

Relationship Between Leadership Styles and Emotional Intelligence of Head Nurses at Mansoura University Hospitals

Wafaa F. Sleem*, Yosr M. Elmasri **

ABSTRACT

Background: Leaders who are able to use emotions to guide decision making are able to motivate subordinates by engaging in activities facilitated by emotions and are able to encourage open minded idea generation, decision making and planning because they can consider multiple points of views. **Objectives:** This study was conducted to explore the relationship between leadership styles and emotional intelligence of head nurses at Mansoura University Hospitals. **Methods:** A descriptive exploratory design was used for head nurses working in Oncology Hospital, Gastroenterology Hospital and Emergency Hospital (54 head nurses on the job). Three tools were used for data collection: characteristics data sheet of the head nurses, Multifactor Leadership Questionnaire (MLQ) and Leahy Emotional Schema Scale (LESS). **Results:** It revealed that emotional intelligence differed among the studied nurses in the three hospitals. A statistically significant relation was found between the studied head nurses' age and "sometimes" and "almost" use of transformational leadership style. There were no statistically significant relations between leadership styles and emotional intelligence of head nurses and their years of experience, and the emotional intelligence was not significantly correlated with leadership styles among the studied head nurses. **Conclusion and Recommendations:** It is recommended to provide the head nurses with needed support programs for adding emotional intelligence training to be happier, more committed to their organization, achieve greater success and perform better in the workplace in order to enhance their leadership style.

Key words: Emotional Intelligence, Head Nurses, Leadership Styles.

INTRODUCTION

Nurse leaders are vital in the workplace to leadership roles in their workplace. Yet, much elicit input from others and to formulate a of nursing effectiveness depends on vision for the preferred future. Moreover interpersonal skills, team problem solving and leadership is a key element for nursing as a the realm of nursing which is often referred to profession. Nurses must step forward into as "art" or "intuition." Nursing abilities that

*Nursing Administration Department, Faculty of Nursing, Mansoura University.

**Psychiatric & Mental Health Nursing Department, Faculty of Nursing, Mansoura University.

depend on "non-traditional intelligences" are not typically taught, required or rewarded, yet much of nursing effectiveness depends on them.⁽¹⁾

Many leaders use a mixture of styles; seldom will you run into a manager, supervisor, or other leader who has exclusively a transactional, transformational or laissez-faire style. In fact, wise leaders adapt their styles to the circumstances, the organization and the employees.⁽²⁾ Transformational leadership has five components which are: idealized influence, attitude and behavior, inspirational motivation, intellectual stimulation and individualized consideration.⁽³⁾ Transactional leadership has three components which are: contingent reward, management by active exception, and management by passive exception.⁽⁴⁾

Leaders who can identify and manage their own emotions and display self control and delay gratification, serve as role models for their followers.⁽⁵⁾ Also the effect of leaders' emotions on their work and subordinates, and

in general the role emotions play in leadership suggest that emotional intelligence (EI) plays an important role in leadership effectiveness.⁽⁶⁾

Understanding emotion is also considered to be important to effective leadership, because it provides the leaders with the ability to understand their own and other people's points of views, and the ability to successfully manage emotions allows the leader to handle the stress of the job, the frustrations, disappointments and joys.⁽⁶⁾

Emotional intelligence is the ability to monitor one's own and others' emotions, to discriminate among them and use the information to guide one's thinking and actions.⁽⁷⁾ EI has become a vital part of how today's leaders meet the significant challenges they face. EI can help leaders in an ever more difficult leadership role.⁽⁸⁾

EI skills provide developing leaders with an increased understanding of the impacts of emotions within a team or organization and demonstrate the advantages EI has with respect to six common challenges in

leadership: (a) building effective teams, (b) planning and deciding effectively, (c) motivating people, (d) communicating a vision, (e) promoting change and (f) creating effective interpersonal relationships.⁽⁹⁾

On the basis of this viewpoint, this research aimed at examining the relationship between leadership styles and EI of head nurses at Mansoura University Hospitals to provide information that will help to design interventions leading to effective leadership and to promote EI.

SUBJECTS AND METHODS

Research design:

A descriptive exploratory design was utilized in this study.

Settings:

This study was conducted in the Oncology Hospital, Gastroenterology Hospital and Emergency Hospital. These three hospitals are affiliated to Mansoura Teaching University Hospitals. They provide a wide spectrum of health services at the Delta Region.

Sample:

All head nurses available in the previously mentioned settings, no age limit, or educational level specification were selected for this study (54 head nurses on the job).

Tools for data collection:

Data were collected using:

1. Characteristics data sheet of the head nurses, comprises: nurses' age, years of experience, marital status and name of hospital.
2. Multifactor Leadership Questionnaire (MLQ) was used to assess different leadership styles.⁽⁴⁾ The MLQ is a self reporting questionnaire consisting of 79 items related to the frequency with which the participants display a range of leader behaviors (styles) and is measured on a five-point Likert-type scale ranging from 0=not at all to 4=always. Five subscales assess transformational leadership style (attributed charisma, idealized influence, inspirational leadership, intellectual

stimulation and individual consideration), while three assess transactional leadership style (contingent reward, management by exception [active], and management by exception [passive]). The MLQ also measures laissez-faire style.

3. Leahy Emotional Schema Questionnaire (LESS).⁽¹⁰⁾ It was used to assess EI of head nurses. The questionnaire consists of 50 items measured on a six point Likert-scale ranging from (1= very untrue of me to 6 = very true of me).

Pilot study:

A pilot study was carried out on 10 head nurses in order to test the clarity of the questions, to estimate the needed time to fill it and to make sure that items are understood. All head nurses involved in the pilot study were excluded from the study sample.

Procedure

- A consent to conduct the study was obtained from the directors of the three University Hospitals. The researchers

contacted the head nurses to explain the purpose and procedures of the study and determine the appropriate time to collect data.

- The tools were translated into Arabic language. They were submitted to a jury consisting of three professors in Nursing Administration, three professors in Psychiatric Nursing and three nurse managers in the hospitals to be tested for its content validity.
- The questionnaires were distributed to the studied sample. Data collection was completed over a three-month period, from March to May 2010.

Statistical analysis:

The collected data were organized, tabulated and statistically analyzed using Software Statistical Computer Package (SPSS) version 13. For quantitative data, the range, mean and standard deviation were calculated. For qualitative data, comparison between two groups and more was done using Chi-square test (X^2). For comparison

between more than two means, the F value of analysis of variance (ANOVA) was calculated. Correlation between variables was evaluated using Pearson's correlation coefficient. Significance was adopted at $P < 0.05$ for interpretation of the results of tests of significance.^(11,12)

RESULTS

Table 1 shows that the mean age of the total studied head nurses was 31.91 ± 5.49 , however there were highly statistical significant differences among head nurses' age at the three hospitals. Among the three hospitals, the majority of head nurses were married. Most nurses in Emergency Hospital (84.2%) had years of experience from 10 to less than 20 years, whereas in Oncology and GIT Hospitals most of the head nurses (71.4% and 64.3% respectively) had years of experience between 1 to less than 10 years. However, the difference between head nurses' years of experience at the three hospitals was statistically significant.

Table 2 and figure 1 show that among the

transformational style, mean scores of "attributed charisma" and "inspirational leadership" were significantly different among the studied head nurses in the three hospitals ($P < 0.05$). Also, the table shows that among the transactional style, the mean score of "contingent reward" was significantly different among the studied head nurses in the three hospitals. With regards to EI, this table shows that its mean score was statistically significantly different among the studied head nurses in the three hospitals ($P < 0.05$). Figure 1 illustrates that the transformational leadership style was the leadership style mostly used by the studied head nurses in the three hospitals, followed by the transactional style and laissez-faire style. The mean scores were 2.83 ± 0.42 , 2.20 ± 0.62 and 1.55 ± 0.85 respectively, while the total mean value of EI was 2.96 ± 0.86 .

Table 3 and figures 2, 3 and 4 describe the relation between leadership styles and EI of the studied head nurses. As table 3 shows, the only statistically significant relation

revealed was with "sometimes" and "almost" use of Laissez-faire leadership style ($P=0.033$). Figure 2 shows that the highest percentage of "always" using the transformational leadership style among the studied head nurses was 91.7%, while the lowest percentage (5.9%) was to the never using this style.

As observed in table 4, a statistically significant relation was found between the

studied head nurses' age and "sometimes" and "almost" use of the transformational leadership style ($P=0.008$).

As observed in table 5, there were no statistically significant relations between leadership styles and EI of the studied head nurses and their years of experience.

The EI was not correlated significantly with leadership styles among the studied head nurses (table 6).

Table 1. Characteristics of the studied head nurses at Mansoura University Hospitals

Variables	Oncology Hospital (n=21)		Emergency Hospital (n=19)		GIT Hospital (n=14)		The total studied head Nurses (n=54)	
	No.	%	No.	%	No.	%	No.	%
Age (Years):								
25-<30	15	71.4	1	5.3	6	42.9	22	40.7
30-<35	5	23.8	8	42.1	3	21.4	16	29.6
35-41	1	4.8	10	52.6	5	35.7	16	29.6
Range	25-41		29-41		23-42		23-42	
Mean \pm SD	28.62 \pm 3.97		35.26 \pm 3.87		32.28 \pm 6.64		31.91 \pm 5.49	
Median	27.00		35.00		30.00		31.00	
F-test			9.760					
P			0.0001*					
Marital status:								
Married	18	85.7	19	100	13	92.9	50	92.6
Single	3	14.3	0	0	1	7.1	4	7.4
Years of experience:								
1-<10	15	71.4	3	15.8	9	64.3	27	50.0
10-<20	6	28.6	16	84.2	3	21.4	25	46.3
20-35	0	0	0	0	2	14.3	2	3.7
Range	4-17		8-18		1-20		1-35	
Mean \pm SD	7.90 \pm 3.31		12.63 \pm 3.51		9.93 \pm 0.56		13.58 \pm 13.72	
Median	7.00		12.00		8.00		9.00	
F-test			5.690					
P			0.006*					

*Significant ($P<0.05$)

Table 2. Mean scores on MLQ and LESS of the studied head nurses at Mansoura University Hospitals

Variables	The total studied head nurses (n=54)		Oncology Hospital (n=21)		Emergency Hospital (n=19)		GIT Hospital (n=14)		F-test	P
	Range	Mean \pm SD	Range	Mean \pm SD	Range	Mean \pm SD	Range	Mean \pm SD		
MLQ										
Transformational style:										
-Attributed charisma	(0-5) 3.78 \pm 0.76		3.83 \pm 0.68		4.03 \pm 0.48		3.37 \pm 1.04		1.799	0.043*
-Idealized influence	4.13 \pm 0.96		4.00 \pm 1.14		4.38 \pm 0.38		3.96 \pm 1.19		1.067	0.351
-Inspirational leadership	3.99 \pm 0.76		4.04 \pm 0.56		4.23 \pm 0.33		3.57 \pm 1.19		3.444	0.040*
-Intellectual stimulation	3.81 \pm 0.85		3.91 \pm 0.57		3.92 \pm 0.46		3.50 \pm 1.41		1.258	0.293
-Individual consideration	4.07 \pm 0.90		4.06 \pm 0.96		4.20 \pm 0.41		3.89 \pm 1.25		0.470	0.628
Total	1-3 2.83 \pm 0.42		2-3 2.76\pm0.44		3-3 3.00\pm0.00		1-3 2.71\pm0.61		2.452	0.096
Transactional style:										
-Contingent reward	(0-5) 3.88 \pm 0.88		4.17 \pm 0.66		3.89 \pm 0.72		3.43 \pm 1.17		3.238	0.047*
-Management by exception (active)	3.93 \pm 0.86		3.93 \pm 0.89		4.16 \pm 0.47		3.61 \pm 1.14		1.657	0.201
-Management by exception (passive)	2.47 \pm 0.97		2.31 \pm 0.99		2.76 \pm 0.96		2.29 \pm 0.93		1.355	0.267
Total	1-3 2.20 \pm 0.62		1-5 2.19\pm0.60		1-3 2.31 \pm 0.67		1-3 2.07 \pm 0.61		0.613	0.546
Laissez-faire style:										
	(0-5) 1.55 \pm 0.85		1-3 1.140.48		1-3 1.31 \pm 0.67		1-1 1.0 0.00		1.656	0.201
LESS	(1-5) 2.96 \pm 0.86		1-3 1.81 \pm 0.68		1-3 1.68 \pm 0.75		1-3 2.36 \pm 0.63		4.132	0.022*

MLQ, Multifactor Leadership Questionnaire, LESS, Leaky Emotional Schema Scale

*Significant ($P < 0.05$)

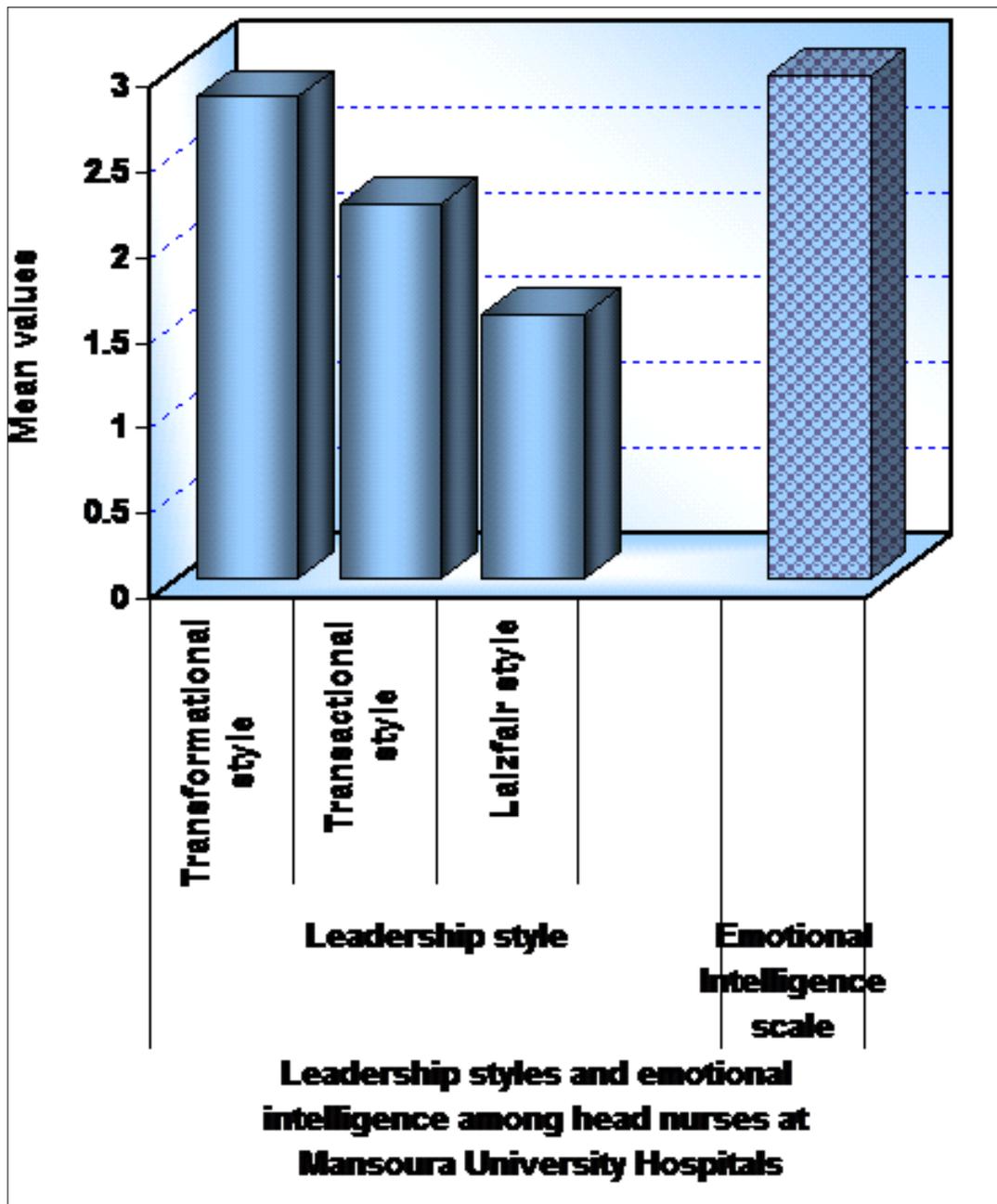


Figure 1. Total mean scores on MLQ and LESS of the studied head nurses at Mansoura University Hospitals

Table 3. Relationship between leadership styles and emotional intelligence of the studied Head Nurses at Mansoura University Hospitals

Leadership Styles	Emotional Intelligence of the studied head nurses (n=54)						Total (n=54)	X ² P	
	Very & somewhat untrue (n=17)		slightly untrue (n=25)		slightly & somewhat true (n=12)				
	No.	%	No.	%	No.	%			
•Transformational style:									
-Never	1	5.9	0	0	0	0	1	1.9	2.651
-Sometimes and almost	2	11.8	4	16.0	1	8.3	7	13.0	0.618
-Always	14	82.4	21	84.0	11	91.7	46	85.2	
•Transactional style:									
-Never and rarely	3	17.6	2	8.0	1	8.3	6	11.1	5.482
-Sometimes and almost	6	35.3	16	64.0	9	75.0	31	57.4	0.241
-Always	8	47.1	7	28.0	2	16.7	17	31.5	
•Laissez-faire style:									
-Never and rarely	14	82.4	24	96.0	10	83.3	48	88.9	10.515
-Sometimes and almost	0	0	1	4.0	2	16.7	3	5.6	0.033*
-Always	3	17.6	0	0	0	0	3	5.6	

*Significant (P<0.05)

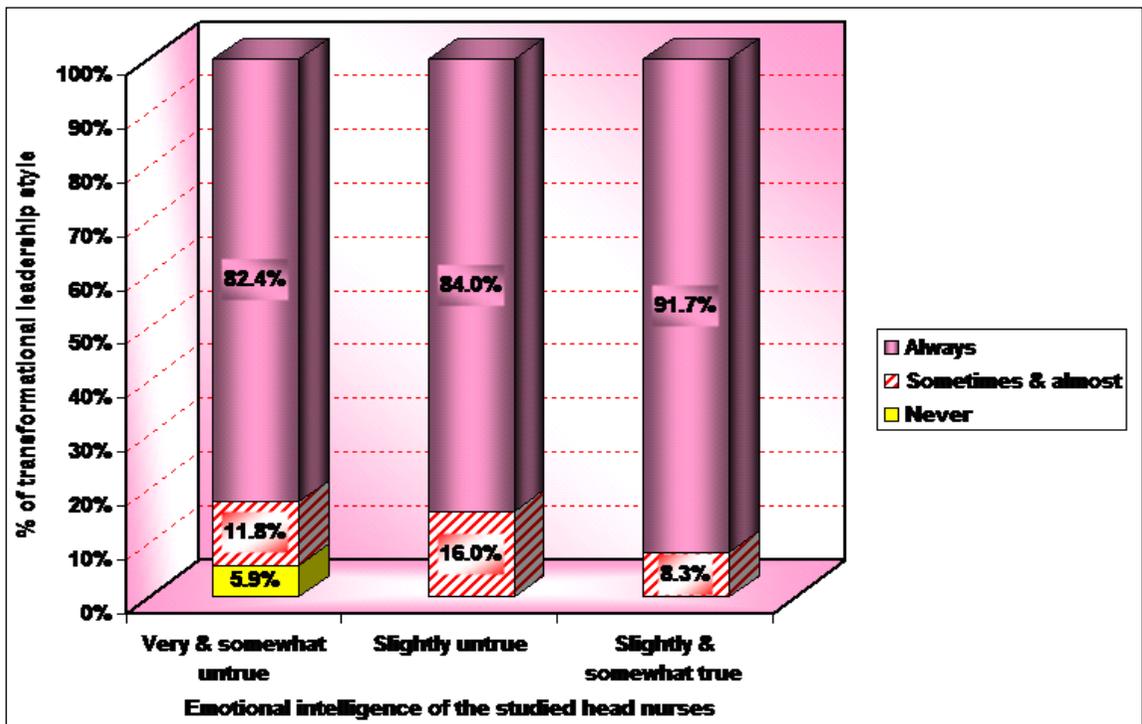


Figure 2. Relationship between transformational leadership style and emotional intelligence of the studied head nurses at Mansoura University Hospitals

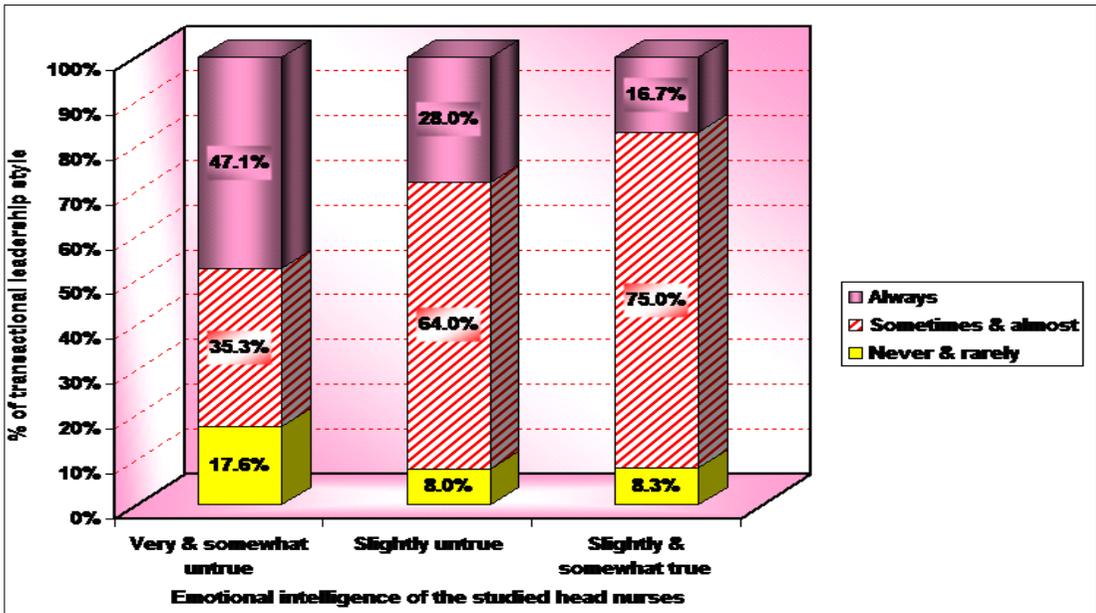


Figure 3. Relationship between transactional leadership style and emotional intelligence of head nurses at Mansoura University Hospitals

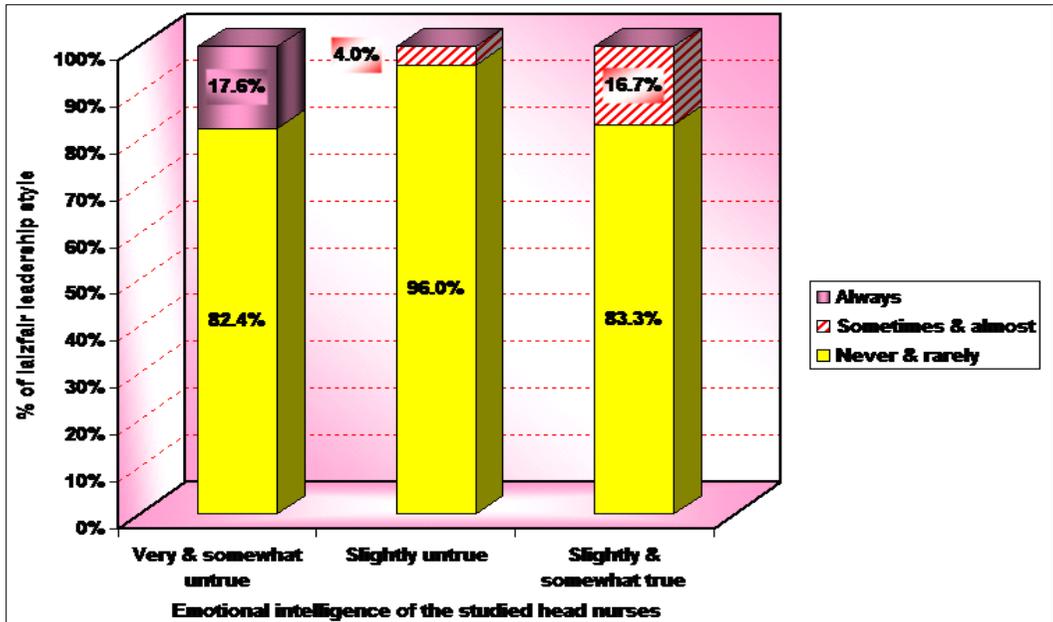


Figure 4. Relationship between laissez-faire leadership style and emotional intelligence of head nurses at Mansoura University Hospitals

Table 4. Relationship between leadership styles and emotional intelligence of the studied head nurses at Mansoura University Hospitals and their age

Leadership Styles	Age of the studied head Nurses in years (n=54)								X ² P
	25-<30 (n=22)		30-<35 (n=16)		35-41 (n=16)		Total (n=54)		
	No.	%	No.	%	No.	%	No.	%	
•Transformational style:									
-Never	1	4.5	0	0	0	0	1	1.9	13.660
-Sometimes and almost	7	31.8	0	0	0	0	7	13.0	0.008*
-Always	14	63.6	16	100	16	100	46	85.2	
•Transactional style:									
-Never and rarely	3	13.6	1	6.2	2	12.5	6	11.1	1.447
-Sometimes and almost	11	50.0	11	68.8	9	56.3	31	57.4	0.836
-Always	8	36.4	4	25.0	5	31.3	17	31.5	
•Laissez-faire style:									
-Never and rarely	20	90.9	15	93.8	13	81.3	48	88.9	2.544
-Sometimes and almost	1	4.5	0	0	2	12.5	3	5.6	0.637
-Always	1	4.5	1	6.2	1	6.2	3	5.6	
Emotional Intelligence									
-Very and somewhat untrue	6	27.3	6	37.5	5	31.3	17	31.5	7.448
-Slightly untrue	13	59.1	8	50.0	4	25.0	25	46.3	0.114
-Slightly and somewhat true	3	13.6	2	12.5	7	43.8	12	22.2	

*Significant ($P<0.05$)**Table 5. Relationship between leadership styles and emotional intelligence of head nurses at Mansoura University Hospitals and their years of experience**

Leadership Styles	Experience years of the studied head Nurses (n=54)								X ² P
	1-<10 (n=27)		10-<20 (n=25)		20-35 (n=2)		Total (n=54)		
	No.	%	No.	%	No.	%	No.	%	
•Transformational style:									
-Never	1	3.7	0	0	0	0	1	1.8	9.391
-Sometimes and almost	7	25.9	0	0	0	0	7	13.0	0.052
-Always	19	70.4	25	100	2	100	46	85.2	
•Transactional style:									
-Never and rarely	3	11.1	3	12.0	0	0	6	11.1	1.558
-Sometimes & almost	15	55.6	14	56.0	2	100	31	57.4	0.816
-Always	9	33.3	8	32.0	0	0	17	31.5	
•Laissez-faire style:									
-Never and rarely	25	92.6	21	84.0	2	100	48	88.8	1.230
-Sometimes and almost	1	3.7	2	8.0	0	0	3	5.6	0.873
-Always	1	3.7	2	8.0	0	0	3	5.6	
Emotional Intelligence									
-Very and somewhat untrue	6	22.2	11	44.0	0	0	17	31.5	7.780
-Slightly untrue	17	63.0	7	28.0	1	50.0	25	46.3	0.100
-Slightly and somewhat true	4	14.8	7	28.0	1	50.0	12	22.2	

Table 6. Correlation between MLQ and LESS scores of head nurses at Mansoura University Hospitals

Leadership styles	Emotional Intelligence scale (n=54)	
	R	P
•Transformational style:		
-Attributed charisma	0.047	0.738
-Idealized influence	0.234	0.089
-Inspirational leadership	0.073	0.602
-Intellectual stimulation	0.010	0.944
-Individual consideration	0.040	0.775
Total	0.134	0.335
• Transactional style:		
-Contingent reward	0.004	0.980
-Management by exception (active)	0.067	0.629
-Management by exception (passive)	0.620	0.658
Total	0.001	0.996
• Laissez-faire style	0.079	0.568

DISCUSSION

Health care professionals, such as nurses, who experience emotionally intelligent leaders are thought to be happier and more committed to their organization,⁽¹³⁾ achieve greater success,⁽¹⁴⁾ perform better in the workplace,⁽¹⁵⁻¹⁷⁾ take advantage of and use positive emotions to envision major improvements in organizational functioning and use emotions to improve their decision making and instill a sense of enthusiasm, trust and co-operation in other employees through interpersonal relationships.⁽¹⁸⁾

Therefore, understanding emotion is

considered to be important to effective leadership because it provides the leaders with the ability to understand their own and other people's points of view.⁽⁶⁾

The head nurses in the present study were undergoing a productive period. The mean age of the total studied head nurses was 31.91 ± 5.49 , however there was a highly statistically significant difference among head nurses' age at the three hospitals. Moreover, years of experience from 10 to less than 20 years were the most frequent years of experience for head nurses in Emergency

Hospital (84.2%), meanwhile years of experience from 1 to less than 10 years among oncology and GIT head nurses were 71.4% and 64.3% respectively.

Concerning the transformational style, mean scores of "attributed charisma" and "inspirational leadership" were significantly different among the studied head nurses in the three hospitals. Also the mean score of "contingent reward" was significantly different among the studied head nurses in the three hospitals. This may be due to the fact that all the studied head nurses were women who seemed to have different interpersonal skills.

Researchers have found that women leaders typically displayed leadership styles that are more transformational or relational in practice, while men display more transactional or task-oriented practice.^(19,20) Actually results of the present study revealed similar findings.

Bass⁽²¹⁾ further developed this paradigm by integrating transformational and transactional leadership, suggesting that both styles may be linked to the achievement of

desired goals and objectives.

Another research⁽²²⁾ distinguished between the transformational leader who raises the needs and motivations of followers and promotes dramatic change in individuals, groups and organizations and the transactional leader who addresses the current needs of subordinates by focusing attention on exchanges (reward for performance, mutual support and bilateral exchanges). Lowe and Kroeck⁽²³⁾ suggest that any given leader may be both transformational and transactional.

Regarding EI, there was a statistically significant difference between the studied nurses in the three hospitals; this may be related to the different nature, demands and procedures in each hospital.

This result goes in line with Modassir and Singh⁽³⁾ who reported that EI testing may improve nurses' ability to manage a productive group, manage positive and negative emotions within both oneself and others and will be satisfied in their own job in different

settings regardless of their demands.

Findings of this work, unexpectedly, revealed non-significant relation between leadership style and EI of the studied head nurses except with “sometimes” and “almost” use laissez-faire leadership style ($P=0.033$).

George⁽¹⁸⁾ reported that those leaders who “sometimes” and “almost” use laissez-faire leadership style considered themselves as avoiding accepting responsibility. Those who are absent when required, who fail to follow up on requests for assistance and resist expressing their opinion on important issues were more likely to be unable to identify their own feelings and emotional states, be unable to understand the emotions of others in the workplace, be unable to manage their own positive and negative emotions and be unable to effectively control emotional states experienced at work. Those leaders fail to intervene in problems until they become serious and generally will not take action until mistakes are brought to their attention. The emotional description stated by George⁽¹⁸⁾

would not make effective leaders.

Bass⁽²²⁾ believed that leaders who considered themselves as passive are likely to be unable to identify their own feelings and emotions, to understand the emotions of others in the workplace, to manage emotions and to effectively control emotions experienced at work and do not manage their own emotions or control their emotions in the workplace.

The current study results refer to the presence of a statistically significant relation between the studied head nurses' age and “sometimes” and “almost” use of transformational leadership style, where the younger age group (25 to less than 30 years) revealed a higher percent of using this style. Transformational leadership style underlies the ability of the leader to be inspirationally motivating and intellectually stimulating.

On the other hand, Bar-On⁽²⁴⁾ and Goleman⁽¹⁶⁾ emphasized that the leadership education and experience will increase with age and other life experiences associated with

the hospital life, whereas leadership development requires additional leadership education and practical leadership experience.

The relationship between transformational leadership and nurses' age was supported by Yammarino et al.,⁽²⁵⁾ who found that leaders who use transformational behaviors have the ability to recognize emotions within oneself and to express those feelings to others, display self-control and delay gratification which was correlated with the nurses' age.

These processes are thought to be largely dependent upon the evocation, framing and mobilization of emotions.⁽²⁶⁾ Leaders who considered themselves as more transformational reported that they could identify their own feelings and emotional states and express those feelings to others, that they utilize emotional knowledge when solving problems, that they are able to understand the emotions of others in their workplace, that they could manage positive and negative emotions in themselves and others and that they could effectively

control their emotional states.⁽²⁷⁾

The findings of the current study revealed that there were no statistically significant relation between leadership style and EI of head nurses and their years of experience. This may be due to the fact that EI and leadership style may not be acquired or learned skills but are genetic and personal talents. This result was supported by Modassir and Singh⁽³⁾ who stated that if one wants a leader who will display conviction, emphasize importance of commitment, generate pride, loyalty and confidence, consider individual followers' needs, abilities and aspirations, engage in constructive reward for performance and desires success, then an important ability is to accurately identify and understand the emotions of others, be able to manage positive and negative emotions within themselves and within others, be able to articulate a vision for the future, talk optimistically, provide encouragement and meaning, stimulate in others new ways of doing things, encourage the expression of

new ideas and intervene in problems before they become serious.

These results contradict the findings of Scheusner⁽²⁸⁾ where nurse leaders scored significantly higher with years of experience. He reported that in four-year leadership, the nurses were generally happy and optimistic and had a strong sense of self-worth and confidence in their own futures which indicated a “usually adaptive emotional capacity” to handle stressful situation without falling apart or losing control.

The current study also revealed that the EI was not significantly correlated with leadership styles among the studied head nurses. This may be due to the fact that all the studied nurses are women who seem to have strong interpersonal skills. The previous studies have identified that women had higher scores within interpersonal competencies like “emotional awareness” regardless whether they were leaders or not.⁽²⁹⁾ additionally; Mandell and Pherwani⁽³⁰⁾ found that women scored significantly higher than men did in

overall emotional-social intelligence.

This result is consistent with Bass⁽²²⁾ who reported that extra effort is considered to make the nurses able to get others to do more than they expected, to try harder and to desire success; effectiveness occurs when job related needs are met and the individual is leading an effective group; and finally satisfaction is achieved when the individual is working with other team members in a satisfying way.

On the other hand, Bar-On et al.⁽³¹⁾ emphasized that leadership performance is positively related to EI.

Also these results contradict with the previous researches that emphasized a positive relationship between contingent rewards (a component of transactional leadership) and EI. Contingent reward leaders engage in a process of reward for performance, clarify expectations of subordinates, exchange assistance for effort and provide recommendations for successful subordinate performance.⁽²²⁾

Palmer et al.⁽³²⁾ reported that leaders who engage in contingent reward behaviors scored high on EI. In addition, contingent reward was highly correlated with all components of transactional leadership.

As noted by Barling et al.,⁽⁵⁾ the behaviors that are involved in the subcomponent contingent reward, such as setting goals, providing feedback and rewarding, are all task-oriented, positive, discretionary behaviors; as is each of the sub-components of transformational leadership (idealized attributes, idealized behaviors, inspirational motivation, intellectual stimulation and individual consideration).

CONCLUSION

On the basis of the findings of this study, it can be concluded that:

- Hospitals profession played a major part in shaping the head nurses' EI and quality of leadership.
- Leadership style differed among the studied nurses in the three hospitals, and the EI was not correlated significantly with

leadership styles among the studied head nurses.

RECOMMENDATIONS

- The selection and development of leaders should progress on the basis of researches.
- The head nurses should be provided with needed support programs for adding EI training to be happier, more committed to their organization, achieve greater success and perform better in the workplace, a matter which will enhance their leadership style.
- Further research examining the relationship between EI and leadership in lower and middle level managers is also warranted.
- The relationship between different leadership styles and EI as well as between actual performance indicators and EI in head nurses should be examined.
- More studies are needed to further explore the relationship between EI, leadership

style and gender differences.

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