## "EMOTIONAL INTELLIGENCE" KEY TO LEADERSHIP

Companies screening candidates for leadership positions should seek a quality called "emotional intelligence." Research has shown that this attribute is twice as important as cognitive abilities or technical skills.

Emotional intelligence comprises five components:

• Self-awareness. Self-aware people understand and are comfortable with their emotions, needs, weaknesses, strengths, and drives. This understanding makes them self-confident.

• Self-regulation. Self-regulating people control their impulses, including potentially destructive ones like anger and fear. Such people are often described as "mature."

• Motivation. Highly motivated people are driven not to acquire a large salary or a prestigious title but to experience the joy that accompanies achievement. Like athletes, they welcome challenges.

• Empathy. Empathetic people consider others' feelings when they make decisions. This makes them good at leading teams, retaining talented employees, and working with people from other cultures—all vital skills in today's marketplace.

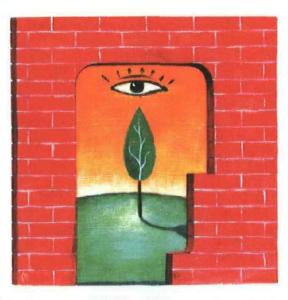
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• Social skill. Socially skilled people are good at managing relationships. They prize networking, knowing that few important jobs get done alone.

In an important sense, social skill is the culmination of emotional intelligence's other four components. People good at managing relationships tend also to be self-aware, self-regulating, and empathetic. And motiva-

tion-the drive to achieve, which often attracts other people-also contributes to social skill.

Emotional intelligence can be learned, though that is not easy. An executive who was, for example, deficient in empathy hired a coach to help him strengthen that trait. Among other things, the



coach shadowed the executive and critiqued the way he dealt with coworkers. After several months of coaching, the executive's empathy increased, and his job performance improved as well.

From Daniel Goleman, "What Makes a Leader," Harvard Business Review, November-December, 1998, pp. 93-102.

## **PROTECTING EMPLOYEES**

Violence is reporting to work more and more frequently these days. According to the Department of Justice, more than a million episodes of workplace violence take place annually—some 18,000 each week. The cost is enormous, in terms of insurance coverage, healthcare for the injured, and potential liability. Yet in the absence of federal legislation governing workplace violence, the onus is on employers to ensure that workers are protected.

The issue is of particular concern to the healthcare industry, which accounts for two-thirds of nonfatal assaults. About half of these are committed by patients and the other half by coworkers. Nursing homes, social service agencies, and hospitals experience the largest number of violent episodes that result in time lost from work.

Effective antiviolence programs impose strict sanctions, including termination, against employees who act aggressively at work. They integrate antiviolence efforts throughout the organization, and all managers and supervisors receive training, as do staff.

The Long Island Workplace Violence Awareness and Prevention Program, a program OSHA cites as a model, recommends these additional steps:

• Create a written antiviolence statement, pledging nontolerance of violence and consistent treatment for offenders company-wide, and requiring prompt reporting of violent incidents.

· Compose a "threat assessment

team" to identity and analyze any trends in assaults that have occurred in your workplace.

 Conduct a workplace security analysis and survey to identify concerns.

• Make sure employees are aware of electronic alarms or other equipment they could use in case of an attack.

• Provide identification cards and security procedures for employees working off hours.

• Train employees to be aware of situations and places—such as isolated areas—where assaults could occur.

• Ensure the confidentiality of employees who report domestic violence.

From Frank Jossi, "Defusing Workplace Violence," Business and Health, February 1999, pp. 35-39.