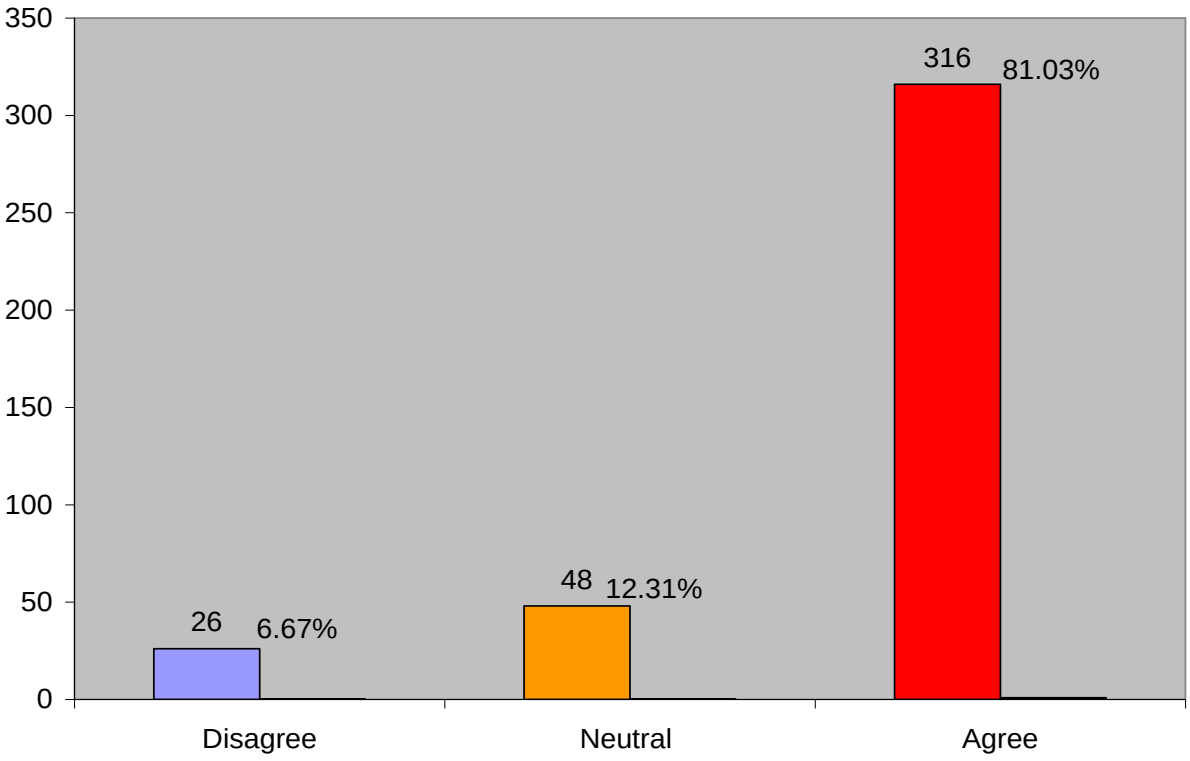


Figure 4.15 Subordinates encouraged to share ideas (n = 390)

More than two-thirds (316; 81.03%) of the respondents agree that their managers encourage them to share their ideas in view of improving patient care activities,

followed by 48 (12.31%) respondents who were neutral and 26 (6.67%) respondents that did not agree that their nurse manager involved them in the care being delivered (Table 4.15). As the vast majority of the respondents gave positive responses, it is indicative of the fact that the nurse managers are perceived to involve nurses in sharing their ideas in view of improving patient care activities.

4.3.2.2.6 Nurse Managers as advocate for their subordinates

The respondents had to comment whether they perceived their nurse managers as advocates for the needs of their subordinates. If the nurse manager conveys this sentiment to their teams, it could well have a positive impact on the team's morale.

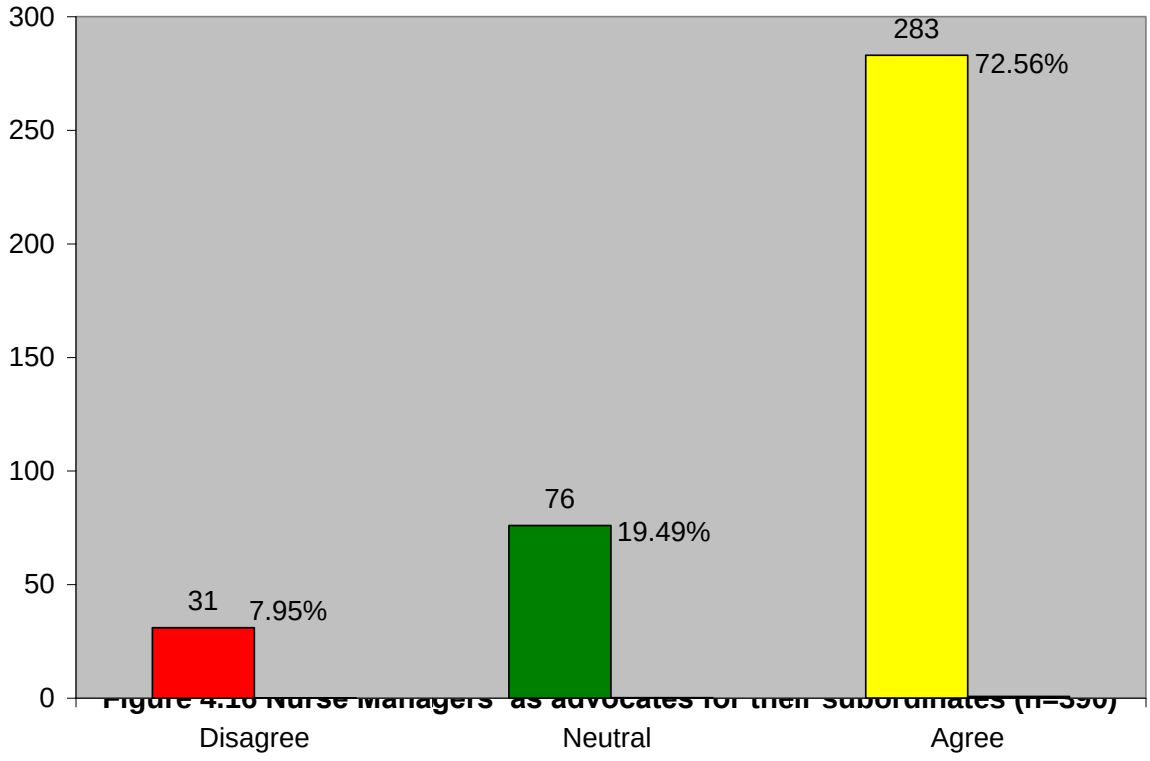


Figure 4.16 Nurse Managers' as advocates for their subordinates (n=390)

As illustrated in Figure 4.16, almost three quarters (283; 72.56%) of the respondents agreed that their nurse managers advocated on their behalf, followed by 31 (7.95%) respondents who disagreed and 76 (19.49%) who were neutral in their response. As the greater majority of the responses were positive, it is indicative that nurse managers are perceived as being advocates for the team.

4.3.2.2.7 Nurse Managers Culturally Sensitive Communication

Lack of appropriate dialogue between different cultures could lead to the development of barriers, resistance and conflict. This question was posed to determine whether the respondents felt that their nurse manager communicates in a culturally sensitive manner, thus making them feel comfortable.

Table 4.5 Nurse Managers' Cultural Sensitive Communication (n = 390)

Culturally Sensitive Communication	**n**	**%**
Agree	289	74.10
Neutral	51	13.08
Disagree	50	12.82
TOTAL	**390**	**100.00**

Almost two-thirds (289; 74.10%) of respondents commented that their nurse managers do communicate in a culturally sensitive manner, followed by 51 (13.08%) of the respondents who disagreed and only a small number of respondents (50; 12.82%) who remained neutral (Table 4.5).

The box plot (Figure 4.17) shows that the level of culturally sensitive communication has a significant effect on leadership effectiveness with respect to both location and variation. A high level of culture-sensitive communication (strongly agree at level 5) has the highest leadership effectiveness while a low level of culture-sensitive communication (strongly disagree at level 1) has the lowest leadership effectiveness.

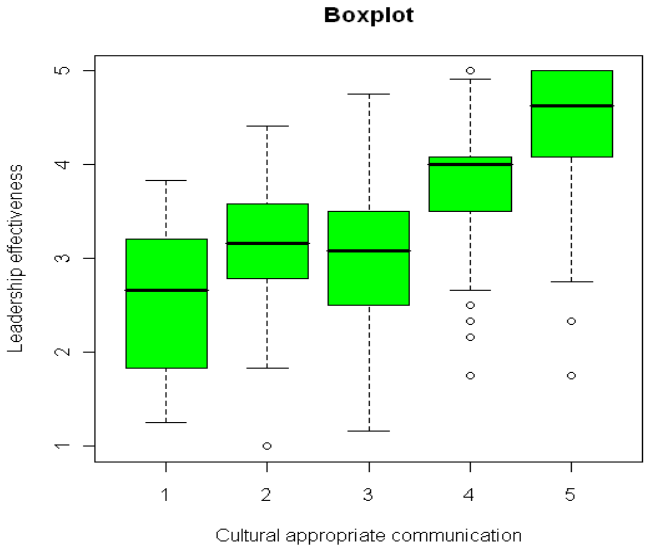


Figure 4.17 Boxplot for Managers' Cultural Sensitive Communication

A significant difference $p < 0.0001$ ($F_{4,389} = 75.51$) was found between the means of effective leadership for the levels of the nurse managers' culturally sensitive communication, indicating that managers' culture-sensitive communication has a significant effect on leadership effectiveness at a 99% level of culturally sensitive communication (Table 4.6).

Table 4.6 ANOVA Means and Standard Deviations for Cultural Sensitive Communication

Level	Number	Mean	Std. Dev	Std Err Mean	Lower 95%	Upper 95%
1.00	15	2.53333	0.815767	0.21063	2.0816	2.9851
2.00	36	3.15046	0.688862	0.11481	2.9174	3.3835
3.00	50	3.04500	0.775220	0.10963	2.8247	3.2653
4.00	165	3.80758	0.568453	0.04425	3.7202	3.8950
5.00	124	4.45027	0.603730	0.05422	4.3430	4.5576

4.3.2.2.8 Nurse Manager shares unit's vision and objectives with the subordinates

This question was posed to determine whether the nurse managers' vision and objectives for the units were clear, thus enabling comprehension and direction for the subordinates.

Table 4.7 Nurse Manager Share's unit's vision and objectives with subordinates (n = 390)

Shares Units Vision and Objectives	n	%
Agree	280	71.80
Neutral	67	17.18
Disagree	43	11.03
TOTAL	**390**	**100.00**

Almost three-quarters (280; 71.80%) of the respondents indicated that their nurse managers' vision and objectives for the unit are clear. Sixty seven (17.18%) of the respondents remained neutral and 43 (11.03%) of the respondents disagreed that the nurse managers formulated a clear vision and objectives for the unit (Table 4.7). From the large group of positive responses (280; 71.80%), it is evident that the respondents perceive their manager as effective in formulating clear guidelines and providing direction in the process.

4.3.2.2.9 Clear objectives for subordinates

The respondents were asked whether clear objectives were set for them by their nurse manager.

Table 4.8 Clear objectives for subordinates (n = 390)

Clear Objectives for Subordinates	n	%
Agree	300	76.92
Neutral	67	17.18
Disagree	23	5.90
TOTAL	**390**	**100.00**

Once again, it is clear from Table 4.7 that the majority of the respondents (300; 76.92%) indicated that their manager established clear objectives for them as subordinates, followed by 67 (17.18%) who remained neutral and only 23 (5.90%) who disagreed. One can therefore conclude that 77% (n = 300) of the respondents feel that they have clear direction and understand what is expected of them in their units. As it is accepted practice that subordinates should be involved in the setting of the

objectives according to which they should work, the phrasing of this question poses a problem and could have been formulated differently to specifically establish their involvement in the setting of personal work-related objectives.

4.3.2.3 Social Awareness Skills

Social awareness skills allow managers to pick up the social rhythm and timing of those they work with through empathy, to understand the organizational culture and climate and to have a service orientation towards those that they lead. Sensing what others feel without their saying so captures the essence of empathy.

4.3.2.3.1 Nurse Managers take active interest in subordinate's problems

The respondents were requested to comment on whether they felt that their nurse managers detect subordinate's problems and take active interest in these problems.

Table 4.9 Nurse Managers' take active interest in subordinates problems (n = 390)

Takes active interest in subordinates problems	n	%
Agree	230	58.98
Neutral	92	23.59
Disagree	68	27.44
TOTAL	**390**	**100.00**

The data in Table 4.9 indicates that slightly more than half of the respondents (230; 58.98%) perceived their nurse managers' to take an active interest in their problems, but it is important to note that approximately a quarter of the respondents (92; 23.59%) either remained neutral or disagreed (68; 27.44%). This implies that 160 (41.02%) of the respondents did not experience their nurse managers to be empathetic.
The box plot in Figure 4.18 shows that the extent to which leaders take an active interest in subordinate's problems (empathetic skills) has a significant effect on leadership effectiveness with respect to both location and variation. A high level of active interest in subordinate's problems (strongly agree at level 5) has the highest

leadership effectiveness, while a low level of active interest in subordinate's problems (strongly disagree at level 1) has the lowest leadership effectiveness.

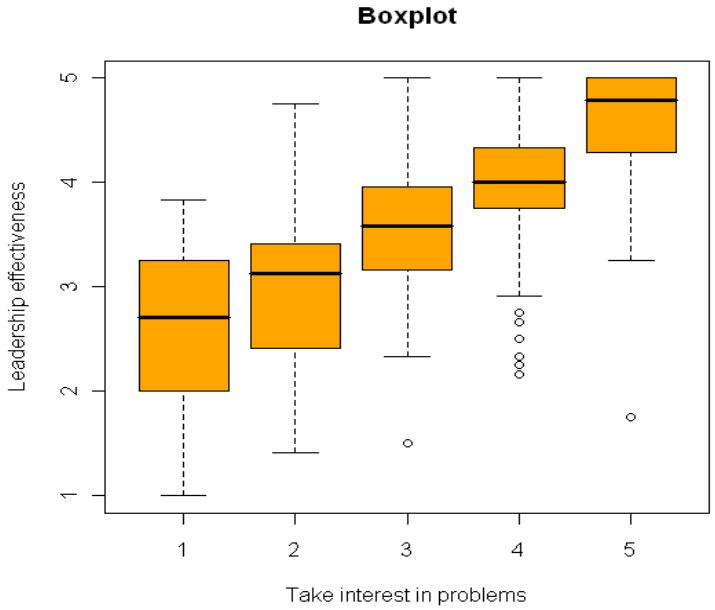


Figure 4.18 Nurse Managers take active interest in subordinates' problems

A significant difference $p < 0.0001$ ($F_{4.389} = 76.65$) was found between the means of effective leadership for the different levels of demonstrating active interest in subordinate's problems, which indicate that managers' taking an active interest in subordinate's problems has a significant effect on leadership effectiveness at a 99% level (Table 4.10).

Table 4.10 ANOVA Means and Standard Deviations for Managers active interest in subordinates' problems

Level	Number	Mean	Std. Dev	Std Err Mean	Lower 95%	Upper 95%
1.00	18	2.58333	0.890674	0.20993	2.1404	3.0263
2.00	50	2.96333	0.742911	0.10506	2.7522	3.1745

3.00	92	3.52264	0.581840	0.06066	3.4021	3.6431
4.00	154	4.00758	0.606441	0.04887	3.9110	4.1041
5.00	76	4.57675	0.572480	0.06567	4.4459	4.7076

4.3.2.3.2 Nurse Manager communicates organizational changes and developments

The respondents were asked whether their nurse managers make them aware of developments and changes in the organisation. There needs to be an open communication system between the organization and the respondents and nurse managers are the link which facilitates this.

Table 4.11 Nurse Managers communicate organisational changes and developments (n = 390)

Communicates organisational changes and developments	**n**	**%**
Agree	318	81.54
Neutral	50	12.82
Disagree	22	5.64
TOTAL	**390**	**100.00**

The greater majority (318; 81.54%) of respondents do feel that the nurse managers communicate the relevant organisational information to keep them abreast of changes and developments, followed by 50 (12.82%) who remained neutral and 22 (5.64%) who disagreed (Table 4.11). It is thus evident that 82% (n = 318) of the respondents agreed that their nurse managers communicate the relevant organisational information, which implies that managers are openly sharing information to involve their teams in changes that might be required.

4.3.2.3.3 Nurse Manager Respects Cultural Differences

As the nursing teams are so diverse, this question was included for the respondents to comment on whether they perceive their nurse leaders to be aware of their cultural differences and whether the manager values subordinates as team members.

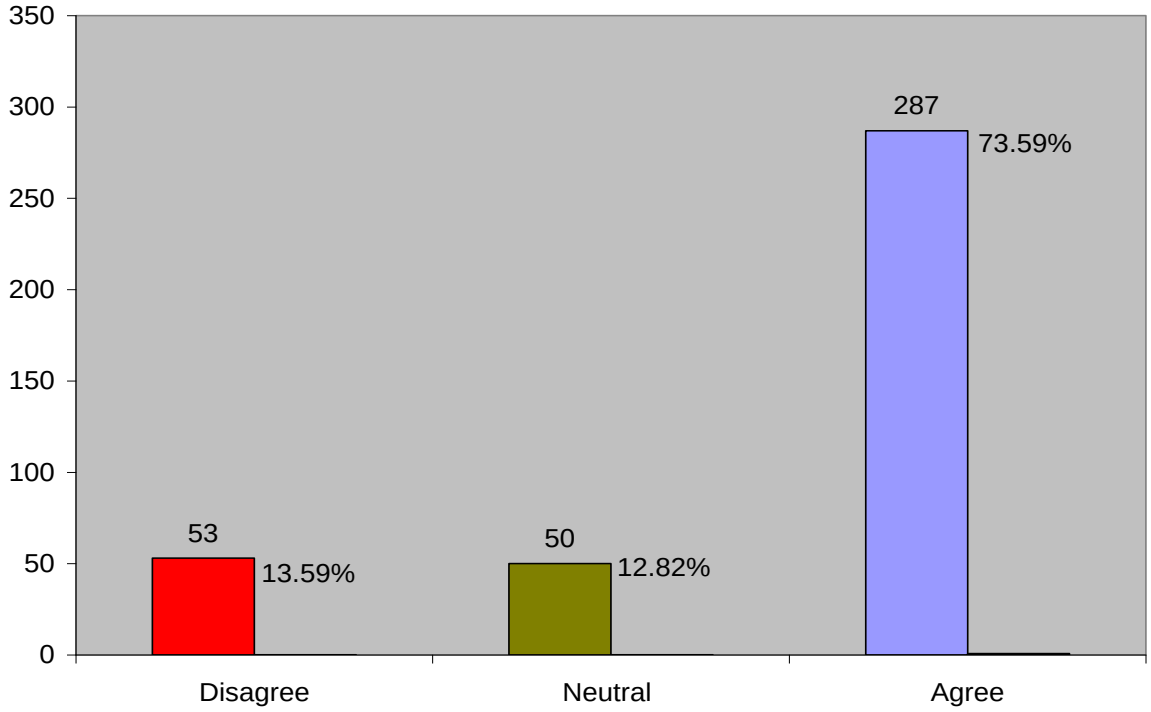


Figure 4.19 Nurse Respects and Values Cultural Differences (n=390)

From Figure 4.19, it is evident that almost three-quarters of the respondents (287; 73.59%) agreed that their nurse manager respects their cultural differences and values individual subordinates as team members. Fifty three (13.59%) disagreed that this was so, and almost a similar number of respondents (50; 12.82 %%) remained neutral in their responses. One can therefore conclude that the majority of the respondents (287; 73.59%) feel culturally respected and cultural diversity should therefore not be perceived as a barrier for good working relationships.

4.3.2.3.4 Nurse Managers' ability to identify teams' emotional currents

This question was posed to the respondents in order to identify whether their nurse manager is able to identify and manage issues among the subordinates that could be a possible constraint in working together as a team.

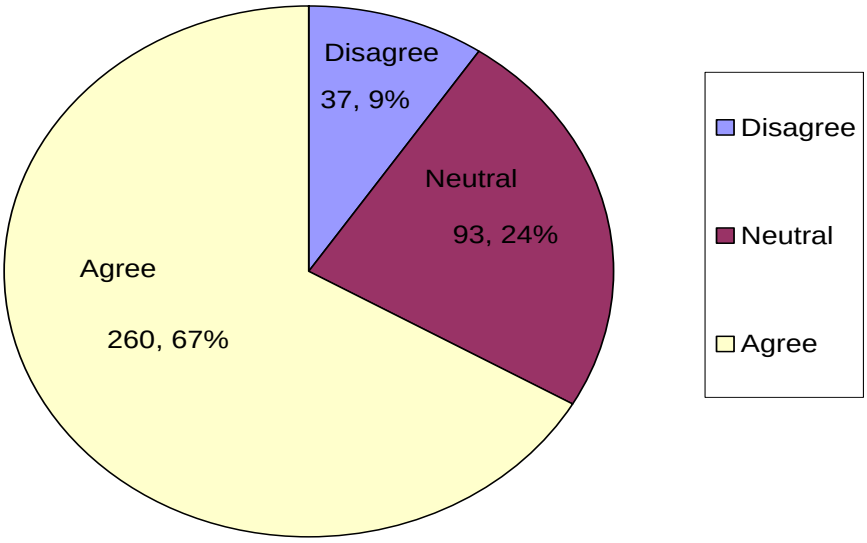


Figure 4.20 Nurse Manager's ability to identify teams' emotional currents (n = 390)

From Figure 4.20**,** it is evident that two-thirds of the respondents (260; 66.66%) indicated that their manager has the ability to identify the teams' emotional currents, followed by 93 (23.85%) who remained neutral and 37 (8.84%) who disagreed that this was the case. Although 67% (n =260) had positive responses in their nurse manager's ability to identify and manage the group dynamics that could affect team interaction, there were more than a quarter of the respondents (160; 32.69%) that did not share similar feelings. As it is required from nurse managers to ensure adequate and effective team dynamics, the phrasing of this question poses a problem and could have been formulated differently to specifically establish the manager's ability to establish effective team interactions thereby managing the subordinate's emotions more effectively in practice.

4.3.2.3.5 Subordinates' being supported as patient advocates

This question was required to determine whether the respondents perceive that their nurse manager supports and promotes them to be independent patient advocates, thereby creating an environment of trust.

Table 4.12 Subordinates' being supported as patient advocates (n = 390)

Supported as patient advocates	n	%
Agree	298	76.41
Neutral	69	17.69
Disagree	23	5.90
TOTAL	**390**	**100.00**

More than two-quarters (298; 76.41%) of the respondents do feel that their nurse managers encourage and support them to be independent patient advocates, followed by 69 (17.69%) who remained neutral and 23 (5.90%) who disagreed that this was the case (Table 4.12***).*** It is thus evident that 76% (n = 298) of the respondents had positive responses concerning their nurse managers supporting and promoting them to be independent patient advocates; however, just less than a quarter (92; 23.59%) of the respondents disagreed, which could be a possible reason why nurses revert back to inappropriate practices when nurse managers are not there to supervise them.

4.3.2.4 Relationship Management Skills

Relationship management is the manager's ability to manage their relationship with others. The competencies required by the manager are, supporting subordinates to participate in shared governance activities, appropriate conflict management through negotiation and avoiding confrontation in front of others, active listening skills and knowing the value of humour in the workplace. To support this, the manager needs to be a role-model, and therefore, his/her behaviour should be appropriate. They need to develop others, create a culture of safety, ensure that trust is built and involve subordinates in the process of improvement activities that are required in the unit.

4.3.2.4.1 Involving subordinates in shared governance activities

This question was included to determine whether the respondents perceive that they are involved in shared governance activities, whereby the subordinates are actively participating in developing policies and procedures and changes that are required in

the care setting (Upenieks 2002:624).

Table 4.13 Involving subordinates in shared governance activities (n = 390)

Involving subordinates in shared governance activities	n	%
Agree	271	69.48
Neutral	78	20.00
Disagree	41	10.51
TOTAL	**390**	**100.00**

As illustrated in Table 4.13, the majority (271; 69.48%) of respondents do feel that they are involved in the shared governance activities, followed by 78 (20.00%) who remained neutral and 41 (10.51%) who disagreed that this was the case. Although the greater majority of respondents have positive responses about being involved in the units' shared governance activities, more than a quarter (119; 30.51%) of the respondents do not feel the same way. Therefore this could be a possible reason for subordinates not to continue with appropriate practices when managers are not around.

4.3.2.4.2 Nurse Managers' active listening skills

The respondents had to comment on their nurse managers' ability to actively listen to what the subordinates say to ensure that there are no communication barriers that might affect teams' interactions.

Table 4.14 Nurse Managers active listening skills (n = 390)

Active Listening Skills	n	%
Agree	272	69.75
Neutral	48	12.31
Disagree	70	17.95
TOTAL	**390**	**100.00**

From Table 4.14 it is evident that more than half (272; 69.75 %) of the respondents perceive their nurse managers' as having active listening skills, followed by 48 (12.31%) of the respondents that remained neutral and 70 (17.95%) who disagreed that this was the case. As nearly a quarter (118; 30.26%) of the respondents did not agree that their managers' had effective listening skills, it is a possible source of breakdown in communication and the subordinates feeling that their input is not valued.

4.3.2.4.3 Nurse Managers' Conflict Management skills

To ensure smooth interaction, it is essential for the manager to keep his/her "cool," especially when dealing with difficult people or situations. Negotiations and conflicts between people happen all the time, and the skilful manager is able to avoid barriers such as threats or demands to prevent problems from escalating. The nurse manager needs to ensure that when dealing with conflict situations, they confront individuals in privacy to ensure that this is not seen as a personal attack on a subordinate in view of others, which affects trust within teams. There were two questions whereby the respondents had to comment on their nurse leaders appropriate confrontational and negotiation skills (B4.3 & B4.6).

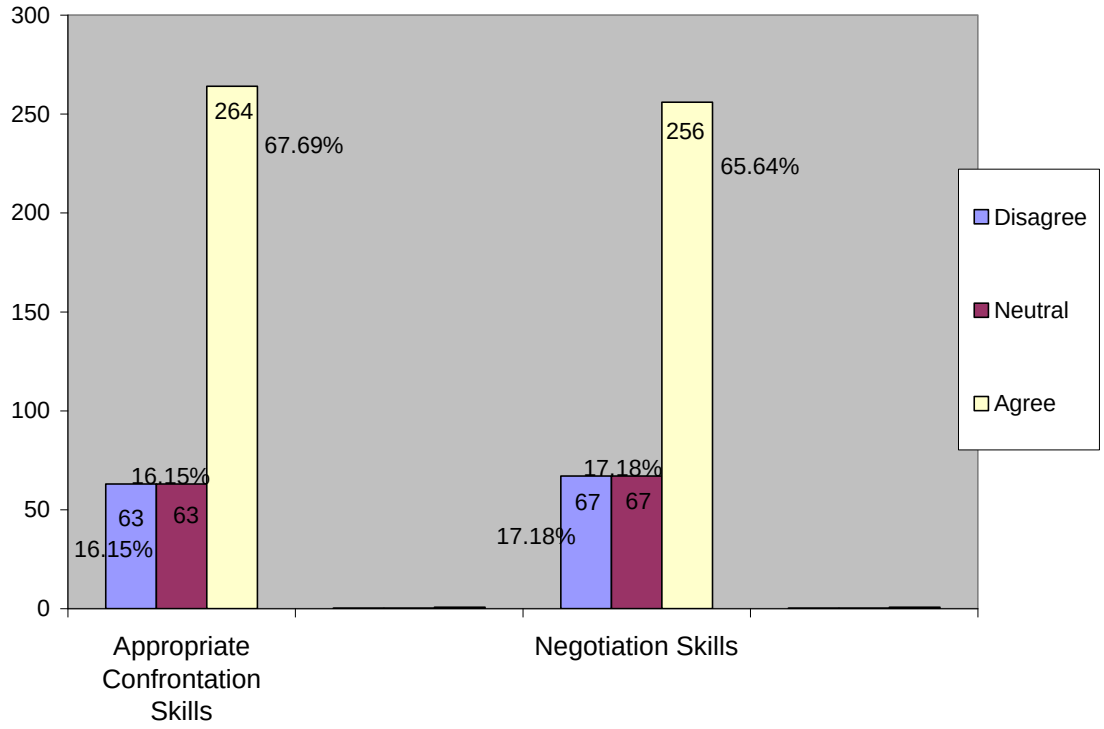


Figure 4.21 Nurse Managers Conflict Management Skills (n=390)

As evident from Figure 4.21, the majority of respondents perceive the nurse managers to have the confrontation and negotiation skills (264; 67.69% and 256; 65.64%) required. An equal number of respondents either disagreed (63; 16.15% and 67; 17.18%) or remained neutral (63; 16.15% and 67; 17.18%) for both the questions respectively. Although there were a large number of positive responses (264; 67.69% and 256; 65.64%) for both questions, there is still a concern since a quarter (130; 23.23%) of the subordinates gave an indication that their managers are not equipped to manage conflict effectively. As lack of these skills does have major constraints on the teams' interaction and morale, the skills of effective confrontation and negotiation would seem to require further enhancement in the nurse manager group.

4.3.2.4.4 Nurse Managers' sense of humour

This question was posed to determine whether the respondents perceived their nurse managers' to have a sense of humour to make the very 'tense' healthcare environment 'easier' to function in.

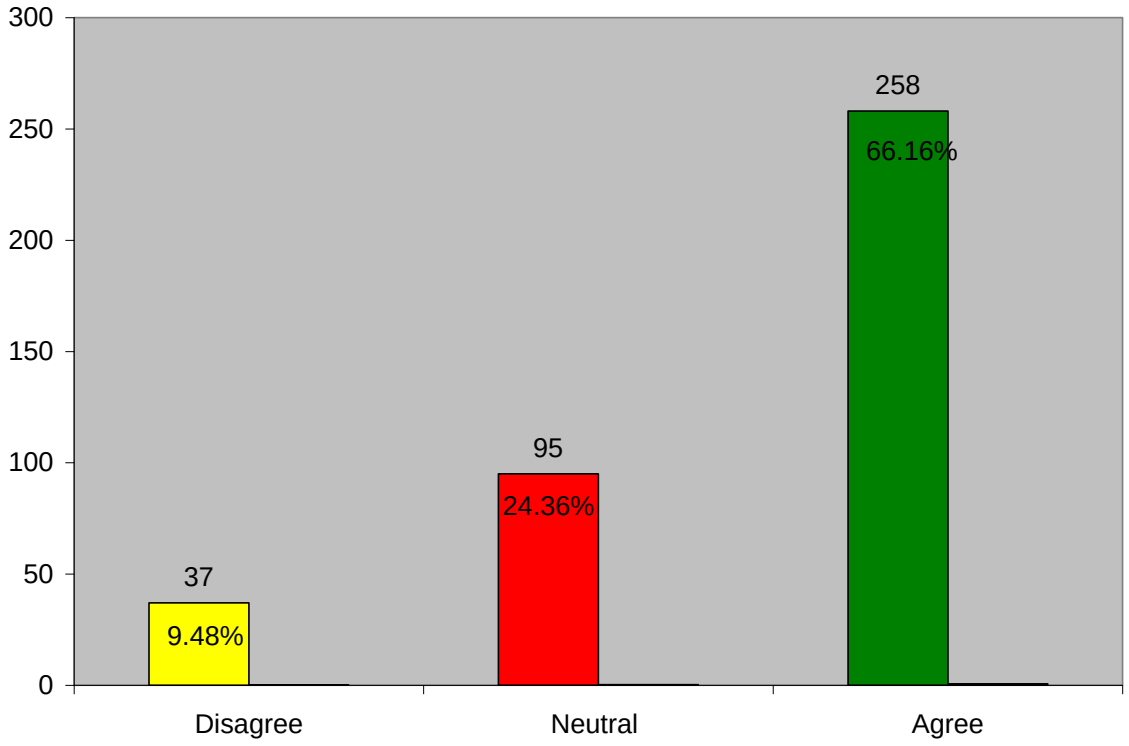


Figure 4.22 Nurse Managers' Sense of Humour (n=390)

As illustrated in Figure 4.22, two-thirds (258; 66.16%) of the respondents agree that their nurse managers use appropriate humour in the workplace, followed by 95 (24.36%) who remained neutral and 37 (9.48%) who did not agree that this is the case. As a third (132; 33.84%) of the respondents did not agree that their nurse managers demonstrates a sense of humour in the workplace, this question should have been phrased differently to determine whether or not the respondents feel that a sense the humour applied by nurse manager was culturally appropriate within the care setting in the hospital under study.

4.3.2.4.5 Nurse Manager displays appropriate behaviour

The respondents were requested to comment on how they perceive their nurse manager's behaviour in the clinical setting. As the nurse manager is required to be the role model for the nursing team, his/her behaviour should enable the subordinates do respect their nurse manager as he/she manifests honesty, integrity and trust, and a culture of safety in how they behave in practice.

Table 4.15 Nurse Managers displays appropriate behaviour (n = 390)

Displays appropriate behaviour	n	%
Agree	263	67.43
Neutral	90	23.08
Disagree	37	9.48
TOTAL	**390**	**100.00**

As shown in Table 4.15**,** two-thirds (263; 67.43 %) of respondents perceive their nurse managers' as behaving appropriately in the care setting, followed by 90 (23.08%) of the respondents who remained neutral and 37 (9.48%) who disagreed that this was the case. Since a third (127; 32.56%) of the respondents did not agree that their managers behaved appropriately, one can deduct that this group of subordinates do not see their nurse manager as a role-model, which could possibly affect team interactions negatively.

4.3.2.4.6 Nurse Manager Development of Others

The managers ensure their own and their subordinates success, through their ability to proactively evaluate the teams' developmental needs and then to appropriately plan the training that is required. The manager's biggest role lies in coaching others in order for them to reach their full potential. Developing others requires person-to-person skills and coaching and development is the art of counselling (Goleman 2004:147). One can understand that interacting and effectiveness in counselling relies heavily on the manager's empathetic ability to focus on his/her own feelings and to share them with those that they lead (Goleman 2004:147). The respondents had to comment in two questions (B4.7 and B4.8) which dealt with subordinates training and development needs and their professional growth pathway.

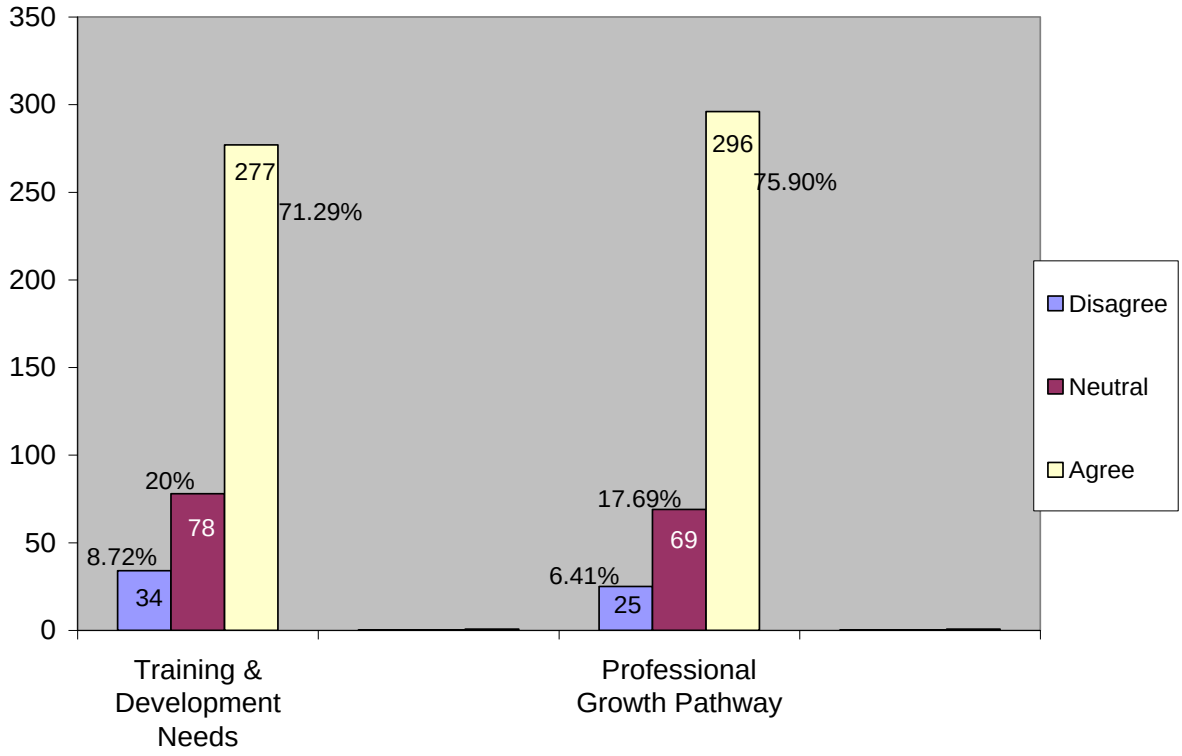


Figure 4.23 Nurse Managers Developing Others (n=390)

It is clear from Figure 4.23 that the vast majority (277; 71.29% and 296; 75.90%) of respondents respectively agreed to both questions that their nurse managers set opportunities for them to grow professionally and that they have appropriate training and development. Nearly an equal number (78; 20.00% and 69; 17.69%) of the respondents either remained neutral or disagreed (34; 8.72% and 25; 6.41%) that this was the case. One can therefore conclude from the majority of positive responses for both questions (277; 71.29% and 296; 75.90%) that the nurse managers develop their teams to reach their full potential.

4.3.2.4.7 Nurse Managers' create a culture of safety

Respondents had to comment on whether they perceive their work environment to be blame free, which allows the respondents to work in a culture of safety, which can facilitate better integration of changes. Nurse Managers in today's healthcare environment are required to be proactive in facilitating change, and they should be able to meet the change required and champion the new order, which can only be achieved if a culture of safety is created in the care setting.

Table 4.16 Nurse Managers create a culture of safety (n = 390)

Create a Culture of Safety	n	%
Agree	282	72.31
Neutral	63	16.15
Disagree	45	11.52
TOTAL	**390**	**100.00**

The data in Table 4.16 demonstrates that the majority of respondents (282; 72.31%) agreed that their work environment has a culture of safety and is blame free, followed by 63 (16.15%) who remained neutral or 45 (11.52%) who disagreed that this is the case. As a significant majority (282; 72.31%) gave positive responses, this is suggestive that the respondents perceive their work environment to be blame free and feel that a culture of safety is supported.

4.3.2.4.8 Nurse Managers involve subordinates in process improvement

This question was included to determine whether the respondents perceive that they are involved in process improvement activities in the unit. Managers need to use their influence skills to encourage people to work together and participate in process improvement activities to ensure that staff 'own' the changes required and therefore act responsibly.

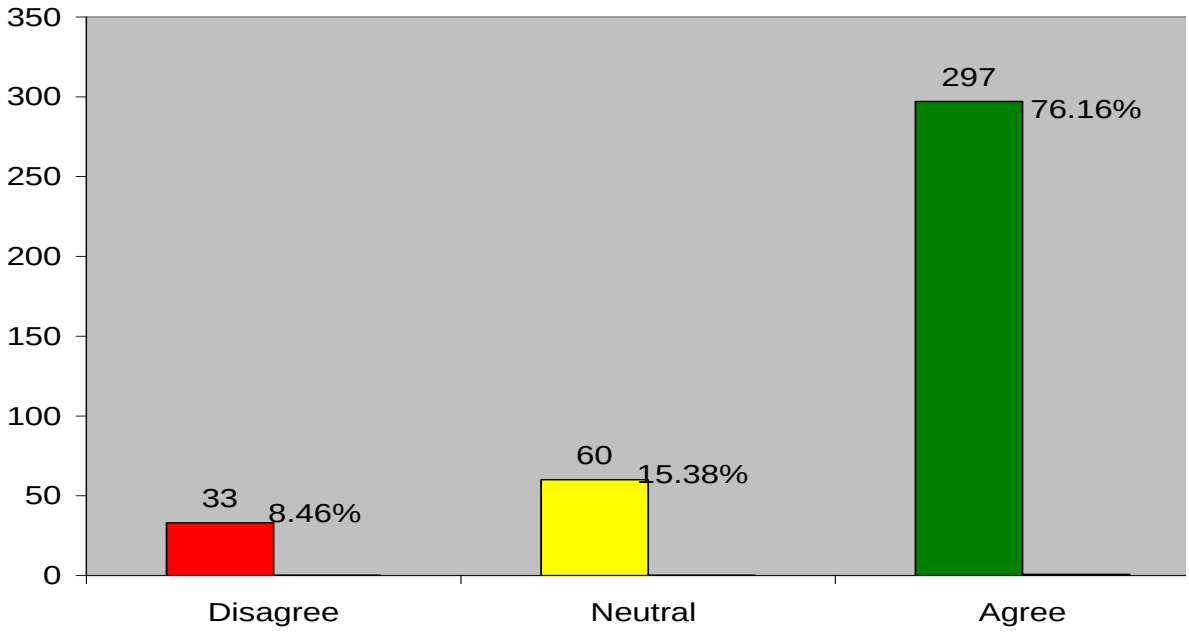


Figure 4.24 Nurse Managers involves nurses in process improvement (n=390)

As indicated in Figure 4.24 the majority of the respondents (297; 76.16%) agreed that their nurse managers' involve them in improvement activities, followed by 60 (15.38%) respondents who remained neutral and 33 (8.46%) who disagreed that this was the case.

4.3.2.4.9 Nurse Managers Supporting Independent Practice

A similar question was posed to the respondents in question B3_5 to determine whether they perceive that their nurse manager supports them in working independently in the clinical setting. Trust is very important in team functioning and if the nurse manager does not trust their subordinates it could have very negative effects on the subordinates morale and team work.

Table 4.17 Nurse Managers' supporting independent practice (n = 390)

Supporting independent practice	**n**	**%**
Agree	306	78.46
Neutral	56	14.36
Disagree	28	7.18
TOTAL	**390**	**100.00**

It is evident in Table 4.17 that the vast majority of the respondents (306; 78.46%) agreed that they are supported in practicing independently. Fifty six (14.36%) respondents remained neutral and 28 (7.18%) disagreed that this was the case. It is therefore evident that the respondents do receive the necessary support to practice independently; however, it remains unclear as to why they revert back to unsafe practices when nurse managers are not around to supervise them.

4.3.2.4.10 Nurse Managers' trust subordinates in delivering care

This question was posed to the respondents to determine whether the nurse managers do support an environment of trust, without constant supervision and interference. If subordinates feel that that the nurse managers are trustworthy and sincere, they will be more likely to ask questions or seek help if they are uncertain about something.

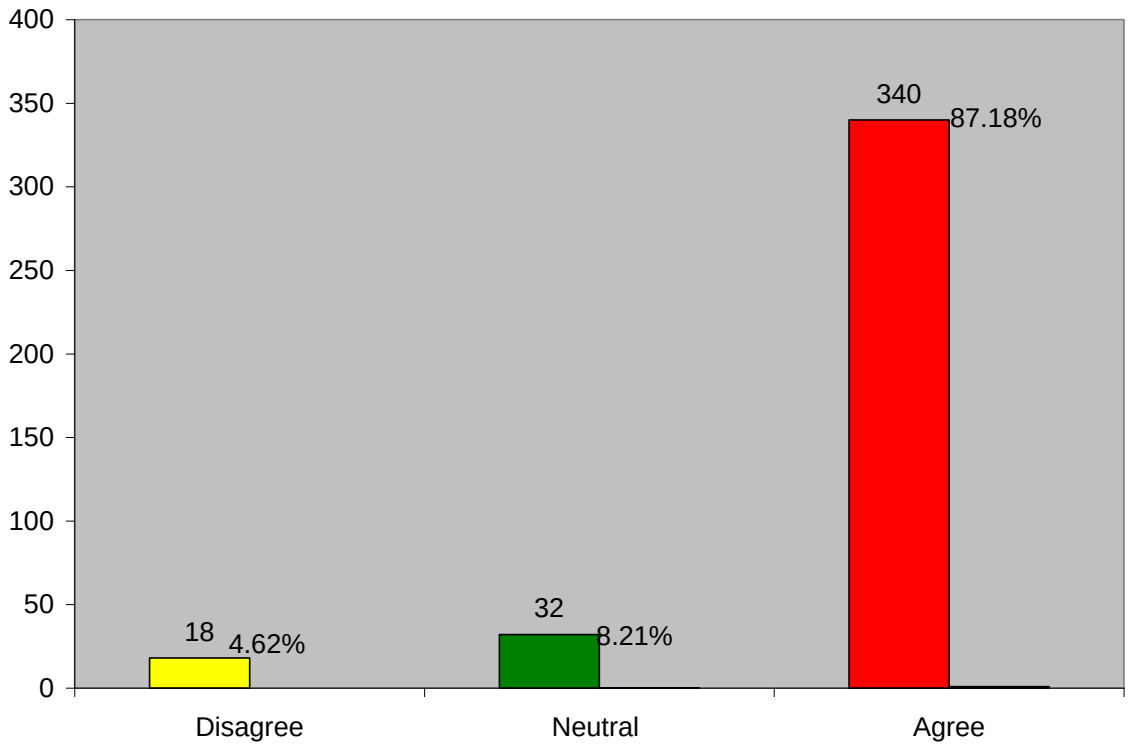


Figure 4.25 Nurse Managers' trust nurses in delivering care (n=390)

From Figure 4.25, it can be seen that an overwhelming majority (340; 87.18%) of the respondents do perceive that their nurse manager trusts their abilities, followed by 32 (8.21%) who remained neutral and 18 (4.62%) who disagreed that this was the case. As the majority (340; 87.18%) of the respondents had positive responses, this is indicative of a trusting environment whereby the subordinates are not subjected to constant supervision and interference and, have the support they need to ask questions or seek help if they are not sure about something.

4.3.3. Section 3 - Leadership Effectiveness

Leadership is a complex process by which a person influences others to accomplish a mission, task or objective and directs the organization in a way that makes it more cohesive and coherent (Jooste 2006:357). There are a few questions in this section that will seek to establish whether the nurse managers are perceived as effective in accomplishing unit goals. The nurse manager needs to be proactive and forward thinking, lead by example, strive for excellence and follow through on commitments. To ensure that the managers are able to facilitate growth among the team, they need

to coach, give feedback, demonstrate strong knowledge and skills, and create a positive work environment. For nurse managers to be effective in their interpersonal interactions, they need to be self-confident, display influential relationships across the multidisciplinary team, challenge their nurses' imaginations, communicate in an open and sensitive manner and be fair and just in their actions (Jooste 2006:324).

4.3.3.1. Proactive and forward thinking

The nurse manager is required to be proactive and forward thinking to ensure that the vision that has been established for the unit and team will enable them to lead their teams where they need to be in the future. The healthcare environment is a constantly evolving environment with change being a constant, thus nurse managers of today need to be sure that they have the right motivation, vision, knowledge, skills and spirit to transform their teams to facilitate faster integration and acceptance of these changes (Crowther 2004:6). The respondents had to comment on how they feel their nurse manager manages to prepare them for the future by being proactive and future-oriented in their thinking

Table 4.18 Proactive and Forward thinking (n = 390)

Proactive & Forward thinking	**n**	**%**
Agree	290	74.36
Neutral	65	16.67
Disagree	35	8.98
TOTAL	**390**	**100.00**

Table 4.18 illustrates that more than two-thirds (290; 74.36%) of the respondents agreed that their nurse managers portray proactive and forward thinking skills, followed by 65 (16.67%) who remained neutral and 35 (8.98%) who disagreed that this was the case. As 74% (n = 290) of the respondents had positive responses, it is evident that the majority of nurse managers are perceived to be proactive and forward thinking.

4.3.3.2. Leading by example

This question was designed to understand whether respondents perceive their managers' vision to be constant and if the managers demonstrate high standards which they both practice and enforce. So often we hear '*do not do as I do but as I say'.* This sends the wrong image and message to the team and an effective leader is one that practice what he/she preaches.

Table 4.19 Leading by Example (n = 390)

Leading by example	**n**	**%**
Agree	265	75.65
Neutral	84	21.54
Disagree	50	12.82
TOTAL	**390**	**100.00**

More than two-thirds (265; 75.65%) of the respondents agreed that their managers lead by example, followed by 84 (21.54%) respondents who remained neutral and 50 (12.82%) who disagreed that this was the case (refer to Table 4.19). As 76% (n = 265) of the respondents had positive responses one can conclude that the nurse managers' are the nurses' role models and lead them by example.

4.3.3.3. Striving for performance excellence

Managers with high motivational skill are results-oriented and have a high drive to meet their objectives and standards (Goleman 2004:113). To ensure that the team is successful, the nurse manager needs to empower his/her team by following Shared Governance principles to allow them to continuously identify process/system problems in order to initiate corrective actions for better patient care outcomes (Upenieks 2002:224). This question was posed to determine whether the nurse manager was perceived as having a passion for performance excellence, which creates a positive environment and a model for the team to follow.

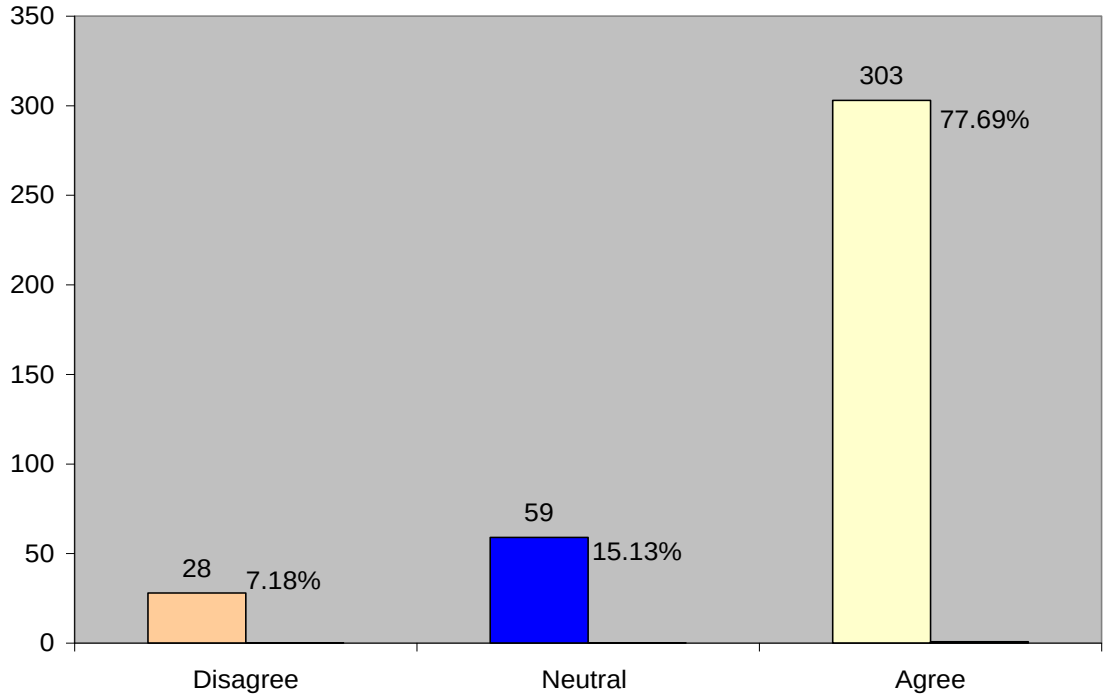


Figure 4.26 Striving for performance excellence (n=390)

More than three-quarters (303; 77.69%) of the respondents in Figure 4.26 agreed that their nurse managers' do strive for performance excellence, followed by 59 (15.13%) who remained neutral and 28 (7.18%) who disagreed with this statement. One can therefore conclude that the greater majority (303; 77.69%) of positive responses that most nurses are of the opinion that their nurse managers strive for performance excellence.

4.3.3.4. Follow through on commitments

The respondents had to comment on how effective their nurse managers are in following up on commitments. Subordinates can become very demoralized when managers are required to follow up on issues and never get around to doing so. This affects morale and creates an environment where staff do not trust their nurse managers to deliver.

Table 4.20 Follow through on commitments (n = 390)

Follow up on commitments	n	%
Agree	285	73.08
Neutral	78	20.00
Disagree	27	6.92
TOTAL	**390**	**100.00**

Table 4.20 clearly demonstrates that almost three-quarters (285; 73.08%) of the respondents agree that the nurse manager follows through on commitments. Seventy eight (20.00%) of the respondents remained neutral and 27 (6.92%) disagreed that this was the case. As 73% (n = 285) of respondents had positive responses, this is indicative that the nurses do feel that their nurse managers are effective in following through on commitments.

4.3.3.5. Coaching and feedback for development

Manager's ability to ensure their own and their subordinates success results from proactively evaluating the teams' developmental needs and then appropriately planning the training that is required. The nurse manager's biggest role lies in coaching others in order for all staff members to reach their full potential. Manager's who are excellent coaches create trust and are more willing to give constructive feedback with the aim of developing others (Goleman 2004:114). This feedback is of great importance in establishing excellence in performance. However, managers need to ensure that feedback on subordinates' performance is based on personal goal setting, and that this is provided in privacy to ensure trusting relationships.

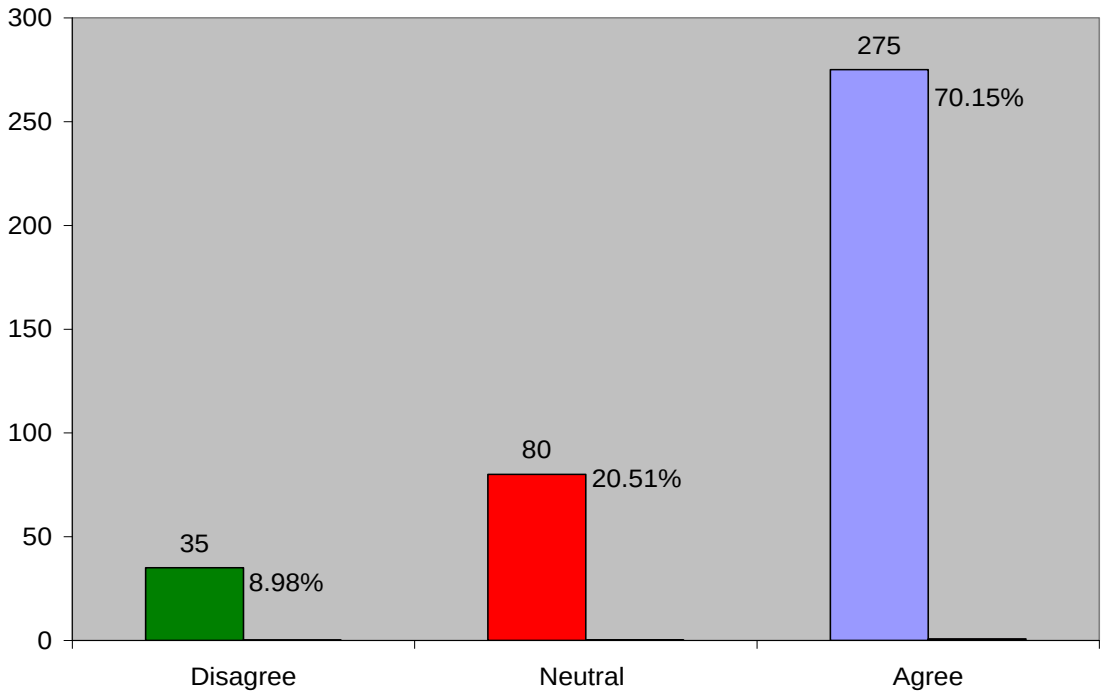


Figure 4.27 Coaching and Feedback Abilities (n=390)

As highlighted in Figure 4.27, more than two-thirds (275; 70.51%) of the respondents agreed that their nurse manager provides effective feedback for development, followed by 80 (20.51%) who remained neutral and 35 (8.98%) who disagreed that this was the case. As the majority (275; 70.51%) had positive responses, one can conclude that most respondents found their nurse manager to be constructive in their feedback for development and growth purposes.

4.3.3.6. Demonstrates strong knowledge and skills

Nurse Managers need to be knowledgeable, resourceful, and have clinical skills to guide and support the team within their clinical sphere. Respondents had to comment on whether they perceived their nurse manager as being effective in these areas.

Table 4.21 Demonstrate strong knowledge and skills (n = 390)

Demonstrates strong knowledge & skills	**n**	**%**
Agree	294	75.39
Neutral	65	16.67
Disagree	31	7.95
TOTAL	**390**	**100.00**

As shown in Table 4.21, three-quarters (294; 75.39%) of the respondents agreed that their nurse managers have strong knowledge base and skills, followed by 65 (16.67%) who remained neutral and 31 (7.95%) who disagreed with this statement. One can therefore conclude from the 75% (n = 294) positive responses that nurse managers are perceived as having the required knowledge and skills to be the resource expert for subordinates to fall back on for assistance.

4.3.3.7. Creates a positive and enjoyable work environment

Persuading others is strengthened by identifying a bond or commonality, and taking time to create this is not a detour but a required step in influencing others. Managers who are weak in influencing others can be so because of a failure to build rapport, over-reliance on one strategy, spearheading their own point of view, failure to inspire interest or having a negative impact on the group. Many 'charismatic' leaders who communicate a topic with passion will create an environment where the group follows willingly. Respondents had to comment on whether they perceive their nurse managers as creating a positive work atmosphere for the team (Goleman 2004:71).

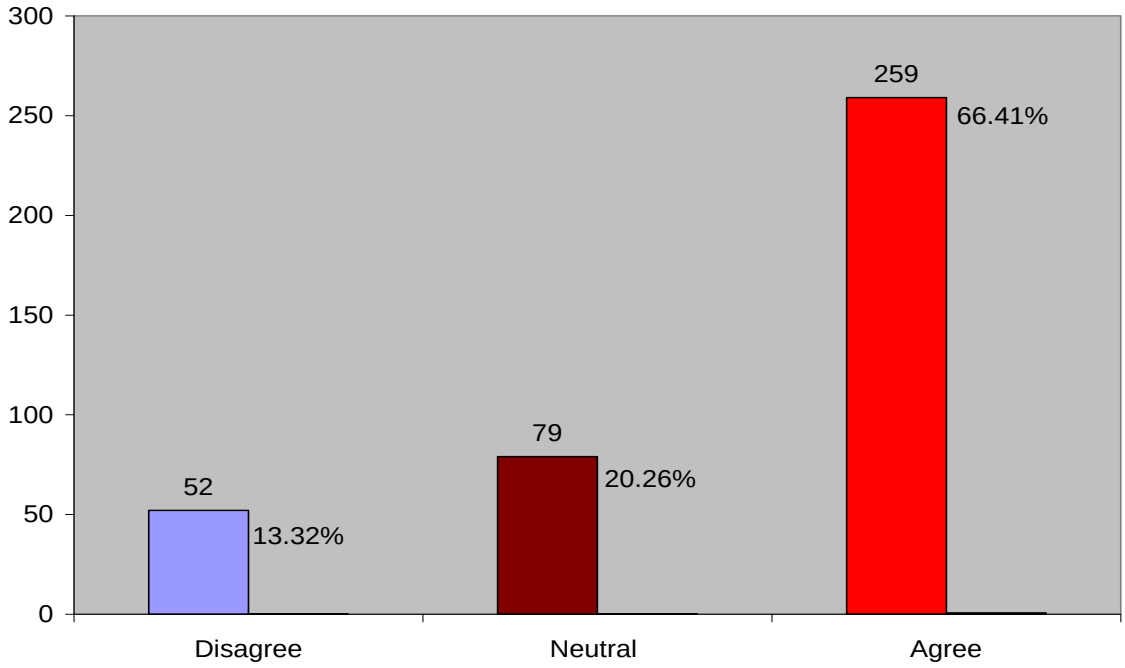


Figure 4.28 Nurse Managers create positive/enjoyable work environment (n=390)

As indicated in Figure 4.28, two-halves (259; 66.41%) of respondents did agree that their nurse managers create a positive work environment in which respondents are able to perform and grow. Seventy nine (20.26%) of the respondents remained neutral and 52 (13.32%) disagreed that this was the case. Given that third of the respondents (131; 33.58%) disagreed that nurse managers created a positive work environment, one can infer that this might be a area nurse manager can further develop to ensure more subordinates experience a positive and enjoyable work environment.

4.3.3.8. *Demonstrate self-confidence in own beliefs and ideas*

Self-confident people have an “aura” around them; they see themselves as efficacious, able to meet challenges and to master new jobs or skills. They believe themselves to be motivators and change agents and feel that their abilities stock up favourably in comparison to others (Goleman 2004:104). As a result of the self-confidence they have in themselves, these leaders are able to justify their decisions and they remain “unfazed” by others. Respondents had to identify whether their nurse managers demonstrate this quality.

Table 4.22 Demonstrate self-confidence in own beliefs and ideas (n = 390)

Self-Confidence in own beliefs & ideas	n	%
Agree	275	70.51
Neutral	81	20.77
Disagree	34	8.72
TOTAL	**390**	**100.00**

It is evident that the majority (275; 70.51%) of respondents agreed that their nurse managers demonstrated self-confidence skills, followed by 81 (20.77%) who remained neutral and 34 (8.72%) who disagreed with this statement (refer to Table 4.22). One can conclude from the majority (275; 70.51%) of positive responses that most nurse managers are perceived to be self confident.

4.3.3.9. Building Influential Relationships

Emotions as a signalling system to influence others need no words. The nurse managers need to build a strong rapport with his or her team to ensure that they are able to influence their team's perceptions, attitudes or behaviours (Goleman 2004:22). The respondents had to comment on their nurse manager's effectiveness in moving them forward.

Table 4.23 Building Influential Relationships (n = 390)

Building influential relationships	n	%
Agree	238	61.02
Neutral	92	23.59
Disagree	60	15.38
TOTAL	**390**	**100.00**

As illustrated in Table 4.23, almost two-thirds (238; 61.02%) of the respondents agreed that their managers demonstrated skill in influencing others, followed by 92 (23.59%) who remained neutral and 60 (15.38%) disagreed that this was the case**.** One can therefore conclude that 61% (n= 238) of the respondents were of the opinion that their nurse managers have the skills required to build influential relationships.

4.3.3.10. Challenging their Imagination

As the nursing team is diverse, the nurse manager needs to be innovative and creative in challenging the nursing team's imagination.

Table 4.24 Challenging the Imagination (n = 390)

Challenge the Imagination	n	%
Agree	229	58.72
Neutral	87	22.31
Disagree	74	18.98
TOTAL	**390**	**100.00**

As indicated in Table 4.24, more than half of the respondents (229; 58.72%) agreed that their manager demonstrated the ability to challenge their imagination, followed by 87 (22.31%) who remained neutral and 74 (18.98%) disagreed that this was the case. Although 59% (n= 229) of the respondents had positive responses about their nurse managers' ability to challenge their imagination, slightly less than (161; 41.29%) of the respondents did not perceive their managers as challenging their imagination. It is therefore indicative that more can be done by the managers to facilitate stimulating their nurse's imagination.

4.3.3.11. Effective Communication Skills

Managers who communicate effectively have active listening skills and send convincing messages to their teams. Being an adept communicator is the cornerstone of all social-management competencies. To ensure smooth interaction, it is important for the manager to keep his/her "cool" especially when dealing with difficult people or situations (Goleman 2004:176). Respondents had to comment on whether their nurse manager communicates in an open and sensitive manner.

Table 4.25 Effective Communication Skills (n = 390)

Effective Communication	n	%
Agree	259	66.41
Neutral	58	14.87
Disagree	73	18.72
TOTAL	**390**	**100.00**

The majority of the respondents (259; 66.41%) do perceive their nurse managers as effective communicators, followed by 73 (18.72%) of the respondents that disagreed and 58 (14.87%) who remained neutral (Table 4.25***)***. Although there were 66% (n = 259) positive responses, there are still 24% (n = 131) of the subordinates that perceive their nurse managers to lack the communication skills which is to the detriment of group interactions and functioning.

4.3.3.12. Fair and just in their actions

One other point on which nurse managers are always evaluated on is their ability to be fair and to treat all their nurses the same.

Table 4.26 Fair and Just in actions (n = 390)

Fair & Just in Actions	**n**	**%**
Agree	261	66.92
Neutral	72	18.46
Disagree	57	14.61
TOTAL	**390**	**100.00**

Two-thirds of the respondents (261; 66.92%) agreed that their nurse managers are fair and just in their actions, followed by 72 (18.46%) who remained neutral and 57 (14.61%) who disagreed that this was the case (Table 4.25). it is therefore indicative from 67% (n= 261) of positive responses that the nurse managers are perceived as fair and just in their actions. It is disconcerting that 129 (33.07%) did not agree that their nurse manager was fair and just in their actions, and therefore an area for nurse managers to improve on.

4.4 CONCLUSION

In this chapter the data was analysed and interpreted in accordance with the three sections of the questionnaire: namely, the biographical data, the nurse manager's emotional intelligence, and their leadership effectiveness. The last two sections were constructed to identify whether the nurse manager is perceived as effective in leading their diverse nursing teams and whether they have the emotional competencies required to be emotionally competent. The majority of the question responses were in the agreement level which indicates that leadership is perceived to be effective and emotionally competent. A matter of concern is that in most questions a third of the respondents remained neutral or disagreed with their nurse managers being emotional competent and leading them effectively.

In the next chapter, the results, conclusions and recommendations will be discussed.

CHAPTER 5
RESULTS, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The purpose of the study was to determine whether EI can enhance the capabilities of the nurse manager within a specific context to better deal with their culturally diverse nursing teams.

While there have been empirical examinations of a managers' emotional intelligence and effective leadership, this study examined the linkages between EI and leading a culturally diverse nursing team. The linkages were conceptualised by drawing upon the EI framework of Goleman et.al (2002b:38), in which these authors argued that EI competencies of a manager could be an influential factor in predicting leadership success in a culturally diverse environment (Goleman 2004:22).

Building from this argument and the literature on EI and cultural diversity, which suggests that a managers' emotional intelligence is an influential factor in leadership success, it is evident that a managers EI Competencies has a powerful effect on those that he/she leads.

The objectives, results, conclusions, recommendations and limitations of the study will be presented in this chapter.

5.2 OBJECTIVES

The objectives of the study were to:

- Define and describe emotional intelligence
- Ascertain whether emotional intelligence competencies can assist nurse leaders in dealing with their culturally diverse subordinates more effectively.
- Determine whether nurses perceive their nurse managers' to be emotionally competent in their leadership role.

- Develop an in-service training program for nurse managers to better equip them to manage cultural diversity in the workplace.

5.3 RESULTS

The results are based on the findings of the data collected from the staff nurse respondents who work within an in-patient setting in a tertiary care facility. The results will be discussed in accordance with the three sections of the questionnaire, which were: section 1 the biographical data of the respondents; section 2 the manager's emotional intelligence competencies; section 3 leadership effectiveness. It must be noted that from the 425 questionnaires handed out, there was a return rate of 92%, with approximately 15 % of respondents staying neutral, which could be indicative of the nurses' submissiveness to authority as a result of their cultural heritage.

5.3.1 Biographical data

The biographical information sought in this section included variables such as nationality, language, highest level of nursing qualification, years of work experience and length of service at the hospital under study.

5.3.1.1 Nationality of the nurses

The nationality of the majority (187; 47.95%) of respondents was Philippine, followed by Indian nurses (103; 26.41%), and the group that is least represented is from Britain (4; 1.03%). It can thus be deduced that the general behaviours and values exhibited amongst the nursing staff of this hospital would be strongly influenced by the cultures of the Philippine and Indian nurses.

5.3.1.2 Nurses' Home Language

Almost half (178; 45.64%) of all respondents speak Tagalog, the language spoken by the Philippine respondents, followed by Urdu/Hindi/Malayalam (98; 25.13%) spoken by the Indian and Pakistani respondents, and Arabic (54; 13.85%) spoken by the

Jordanian, Syrian, Sudanese and Palestinian respondents. This illustrates the major difficulties faced by nurse managers given that the majority of the respondents' first language is not the internationally- accepted standard language of English. This could well be a contributing factor to communication errors since staff might not understand English well. However, although it poses an issue for the nurse manager, there are designated translators readily available to communicate with patients in their national language, and therefore, language differences should not be a constraint in communicating with patients.

5.3.1.3 Highest Nursing Qualification

More than half (231; 59.23%) of respondents have a Bachelor of Nursing, followed by a Diploma in Nursing (155; 39.74%) and only 4 (1.03%) of the respondents have completed their Masters in Nursing. It is encouraging to note that 235 (60.26 %) of these nurses are graduated with a Bachelor's Degree, indicating a comprehensive and sound educational background.

5.3.1.4 Years of experience as a nurse

More than a quarter (113; 28.97%) of the respondents have more than 16 years experience, followed by an almost equal number (91; 23.3% and 90; 23.08%) who had 12 to 15 and 8 to 11 years experience, respectively. The group with the least years (1 to 3 years) experience only applied to 33 (8.46%) of the respondents. It is thus evident that the vast majority (294; 75.38%) of respondents have been between eight and sixteen years experience as nurses, which is indicative of a well-established and experienced nursing staff cohort. This could, however, also imply that these well-seasoned nurses are set in their ways, finding it difficult to adjust to change and new leadership.

5.3.1.5 Length of service at the facility

Just below half (176; 45.13%) of the nurses have been employed at this hospital between 1-4 years, followed by 87 (22.31%) who have been there for 5-8 years and 52 (13.33%) with a service record of 17 years or more. It is thus evident that more

than half (214; 54.87%) of the respondents have been working at this hospital for five years or longer, which implies that they should be familiar with the facilities' policies, procedures and standards of practice.

5.3.2 Emotional Intelligence of the Nurse Manager

It was necessary to determine whether the respondents' perceive their nurse managers as emotionally competent by evaluating their self-awareness, self-management, social-awareness and relationship management competencies.

5.3.2.1 Self- Awareness

The respondents had to comment on how they perceive their nurse managers' emotional awareness, capacity as a resource expert, their self-assessment and self-confidence skills, and their willingness to allow respondents to participate in sharing their views and ideas.

5.3.2.1.1 Nurse Managers' Emotional Awareness

The majority (267; 68.46%) of respondents agreed that their managers were aware of how their emotions affect others, as opposed to 56 (14.36%) who stated that their nurse leaders were not aware of how their emotions affected others, while 67 (17.18%) of the respondents were neutral in their response. One can therefore conclude that more than two-thirds of the respondents perceive their nurse managers as being competent in emotional-awareness.

5.3.2.1.2 Nurse Managers as the Resource Expert

Three-quarters of the respondents (293; 75.13%) do perceive their nurse manager as their resource expert, followed by 52 (13.33%) of the respondents who remained neutral. As the group that disagreed applies to 45 (11.54%) of the respondents, one can conclude that the nurse manager is the primary resource they look to for expert

guidance and support.

5.3.2.1.3 Nurse Managers' Self-Assessment Abilities

The majority (275; 70.51%) of respondents felt that their nurse managers are aware of their own capabilities and limitations, followed by 73 (18.72%) respondents who remained neutral and a small number of respondents (42; 10.77%) who disagreed with this statement. As most of the respondents agreed with their nurse managers' ability to engage in accurate self-assessment, one can infer that the managers know their own strengths and limitations as this competency is the foundation for all the other EI competencies to built upon.

5.3.2.1.4 Nurse Managers Self-Confidence

More than two-thirds of the respondents (276; 70.77%) agreed that their nurse manager is self-confident, followed by 69 (17.69%) who were neutral in their response, and 48 (11.54%) respondents who disagreed. The box plot (Refer to Figure 4.8) shows that the level of confidence has a significant effect on leadership effectiveness with respect to both location and variation. A high level of confidence (strongly agree at level 5) has the highest leadership effectiveness while a low level of confidence (strongly disagree at level 1) has the lowest leadership effectiveness.

5.3.2.1.5 *Subordinates sharing their views and ideas*

Almost three-quarters (292; 74.88%) of the respondents were of the opinion that their nurse manager encouraged them to share their views and ideas, while 58 (14.87%) respondents were neutral and 40 (10.26%) respondents did not agree that they were encouraged to share their views and ideas. Allowing the exchange of mutual views is indicative of an openness and willingness of the nurse manager to involve colleagues and subordinates in matters that involve them all.

5.3.2.2 Self-Management

This section sought to understand how the respondents perceive their nurse manager's self-management skills, as lack of said skills could be a major constraint in building effective teams.

5.3.2.2.1 Nurse Managers' Emotional Self control

Almost two-thirds (234; 60.00%) of respondents commented that their nurse managers are able to control their emotions, followed by 84 (21.54%) who disagreed that their nurse manager exhibited emotional self-control, 72 (18.46%) respondents remained neutral. The box plot (Refer to Figure 4.11) shows that the level of emotional self-control has a significant effect on leadership effectiveness with respect to both location and variation. A high level of self-control (strongly agree at level 5) has the highest leadership effectiveness while a low level of self-control (strongly disagree at level 1) has the lowest leadership effectiveness.

5.3.2.2.2 Nurse Managers' honesty and integrity

The majority of the respondents (313; 80.26%) agreed that their nurse manager demonstrates honesty and integrity, followed by 51 (13.08%) of the respondents who remained neutral and 26 (6.57%) who disagreed that this was the case. In view of such a high percentage of positive responses, it is evident that the nurse managers are considered in a respectful light by their colleagues and that their behaviour is considered acceptable in terms of norms and values.

5.3.2.2.3 Adaptability of the Nurse Manager

The majority (275; 70.51%) of the respondents agreed that their nurse managers were adaptable, followed by 70 (17.95%) respondents who were neutral and 45 (11.54%) disagreed that this was true. The high positive response rate confirms the managers' compassion and willingness to participate in the individual needs of colleagues.

5.3.2.2.4 Nurse Managers' Achievement Drive

The vast majority (329; 84.36%) of respondents commented that their nurse manager are high achievers, followed by 39 (10%) who remained neutral, with 22 (5.64%) not agreeing that their nurse managers strive for improvement and excellence. It is evident from the majority (329; 84.36%) of positive responses that most of the nurse managers are perceived to excel and perform.

5.3.2.2.5 Subordinates encouraged to share ideas

More than two-thirds (316; 81.03%) of the respondents agreed that their managers encourage them to share their ideas with a view in improving care activities, followed by 48 (12.31%) respondents who were neutral and 26 (6.67%) who did not agree. As the majority of respondents gave positive responses, it is indicative that most nurse managers are perceived to encourage their subordinates to share their ideas in view to improving care activities.

5.3.2.2.6 Nurse Managers as advocate for their subordinates

Almost three-quarters (283; 72.56%) of the respondents do agree that their nurse managers advocated on their behalf, followed by 31 (7.95%) respondents who disagreed, and 76 (19.49%) who were neutral in their response. As the majority of responses were positive, this is indicative that nurse managers are perceived as being advocates for their teams.

5.3.2.2.7 Nurse Managers' Cultural Sensitive Communication

Almost two-thirds (289; 74.10%) of respondents commented that their nurse manager does communicate in a culturally sensitive manner, followed by 51 (13.08%) of respondents who disagreed, and only a small number of respondents (50; 12.82%) who remained neutral. The box plot (Refer to Figure 4.17) shows that the level of

culturally sensitive communication has a significant effect on leadership effectiveness with respect to both location and variation. A high level of culturally sensitive communication (strongly agree at level 5) has the highest leadership effectiveness, while a low level of culturally sensitive communication (strongly disagree at level 1) has the lowest leadership effectiveness.

5.3.2.2.8 Nurse Manager shares units vision and objectives with the subordinates

Almost three-quarters (280; 71.80%) of the respondents indicated that their nurse managers' vision and objectives for the unit are clear. Sixty seven (17.18%) of the respondents remained neutral and 43 (11.03%) of the respondents disagreed that the nurse managers formulated a clear vision and objectives for the unit. From the large group of positive responses (280; 71.80%), it is evident that most respondents felt that their manager is effective in formulating clear guidelines and provides direction in the process.

5.3.2.2.9 Clear objectives for subordinates

Once again, it was clear that a majority of respondents (300; 76.92%) indicated that their manager establishes clear objectives for them as subordinates, followed by 67 (17.18%) who remained neutral and only 23 (5.90%) who disagreed. One can therefore conclude that 77% (n = 300) of the respondents have clear direction and understand what is expected of them in their units. As it is accepted practice that subordinates should be involved in the setting of objectives according to which they should work, the phrasing of this question poses a problem and could have been formulated differently to specifically establish their involvement in the setting of personal work-related objectives.

5.3.2.3 *Social Awareness Skills*

Social awareness skills allows managers to pick up the social rhythm and timing of those they work with through empathy, to know the organizational culture and climate and have a service orientation towards those that they lead. Sensing what others feel without saying so captures the essence of empathy.

5.3.2.3.1 Nurse Managers take active interest in subordinate's problems

The data indicated that just more than half of the respondents (230; 58.98%) perceived that their nurse manager takes active interest in their problems, but it is important to note that approximately a quarter of the respondents (92; 23.59%) either remained neutral or disagreed (68; 27.44%). This implies that 160 (41.02%) of the respondents did not experience their nurse managers as empathetic. The box plot (Refer to Figure 4.18) shows that the level of taking active interest in subordinate's problems (empathetic skills) has a significant effect on leadership effectiveness with respect to both location and variation. A high level of taking active interest in subordinate's problems (strongly agree at level 5) has the highest leadership effectiveness, while a low level of taking active interest in subordinate's problems (strongly disagree at level 1) has the lowest leadership effectiveness.

5.3.2.3.2 Nurse Manager communicates organizational changes and developments

The vast majority (318; 81.54%) of respondents did feel that the nurse managers communicate the relevant organisational information to keep them abreast of changes and developments, followed by 50 (12.82%) who remained neutral and 22 (5.64%) who disagreed***.*** It is thus evident that 82% (n = 318) of the respondents agreed that their nurse managers communicate the relevant organisational information, which implies that they are openly sharing information to involve their teams in changes that might be required.

5.3.2.3.3 Nurse Managers Respect Cultural Differences

It is evident that almost three-quarters of the respondents (287; 73.59%) agreed that their nurse manager respects cultural differences and values individual subordinates as team members. Fifty three (13.59%) disagreed that this was so, and almost a similar number of respondents (50; 12.82 %%) remained neutral in their responses. One can therefore conclude that the majority of the respondents (287; 73.59%) feel culturally respected, and therefore, cultural diversity should not be perceived as a barrier to good working relationships.

5.3.2.3.4 Nurse Managers ability to identify teams' emotional currents

Two-thirds of the respondents (260; 66.66%) indicated that their manager has the ability to identify the teams' emotional currents, followed by 93 (23.85%) who remained neutral and 37 (8.84%) who disagreed that this was the case. Although 67% (n =260) had positive responses to their nurse manager's ability to identify and manage group dynamics that could affect team interaction, approximately a third of the respondents (160; 32.69%) did not share similar feelings. As this skill is essential for nurse managers to ensure adequate and effective team dynamics, the phrasing of this question poses a problem and could have been formulated differently to specifically determine the manager's perceived ability to establish effective team interactions, thereby managing the subordinate's emotions better in practice.

5.3.2.3.5 Subordinates being supported as patient advocates

More than half (298; 76.41%) of the respondents felt that their nurse managers encourage and support them to be independent patient advocates, followed by 69 (17.69%) who remained neutral and 23 (5.90%) who disagreed that this was the case. It is thus evident that 76% of the respondents gave positive responses concerning their nurse managers supporting and promoting them to be independent patient advocates; however, just less than a quarter (92; 23.59%) of the respondents

disagreed, which could be a possible reason why nurses revert back to inappropriate practices when nurse managers are not there to supervise them.

5.3.2.4 *Relationship Management Skills*

Relationship management is the manager's ability to manage his/her relationship with others, as this is often the reason why teams fail to perform.

5.3.2.4.1 Involving subordinates in shared governance activities

Over two-thirds (271; 69.48%) of the respondents felt that they were involved in shared governance activities, followed by 78 (20.00%) who remained neutral and 41 (10.51%) who disagreed that this was the case. Although a majority of respondents gave positive responses about being involved in the units' shared governance activities, more than a quarter (119; 30.51%) of respondents that did not concur. Therefore, this could be a possible reason for subordinates not following appropriate practices and procedures when managers are not around.

5.3.2.4.2 Nurse Managers' active listening skills

Slightly more than two-thirds (272; 69.75 %) of the respondents perceived their nurse managers as having active listening skills, followed by nearly an equal number of the respondents who either remained neutral (48; 12.31%) or disagreed (70; 17.95%). More than a quarter (118; 30.26%) of the respondents did not agree that their managers have effective listening skills, this is a possible source for breakdown in communication and subordinates feeling that their input is not valued.

5.3.2.4.3 Nurse Managers' Conflict Management skills

A majority of the respondents perceived the nurse managers to have the confrontational and negotiation skills (264; 67.69% and 256; 65.64%) required. The numbers for respondents who either disagreed (63; 16.15% and 67; 17.18%) or remained neutral (63; 16.15% and 67; 17.18%) were similar for both the questions,

respectively. Although there were a large number of positive responses (264; 67.69% and 256; 65.64%) for both questions, there is still a concern, as a quarter (130; 23.23%) responded on both questions that their managers do not manage conflict effectively. Since a manager's weakness in conflict management and negotiation skills would have a significant impact on the teams' interaction and morale, these skills require further enhancement in the nurse manager group.

5.3.2.4.4 Nurse Managers' sense of humour

Two-thirds (258; 66.16%) of the respondents agree that their nurse managers to have a sense of humour in the workplace, followed by 95 (24.36%) who remained neutral and 37 (9.48%) who did not agree that this is the case. As more than third (132; 33.84%) of the respondents did not agree, this question should have been phrased differently to determine whether or not the respondents feel that the sense of humour applied by the nurse manager was culturally appropriate within the care setting in the hospital under study.

5.3.2.4.5 Nurse Manager displays appropriate behaviour

More than two-thirds (263; 67.43 %) of the respondents perceived their nurse managers as behaving appropriately in the care setting, followed by 90 (23.08%) of the respondents who remained neutral and 37 (9.48%) who disagreed that this was the case. Since a third (127; 32.56%) of the respondents did not agree that their managers behave appropriately, one can deduce that this group of subordinates do not see their nurse manager as a role-model, which could possibly affect team interactions negatively.

5.3.2.4.6 Nurse Managers' Development of Others

It is clear that the majority (277; 71.29% and 296; 75.90%) of respondents respectively agreed with both questions, that their nurse managers create opportunities for them to grow professionally and that they provide the training and development they required. Nearly an equal number (78; 20.00% and 69; 17.69%) of the respondents either remained neutral or disagreed (34; 8.72% and 25; 6.41%) that this was the case. One

can therefore conclude from the majority of positive responses for both questions (277; 71.29% and 296; 75.90%) that most nurse managers develop their teams to reach their full potential.

5.3.2.4.7 Nurse Managers' create a culture of safety

The data demonstrates that the majority of respondents (282; 72.31%) agreed that their work environment has a culture of safety and is blame free, followed by 63 (16.15%) who remained neutral or 45 (11.52%) disagreed that this is the case. As the majority (282; 72.31%) had positive responses, this is suggestive that respondents perceive their work environment to be blame free and one in which a culture of safety is supported.

5.3.2.4.8 Nurse Managers' involve subordinates in process improvement

As indicated, the majority of respondents (297; 76.16%) agreed that their nurse managers involve them in improvement activities, followed by 60 (15.38%) respondents who remained neutral and 33 (8.46%) who disagreed that this was the case. From the majority of positive responses one can deduct that most of the subordinates are of the opinion that they are involved in patient care improvement activities.

5.3.2.4.9 Nurse Managers' supporting independent practice

It is evident that the majority of the respondents (306; 78.46%) agreed that they are supported in practicing independently. Fifty six (14.36%) respondents remained neutral and 28 (7.18%) disagreed that this was the case. It is therefore evident that most of the respondents do receive the necessary support to practice independently; however, it remains unclear as to why they revert to unsafe practices when nurse managers are not around to supervise them.

5.3.2.4.10 Nurse Managers' trusts subordinates in delivering care

The majority (340; 87.18%) of respondents felt that that their nurse manager trusts their abilities, followed by 32 (8.21%) who remained neutral and 18 (4.62%) who disagreed that this was the case. As the vast majority (340; 87.18%) of respondents gave positive responses, this is indicative of a trusting environment in which subordinates felt that they have the support to ask questions or seek help if they are not sure about something.

5.3.3. Section 3 - Leadership Effectiveness

Leadership is a complex process by which a person influences others to accomplish a mission, task or objective and directs the organization in a way that makes it more cohesive and coherent (Jooste 2000:25).

5.3.3.1. Proactive and forward thinking

Three-quarters (290; 74.36%) of the respondents agreed that their nurse managers portray proactive and forward thinking skills, followed by 65 (16.67%) who remained neutral and 35 (8.98%) who disagreed that this was the case. Given that 74% (n = 290) of the respondents had positive responses, it is evident that the nurse managers are perceived as being proactive and forward thinking.

5.3.3.2. Leading by example

Almost three-quarters (265; 75.65%) of the respondents agreed that their managers lead by example, followed by 84 (21.54%) respondents who remained neutral and 50 (12.82%) who disagreed that this was the case. As 76% (n = 265) of the respondents had positive responses, one can conclude that the nurse managers are the nurses' role models and lead them by example.

5.3.3.3. Striving for performance excellence

Greater majority (303; 77.69%) of the respondents agreed that their nurse managers strive for performance excellence, followed by 59 (15.13%) who remained neutral and 28 (7.18%) who disagreed with this statement. One can therefore conclude from the greater majority (303; 77.69%) of positive responses that nurses perceive their nurse managers as striving for performance excellence.

5.3.3.4. Follow through on commitments

The data demonstrates the greater majority (285; 73.08%) of respondents agreed that their nurse managers follow through on commitments. Seventy eight (20.00%) of the respondents remained neutral and 27 (6.92%) disagreed that this was the case. As 73% (n = 285) of respondents gave positive responses, this is indicative that nurses do feel that their nurse managers are effective in following through on commitments.

5.3.3.5. Coaching and feedback for development

More than two-thirds (275; 70.51%) of the respondents agreed that their nurse manager provides effective feedback for development, followed by 80 (20.51%) who remained neutral and 35 (8.98%) who disagreed. Since the majority (275; 70.51%) gave positive responses, one can conclude that most respondents found their nurse manager to be constructive in their feedback for development and growth purposes.

5.3.3.6 Demonstrates strong knowledge and skills

Three-quarters (294; 75.39%) of the respondents agreed that their nurse managers have strong knowledge base and skills, followed by 65 (16.67%) who remained neutral and 31 (7.95%) who disagreed with this statement. One can therefore conclude from the 75% (n = 294) of positive responses that most nurse managers are perceived as having the required knowledge and skills to serve as the resource expert and for them to fall back on for guidance and support.

5.3.3.7. Creates a positive and enjoyable work environment

As indicated, two thirds (259; 66.41%) of respondents agreed that the nurse managers create a positive work environment in which the respondents are able to perform and grow. Seventy nine (20.26%) of the respondents remained neutral and 52 (13.32%) disagreed that this was the case. Since a third (131; 33.58%) disagreed (or remained neutral) that nurse managers created a positive work environment, one can infer that this might be an area that nurse managers' can further develop to ensure that more subordinates experience a positive and enjoyable work environment.

5.3.3.8. Demonstrate self-confidence in own beliefs and ideas

It is evident that the majority (275; 70.51%) of the respondents agreed that their nurse managers demonstrate self-confidence skills, followed by 81 (20.77%) who remained neutral and 34 (8.72%) who disagreed with this statement. One can conclude from the majority (275; 70.51%) of positive responses that most nurse managers are perceived to be self confident.

5.3.3.9 Building influential relationships

As illustrated, almost two-thirds (238; 61.02%) of the respondents agreed that their managers have the skills needed to influence others, followed by 92 (23.59%) who remained neutral and 60 (15.38%) who disagreed that this was the case**.** One can therefore conclude that 61% (n= 238) of the respondents were of the opinion that their nurse managers have the skills required to build and influence relationships, however it is still a concern that 38.97% responded negatively to this question.

5.3.3.10. Challenging their imagination

More than half of the respondents (229; 58.72%) agreed that their manager demonstrated the ability to challenge their imagination, followed by 87 (22.31%) who remained neutral and 74 (18.98%) who disagreed. Although 59% (n= 229) of the respondents had positive responses about their nurse managers' ability to challenge their imagination, approximately 41% (n = 161) of the respondents did not agree or remained neutral on their managers ability to challenge their imagination. This is

therefore indicative that more can be done by managers' to stimulate the nurses' imagination.

5.3.3.11. Effective Communication Skills

The majority of the respondents (259; 66.41%) perceived their nurse managers as effective communicators, followed by 73 (18.72%) who disagreed and 58 (14.87%) of the respondents who remained neutral. It is evident that 34% (n = 131) of the subordinates perceive their nurse manager to lack communication skills, which affects group interactions and functioning.

5.3.3.12. Fair and just in their actions

Two-third of the respondents (261; 66.92%) agreed that their nurse managers are fair and just in their actions, followed by 72 (18.46%) who remained neutral and 57 (14.61%) who disagreed*.* It is therefore indicative from the 67% (n= 261) of positive responses that the nurse managers are viewed as fair and just in their actions. It is disconcerting that 129 (33.07%) did not agree that their nurse manager was fair and just in their actions, and therefore an area for nurse managers to improve on.

5.4 CONCLUSIONS

The following general conclusions are drawn from the preceding results. The majority of the question responses were in agreement, indicating that leadership is perceived as being effective and emotionally competent. It was evident from the results that a third of the respondents remained neutral or disagreed with their nurse manager being emotionally competent or leading them effectively.

5.4.1 Biographical information

- The majority of the respondents were nurses from the Philippines, followed by Indian nurses, and the group that is least represented are from Britain.
- The languages spoken were Tagalog (by the Philippine respondents), followed by Urdu/Hindi/Malayalam (spoken by the Indian and Pakistani respondents), and Arabic (spoken by the Jordanian, Syrian, Sudanese and Palestinian

respondents). This illustrate the major difficulties faced by nurse managers as the majority of the respondents' first language is not the Internationally accepted language which could well be the contributing factor to communication errors as staff might not understand English well.

- Two-thirds of the respondents were in the possession of a Bachelor's Degree.
- The majority of the respondents have between eight and sixteen years experience as nurses.
- More than half of the respondents have been working at this hospital for five years or longer.

5.4.2 Emotional Intelligence of the Nurse Leader

According to Romanelli et.al (2006:2), common criticism of EI and EI measures are the huge number of qualities encompassed by the concept and it's loosely defined nature.

In view of '**self-awareness'** as the first component of emotional intelligence, the respondents indicated that their nurse managers were:

- Competent in emotional awareness
- Considered their resource expert
- Able to self-assess themselves accurately
- Self-confident
- Encouraging the subordinates to share their views and ideas

'**Self-Management'** is the second component of emotional intelligence. According to Gardner and Stough (2001:77) leaders need be able to manage positive and negative emotions in themselves and their subordinates. A nurse manager needs to maintain a positive appearance to subordinates in order to instil feelings of security, trust and satisfaction and thus to maintain an effective team (Gardner & Stough 2001:68). According to Romanelli et.al (2006:4) the mean Perceived Stress Scores (PSS) -10 were inversely related to EI scores. These authors continue that high EI scores were more likely to adopt reflection and appraisal and social and interpersonal methods of

coping (Romanelli et.al 2006:4). It was evident from the results that the respondents perceive their nurse managers to be:

- Able to control their emotions
- Honest and had integrity
- Adaptable and willing to address individual needs
- High achievers
- Willing to allow subordinates to share their views of service delivery
- Advocates for them as subordinates
- Able to communicate in a culturally sensitive manner
- Willing to share their unit's vision and objectives with their subordinates
- Able to establish clear objectives for their subordinates

The third component of emotional intelligence is **'social awareness skills'.** Gardner and Stough (2001:68) state that nurse managers that demonstrate transformational leadership skills increase the confidence of their subordinates thereby creating an empowered rather than a dependant work force. Romanelli et.al (2006:1) states the importance of empathy, social maturity and self-awareness as very essential components caring for patients and employees. A positive relationship between EI scores above and beyond general intelligence was demonstrated at $p<0.01$ (Romanelli et.al 2006:3). According to the respondents their nurse managers:

- Takes interest in their subordinates problems
- Communicates organisational changes and developments to their subordinates
- Respects their cultural values
- Were able to identify the team's emotional currents
- Supported the subordinates to become independent

The fourth component of emotional intelligence refers to **'relationship management skills'**. In this regard, the respondents indicated that their nurse managers:

- Involve subordinates in shared governance activities
- Have active listening skills
- Use confrontational and negotiation skills in conflict management
- Exhibit a sense of humour in their daily interactions

- Discuss their (subordinates) training and developmental needs with them
- Create a blame free and safe culture within the work environment
- Involve the subordinates in improvement initiatives in the unit
- Support them in working as an independent practitioners within their scope of practice
- Trusts them to provide patient care without constant supervision and interference

5.4.3 Leadership Effectiveness

According to Gardner and Stough (2001:69) transformational leadership can be associated with higher levels of subordinates' effort and performances and greater effectiveness from the nurse managers. In view the subordinate's perception of leadership effectiveness, the respondents indicated that their nurse managers are:

- Proactive and forward thinking
- Lead them by example
- Strive for performance excellence
- Follows through on commitments
- Provide the coaching and development required to progress
- Demonstrates a strong knowledge base and skills and is considered the resource expert for the subordinates
- Creates a positive and enjoyable work environment
- Self-confident in own beliefs and ideas
- Builds influential relationships to improve interactions and group interactions
- Challenges the subordinates imagination
- Uses effective communication skills
- Are fair and just in their interactions

5.5 RECOMMENDATIONS

The findings of this study indicate that the majority of the respondents (staff nurses) were of the opinion that their nurse managers demonstrate emotional intelligence in their interactions with the subordinates. They further indicated that their nurse

managers are effective in their leadership role. However, in the clinical field, several factors inhibit safe patient care and good management practices.

The cultural diversity among staff within this specific health care facility is responsible for many of the challenges faced by the nurse managers in their quest to provide safe and culturally congruent care. Nearly a quarter (118; 30.26%) of the respondents did not agree that their nurse manager had effective listening skills and therefore could be a source of break down in communication and subordinates feeling that their input is not valued. Although these nurses are being empowered and supported in order to improve their knowledge and skills, this is still not evident in practice today. Some nurses frequently revert to inappropriate practices (e.g. failing to identify patient before medication is administered), which lead to mistakes and conflict situations when nursing leadership is not around to supervise them. Although the majority (259; 66%) had positive responses with regards to their nurse managers communication skills there were still 24% (n= 131) respondents that perceived their nurse manager to lack this. Language is one of the issues that constitute a cultural constraint for both the patients/clients and for the nurse managers and therefore an area that needs to be developed further.

To address the issues emanating from the cultural diverse workforce, the following recommendations are made that can be facilitated by means of in-service training and developing appropriate guidelines:

- In view of providing culturally congruent care, it is recommended that guidelines be developed for the care needs of patients from different cultures. It is advisable that these guidelines be developed by a group of nurses who belong to the specific cultural group. Care needs, related to the following should at least be covered:
  - Religion
  - Food and meals
  - Medication and treatment
  - Privacy
  - Interaction between males and females

- Health care practices

- Although the majority of respondents had positive responses about their nurse managers addressing their training and development needs and have a clear professional growth pathway established (277; 71.29% and 296; 75.90%), a quarter (112; 28.72% and 94; 24.1%) disagreed that this was the case. It is important to improve the knowledge and skills of nurses working in this facility with regards to the foundations of nursing practice, and their ability to make judgements and think critically in view of their actions in order to avoid mistakes and errors. It is therefore recommended that consultation be sought with one of the educational institutions in the UAE, to assist nursing leadership in addressing these issues and develop an appropriate training programme.
- It is recommended that all nurses be evaluated on their English proficiency by requesting them to sit the International English Language Testing System (IELTS) to determine the extent of the nurses' language problems and to then recommend that English language training be facilitated for those who are unable to converse professionally in English.
- Romanelli et.al (2004:3) concludes that many studies have shown that EI training in Management Courses, does significantly increase pre-versus post Emotional Intelligence scores ($p<0.001$). An in-service training programme is recommended for all nurse managers to address those EI Competencies that affect team interaction and performance. A course outline is provided in Appendix E

5.6 RECOMMENDATIONS FOR ADDITIONAL RESEARCH

Further related research on the following topics is suggested:

- Building self-confidence and self-control skills among nurse managers.
- The empowerment of culturally diverse nurses by means of emotional intelligence.
- The role of Emotional Intelligence in enhancing nursing team performance and service excellence.
- Emotional Intelligence in a 'Magnet-Accredited' facility.

Better understanding of the above areas could contribute to the development of leadership skills of nurse managers and more effective nursing teams in a culturally diverse work environment.

5.7 LIMITATIONS OF THE STUDY

A number of limitations affected the outcomes of this study. There were more than a third of respondents who remained neutral. Unfortunately, this lack of response excluded their views on the nurse managers' EI Competencies.

Amongst the limitations encountered in the study was the use of the Master Staffing Rota (MSR) in deciding on the systematic random sampling method. In retrospect, the MSR was not appropriate as this document changed frequently due to resignations and new staff being recruited; thus, it was difficult to remain with the sampling pattern of choosing every second nurse.

The phrasing of the question concerning subordinates' involvement in setting objectives towards which they work, which is accepted practice, was not well phrased and could have been formulated differently to establish their involvement in setting personal work-related objectives, specifically.

As it is required that nurse managers ensure adequate and effective team dynamics, the phrasing of the question on this topic posed a problem and could have been formulated differently to establish the manager's ability to establish effective team interactions, thereby managing the subordinates' emotions better in practice.

The question on sense of humour in the workplace should have been phrased differently to determine whether the respondents feel that a sense of humour was applied culturally appropriate within the care setting in the hospital under study.

There were three questions that addressed the concept of the nurse as an independent practitioner, involved in process improvement, and a patient advocate. These questions did not yield information as to whether these three nursing roles could be related to the nurses not performing and excelling and should have been phrased differently.

The fact that this study was done by means of distance education and not campus-based tuition made contact with the supervisor somewhat challenging.

5.8 CONCLUSION

The purpose of this study was to determine whether emotional intelligence can enhance the capabilities of nurse managers within a specific context to better deal with their culturally diverse teams, and if so, to make appropriate recommendations for an appropriate in-service training programme for them.

A quantitative approach was applied, using an exploratory and descriptive design, utilising a self-developed questionnaire in order to collect data from 425 staff nurses from the twenty four in-patient departments of a hospital in the United Arab Emirates.

The results indicate that a significant relationship exists between the nurse manager's self-confidence, self-control, empathetic skills and culture -sensitive communication and effective leadership. The majority of the responses were on the agreement side of the scale, which indicates that leadership is perceived to be effective and emotionally competent.

Romanelli et al. (2006:5) described in their article that providing training on EI does have positive results on a leader's performance. It is therefore required for the second objective of this study that an in-service training programme to be developed, if so needed. Based on a significant number of responses indicating that nurse managers were not perceived as Emotionally Competent by their staff nurses the researcher developed a training programme to aid the nurse managers to overcome the obstacles

in becoming Emotionally Competent in order to lead their diverse nursing teams effectively.

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APPENDIX A

RESEARCH COMMITTEE APPLICATION

The Principal Investigator must have a HOSPITAL Appointment

1. Principal Investigator
   Surname: **Haskins**

   Given Name(s): **Helena Elizabeth Maria**
   UNISA Student Number: 32800843

   SKMC Department: **Patient Care Services**
   SKMC Division (if applicable): **Nursing Administration**
   Phone Number: **050 8265226**
   Fax Number: **026104531**
   E-Mail Address: **llmav@emirates.net.ae**

2. Project Period (YY-MM-DD): From: **07/01/01** To: **08/12/31 (Part of Masters Program)**

3. Indicate the Institutions where the Research will be Carried Out: **RESEARCHERS FACILITY OF EMPLOYMENT**

4. Title of Project: **Role that Emotional Intelligence Competencies play in leading a diverse nursing team effectively**

5. Agency / Source of Funds : ☐ Internal ☐ External
   Funds Administered by: **N/A**
   SKMC or Hospital Account Number: **N/A**
   Agency Grant / Clinical Trial Number: **N/A**
   Status : ☐ Awarded ☐ Pending
   Peer Review : ☐ Yes ☐ No
   Start Date (YY-MM-DD) Finish Date (YY-MM-DD)

All Information Requested in this Form must be Typewritten in the Space Provided.
(Limited Additional Space is Available in Item 35).

6. Summary of Purpose and Objectives of Project – Please state clearly the rationale and the hypothesis to be tested. (Continued on next page).

The aim of this research study is to:

- **Ascertain whether emotional intelligence competencies can assist the nurse leaders in dealing with their culturally diverse subordinates more effectively**
- **Determine whether nurses perceive their nurse managers' to be emotionally competent in their leadership role**
- **Develop an in-service training program for patient care managers to better equip them for managing cultural diversity in the workplace**

7. Principal Investigator: **H. E.M. Haskins**	8. Department Head:
_____ Signature Date:	_____ Signature Name: **Diane Presley** Date:

8. Summary of Purpose and Objectives of Project (Continued):

9. Co-Investigators and Students

Surname: **N/A** Given Name(s): SKMC Department / Division :
Surname: Given Name (s): SKMC Department / Division :
Surname: Given Name (s): SKMC Department / Division :
Surname: Given Name (s): SKMC Department / Division :

Description of Population

10. How many subjects will be used? **425 staff nurses will be selected though systematic sampling approach**
How many normal subjects? **N/A**
Is this a multicentre trial? ☐ Yes ☒ No

11. Who is being recruited and what are the criteria for their selection?

All nurses go through a credentialing process before employment, and nurses therefore must meet the Personnel Qualifications & Requirements from Health Authority UAE (which states that nurses must have either a Diploma of Nursing of not less than 3 years in duration or a Bachelors in Nursing) to be eligible to participate in this study. The Nursing Population, according to the December 2007 Hospital Master Staffing Rota is 1150 Registered Nurses (250 Charge Nurses, 850 Staff Nurses, and 50 Graduate Nurse Trainees).

Although Slovin's formula predicted a total of 276 SN to be included in the sample the researcher will select every second SN that is on the Master Staffing Rota for March 2008. The researcher aims to use 425 Staff Nurses from the twenty-four in-patient areas. The researcher will use a systematic sampling process by selecting every second staff nurse that is on the Manpower Staffing Rota to ensure that everyone is provided with equal opportunity to participate in the survey. The researcher anticipates that approximately fifty percent of the questionnaires will be returned for analysis, which should provide sufficient data to validate what their view is on their leaders' EI competencies and its effect on leading them as a diverse team to performance excellence.

12. What subjects will be excluded from participation?

Those participants not willing to participate

13. How are the subjects being recruited? If initial contact is by letter or if a recruitment notice is to be posted, attach a copy.

The EI questionnaire will be distributed to every second SN that is on the Master Staffing Rota for March 2008 available at the organization. The researcher proposes a month period for the SN to return their completed questionnaire before starting the data analysis.

14. If normals are involved, and if their selection and/or recruitment differs from the above, provide details:

N/A

Description of Methodology and Procedures (Must be written in the space provided)

15. Summary of Methodology and Procedures. Include details of any specific manipulations : type, quantity, and route of administration of drugs and radiation; operations; tests; use of medical devices that are prototype or altered from those in clinical use; interview or questionnaires.

A quantitative, contextual, non-experimental and exploratory paradigm was chosen to study the relationship between emotional intelligence and leading a diverse team. As emotions are an authentic component of everyday work life, the Nurse leaders Emotional Intelligence (EI) Competencies should be an influential factor to predict leadership success. By using a critical deductive approach, empirical evidence can be obtained from the nurses to explore the 'effect their leaders' EI Competencies' have on their performance excellence

Recruiting

See point 11

Privacy

Participation in this study is voluntary, and the participants may choose to withdraw or choose not to disclose information at any time without fear of recrimination. Participants are assured that all information and identities will be kept confidential. Materials will be stored safely for the required time and only made available to the researcher's supervisor: Professor M. C Bezuidenhout of UNISA.

Does the study involve the withdrawal of blood or other body fluids ? ☐ Yes ☒ **No**
Will you be using radiation? ☐ Yes ☒ **No**

16. Where will the project be conducted (room or area)?

On Patient Care Units during staff meetings

17. Who will actually conduct the study? H.E.M. Haskins

If the procedures described above are limited to any of the following, please check the appropriate boxes and skip to item 26 of this form. If this is the case, only the original copy of the request for ethical review form need be submitted. Consent is notrequired in studies that are limited to chart reviews or the use of archival or autopsy material. However, if the study requires the continued use of tissue (e.g. fetal transplantation, cell line propagation, organ culture), consent is required. In all other cases, consent is required.

Withdrawal of blood. **N/A**

Examination of medical records and / or recorded data. **N/A**
Use of specimens acquired non-invasively or of materials normally discarded. **N/A**

18. What is known about the risk and benefits of the proposed research? Do you have additional opinions on this issue?

In my opinion there are no risks and only benefits.

19. What discomfort or incapacity are the subjects likely to endure as a result of the experimental procedures?

N/A

20. Provide details of any known side effects which may result from the experimental treatment.

N/A

21. What procedures in this project involve an experimental approach in that there may be optional procedures or treatment dictated by the protocol rather than those required for standard patient care?

N/A

22. What provisions are made to break the code of a double-blind study? Who has the code?

N/A

23. If monetary compensation is to be offered to the subjects, provide amounts and payment schedules.

N/A

24. How much time will a subject have to dedicate to the project beyond that needed for treatment?

The questionnaire will take approximately 30 minutes of the staff nurses time

25. How much time will a normal volunteer (if any) have to dedicate to the project? **N/A**

D Data

26. Who will have access to the data? **Only the researcher and her Principal Supervisor at the University**

27. How will confidentiality of the data be maintained?

Participation in this study is voluntary, and the participants may choose to withdraw or choose not to disclose information at any time without fear of recrimination. Participants are assured that all information and identities will be kept confidential. The survey questionnaire will not include any information that will expose someone's identity. The recording materials will be stored safely for the required time and only made available to the research supervisor: Professor M. C Bezuidenhout of UNISA.

28. What are the plans for future use of the data (beyond that described in this protocol)?

The researcher feels that by conducting this study she will be able to provide the scientific evidence that is needed to:

- **Illustrate the importance of combining leadership skills and emotional intelligence competencies for leadership effectiveness.**
- **Guide future nurse leaders in developing their emotional intelligence competency skills to lead their diverse nursing team.**

29. It is the committee policy that no information that may identify an individual be released. What steps are being taken to ensure that this is the case? See the instructions at the beginning of this form.

Please see the Staff Information Sheet as in Appendix C and as documented in prior statements above.

Informed Consent

30. Will the group of subjects have any problems giving informed consent on their own behalf? Consider physical or mental condition, age, language, and other barriers. **None**

31. If the subjects are not competent to give fully informed consent, who will consent on their behalf? **N/A**

32. Who will obtain consent? **Completion of the questionnaire and returning it to the Nursing office implies consent**

Consent Forms

33. SKMC policy requires written consent in all cases. Please check each item in the following list before submission of this form to ensure that the written consent form attached contains all necessary items. All of this information must be included in the consent form and not fragmented into information sheets.

Consent forms must be prepared on institutional letterhead or a facsimile.

Title of Project

Identification of investigations and the name and telephone number of a contact person.

A contact telephone number for emergencies that operates 24 hours a day.

A brief but complete description in lay language of the purpose of the experiment and of all experimental procedures,

Assignments, placebo, double blind studies, etc. must be explained in lay language).

A brief explanation of why they have been invited to participate in the study and a description of what subjects must be excluded from the study to allow the patient to self-select out of the study.

A statement of all known side effects with an estimate of the probability of their occurrences.

Assurance that the identity of the subject will be kept confidential and a description of how this will be accomplished.

A statement of the total amount of time that will be required of a subject beyond that needed for treatment.

Details of monetary compensation, if any, to be offered to subjects.

An offer to answer any inquiries concerning the procedures to ensure that they are fully understood by the subject.

An unambiguous statement that the subject may decline to enter, or withdraw, from the experiment at any time without any consequences to continuing medical care.

A statement acknowledging receipt of a copy of the consent form including all attachments.

A statement that the subject is consenting to participate (by signing).

The signature of the subject consenting to participate in the research project, investigations, or study.

Signature of a witness and a place for the date of signature. The witness should not be a member of the research team.

Signature of interpreter.

Attachments

34. Check the items that are attached to this submission if applicable. Incomplete submissions will not be reviewed.

- ❑ Letter of initial contact (item 13)
- ❑ Advertisement for volunteer subjects (item 14)
- ❑ Subject consent form (item 33)
- ❑ Normal subject consent form (if different from above)
- ❑ Questionnaires, tests, interviews, etc.
- ❑ Other – specify :

Note that attachments should be restricted to the above. Additional material provided (including one copy of pharmaceutical Company protocols) will be added to the office file but will not be distributed to the review committee. Do not include fourteen copies of pharmaceutical company protocols.

Additional Information

35. Use this space to provide information which you feel will be helpful to the Research Committee or to continue any item for which sufficient space was not available.

APPENDIX B

APPROVAL MEDICAL RESEARCH AND ETHICS COMMITTEE

APPENDIX C

UNIVERSITY OF SOUTH AFRICA (UNISA)

RESEARCH PROJECT

THE ROLE OF EMOTIONAL INTELLIGENCE IN LEADING A DIVERSE NURSING TEAM

INFORMATION FOR PARTICIPANTS

The purpose of this study is to determine whether emotional intelligence can enhance the capabilities of nurse leaders within a specific context to better deal with their culturally diverse teams, and if so, to make appropriate recommendations for an appropriate in-service training programme.

The researcher would like to request your participation in the data collection process by asking you to complete a questionnaire in this regard.

The completion of the questionnaire will be done anonymously as your names will not appear on the documents and there will be a sealed box situated in the different nursing department for you to place them after completion.

Participation in this study is voluntary, and you may choose to withdraw or choose not to disclose information at any time without fear of recrimination. Participants are assured that all information will be kept confidential. Materials will be stored safely for the required time and only made available to the research supervisor: Professor M. C Bezuidenhout of UNISA.

Completing the questionnaire will be an indication of consent to participate in the study as well as to acknowledge that you have received information about the research project and have volunteered to participate.

Thank you for your participation.

Linda Haskins

APPENDIX D

Survey Number: _____

NURSES QUESTIONNAIRE

RESEARCH PROJECT

THE ROLE OF EMOTIONAL INTELLIGENCE IN LEADING A DIVERSE NURSING TEAM

TEAM

Completing this questionnaire indicates consent to participate in this study, and acknowledge that you have read the outline of the study in the information sheet.

SECTION 1:

Please select the appropriate answer to the various questions and mark your response circulating the field that represents you as an individual in the answer column.

Question 1: What is your original nationality?

Column for Official use

Question1	Nationality	Answer			
1.1	Jordanian	1			
1.2	Palestinian	2			
1.3	Australian	3			
1.4	Somalian	4			
1.5	Filipino	5			
1.6	Indian	6			
1.7	Pakistani	7			
1.8	British (English/ Scottish/ Irish)	8			
1.9	South African	9			
1.10	German	10			
1.11	Malaysian	11			
1.12	Other	12			1

Question 2: What is your primary language spoken in your home?

Question2	Language	Answer			
2.1	Arabic	1			
2.2	English	2			
2.3	Afrikaans	3			
2.4	Xhosa/ Zulu	4			
2.5	Malaya	5			
2.6	Tagalog	6			
2.7	Urdu/Hindi/Malayalam	7			
2.8	French	8			
2.9	German	9			
2.10	Other	10			2

Question 3: What is the highest Nursing Qualification you have obtained?

Question3	Nursing Qualification	Answer		
3.1	Diploma of Nursing	1		
3.2	Bachelor of Nursing	2		
3.3	Master of Nursing	3		3

Question 4: Please indicate your length of time working as an Staff Nurse/Registered Nurse

Question4	Years Registered Professional	Answer		
4.1	1 - 3 years	1		
4.2	4 - 7 years	2		
4.3	8 - 11 years	3		
4.4	12 - 15 years	4		
4.5	16 + years	5		4

Question 5: Please indicate your total length of service at SKMC (including MOH years for merging staff)

Question5	Employment History	Answer		
5.1	1 - 4 years	1		
5.2	5 - 8 years	2		
5.3	9 -12 years	3		
5.4	13 -16 years	4		
5.5	17 + years	5		5

SECTION 2:

Carefully consider the statements below, and then circle the appropriate number that corresponds with your view about your leader's emotional intelligence leadership skills. Only one number should be chosen for each statement, and all the questions must be answered please. The leader in this survey refers to your Nurse Manager of your unit.

5 = strongly agree 4 = agree 3 = neutral 2 = disagree 1 = strongly disagree

A. PERSONAL COMPETENCE	**Answer**		
1. Leaders Self- Awareness Skills			
1.1 The leader is aware of his/her emotions and how it affects me	5 4 3 2 1		6
1.2 The leader is our resource expert to whom we can go to for assistance.	5 4 3 2 1		7
1.3 The leader is aware of his/her own limitations	5 4 3 2 1		8
1.4 The leaders self-confidence supports effectiveness in advocating the success of our unit	5 4 3 2 1		9
1.5 The leader encourages us to share our views and ideas	5 4 3 2 1		10
2. Leaders Self-Management Skills			
2.1. Although I sometimes place the leader in situations that make him/her angry he/she is able to control his/her emotions and impulses without outbursts	5 4 3 2 1		11
2.2. My leader is someone who instils and demonstrates honesty and integrity.	5 4 3 2 1		12
2.3. My leader is adaptable and flexible to my needs even in the face of many challenges	5 4 3 2 1		13
2.4. I see the leader as someone who is constantly striving to improve and move us as a team forward towards nursing excellence	5 4 3 2 1		14
2.5. My leader encourages us to participate and share our ideas to improve the care delivered	5 4 3 2 1		15
2.6. We know that our leader is an advocate for us no matter how difficult it might be to obtain positive outcomes	5 4 3 2 1		16
2.7. My leader communicates with me in a culturally appropriate manner that makes me feel comfortable	5 4 3 2 1		17
2.8. My leader's vision and objectives for our unit is clear to me in order for me to understand what is expected of me	5 4 3 2 1		18
2.9. My leader establishes clear objectives for me	5 4 3 2 1		19
B. SOCIAL COMPETENCIES			
3. Social Awareness Skills			
3.1. My leader is able to detect and takes active interest in my problem/s	5 4 3 2 1		20

3.2. My leader makes me aware of developments and changes in the organization	5 4 3 2 1		21
3.3. My leader is aware of our cultural differences and respects and values me as a member of his/her team	5 4 3 2 1		22
3.4. My leader is able to identify our team's emotional currents and is aware of our unit's 'politics'	5 4 3 2 1		23
3.5. My leader supports and promotes me as a patient advocate	5 4 3 2 1		24
4. Leaders Relationship Management Skills			
4.1. My leader involves me in our Shared Governance Team's care improvement activities	5 4 3 2 1		25
4.2. My leader's approach and body language tells me that he/she has active listening skills	5 4 3 2 1		26
4.3. My leader avoids confronting me in front of other team members	5 4 3 2 1		27
4.4. My leader has a sense of humour which allows me to feel comfortable	5 4 3 2 1		28
4.5. My leader's behaviour makes us feel proud of him/her being a member of our team	5 4 3 2 1		29
4.6. My leader uses a respectful manner when there is a disagreement and resolves issues through negotiation	5 4 3 2 1		30
4.7. My leader discusses my training and or development and motivates me	5 4 3 2 1		31
4.8. My leader encourages me to take on more activities as part of my professional growth and development pathway	5 4 3 2 1		32
4.9 My leader has created a culture of safety and a blame free work environment	5 4 3 2 1		33
4.10 My leader has involved me in the improvement initiatives of our unit	5 4 3 2 1		34
4.11. My leader supports me to work within my scope of practice and be an independent practitioner	5 4 3 2 1		35
4.12. My leader trusts me to provide patient care without constant supervision and interference	5 4 3 2 1		36

SECTION 3:

Carefully consider the statements below, and then circle the appropriate number that corresponds with your view about your leader's effectiveness. Only one number should be chosen for each statement, and all the questions must be answered please. The leader in this survey refers to your Nurse Manager of your unit.

5 = strongly agree 4 = agree 3 = neutral 2 = disagree 1 = strongly disagree

5. Leadership Effectiveness	**Answer**		
5.1 My leader is proactive and forward thinking	5 4 3 2 1		37
5.2 My leader leads by example	5 4 3 2 1		38
5.3 My leader strives for performance excellence	5 4 3 2 1		39
5.4 My leader follows through on commitments	5 4 3 2 1		40
5.5 My leader provides coaching and feedback to develop me	5 4 3 2 1		41
5.6 My leader demonstrates strong knowledge and perspectives	5 4 3 2 1		42
5.7 My leader creates a positive / enjoyable work environment	5 4 3 2 1		43
5.8 My leader demonstrates self-confidence in defending his/her beliefs, ideas, and employees	5 4 3 2 1		44
5.9 My leader breaks down barriers and develops influential relationships across our team	5 4 3 2 1		45
5.10 My leader challenges my imagination	5 4 3 2 1		46
5.11 My leader communicates in an open and sensitive manner	5 4 3 2 1		47
5.12 My leader is fair and just in her actions	5 4 3 2 1		48

Questions developed by researcher on the EMOTIONAL INTELLIGENCE FRAMEWORK (Source Goleman, Boyatzis & McKee 2002, used with authorization Harvard Business Press)

Thanks for participating, please place in sealed box outside nursing administration office by no later than 30th July 2008.

APPENDIX E

In-service Training Program

TO ENHANCE THE NURSE MANAGERS EMOTIONAL INTELLIGENCE COMPETENCIES IN ORDER TO LEAD THEIR CULTURALLY DIVERSE NURSING TEAM

Course Rationale:

Managing people effectively has always been more like an art than a science, and how you manage has always been the number one factor influencing the performance of teams and employees. This is why understanding your own motivators and concerns but also those of others is what it takes to develop the EI Competencies required to effectively lead diverse nursing teams.

In an increasingly complex and demanding working environment, pressure and stress build up and can result in unwanted incidents, which often hinder the efforts made to motivate employees to perform to their best and encourage a positive working environment. This is where effective people skills make an enormous difference and the effectiveness of management is tested.

Conflict resolution, empathy and the ability to relate appropriately to team members is priceless when trying to develop a positive working culture that thrives on high levels of motivation and morale, and makes work more enjoyable for everyone.

Course Participants

- Nurse Managers
- Assistant Director of Nursing

Learning Methods:

- Presentations
- Group Discussions
- Practical Exercises
- Individual Questionnaires

Course Methodology

A 3-day training schedule will be planned to facilitate this learning process covering the EI Competencies. This course will be interactive using live, relevant examples to increase the nurse manager's knowledge and develop their skills. Current case studies will demonstrate what is happening within the healthcare environment. Video clips will be used to stimulate discussion and group sessions on effective leadership.

Course objectives

After completion of this training the Nurse Managers should be able to:

- Understand what makes people who they are
- Use Emotional Intelligence to build instant rapport and understanding
- Use own passion, motivation and achievement drive to influence their unit's success
- Use EI to Control Emotions
- Use cultural communication for commitment
- Identify skills to make positive first impressions
- Develop dynamic teams
- Improve team performance through feedback
- Coach and mentor for improved performance
- Manage conflict and develop skills to better deal with difficult people and situations
- Create a "No Blame" culture which encourages people to take risks

Evaluations

- Course content and instructor presentation skills
- Competency standards on Conflict Management, Cultural appropriate communication, emotional self-awareness and self-control
- Re-survey of the SN to determine whether they feel that those skills they have identified as weak has improved among the nurse managers that needs to lead them effectively.

APPENDIX F

PERMISSION LETTER PUBLISHER

From: **H. E. M. Haskins** (Director of Nursing)
P.O. Box 55174
U. A. E
llmav@emirates.net.ae
13 January 2008

Permission Editor
Harvard Business School Publishing.
Boston

Dear Publisher,

I am writing to request permission to use the Emotional Intelligence Framework from D. Goleman, R. Boyatzis and A. McKee in my questionnaire for the research study as illustrated on page 39 of their book *Primal Leadership*. This study is conducted as part of the dissertation requirements for my Masters in Health Care Management Degree through the University of South Africa (UNISA).

The study addresses the *Role that EI Competencies plays in leading a diverse nursing team effectively*. The aim of the study is to:

- Ascertain whether emotional intelligence competencies can assist nurse leaders in dealing with their culturally diverse subordinates more effectively.
- Develop an in-service training program for patient care managers to better equip them for managing cultural diversity in the workplace.

The researcher aims to use a systematic sampling process and the will focus on the Staff Nurses from the twenty-four in-patient areas as they represent the largest category of the nursing population.

I also agree to send the authors further details relating to the trust worthiness and reliability of my research in using this EI Framework.

Sincerely,

H.E.M. Haskins
Student Number UNISA: 3280 084 3
Title: Director of Nursing

APPENDIX G

DATA ANALYSIS