

Understanding Emotional Intelligence to Enhance Leadership and Individualized Well-Being

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KEYWORDS

• Leadership • Employee well-being • Emotional intelligence • Supervisor support

KEY POINTS

- A leader's ability to communicate, act on behalf of the people or organization that one serves, adapt to changes in the environment, mentor and develop others, and problem-solve are determinant factors in productive leadership.
- Effective leadership requires self-awareness, including understanding one's strengths, challenges, behavioral tendencies, and emotional reactions.
- Effective leadership requires the ability to regulate one's own emotions and responses to emotional challenges.
- Leading effectively requires managing others' emotions, including supporting others' needs, managing interpersonal conflict, and displaying empathy.
- Enacting emotional intelligence, which relies on high-quality communication and establishing/maintaining boundaries, can improve leadership.

INTRODUCTION

In the surgical arena, it is well established that high-functioning teams have better results, such as improved surgical times¹ and fewer complications.² The successful team concept extends beyond the operating room and into many areas of hand surgery practice. Effective leadership is critical in creating highly effective teams. A body of evidence suggests that leadership skills can be learned and developed.³ Preparation through gaining mental readiness, such as before a complicated surgical case,⁴ self-awareness of strengths and challenges,⁵ and exhibiting emotionally intelligent behavior, can enable leaders to build well-prepared teams.

The culture of surgery can exacerbate feelings of low confidence and internalized insecurity,⁶ particularly for underrepresented minority groups and women (despite evidence to the contrary, such as the findings that women tend to score higher than men in most leadership skills⁷). Furthermore, a gap between self-perception of ability and actual ability may negatively impact confidence and leadership effectiveness. A recent survey by the American Orthopaedic Association found that most surgeons experienced imposter syndrome in their career, and this discord between ability and perception led to the turning down of opportunities in half of the respondents.⁶ This is particularly the case surrounding tasks for which one may not have formal training, such as leadership. Moreover,

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inspirational leadership also requires accurate self-awareness, self-management, and confidence.⁸ For instance, confident individuals maintain eye contact longer when compared with people with less confidence,⁹ and those who are able to maintain eye contact while speaking are perceived as stronger and better leaders.¹⁰

It is well documented that a leader's ability to communicate,¹¹ act on behalf of the people or organization that one serves,¹² adapt to changes in the environment,¹³ mentor and develop others,¹⁴ and problem-solve are determinant factors in productive leadership. In medicine, not only are these skills often not explicitly trained but also many of them can be emotionally taxing for leaders, thereby limiting leadership effectiveness and harming the well-being and performance of both the leader and followers.¹⁵ This emotional tax is in addition to the already critical rates of burnout and threats to health care worker well-being that have led the National Academy of Medicine to launch a national plan to address workforce well-being.¹⁶ One resource that surgeon leaders can use to navigate these vast demands is emotional intelligence.

Emotional intelligence is a complex constellation of skills largely capturing how well an individual can identify and express, understand, alter, and use both their own and others' emotions.¹⁷ Meta-analytic evidence highlights the importance of emotional intelligence for overall job performance.¹⁸ Similarly, emotional intelligence has been linked with effective leadership styles (eg, transformational leadership and transactional leadership,¹⁹ authentic leadership²⁰). Moreover, recent meta-analytic work highlights that emotional intelligence as a skill can be trained, and that this trainability holds regardless of the gender of participants, the environment in which that training occurred, or how emotional intelligence was measured.²¹ Based on this, emotional intelligence should be a target of exploration when considering ways to develop and improve health care leadership and to address the prevalence of imposter syndrome within the surgical community. In later discussion, the authors outline key concepts from emotional intelligence and some evidence-based methods of developing these skills.

UNDERSTANDING AND DEVELOPING EMOTIONAL INTELLIGENCE CAN IMPROVE LEADERSHIP

Effective Leadership Requires Self-Awareness

One of the main lenses through which emotional intelligence can be evaluated is the origin of the emotion in question, either in oneself or in others.²²

First, focusing on self-oriented emotional intelligence, research highlights that intrapersonal emotional intelligence (ie, awareness of one's own emotions and self-evaluation) is positively correlated with one's self-assessment of transformational leadership.²³ Similarly, self-awareness is generally positively linked with one's assessment of their own leader performance²⁴ and positive outcomes.²⁵ Self-awareness is also intrinsically linked with authentic leadership,²⁶ a form of leadership marked by being aware of how one thinks, behaves, and is perceived by others,²⁷ which has been associated with a range of leadership outcomes (eg, follower job performance, engagement, satisfaction, empowerment, trust in the leader, relationship quality with the leader).²⁸ Nevertheless, many high performers struggle with a lack of self-awareness. For example, top performers tend to underestimate their own abilities and skills,²⁹ reflecting a potential struggle with making self-assessments. This may contribute to a confidence gap in surgeons, as reflected by the high rates of imposter syndrome in the surgical field.⁶ This suggests that intrapersonal awareness of one's internal state is necessary for high-quality leadership and its associated outcomes.

One evidence-based method of developing this self-awareness,³⁰ particularly around emotions as well as authentic leadership,³¹ is to train mindfulness skills. For example, a recent randomized waitlist-controlled trial showed that online mindfulness training can increase trait emotional intelligence, particularly for developing self-awareness.³² Moreover, mindfulness and emotional intelligence, broadly, have been linked to better well-being outcomes for health care professionals.^{33,34} Furthermore, there has been an increasing trend of incorporating mindfulness training and emotional intelligence in graduate medical education³⁵ and across different health care domains.^{36,37} Thus, the authors suggest that one method to improve and enhance the self-awareness component of emotional intelligence for health care leaders is to participate in mindfulness education, especially those that include an understanding of mindfulness theory, as this has been shown to be one of the only qualities of a mindfulness education program that impacts results across randomized controlled trials.³⁸

In addition to self-awareness, emotional intelligence captures one's ability to regulate their own emotional experience. Research suggests that followers' perceptions of their leaders' ability to successfully engage in emotional regulation is related to follower perceptions of leader effectiveness^{39,40} and the quality of the relationship between the leader and follower.^{41,42} Emotional self-regulation

is the altering of emotional states (intentionally or unintentionally) or their expressions⁴³ to pursue a goal.⁴⁴ Largely, this can take the form of an individual upregulating or downregulating the intensity or duration of the emotions they are experiencing, or changing their quality altogether. In the context of work, this regulation is often necessary in order to conform to display rules (ie, socially constructed norms about what emotional displays are acceptable or expected in various circumstances).³⁹ This can manifest as either surface acting (ie, altering the display of one's emotional experience without altering the actual experience of it) or deep acting (ie, altering the experience of one's emotions in order to alter the display in an authentic way).^{39,45} Typically, surface acting results in worse outcomes than deep acting,⁴⁶ although deep acting does require more cognitive effort and intention.⁴⁷ In addition to mindfulness training,⁴⁸ emotional competence training⁴⁹ holds promise for developing the capacity to more effectively regulate one's emotions. Specifically, in a randomized waitlist-control design, Kotsou and colleagues⁴⁹ trained participants for 15 hours on emotional competencies (identifying one's own and others' emotions, understanding emotions and their outcomes, expressing emotions in a socially accepted way, managing one's own and others' emotions, and using emotions to enhance thought) and had an additional booster session 2 weeks later. This training significantly improved emotional competencies and outcomes for at least a year.

A third powerful intervention that can enhance one's mindfulness, self-awareness, or emotional intelligence broadly relies on accurately measuring these internal qualities as well as their manifestations and outcomes, then reflecting on those relationships. Individuals can use a well-validated personality assessment to understand their own pattern of tendencies, thoughts, and feelings, and then evaluate how these traits are translated into behavior in various circumstances.⁵⁰ In other words, a leader's behavior is a function of their tendencies (personality traits), environmental variables (what is happening in the current context as well as previous experiences), and internal motivations.⁵¹ For example, surgeons who perform at the top of their field may find they exhibit problematic perfectionistic behaviors as manifestations of high levels of trait ambition and neuroticism, particularly in stressful circumstances like high-risk procedures, and this novel awareness may help them to alter their behavior intentionally. Critical to this self-reflection exercise is an understanding that traits and internal states are distinct from their behavioral manifestations, and each must be measured independently using well-validated instruments (eg,

personality assessments, behavioral assessments), because not all assessments are created equal. Moreover, different personality traits (eg, agreeableness, conscientiousness, extraversion) may predispose individuals to different leadership styles,⁵² and understanding these tendencies is crucial to adapting to the dynamic environmental of health care.

Overall, the assertion is that through validated assessment methodologies, mindfulness training, emotion competence training, or self-reflection exercises, surgeons and other health care leaders can develop the self-oriented emotional intelligence and self-awareness necessary to be maximally effective leaders across a range of situations.

Leading Effectively Requires Managing Others' Emotions

Looking toward other-oriented emotional intelligence, research highlights that the ability to identify and regulate others' emotions is particularly related to job performance in more socially oriented jobs,⁵³ including health care. Leaders are particularly well positioned to manage the emotions of their followers,³⁹ and the specific leadership behavior of managing followers' emotions is critical for follower and organizational outcomes.^{54,55} By managing followers' emotions, particularly negative emotions, leaders can help protect and promote maximum follower cognitive functioning, job performance, and motivation. Moreover, prominent leadership models (eg, behavioral model of leadership,⁵⁶ transformational leadership,⁵⁷ servant leadership⁵⁸) all suggest that identifying and responding to followers' needs, especially their emotional needs, is critical for successful leadership. In fact, these relationship-oriented, consideration behaviors consistently outperform other forms of leadership in predicting outcomes of interest across meta-analyses.^{59–61}

These other-oriented emotion regulation strategies, and broader relationship-oriented leadership behaviors can be trained. For example, a 2-week-long, residential leadership development program resulted in increased consideration behaviors as rated by the leaders themselves as well as their subordinates.⁶² Similarly, in a study of leaders in rehabilitation clinics, leaders engaged in a day-long training program for broad leadership skills to replace a previous 12-week course. Results from this training program found that even this shortened general training leadership improved self-reported individualized consideration behaviors.⁶³ In fact, consideration behavior was one of only 2 leadership behaviors to respond to the training, suggesting that this domain may be especially responsive to training.

In addition to broader, relationship-oriented leadership behaviors, the other-oriented aspect of emotional intelligence aligns closely with the notion of empathic leadership. For example, a study of middle and senior level managers within the health care field found that leader empathy was positively related to transformational leadership and negatively with laissez-faire leadership (a disengaged, passive and destructive form of leadership) and with follower job satisfaction, organizational commitment, and performance.⁶⁴ Moreover, the positive impact of leaders' empathy on performance is stronger in cultures of high-power distance⁶⁵ (ie, there is a strong hierarchy and understood power imbalance between those in positions of authority and those who follow them), such as may be found in many health care organizations.⁶⁶ Encouragingly, a meta-analysis of randomized controlled trials also shows that empathy training programs, regardless of length, are effective at developing empathy, particularly for health care workers, and if the participants were financially compensated for their time, with effects lasting at least 6 months.⁶⁷

Overall, to be an effective health care leader, one must be able to identify and manage others' emotions. These skills can be developed through broad leadership skill development, training focused on other-oriented leadership behaviors, and empathy training.

ENACTING EMOTIONAL INTELLIGENCE CAN IMPROVE LEADERSHIP

As the previous section suggests, intrapersonal (self) and interpersonal (others) awareness is critical for effective leadership, but this awareness alone is not enough to effect meaningful results. It is imperative that leaders act on this emotional awareness in a visible way to impact followers. The authors previously linked emotional intelligence to broader leadership styles and behaviors as one method of enacting emotional intelligence, as well as a focused perspective of emotion regulation. In later discussion, the authors briefly outline 3 additional specific and critical behavioral domains that are intrinsically tied to emotional intelligence and can be used to enhance leadership: communication, provision of support, and boundary maintenance.

Leading Effectively Requires Effective Communication

One of the foundational behaviors upon which leadership is built is communication.¹¹ A classic model of interpersonal interaction in the workplace suggests that leaders ought to ensure their communications align along 4 dimensions: respect,

propriety, justification, and truthfulness.⁶⁸ In other words, communications from leaders ought to show that the follower is valued and has dignity. These forms of communication can heighten followers' perceptions of the organization as a just and fair workplace. Specifically, a leader's communication behaviors are intrinsically tied to followers' perceptions of the organization's interpersonal justice (does the organization respect the employee) and informational justice (are explanations of decisions communicated clearly, honestly, and promptly).⁶⁹ Similarly, how a leader communicates policies and procedures, including safety procedures⁷⁰ and staffing policies,⁷¹ can impact followers' perceptions of the organization as a just and fair place to work.

Another specific method of communication that can aid in task performance as well as emotion management is closed-loop communication.^{72,73} This method of communication requires the listener to acknowledge and repeat the received message, and for the initial speaker to confirm that that message was what was intended. This method of communication has shown great promise in health care broadly for improving teamwork and patient safety,^{72,74} but the authors argue that it can also serve to ensure that followers feel listened to, validated and understood by their leaders, and that they understand what the leader is trying to communicate. This aligns with servant leadership, a popular style of leadership marked by empowering and prioritizing followers through words and actions, in large part through active listening (which includes closed-loop communication).⁷⁵

Given the importance of communication for health care leadership, there have been calls for increased communication training for health care leaders.⁷⁶ Evidence from other fields, such as corporate settings, suggest that communication training can be effective at improving leadership and teamwork.⁷⁷ One particularly promising training for health care leaders is a 3-day nonviolent communication training, designed to improve communication skills during stressful encounters at work.⁷⁸ This training intervention focused on emotional expression and response, particularly regarding negative emotions.⁷⁸ It included both theoretic foundations and practical demonstrations and practice opportunities. Results of this intervention in a health care organization showed a significant improvement in emotion verbalization, reduction in the distress associated with empathizing with others, and a reduction in social stressor exposure at work, compared with individuals who did not receive the training.

The authors assert that clear communication with followers that signals respect and honesty is one behavioral manifestation of emotional intelligence that can improve teamwork and ultimately outcomes for both health care professionals and their patients.

Leading Effectively Requires Providing Support

Emotionally intelligent leadership can also manifest as supportive behaviors. When considering supportive behaviors, research has identified 2 broad domains: instrumental support (ie, helping the individual overcome the stressor they are facing) and emotional support (ie, helping the individual manage their emotions around the stressor).⁷⁹ Both forms of support have been meta-analytically linked to positive work and personal outcomes, and these relationships are stronger when the support comes from one's supervisor or leader rather than one's peers. Instrumental support can include providing direct, tangible help to overcome a challenge or stressor an individual is facing (eg, stepping in to complete someone's charting because they already have an overload of work) or providing the individual with information that they can then use to overcome the stressor themselves (eg, telling someone about a keyboard shortcut for data entry that can speed up the charting process). Emotional support can include both direct emotional support (eg, consoling a coworker who is feeling overwhelmed by their caseload) or appraisal support (eg, helping an individual reframe an overwhelming caseload as a challenge). This mirrors path-goal leadership in which leaders must identify the needs of their followers, and whether those needs are task- or emotion-based, and then provide the necessary support either by assisting with the tasks (eg, instrumental/informational support) or by assisting with their emotions (eg, emotional/appraisal support).⁸⁰ Stated differently, a key aspect of providing support as a leader is ensuring that the support matches the need. For example, if a leader responds to all follower challenges by exclusively providing instrumental support by taking over and doing tasks oneself, this will harm not only the leader and organization but also the follower's development. An emotionally intelligent leader is more likely to be able to identify the needs of followers and be able to provide the appropriate form of support.

These supportive behaviors are also trainable. For example, a randomized control trial found evidence that a training intervention designed to improve workplace leaders' supportive behaviors

was successful.⁸¹ Specifically, an online training coupled with a 2-week period of tracking one's behaviors improved supervisors' attitudes toward veterans in the workplace and reduced employee stress 9 months after the training. Another study using this same training, and a randomized control design found that enactment of supportive supervision was more effective at improving follower health and job performance 9 months after the intervention for those who went through the training compared with those that did not.⁸² Similarly, implementation of a caregiver support program in which managers and staff members of group homes for individuals with developmental disabilities were trained on social support behaviors improved supervisor support and provision of praise and feedback as reported by the staff.⁸³

The authors posit that providing both instrumental- and emotion-oriented support as needed is another behavioral manifestation of emotional intelligence that can improve follower performance and development, as well as many outcomes that are relevant in health care, including but not limited to patient-reported outcomes.

Leading Effectively Requires Establishing and Maintaining Effective Boundaries

The final behavioral manifestation of leader emotional intelligence the authors want to highlight is the intentional establishment of boundaries in order to protect and promote one's own emotional well-being. Leadership can be emotionally taxing, particularly when tasked with managing others' emotions or one's own emotional displays.³⁹ To protect one's own emotional well-being, the authors highlight 3 ways to establish boundaries: managing conflicts, managing the work-life interface, and engaging in recovery activities.

Conflict management is an inherent part of leadership and working within teams.⁸⁴ Not only does a leader's behavior have an impact on how followers manage conflict within the team,⁸⁵ but also, leaders themselves may be engaged in conflict within the team itself. Meta-analytic evidence suggests that emotionally intelligent leaders are more likely to engage in constructive conflict management behaviors (eg, being open to others' ideas, maintaining the goals of the team through discourse, finding solutions that work well for the team and individual members).⁸⁶ By creating a climate of psychological safety (eg, everyone feels comfortable sharing thoughts and concerns without fear of social repercussions), leaders can promote constructive conflict management behaviors, with one study finding that teams with more emotional intelligence experience higher

levels of psychological safety overall.⁸⁷ To that end, conflict management behaviors are also trainable. One study found that relative to a control group, health care workers who were trained on cooperative conflict management skills across eight 3-hour sessions reported fewer, and less intense, conflicts with coworkers, patients, and patients' families.⁸⁸

Whereas conflict management can establish and maintain emotional boundaries at work, it is also important that the boundaries between work and nonwork settings are maintained. Although a complete review of work-life boundary management is beyond the scope of this article (see Allen and French, 2023⁸⁹ and Molina, 2021⁹⁰ for comprehensive reviews), there are several relevant strategies specifically related to emotional intelligence worth highlighting. First, understanding and reflecting on one's preferences regarding the degree of integration between work and life can be particularly helpful. Some individuals have a strong preference for flexible, permeable boundaries between work and nonwork life, whereas others prefer strong boundaries that keep these 2 domains entirely separate.⁹¹ Emotionally intelligent leaders ought to be able to recognize their own preferences as well as those of their followers, and how these different preferences may result in different patterns of behavior. Regardless of one's preferences, when possible, people experience better outcomes when they are able to leave work (including the associated stress and emotions) at work and be fully present in their nonwork lives. It is important to note that personality traits can impact one's ability to navigate this paradigm. For example, a person who exhibits prominent traits of neuroticism will have a tendency to not be fully present, whereas someone who does not possess prominent traits of neuroticism may find this easier to manage.⁹² To create stronger boundaries, individuals can engage in rituals that transition them into and out of work or leadership roles (eg, commuting, walking around the block), use technology with intention (eg, maintaining a separate work phone and only turning it on during work or on-call hours), and having discussions with important others about expectations (eg, clarifying the norms of availability and roles within one's team).⁹³ Evidence also suggests that mindfulness training, or other self-reflection trainings, can improve the outcomes of these boundaries. For example, a randomized waitlist-control designed study using a 3-week online mindfulness training found reduced work-family conflict, higher satisfaction with work-life balance, and increased detachment from work for those who went through the training compared with those that did not.⁹⁴

The impact of this training was especially strong for people who tended to prefer integration across the work-family domains, suggesting that its knowledge of followers' preferences can aid in directing them toward behaviors that will be particularly beneficial for them.

The last behavioral domain related to emotional intelligence the authors want to highlight for health care leaders is engaging in recovery activities when not working. As the authors have outlined in earlier discussion, leadership roles in health care can be emotionally taxing. Health care professionals already face high rates of burnout⁹⁵ and mental health disorders,⁹⁶ and the added stress of leadership roles necessitates increased attention toward off-work recovery activities. Research suggests that these recovery activities can meet one of 4 needs: relaxation, detachment from work, mastery, and control.^{97,98} An emotionally intelligent leader should be able to identify their own needs on a moment-to-moment, or day-to-day, basis, and adjust their nonwork activities accordingly to ensure these different needs are met. For example, coming home and watching a movie or sitcom before going to sleep may meet relaxation needs, and possibly detachment needs, but leaves mastery and control needs unmet. However, learning a new skill (eg, taking a cooking class with friends) or engaging in an exercise regimen may not be relaxing but may help meet needs for mastery and control. By meeting these needs for themselves, emotionally intelligent leaders can ensure they have recovered effectively and are able to navigate the emotional demands of their work the next day. Moreover, an emotionally intelligent leader may also support their followers in engaging in recovery activities after work, or even during microbreaks during the workday.⁹⁹ Encouragingly, there is evidence that a training program designed to improve one's use of these recovery activities is effective at improving sleep quality, perceived stress, and negative affect.¹⁰⁰ Specifically, this training included 4 modules of lecture, practice, and self-reflection about the 4 different needs that can be met by recovery. Not only did the training improve the aforementioned outcomes but also it increased self-reported recovery across each of the 4 domains.

Thus, the authors assert that to be maximally effective, emotionally intelligent leaders would do well to engage in high-quality work-life boundary management, conflict management, and recovery activities. In doing so, these leaders will foster positive working environments for their followers and colleagues, which can protect and promote their own mental health and well-being, thereby enhancing their performance on the job.

Table 1
Summary of emotional intelligence-related skills, relevant leadership constructs, and methods of development

Skill	Relevant Leadership Construct	Methods of Development
Self-awareness	Authentic leadership Transformational leadership	Mindfulness training Self-reflection
Emotional self-regulation	Leader member exchange (relationship quality)	Emotional competency training Self-reflection
Managing others' emotions	Transformational leadership Consideration Servant leadership Empathic leadership	General leadership training Empathy training programs
Communication	Servant leadership Transformational leadership	Nonviolent communication training
Providing support	Path-goal leadership Family-supportive supervision	Social support training Caregiver support program
Boundary maintenance	Family-supportive supervision	Mindfulness training Self-reflection Cooperative conflict management training Recovery training

SUMMARY

Overall, the authors suggest that emotional intelligence and its related behavioral manifestations are critical for effective leadership in health care, and in particular within surgical teams. The authors highlight these different domains as well as associated leadership constructs and methods of developing these skills (Table 1). They also provide definitions of the leadership constructs discussed in this article in Appendix 1. Emotional intelligence is indispensable to effective leadership, and the understanding and development of this skill can improve leadership abilities. The foundation of effective leadership is self-awareness, which can be enhanced by self-reflection using validated assessments. Other-oriented emotional intelligence allows leaders to effectively manage others' emotions in challenging situations and can be improved through training focused on emotional competencies, empathy, or general leadership. Emotionally intelligent leaders are also effective at communicating, providing support, and establishing and maintaining boundaries around their work, including its emotional components. Communications must be grounded in respect, propriety, justification, and truthfulness and can be enhanced through training that specifically targets communicating negative emotions. Implementation of supportive behaviors, navigating conflicts, and managing work-life boundaries can all also be improved through self-reflection and targeted

training programs. Thus, the authors reiterate that effective leadership in health care can be improved through developing leader emotional intelligence and the proper application of this skill through various behaviors, all of which can be improved through a range of interventions.

CLINICS CARE POINTS

- Leaders should be prepared to recognize and manage their own and others' emotions particularly during stressful experiences.
- It is critical that leaders be aware of, and seek out, ways to build on their current emotion regulation skills.
- Leaders can use self-assessments to identify their own needs, preferences, and strengths.

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APPENDIX 1: LEADERSHIP CONSTRUCT GLOSSARY

Authentic Leadership: A form of leadership in which the leader “(1) is self-aware, humble, always seeking improvement, aware of those being led and looks out for the welfare of others; (2) fosters high degrees of trust by building an ethical and moral framework; and (3) is committed to organizational success within the construct of social values.”^{101(p850)}

Behavioral Model of Leadership: A model of leadership proposed by Stogdill⁵⁶ that essentially suggests “leadership is composed of essentially two general kinds of behaviors: *task behaviors* and *relationship behaviors*. Task behaviors facilitate goal accomplishment...Relationship behaviors help subordinates feel comfortable with themselves, with each other, and with the situation in which they find themselves.”^{102(p35)}

Consideration: A type of relationship-oriented leadership behavior identified by Stogdill⁵⁶ and the behavioral model of leadership that includes “building camaraderie, respect, trust, and liking between leaders and follower.”^{102(p36)}

Empathic Leadership: A form of leadership in which the leader is “cognizant about others’ emotions” and “connect[s] with followers.”^{103(p242)}

Family-Supportive Supervision: A form of leadership in which the leader works to “reduce the extent to which their employees’ work role interferes with their family role.”^{104(p171)}

Idealized Influence: A component of transformational leadership that “describes leaders who act as strong role models for followers; followers identify with these leaders and want very much to emulate them.”^{102(p137)}

Individualized Consideration: A component of transformational leadership that describes “leaders who provide a supportive climate in which they listen carefully to the individual needs of followers. Leaders act as coaches and advisers while trying to assist individuals in becoming fully actualized.”^{102(pp138–139)}

Initiating Structure: A type of task-oriented leadership behavior identified by Stogdill and the behavioral model of leadership that includes “organizing work, giving structure to the work context, defining role responsibilities, and scheduling work activities.”^{102(p36)}

Inspirational Motivation: A component of transformational leadership that describes “leaders who communicate high expectations to

followers, inspiring them through motivation to become committed to and a part of the shared vision in the organization.”^{102(p138)}

Intellectual Stimulation: A component of transformational leadership that describes leaders who stimulate “followers to be creative and innovative, and to challenge their own beliefs and values as well as those of the leader and the organization.”^{102(p138)}

Laissez-Faire Leadership: A form of leadership in which the “leader abdicates responsibility, delays decisions, gives no feedback, and makes little effort to help followers satisfy their needs.”^{102(p141)}

Leader Member Exchange: “[A] process that is centered on the interactions between leaders and followers”^{102(p111)} with recognition that some interactions are “based on expanded and negotiated role responsibilities (extra-roles), which [are] called the *in-group*, and a second set that [are] based on the formal employment contract (defined roles), which [are] called the *out-group*.”^{102(p112)}

Path-Goal Leadership: A form of leadership in which a leader seeks to aid “subordinates along the path to their goals by selecting specific behaviors that are best suited to subordinates’ needs and to the situation in which subordinates are working.”^{102(p90)}

Relationship-Oriented Leadership: Akin to consideration, a form of leadership in “which a leader shows concern and respect for their followers, looks out for their welfare, and expresses appreciation and support.”^{105(p1394)}

Servant Leadership: A form of leadership in which the leader is “attentive to the concerns of their followers and empathize[s] with them...[and] focuses on the needs of followers and helps them to become more knowledgeable, more free, more autonomous, and more like servants themselves.”^{102(p257)}

Task-Oriented Leadership: Akin to initiating structure, a form of leadership in “which a leader defines the roles of their followers, focuses on goal achievement, and establishes well-defined patterns of communication.”^{105(p1394)}

Transformational Leadership: “The process whereby an individual engages with others and creates a connection that raises the level of motivation and morality in both the leader and the follower.”^{102(p132)}

Transformational Leadership: A form of leadership in which the “leader does not individualize the needs of subordinates nor focus on their personal development” but instead will “exchange things of value with subordinates to advance their own as well as their subordinates’ agenda.”^{102(p140)}