

Protocol for Scoping Review of Emotional Intelligence Research in Africa

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Abstract:-

Background: Nurses are very important in promoting the health and well-being of a population. The delivery of quality work by nurses requires continuous monitoring, evaluation and oversight conducted by an experienced and highly qualified and effective nursing managers to ensure that subordinates are performing their required job duties. Nurse Managers apply unique leadership styles to be effective as healthcare leaders. However, a nursing leader's emotional intelligence impacts how successful a nursing leader is in carrying out day-to-day activities. A nursing leader's emotional intelligence is a nursing leader's ability to recognize their own emotions and those of others and to wield them well to bring about positive change. The healthcare industry requires changes in behavior, particularly in the field of nursing, and the nursing manager's ability to initiate these changes requires a combination of leadership style, personal emotions, and perceptions of others to influence such changes to be successful in getting others to do assigned tasks meet if they have strong emotional intelligence. The combination of logical and emotional intelligence helps them deal with complex situations in the current healthcare system. Evidence suggests that most nurses neglect their emotional intelligence and that of others and focus solely on their leadership style when leading subordinates. The biggest problems nurses encounter in delivering quality healthcare services to patients are attributed to the lack of synergy between emotional intelligence and leadership styles. Information on the impact of nurses' emotional intelligence on their leadership style is insufficient in Africa. This paper provides a protocol to review all available research data on the impact of emotional intelligence in caregivers in Africa, to assess previous work and, where appropriate, to identify and fill gaps in order to increase the body of knowledge, particularly emotional intelligence and nursing leadership styles.

Conclusion: Researchers expect to find studies of emotional intelligence that will enhance the knowledge of nurse managers to effectively make appropriate decisions that can improve nursing job performance in the healthcare industry in Africa.

Systematic review registration: Research registry UID: 7709

The Objective of review:

To conduct a scoping review on the impact(s) of emotional intelligence of nurse managers' leadership in Africa.

Research questions:

This review's key research question will be: To date what range of evidence on emotional intelligence of Nurse Managers in Africa exists within the last ten years? The following are the sub-research questions for this suggested review:

1. Is there evidence on the level of nurse managers' emotional intelligence in Africa?
2. Is there evidence on the impact of emotional intelligence on nurse managers' effectiveness?
3. Is there evidence on the impact of emotional intelligence on nurse managers' performance?

Purpose of review: This review will enable nursing managers to gain much deeper knowledge and update the current information about nursing managers' emotional intelligence in relation to their leadership. The influence of nursing managers' emotional intelligence on job performance, subordinates and decision-making could be assessed.

Systematic review registration: This review will be registered with the Research Registry for Systematic Reviews.

Keywords:- Emotional intelligence, Impact, Nurse Managers, Africa.

I. INTRODUCTION

Strong, effective leadership is a critical component of successful healthcare organizations and has a significant impact on the quality of care provided. Nurturing leadership in companies encompasses a wide range of skills, abilities, competencies and forms of knowledge. Nursing leaders play a critical role in ensuring patients receive quality care and services. Emotional intelligence (EI) is recognized as essential

to effective leadership in the NHS and as the basis for quality care (Carragher & Gormley, 2017).

Emotional intelligence is defined as "the capacity for recognizing our feelings and those of others for motivating ourselves, and for managing emotions well in ourselves and others (Taft, 2013). Organizational efforts to effect changes in the inner environment require managers with aptitudes and expertise to articulate resolutions in maneuvering extreme situations. The ability of a nurse manager to make good decisions requires a combination of unique leadership, communication skills, and consciousness of personal demeanor that impact others in the organization (Mohamed & Ahamed, 2019).

Nurse managers with strong emotional intelligence are equipped to deliver effective judgment (Nasef Zaki, Saeed Ahmed Abd-Elrhaman, & Ghoneimy Hasanin Ghoneimy, 2018). The emotional intelligence of nurse managers is vital for successful leadership. The available body of evidence had indicated that nurse managers require both analytical capabilities and emotional intelligence to effectively address the challenges in the current health care delivery system (Prufeta, 2017). Emotional intelligence encompasses abilities that are separate from, but complementary to, intelligence or simply cognitive abilities as assessed by the intelligence quotient. The nursing profession necessitates a high level of emotional labor nurses must be able to control their own emotions and express feelings for the sake of their patient's needs (Taft, 2013). Literature has established that leaders with emotional intelligence should comprehend their personal feelings in a manner that benefits the individual and others. It is indicated that, the good effects of nurse managers emotional intelligence on the happiness of staff and clients on emotional control, decision making and satisfaction of job. Furthermore, findings have established that the unique ability of a nurse manager, the atmosphere of the working environment, and the class of subordinates determine how efficient a leader would be effective (Prezerakos, 2018). Nurses are expected to display emotions that convey caring, understanding, and compassion toward patients while regulating their feelings. The role of the nurse leader then becomes critical "in creating a supportive and positive work environment to help nurses cope with the stress of managing their own and others' emotions concurrently (Taft, 2013)

II. METHODS

The "Preferred Reporting Items for Systematic Reviews and Meta-analyses for research Protocols" (PRISMA-P) guideline was used to create this protocol (Appendix A). To solve the research topic, this study will use a systematic scoping review process. Scope reviews are effective for representing a body of literature that exists on a topic of interest and helps focus research questions by noting current research findings and identifying research gaps. A scoping methodology is also

effective in determining the basis and value of a follow-up to the main study or comprehensive systematic review (Levac, Colquhoun & O'Brien, 2010). The updated version of Arksey and O'Malley's approach will guide this planned systematic scoping review study. determination of the research topic; identification of relevant studies; study selection; charts of the data; and the gathering, summarizing, and reporting of conclusions are the processes outlined in Arksey and O'Malley's 2005 framework (Arksey & O'Malley, 2005).

A. Registration of Review Protocol

The review layout adheres to the Preferred Reporting Items for Systematic Review and Meta-analysis (PRISMA-P) standard (Appendix A) (Shamseer et al., 2015). The protocol will be registered with an appropriate international journal such as Research Registry (Booth et al., 2012). In the occurrences of any correction to this protocol after publication, then the date and the reason for the amendments will be published in the register in a way that enables these revisions to be tracked.

Table 1: shows the Population, Concept, and Context (PCC) framework used to determine the suitability of the main research question for the proposed scoping review.

Table 1: The PCC defines the suitability of the scoping review question

Population	This study population includes nurses
Concept	Emotional intelligence: the impact on performance and effectiveness
Context	Emotional intelligence of nurse managers in Africa

➤ Eligibility criteria

The eligibility criteria provided under the inclusion/exclusion criteria guide the research selection to ensure the selection of relevant studies for this review.

➤ Inclusion criteria:

This research will contain articles that have been published and match the following criteria:

- Types of studies: Full access papers reporting on nurse managers' emotional intelligence in Africa. All primary study designs on nurse managers' emotional intelligence were published in English from January 2011 to December 2021.
- Type of articles: both published articles and unpublished official documents that will meet the inclusion criteria Studies involving nurse managers. Studies report findings on the impact of nurse managers' emotional intelligence on performance and effectiveness. Review articles including systematic reviews, meta-analysis, scoping reviews, peer-reviewed journal articles, and rapid reviews. Grey literature sources such as documents from academic dissertations.

- Population: Nurse Managers in the clinical settings in Africa.
- Measure of review outcome: Focus on determining the impact of emotional intelligence on nurse leadership as the review outcome.
- Secondary outcome: other outcome measures to be reported include the level of nurse manager's emotional intelligence, emotional intelligence impacts on effectiveness and performance.
- Context: only studies on nurse managers' emotional intelligence in Africa will be enlisted.

➤ *Exclusion criteria:*

Studies that fail to meet the inclusion criteria may be excluded from this review. These include

- Type of study: Studies of emotional intelligence of nurse managers conducted in countries outside Africa.
- Type of articles: Studies targeting emotional intelligence of nurses and student nurses. Studies published before January 2011 and after December 2021, studies published in other languages either than English.
- Type of outcome measure: Studies not focusing on the impact on emotional intelligence of nurse managers' effectiveness and performance.

All publications meeting the inclusion criteria will be considered in the initial screening. However, the review will not be included in the later screening, additional manual search of references of review articles will be performed.

Search Terms:

“Nurse Managers” AND (“Emotional Intelligence” OR “Africa”)

Databases:

PubMed (MEDLINE)

Google Scholar

B. Documentation

All processes and activities will be noted in a logbook. This will include the number of articles extracted from the electronic database, grey literature, articles included in a reference manager, the outcome of further eligibility based on exclusion. All copies of the articles selected for the review will be attached to the references in the reference manager (Mendeley).

C. Registration:

The study was registered with the RESEARCH REGISTRY for systematic reviews (<http://www.researchregistry.com>) with a protocol Registration UID: researchregistry7709.

III. LITERATURE SEARCH

The current review will scrutinize the major database PubMed and Google Scholar through PubMed central). In the PubMed and Google Scholar database, to sort for relevant items to be included in the review, the study will consider and include abstracts under major medical subject headings (MESH terms). Synonymous concepts will be sorted with the help of Boolean operator OR whilst different abstracts will be search with the operator AND. This will help to increase the number of significant papers required for the study. Aside from minutes and abstracts of conferences retrieved from the electronic database, the researcher will search Goggle Scholar for other gray and unpublished literature presented in dissertations and unpublished reports. When necessary, researchers will communicate to the authors to obtain the complete findings of the conference presentations. **The bibliographies of the articles searched that the selected database will yield will also be hand-searched to find additional articles of interest.**

A. Choice of study:

The double study from dissimilar databases will displayed after the sorting arrangement has been deleted. Two separate reviewers screen the abstracts and titles of the articles resulting from the electronic search and exclude the non-relevant articles. The remaining full-text papers will be restored and reviewed two additional reviewers will review the retrieved articles to determine their inclusion in the review. Controversies will be solved amicably by common agreement. Analogous researchers will be reached to deliver duplicate articles with incomplete text are not obtainable online. There will be a justification for the exclusion of a full-text screening paper and this would be documented in the PRISMA structure (Shamseer et al., 2015). The total number of papers identified and eligible for inclusion will be documented, while the number of papers that do not meet the inclusion criteria will be excluded from the study and the exclusion from the study will be adequately justified in the supporting information.

B. Data extraction

The data will be selected in accordance with a standardized selection format using Microsoft office Excel. The collected data will encompass the elements of the paper; study vocabulary, duration of article, site of study, purpose of the study, the geographic environment, research design, and participant characteristics, sample size and sampling procedure, dependent and independent variables, data analysis, and main results.

Data on demographic and socioeconomic characteristics of each measurement level of emotional intelligence is extracted. For examples of their different articles related to the same study population and location, the researchers will pull data from major comprehensive articles, and will be put together but they will as a single research paper. If several

papers from the same study are published at different times, the paper with the earliest publication is extracted.

C. Appraisal of study qualities.

The extracted papers that meet the inclusion criteria will be evaluated with the aid of an instrument known as risk of bias instrument developed and authenticated in carrying cross sectional surveys. (Hoy et al., 2012). The tool evaluates inside and outside credibility of a paper depending on the research questions. When selecting the articles, two separate researchers will autonomously assessed the standard of articles that can be considered for inclusion and rating either as high, moderate and low threat of bias. The differences from the independent reviewers will be certified amicably by common agreement ad further dialogue.

IV. DISCUSSION /CONCLUSION

Nurse’s work to promote health, prevent illness, and care for physically, mentally ill and disabled people. This requires

nurses to be emotionally intelligent to be responsive to their varied duties. The nature of nursing profession require emotional intelligence as a high-level skill that contributes to effective patient-centered care, especially with regard to the performance of managerial functions, emotional intelligence is becoming an important virtue in the hands of the nurse, who must be equipped with skills to successfully meet the growing demands of the modern healthcare system. The results of the study will help nursing managers to influence change by changing their own patterns of behavior and their habitual responses, and contribute to conflict resolution, as this will have a significant impact on the dynamics of subordinates, as their actions and decisions, especially in critical ones situations that are urgently needed. The findings of the study will inform policy-makers in the healthcare industry in Africa to recognize the need to consider nurses' emotional intelligence and how it can be integrated into their training so that patients can be provided with holistic healthcare.

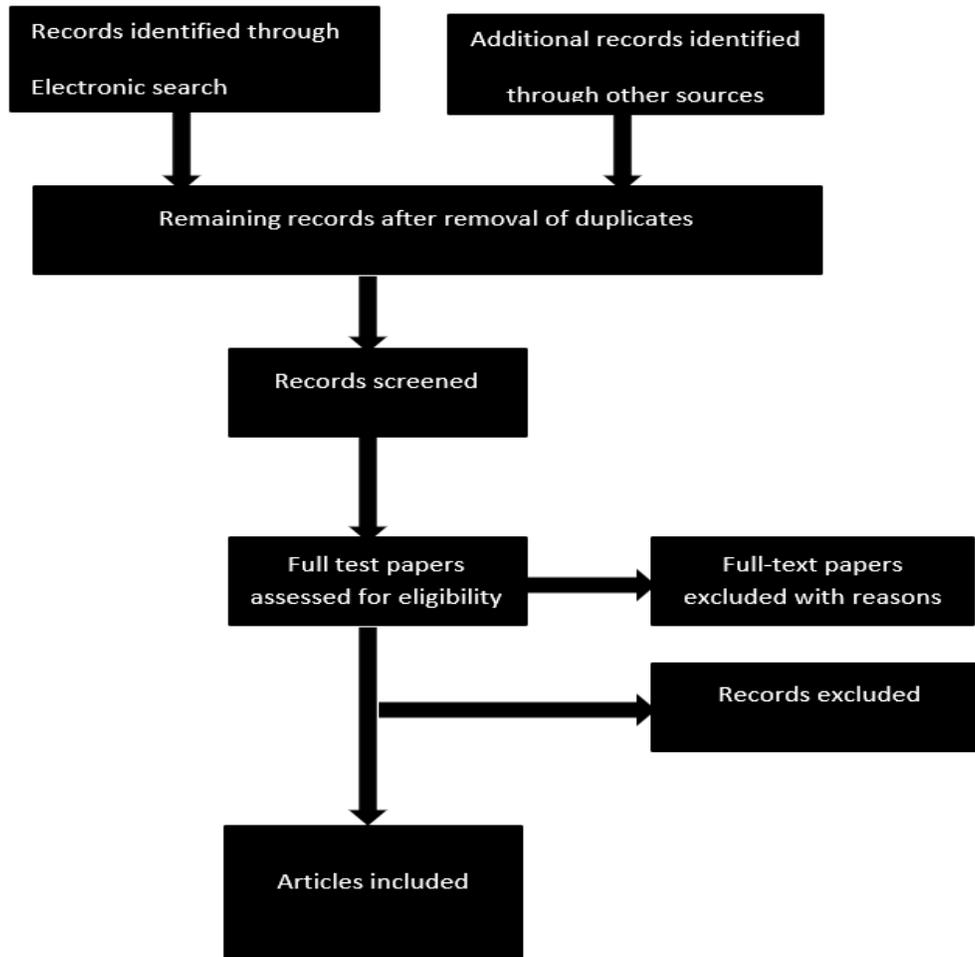


Fig 1:- Flow diagram for the scoping review processes in line with the Preferred Reporting Items for Systematic Review and Meta-analysis (PRISMA) Framework

APPENDIX A

PRISMA-P (Preferred Reporting Items for Systematic Review and Meta-Analysis Protocols) Checklist 2015: Recommended Items to be Covered in a Systematic Review Protocol*

Section and topic	item number	checklist item
ADMINISTRATIVE INFORMATION		
Title:		
Identification	1a	Identify the report as a record of a systematic review
Update	1b	If the log is intended for an update of a previous systematic review, mark it as such
Registration	2	If registered, provide the name of the registry (e.g: Research Registry) and registration number
Authors:		
Contact	3a	Include the name, institutional affiliation, and email address of all log authors; Include the physical mailing address of the corresponding author
Contributions	3b	Describe the contributions of the protocol authors and identify the guarantor of the review
Amendments	4	If the protocol represents an amendment to a previously completed or published protocol, mark as such and list changes; otherwise, government plan to document major protocol changes
Support:		
Sources	5a	Identify sources of financial or other support for the review
Sponsor	5b	Provide a name for the funder and/or sponsor of the review
Role of sponsor or funder	5c	If applicable, describe the role of funder(s), sponsor(s) and/or institution(s) in the development of the protocol.
INTRODUCTION		
Rationale	6	Describe the reasons for the review in the context of what is already known
Objectives	7	Provide an explicit explanation of the question(s) that the review will address in terms of participants, interventions, comparators, and outcomes (PICO).
METHODS		
Eligibility criteria	8	Provide the study characteristics (e.g., PICO, study design, setting, time frame) and report characteristics (e.g., years considered language, publication status) to be used as criteria for eligibility for the review
Information sources	9	Describe any intended sources of information (eg, electronic databases, contact with study authors, study registries, or other gray literature sources) with planned collection dates
Search strategy	10	The present draft of the search strategy to be used for at least one electronic database, including planned restrictions so that it could be repeated.
Study records:		
Data management	11a	Describe the mechanisms used to manage records and data throughout the review
Selection process	11b	Report the process used for study selection (e.g., two independent reviewers) at each stage of the review (i.e., screening, eligibility, and inclusion in the meta-analysis)
Data collection process	11c	Describe the planned method for extracting data from reports (e.g. pilot forms, independently generated, in duplicate) and processes for obtaining and confirming data from investigators
Data items	12	List and define all variables for which data is sought (e.g. PICO items, funding sources), any pre-planned data assumptions and simplifications.
Outcomes and prioritization	13	List and define all results for which data is searched, including prioritization of main and additional results, with justification
Risk of bias in individual studies	14	Describe the likely methods for assessing the risk of bias of individual studies, including whether this will be done at the outcome or study level, or both; Explain how this information will be used in data synthesis
Data synthesis	15a	Describe criteria under which study data will be quantitatively synthesized

	15b	If data are suitable for quantitative synthesis, describe planned summarizing actions, methods for handling data, and methods for combining data from studies, including any planned investigations for consistency (e.g., I2, Kendalls).
	15c	Describe any additional analyzes proposed (e.g. sensitivity or subgroup analyses, meta-regression)
	15d	If a quantitative synthesis is not appropriate, describe the type of summary envisaged
Meta-bias(es)	16	Specify any planned assessment of meta-bias(es) (e.g., publication bias across studies, selective reporting within studies)
Confidence in cumulative evidence	17	Describe how the strength of the body of evidence will be assessed (e.g., GRADE)

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