The purpose of this study was to determine nursing students’ leadership and emotional intelligence. The study was conducted as a descriptive study in a nursing school in 2008. The sample comprised 69 junior and 85 senior nursing students and was based on voluntary participation. Data were collected through a data sheet, a leadership style questionnaire, and the Bar-On Emotional Intelligence Quotient Inventory. There were no statistically significant differences in leadership orientations and emotional intelligence between junior and senior students (p > 0.05). Although there was a significant relationship between emotional intelligence and task-oriented leadership (r = 0.427, p = 0.001), there was no significant relationship between emotional intelligence and people-oriented leadership (r = 0.076, p = 0.367). Students’ emotional intelligence score was average, and their people-oriented leadership score was approximately half of the total score. It is recommended to develop strategies for improving nursing students’ people-oriented leadership skills during their nursing education.

In today’s health care world, the quality and effectiveness of services offered are becoming more important than ever as they develop within a rapidly changing and increasingly complex structure. Both nurses and other health care professionals are expected to be the leaders of these changes, to provide their services within the everchanging system, to become leaders in fulfilling the requests of the individuals receiving health care services, and to affect the associated processes. While leading the provision of these changing health care services, nurses are expected to effectively communicate with those they are serving and to positively affect and influence them. During this process, nurses are supposed to get to know and understand themselves, the emotions and thoughts of the individuals they care for and interact with, and exhibit appropriate behaviors. These recommended skills, defined by Goleman (1995) under the main heading of emotional intelligence, include self-awareness, self-management, social awareness, and relationship management.

Current research indicates that successful people throughout history possessed both leadership skills and emotional intelligence. It is believed that these personal skills and attributes can be taught and developed (Gardner, 1990; McGuire & Kennerly, 2006; Patronis Jones, 2007). Therefore, it is of utmost importance to develop these skills during nursing students’ primary nursing education. To educate influential leaders, the development of emotional intelligence skills is fundamental and of great importance in developing leadership behaviors.

Conceptual Framework

Nursing Leadership

There are various definitions of leadership in the literature, but it is commonly defined as the process of influencing individuals for the purpose of reaching certain goals (Huber, 2000). All leadership definitions incorporate two important components: interpersonal interaction and influencing process (Huber, 2000). Numerous leadership behaviors have been investigated and grouped under two headings: leadership behavior toward tasks and leadership behavior toward people. Hersey, Blanchard, and Johnson (1996) defined the two as follows. Task-oriented leadership means the leader defines and organizes the roles, explains the activities to be performed; determines where, when, and how assignments will be completed; and ensures successful implementation of the work. People-oriented leadership sees the leader as sustaining personal relationships with open communication, psycho-emotional support, and facilitating behaviors.
Although it is occasionally necessary to show task-oriented leadership while providing nursing services, people-oriented leadership enhances the satisfaction of workers. It also increases institutional loyalty and decreases personnel turnover, paving the way for the institution to reach its goals.

Effective nursing leadership has become a crucial tool in shaping nursing practices and health policies in recent years (Antrobus & Kitson, 1999). For this reason, to become effective leaders in their profession, nurses should learn leadership skills and behaviors during their baccalaureate education (Fagin, 2000; Patronis Jones, 2007; Pullen, 2003).

**Emotional Intelligence**

According to Goleman (2006), emotional intelligence is the intelligent use of emotions in knowing and understanding our own and other people’s emotions, motivating ourselves, and managing our emotions properly in ourselves and in our relationships. In general, skills included within the scope of emotional intelligence are grouped under five categories: self-awareness, emotional self-regulation, motivation, empathy, and social skills (Goleman, 2006; Patronis Jones, 2007).

Nurses interact 24 hours per day with patients and others in various environments, such as hospitals, society, schools, and workplaces. These interactions require nurses to engage their emotional intelligence-related skills, such as empathy, self-awareness, motivation, social skills, self-confidence, organizational memory, conflict management, teamwork, and cooperation. When applied skillfully and effectively, nurses’ interactions with the various people they encounter can create positive changes and encourage flexibility in both communications and decision making as needed.

Unlike a person’s intelligence quotient, which does not change much between 13 and 19 years of age, the emotional intelligence required in the provision of nursing services can be learned by steadfast and continuous lifelong development (Goleman, 2006). Goleman (2006) underscored that early intervention is beneficial to emotional intelligence levels because improving emotional intelligence is more difficult after graduation from a university. Therefore, enrichment of nurses’ undergraduate curriculum in terms of emotional intelligence skills may positively affect emotional intelligence development.

**Leadership and Emotional Intelligence in Nursing**

Leadership is based on relationships with others (Roussel, Swansburg, & Swansburg, 2006). Leadership, management, and the ability to work and interact effectively with others require several attributes other than the technical features of nursing. One of these is emotional intelligence, which includes social skills, psychological maturity, and emotional awareness. Nurses are involved in countless interactions throughout a business day, and for each interaction they are supposed to display leadership behavior that also includes emotional intelligence skills. If nurses do not use their emotional intelligence while fulfilling their leadership and management roles, their job may fall into a routine where they become task-oriented leader nurses. Emotional intelligence offers many positive advantages for individuals: it helps them adapt to their environment, to feel valued, and to appreciate increased satisfaction from caring; it also enhances motivation of employees, their job satisfaction, and their job performance, all of which are essential for leadership (Yoder-Wise, 2003). Several studies demonstrate the correlation between emotional intelligence and effective leadership (Barbuto, Barbuto, & Burbach, 2006; George, 2000; Sosik & Megehran, 1999). Akerjordet and Severinsson (2008) highlighted the importance of leadership’s emotional intelligence in enabling the formation of a revolutionary, evolving, and flexible institutional climate and an empowering institutional environment. Lucas, Spence Laschinger, and Wong (2008) discovered a relationship between nurses’ emotions in terms of empowering personnel and their emotional intelligence behaviors.

Therefore, developing both emotional intelligence and people-oriented leadership skills is critical, and providing an opportunity to learn and develop these during the primary nursing education is essential. Although studies taking both variables into account are limited in number, they are necessary. This research brief is expected to constitute evidence to support programs that will enable the development of nursing students’ emotional intelligence and leadership skills during their basic nursing education.

**Method Design**

This study was conducted descriptively with the purpose of determining leadership and emotional intelligence orientations of freshmen and senior nursing students.

**Sample and Procedure**

The sample size included 104 freshmen and 120 senior nursing students enrolled at the nursing school of a university. Sixty-nine freshmen and 85 seniors returned completed questionnaires. The return rate was 66% for freshmen and 71% for seniors.

All of the students participating in the study were women. More than half (56.5%) of the freshmen were between ages 18 and 20. Of these students, 52.2% were living in a student dormitory. A total of 15.9% of the freshmen were currently members of an association or club, and 39.1% were taking at least one elective course. The majority (56.5%) of seniors were between ages 21 and 23. A total of 29.4% of the seniors were currently members of a club or board, and 31.8% were taking at least one elective course.

At the end of the first class hour of the spring semester of the 2007-2008 academic year, students were informed about the study and questionnaires. The data were collected with the Student Data Sheet, Leadership Orientation Questionnaire, and Bar-On Emotional Intelligence Quotient Inventory. Completion of the study tools took 25 to 30 minutes.

**Leadership Orientation Questionnaire.** The questionnaire was derived from Luthans’ (1992) “Task and People Oriented Questionnaire,” comprising 35 questions to assess task-oriented and people-oriented behaviors of leaders. Cömert (1999) tested the validity and reliability of the survey in Turkey and found Cronbach’s alpha coefficients to be 0.83 for task-oriented leadership and 0.69 for people-oriented leadership. The questionnaire was deemed appropriate for the Turkish population, and it has been used in different studies conducted with university
students (Acar, 1997; Soyunen, 2002). The questionnaire was composed of propositions defining how individuals behave in a potential leadership situation and responses were marked on a 5-point scale. Sample items from the questionnaire included “I would schedule the work to be done” and “I would allow members complete freedom in their work.” Available choices for responses were always, frequently, sometimes, occasionally, and never.

A maximum of 20 points could be earned from task-oriented questions, and a maximum of 15 points were given for people-oriented questions. It was presumed that the associated behavior was represented by proximity to these values.

**Bar-On Emotional Intelligence Quotient Inventory.** Developed by Bar-On (1997), the Emotional Intelligence Quotient Inventory has been used in many academic studies. Turkish validity and reliability of this inventory were tested by Acar (2002) and it was found valid and reliable. Cronbach’s alpha was 0.92 for “total” dimension, which was deemed an acceptable level (Acar, 2002). In the current study, the version of the Bar-On Emotional Intelligence Quotient Inventory as used by Acar (2002) was employed. Acar shortened and transformed this version because of its faculty for multiple uses of similar expressions and a longer application period.

This version of the inventory comprised 88 items measuring 5 dimensions and 15 subdimensions. The first dimension is personal skills, with subdimensions of emotional sense of self, self-esteem, self-actualization, autonomy, and assertiveness. The second dimension is interpersonal skills, with subdimensions of empathy, interpersonal relations, and social responsibility. The third dimension is compatibility, with subdimensions of problem solving, realism, and flexibility. The fourth dimension is coping, with subdimensions of stress management and impulse control. The fifth dimension is general mood, with subdimensions of happiness and optimism. Inventories submitted by those who answered the eighty-eighth item, “I have answered all the items above honestly and with integrity” with any response other than I fully agree were disqualified. Sample items from the inventory were: “I have good self-respect” and “It’s hard for me to say ‘no’ when I want to.” Points awarded to respondents in the survey ranged from 1 (I fully agree) to 5 (I certainly don’t agree) on a 5-point Likert scale. The questionnaire has been used in different studies conducted with university students (Deniz & Yilmaz, 2006; Erkus & Gündüz, 2008; Hisli Sahin, Güler, & Basim, 2009).

### Data Analysis

Statistical Package for Social Sciences version 11.5 software for Windows was used for the evaluation of the data. Mean, standard deviation, percentage, Mann–Whitney U test, and Pearson correlation coefficient were used for data analysis.

### Ethical Issues

In Turkey, researchers take written permission from the institution to give information about the study and ask the suitability of the study for protection of human participants. Because of this, written permission was received from the institution where the study was conducted. Before the study tools were distributed to the students, they were given information about the purpose, process, and tools of the study, about their right not to participate, and about their right to withdraw anytime during the study without prejudice. They were also advised that the results of the study would be used only for scientific aims and that the study tools included no identifying information. After this step, study tools were distributed to students by the researchers, and they were informed that if they were interested in participating in the study, they could do so by signing the informed consent form.

### Findings

The average score for task-oriented leadership was 12.18±3.14 for freshmen and 12.82±3.73 for seniors. The average score for people-oriented leadership orientation was 8.51±2.50 for freshmen and 7.96±2.21 for seniors. When their emotional intelligence averages were considered, the average was 3.90±0.45 for freshmen and 3.97±0.40 for seniors. The differences between the groups were not statistically significant ($p > 0.05$).

There was a small and significant correlation between task-oriented leadership and emotional intelligence ($r = 0.427, p = 0.001$); no statistically significant correlation between people-oriented leadership and emotional intelligence was found ($r = 0.076, p = 0.367$). On the other hand, a significant negative correlation between people-oriented and task-oriented leadership was measured ($r = -0.202, p = 0.021$).

### Discussion

The people-oriented and task-oriented leadership scores indicate that the students have a lower tendency toward behaving in a people-oriented manner than behaving in a task-oriented manner. In Turkey, studies covering both nursing students (Soyunen, 2002) and non-nursing students (Acar, 1997) determined that students similarly displayed a tendency to task-oriented leadership. In other studies focused on nurses, findings that support the arguments of this study were also reported (Baykal & Göktepê, 2006; Erkan & Abaar, 2006).

Professional nursing education is focused on cultural and professional information, clinical and conceptual skills, and individual value systems (Karadag, Hisar, & Özhan Elbas, 2004). During this educational process, the student receives theoretical information and endeavors to translate this information into behavior in practical fields. Furthermore, the student is expected to care for individuals, manage caring services, and acquire the skills needed for improving and ensuring the health of those individuals. In the course of acquisition of all these skills, students are expected to be human-centric and sensitive to patients’ needs. However, it is fair to say that these expectations and the assumption that the student will demonstrate people-oriented leadership behavior are not valid in the scope of this study.

When the average scores for emotional intelligence are reviewed, the average score was 3.90±0.45 for freshmen and 3.97±0.40 for seniors (maximum score = 5). Although the seniors’ scores were slightly higher than those of the freshmen, the difference between the groups was not found to be statistically significant. However, Benson, Ploeg, and Brown (2010) found a significant difference between freshmen and senior nursing students’ emotional intelligence scores.

Emotional intelligence is especially correlated with positive
reinforcement processes in health care provision environments and positive institutional outputs (Akerjordet & Severinsson, 2008), so the score of nursing students is gratifying. Although the literature states that emotional intelligence, which is said to affect both individual and institutional performance (Kooker, Shoultz, & Codier, 2007), can be learned, it is clear that the learning process takes a long time (Horton-Deutsch & Sherwood, 2008). Cadman and Brewer (2001) also underlined that emotional intelligence cannot be improved easily, and Bastable (2003) commented that it is hard to evaluate whether affective behaviors, which are directly correlated with emotional intelligence, are learnable or realizable. Horton-Deutsch and Sherwood (2008) recommended that candidates’ emotional intelligence levels be assessed in entrance examinations to professions in which emotions are important, such as nursing. Although affective learning is a part of every kind of learning experience, it is observed that nursing instructors are focusing mostly on developing cognitive and psychomotor behaviors in the students. Therefore, nursing students encounter difficulties with respect to their development in terms of self-awareness, emotional self-regulation, motivation, empathy, and social skills. Even though it is well established that instruction strategies, such as questioning, case study, role-playing, simulation gaming, and group discussion, improve emotional intelligence skills and develop affective behaviors (Bastable, 2003), these strategies find limited use in nursing education, according to our observations.

The correlation between the students’ people-oriented leadership and emotional intelligence was not found to be statistically significant. Also, there was a small and significant correlation between task-oriented leadership and emotional intelligence. However, findings in the literature differ from this study and show a correlation between emotional intelligence and transformational leadership that puts more emphasis on people (Barbuto et al., 2006; Sosik & Megerian, 2006). Cummings, Hayduk & Estabrooks (2005) observed that emotionally intelligent nurses adapt their leadership styles according to their subordinates’ needs. George (2000) indicated that emotional intelligence contributes to influential leadership. As much as task-oriented leadership encapsulates the human factor, it is a type of leadership that focuses on completion of the assignment and institutional outputs. It is known that emotional intelligence contributes toward actualization of institutional goals and reaching desired outputs through management of emotions in relationships. Therefore, task-oriented leaders are also expected to use their emotional intelligence skills and unify these two skills for better outcomes.

Limitations

There are three limitations of this study. First, generalizability of the study findings is limited by the fact that all participants were from one nursing school in Turkey where students take the same classes and live in the same environment. Second, the small sample size may not be enough to determine nursing students’ leadership and emotional intelligence and the correlation between them. Third, this was a short descriptive study of emotional intelligence and leadership orientation of two different levels of nursing students. Longitudinal studies are needed to determine the effect of education on emotional intelligence and leadership orientation.

Conclusion

The results of this study are important with respect to the development by nursing instructors of their students’ leadership and emotional intelligence skills. Understanding the importance of leadership and emotional intelligence, which are known to be directly correlated with positive patient care and institutional outputs, is the starting point. After students gain admittance into the college where they will study nursing education, the employment of instruction strategies that will support them in learning affective behavior and developing their emotional intelligence is gaining importance. The fact that almost all nursing interventions require emotional intelligence behaviors underlines the importance of this issue once again. Also, in view of the results of this study, it can be suggested that educational programs should be adjusted with the purpose of educating nursing students as leaders who make a positive difference in the health care of their patients. In addition, students should be supported and empowered by nursing educators to become leaders who possess emotional intelligence behaviors and whose relationships with others are of paramount importance to them both personally and professionally.

References

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