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Leading with emotional intelligence in perioperative nursing: An integrative review

Abstract

Background: Emotional intelligence has increasingly become synonymous with effective leaders within successful organisations. The perioperative environment is a complex setting within an organisation that requires nurse leaders to possess self-awareness that allows them to understand and control their emotions while using this insight to benefit others. Perioperative nurse leaders can use their emotional intelligence to manage conflict, negotiate between multidisciplinary team members, motivate staff to provide high level safe patient care and promote a positive work culture that can increase staff retention.

Review methods: A literature search of databases of CINAHL, Pubmed, Medline and Scopus was conducted to extract qualitative, quantitative and mixed method studies published between 2016 and 2022. Whittmore and Knafl's method for integrative reviews and the preferred reporting items for systematic reviews (PRISMA) guidelines were followed. Papers were reviewed and assessed using critical appraisal tools from the Johanna Briggs Institute ensuring only quality scholarly literature was included in this review.

Findings: Peer-reviewed, scholarly literature was identified from database screening (n=797). Following the removal of duplicate papers, abstract and title screening and individual critiquing of articles, a final 16 papers were considered suitable to include in this review. Five themes emerged, namely self-awareness, self-regulation, motivation, empathy and social skills.

Conclusion: Emotional intelligence in perioperative nurse leaders is essential to ensure a productive, engaged and satisfied workforce. Emotional intelligence is associated with positive outcomes in retention of staff and job satisfaction; therefore, it is important that perioperative nurses not only understand the vital role emotional intelligence can play in nurse leadership but also learn emotional intelligence so this essential skill set is present in nursing leaders of the future.

Due to the scarcity of research, further investigation is warranted into emotional intelligence in the perioperative workforce and specific educational interventions that would be suited to the perioperative environment.

Keywords: perioperative nursing, emotional intelligence, leadership, transformational leadership, resilience

Introduction

Perioperative nursing was the first nursing speciality, born from the need for nurses to assist surgeons during surgery, and has continued to develop and reflect the ever-changing nature of global health care.¹ As a result of increasing

health care costs, a growing and ageing population and continual technological advances, the perioperative nursing role has continued to adapt and evolve.² Contemporary perioperative nursing practice should be underpinned by evidence-based research to provide safe patient outcomes³ and,

increasingly, nurses are recognising the value of continuing education to improving individual practice.³ Perioperative nurses must be proficient in aseptic technique, principles of sterilisation, the use of relevant technology and situational awareness regarding patient safety.⁴ Perioperative nurse leaders must develop additional essential skills and abilities, including emotional intelligence (EI), to be effective leaders in the current perioperative setting.⁵ Current research suggests that EI is vital for effective change management, conflict resolution and implementation of clinical standards that promote patient safety.^{6,7}

Emotional intelligence has five aspects or traits – self-awareness, self-reflection, internal motivation, empathy and social awareness.^{8,9} These traits are essential to successful leadership in one's personal and professional life as they guide thinking, feeling, decision-making, learning and problem solving.¹⁰ EI is the ability to regulate one's own emotions as well as understanding the emotions of others, and use this information to inform critical decision making.¹¹ EI is essential to successful nurse leadership for the delivery of holistic patient care.⁵ The perioperative nurse leader must be proficient in clinical expertise, administration, negotiation and managing human and material resources.^{5,12} An effective nurse leader also uses self-awareness and reflection to manage stress while demonstrating the ability to understand others' needs and lead others through turbulent situations.¹³

Despite an abundance of literature on EI and leadership within nursing and other fields, there is little regarding its application to the perioperative setting.¹⁴ This integrative review explores the importance of EI to developing nurse leaders, its application in

the perioperative setting, barriers to implementing it in practice and opportunities for education and training.

Method

This integrative review was informed by Whittmore and Knafl's method for integrative reviews¹⁵ and has addressed the question 'is emotional intelligence important to nurse leadership within the perioperative setting?' A literature search for qualitative, quantitative and mixed methods studies was conducted using databases Medline, CINAHL, Scopus and Pubmed. The reference lists of identified papers was also searched. Boolean operators, truncation and search terms of 'periop* OR 'surg* OR 'operating room AND 'lead* OR 'manag* AND 'emotional intelligence' AND 'nurs*' were used.

Inclusion and exclusion criteria

Peer-reviewed articles and literature relevant to the key terms that were published in English between 2016 and 2022 were included. The five-year time limit was applied to ensure the review of recent contemporary literature.

Data extraction and synthesis

The titles and abstracts were screened for relevance, critiqued and synthesised. The data extraction for the included literature were author and year, study design and purpose, key findings, limitations and quality rating. Sixteen studies were chosen as relevant for inclusion (see supplementary material for literature matrix). Articles were synthesised using thematic analysis to identify common themes.

Reliability and validity

Reliability and validity of included articles were ascertained using critical appraisal tools. Qualitative research articles (n=4) were appraised using the Johanna Briggs Institute (JBI) checklist for qualitative research (CQR).¹⁶ Cross-sectional studies (n=2) were appraised using the JBI checklist for cross-sectional studies (CCSS).¹⁷ All research reviews (n=4) were appraised using the JBI 'checklist for systematic reviews and research synthesis' (CSRRS).¹⁸ Discussion papers (n=6) were appraised using Wallace and Wray's critical appraisal tool.¹⁹ Most of the included articles (n=14) were rated as very high quality with one rated as high quality and one rated as medium quality (see supplementary material).

Selection process

The first search identified 797 articles from four databases and other resources. Of those articles, 435 duplicates were removed. The titles and abstracts of 362 articles were screened and 331 were excluded based on non-adherence to inclusion criteria. Thirty-one full-text articles were then assessed and a further 15 were excluded for not meeting inclusion criteria. This resulted in 16 studies being included in the final review. This is represented in Figure 1 as the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flow diagram.²⁰

Thematic analysis

Included articles were read until saturation had occurred and no further themes could be identified. Five themes emerged through the research and corresponded to the five aspects of EI. Thematic analysis also revealed a strong correlation between EI and the 'transformational leadership' style.

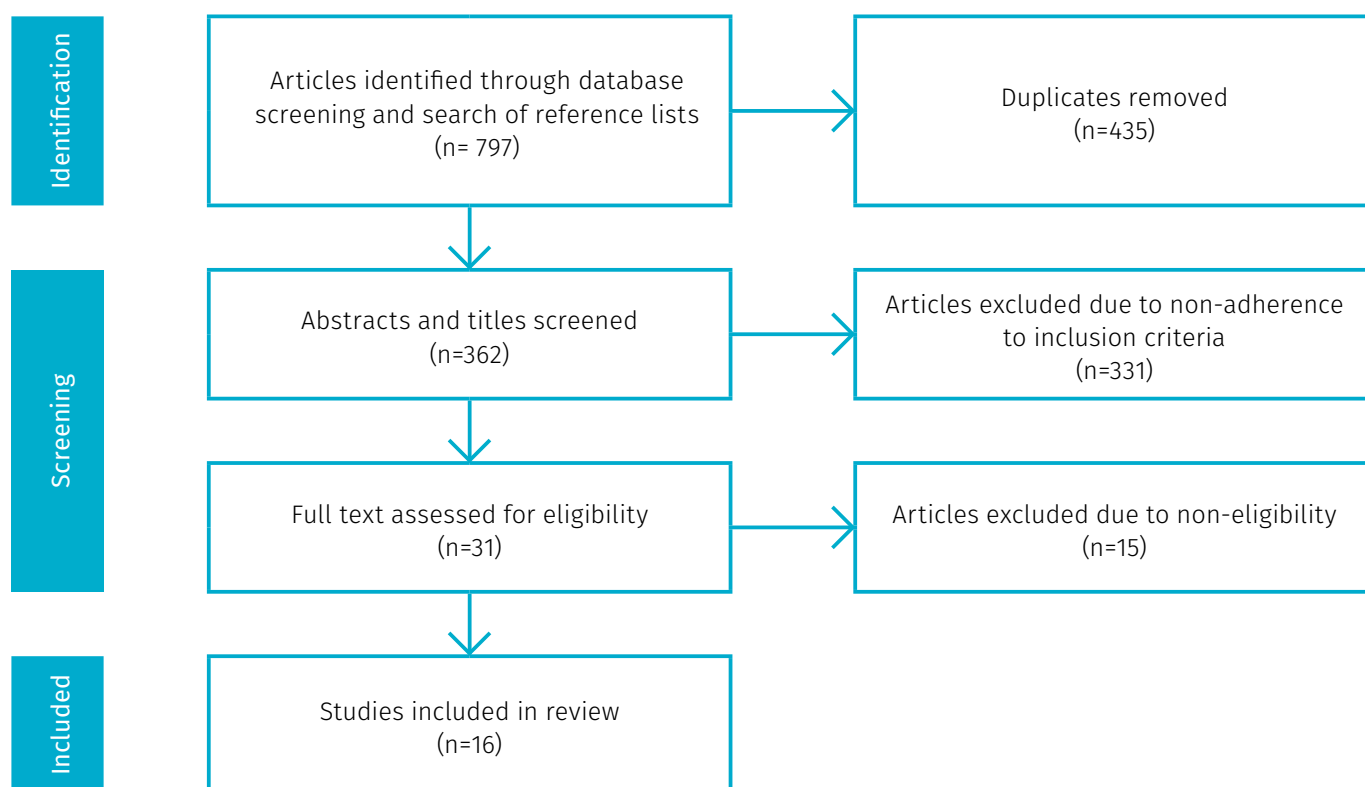


Figure 1: PRISMA flow diagram of paper selection process

Discussion

Thematic analysis revealed five themes: self-awareness, self-regulation, motivation, empathy and social skills. These themes, which correspond to the core traits of EI, are each discussed. Thematic analysis also revealed a strong correlation between EI and the 'transformational leadership' style and this is also discussed.

Core traits of EI and transformational leadership

Self-awareness

Beydler⁵ describes self-awareness as understanding one's own strengths and weaknesses and being able to accept responsibility for mistakes that are made. Being receptive to feedback is important for clinical leaders as a way to initiate self-growth and model ideal behaviour to others.⁵

The ability to remain calm during a situation of heightened emotions is imperative to strong leadership.²¹ A systematic review of quantitative research by Cummings et al.²² identified calmness and self-assurance as traits that are associated with leadership.

In his discussion paper, Lucas²³ identified self-compassion and the ability to stop negative self-talk as important aspects of EI. Beydler⁵ also suggested that nursing leaders within the perioperative environment should view their yearly professional development tool as a way to improve their performance and identify key areas for future development.

Self-reflection

Self-reflection is an important part of EI, as the ability to recall personal practice and then to make improvements based on reflection has been shown to improve patient

outcomes.²¹ Lambert²¹ describes this cycle as 'closing the loop', which is an essential component to any quality improvement exercise. Nurse leaders use self-reflection as a way to analyse a high conflict situation, taking time to consider their response to prevent their emotions from taking over.⁵ Perioperative nurse leaders benefit from self-regulation and embracing new ideas while working in an environment that is subject to constant change.^{5,21}

Another important tool for perioperative nurses to encourage and embrace is debriefing.²⁴ Participating in debriefing provides the opportunity to identify areas of clinical practice that require improvement, therefore contributing to a safety culture.²⁴

Motivation

Emotionally intelligent leaders exhibit a desire to maintain personal integrity and to continue to develop professionally.²⁵ In a small qualitative study (n=15), nurse leaders identified the importance of achieving personal and professional development goals to facilitate best patient outcomes and engage staff.²⁶ According to Beydler⁵ these qualities in leaders, in turn, motivate productivity and team cohesiveness. A cross-sectional study (n=20) of how leaders' EI affects nurses' job satisfaction reported a statistically significant link between nurse leaders' ability, leadership and support and nurses' job satisfaction ($r = .82, P < .01$).²⁷ Perioperative nurse leaders with EI practice evidence-based nursing, seek others as mentors to improve and develop, invest time in others to do the same, and inspire others to work with passion to establish and maintain a culture of safe patient care.⁵

Empathy

Empathy is a core component of EI and nurse leaders who possess it have the ability to lead a team toward organisational stability.²⁶ In their qualitative study (n=15), Arakelian et al.²⁶ found that nurse leaders who were visible in the workplace and had compassion for staff contributed to a positive workplace where staff felt comfortable and understood. A phenomenological study (n=5) by Mansel and Einon²⁸ supports these findings, reporting that compassion is a strong theme related to EI. Another qualitative study of nurse managers (n=12) further supports these assertions, with communication and 'an open door policy' being described as important practice to ensure staff productivity and satisfaction.¹² Perioperative nurse leaders with EI are visible

within the workplace, available for staff to bring concerns to, respond with active listening, act as a mentor and are willing to give feedback.⁵

Social skills

According to Beydler⁵, social skills are the combination of all other EI traits; and social skills are related to successful management.²⁹ Social awareness is required to understand people's thought processes and feelings and respond accordingly.¹⁰ The ability to skilfully negotiate with others in the workplace to achieve optimal patient outcomes and work toward organisational goals is a hallmark of exceptional nursing leadership.⁵ Nursing leaders who possess EI were found to be able to understand the ever-changing direction of organisational strategy.²⁸ Leaders who are able to read others emotions and put others needs above their own are more likely to build trust, strengthen relationships and collaborate effectively.²¹ Within a perioperative context nurse leaders build trusting relationships with the multi-disciplinary team, negotiate with clinical representatives and collaborate with managers within and outside the unit to ensure evidence-based decisions are made to create a safety culture.^{5,24,29}

Transformational leadership and EI

The reviewed literature revealed a strong correlation between EI and a 'transformational leadership' style. Transformational leadership (TL) is a relationship-oriented leadership style that involves the nurse leader not only having a vision and goals for the organisation but also encouraging and empowering others to share this common goal.^{21,24}

Nurses with a TL approach are risk-takers who embrace innovative ideas, are passionate about practice,

act as role models and motivate others to perform better.²⁴ Several of the research studies identified the strong link between TL and EI.^{21,22,24,25,29-31} Results from one cross sectional study (n=535) into how managerial style and nurses' EI affects nurses' intention to stay in their jobs found a mean score of 4.23 (SD=0.67) for TL and 3.99 (SD=0.66) for EI, suggesting a strong correlation between the two.³⁰ A random sampling trial (n=47) by Hartiti et al.³¹ reported that the EI of 'on duty' nurses improved within three months when leaders adopted TL. However, Carragher et al.²⁵ found that although EI has been linked to TL, the congruent or authentic leadership styles are better aligned with EI as they are more collaborative as opposed to leader-follower.

The presence of EI in a nurse leader is associated with job satisfaction and low attrition rates among nursing staff.^{12,22,27,29,30} Nurse leaders with EI act as role models, are perceptive to staff needs and promote a positive workplace culture.²⁷ In a qualitative study (n=15), Arakelian et al.²⁶ found that a key reason for perioperative clinical nurse specialists' intention to stay was the EI of their nurse manager. In their cross-sectional study (n=535), Wang et al.³⁰ reported a 34.3 per cent positive variance in relation to EI, TL and nurses' intention to stay in their jobs. Being seen, heard and understood by an empathetic nurse manager is an important morale booster and offers the staff member a reason to stay.²⁶

In another qualitative study (n=13) of perioperative nurse managers' intention to stay, participants were found to display strong empathy toward staff and the courage to support and lead staff through difficult circumstances.¹² Resilience is a key concept associated with

EI, and an Australian integrative study found a correlation between staff with EI and the ability to manage patient care within the context of added stressors.³² Nurse leaders with EI have the skills to positively influence their team by demonstrating positivity, understanding and a strong commitment to safe patient care.⁵

In a phenomenological study (n=5) of nurse leaders' EI, barriers to implementing and fostering EI were noted.²⁷ Staff shortages and time constraints can lead to poor quality patient care²⁷ and nurse leaders often feel overwhelmed by under-resourcing and the multifaceted demands that come with managing a unit.²⁷ The reviewed literature contained no recommendations on how to remedy this beyond managing existing resources effectively.²⁷

There is paucity in the literature linking any specific leadership style directly to EI in perioperative leaders.

Education in EI

Research suggests that EI can be learned²⁹ so it is important for perioperative nurse leaders to engage in education and training in EI.³³ The Australian College of Perioperative Nurses (ACORN) standard 'Professional development'⁴ suggests responsibility for professional development lies not only with the individual but also with managers and organisations. More research is needed to identify education that is appropriate for developing EI. Lucas²³ suggests that nurse leaders can assist their team members to develop EI through coaching in self-awareness and reflection, participating in Schwartz rounds (forums where staff can share and reflect on clinical incidents) and clinical supervision. Further, Drigas and Papoutsis¹⁰ posit that EI can be

learned and they propose a nine-layered pyramid that one can work through to gain levels of emotional unity. Carragher and Gormley²⁵ support the assertion that EI can be learned with appropriate evidence-based interventions, and suggest further study should be undertaken to understand what they may be.

Lambert²¹ describes journal keeping as a tool for personal self-awareness and reflective development. Other studies suggest organisations should implement workshop interventions and health promotion programs to teach resilience.³²

Staff retention and increased job satisfaction

Studies have found a correlation between nurse leaders with EI and nursing staff motivation and empowerment as well as high levels of safe patient care.²⁹ Nurse leaders with EI act as role models²⁷ encouraging EI in others. ACORN's wellbeing standard³⁵ also highlights the importance of traits associated with EI to nurse recruitment and retention. Wang et al.³⁰ found that nurses who exhibited a high degree of EI were more optimistic and able to maintain positive relationships inside and outside of the workplace. Nurses with EI demonstrated higher levels of problem-solving skills and were able to self-regulate and be more adaptable during times of stress; this is likely to have a positive effect on their intention to stay.

Implications for perioperative nursing

The reviewed literature highlights the importance of EI in perioperative nurse leaders. EI in perioperative nurse leaders has positive effects on both staff job satisfaction and retention of staff as well as safe patient care. As EI can be learned, appropriate education

and training in EI is imperative for both perioperative nurses and their leaders.

Limitations

This review has limitations relating to scarcity of primary research specific to EI and perioperative nurse leaders. One study did not reveal the evaluation tool used for reliability of data.²⁹ A further limitation is the exclusion of non-English language research so research papers written in languages other than English may have been missed. The time limit set for contemporary literature, 2016 to 2022, may have also resulted in other relevant studies being missed in this review.

Conclusion

This literature review has addressed the question of whether EI is important to nurse leadership within the perioperative setting. Themes related to this topic were identified and consisted of the core traits of EI, namely, self-awareness, self-regulation, motivation, empathy and social skills. Research findings also revealed that there was a strong correlation between EI and transformational leadership. Findings from scholarly literature have revealed that EI in perioperative nurse leaders promotes a productive, engaged and satisfied workforce that aligns with organisational goals and promotes patient safety. Given this, it is recommended that EI is promoted in perioperative workplaces and education and training in EI is provided to perioperative nurses and leaders. In addition, further investigation into EI in the perioperative area and specific educational interventions that would be suited to the perioperative environment are warranted and would be welcomed.

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