As I read the day’s newsfeed from Inside Higher Ed—if you don’t subscribe you should—one headline caught my attention: “Extra points for being nice” (Jaschik, 2018). I had been pondering what to write about for this month’s editorial and had been thinking about revisiting the topic of emotional intelligence, which I first addressed in a previous editorial (Bellack, 1999). The headline led me to a feature describing Dartmouth College Tuck School of Business’s plan to expand admission criteria to include attributes long associated with emotional intelligence, quoting the Executive Director of Admissions, “What we’re looking for is emotional intelligence, empathy and respect for others.” Two of the four attributes Tuck will look for include “nice” and “aware.”

The business school intends to elicit these qualities through essays and recommendations as part of the overall admission profile that applicants submit. They will do so through prompts, both for applicants as well as those who provide letters of reference for them, asking applicants to “share an example of how you helped someone else succeed” and asking referees to address “how the candidate interacts with others including when the interaction is difficult or challenging” and “the candidate’s recognition of her/his growth areas and response to feedback about these growth areas” (Tuck Communications, 2018, “Letter of Reference Questions,” Questions 3 & 5).

Yet, I wonder to what extent we, as faculty and leaders of schools of nursing, make sure we are considering such qualities as we review applicants for admission? Over the past two decades, the nursing education and nursing practice literature (too prevalent to cite here) continues to reflect concerns that bullying, gossip, shaming, scapegoating, sabotaging, and, to a lesser extent, direct threats of harm remain rife within our profession. All one has to do is conduct an Internet search using the words bullying, incivility, violence, and nursing profession, and examples too numerous to list populate the screen. These are not indicators of “being nice” and “being aware,” but rather examples of widespread incivility.

New graduates are especially at risk for workforce bullying (Vogelpohl, Rice, Edwards, & Bork, 2013). In 1999, in a follow up to asking the original question in 1986, Meissner (1999) asked, “Nurses: Are We Still Eating our Young?” Sadly, the answer was “yes.” Sixteen years later, Brunworth (2015) asked, “Eating our young in nursing….Are we full yet?” While these articles focus on the workforce, many of the “eating our young” examples indicate that new graduates are especially at risk of being bullied, accounting for early departures from a given job and even from the profession itself.

With bullying so prevalent in the workforce, we must ask what is it about our profession—one that espouses caring as a central virtue and characteristic hallmark, and the profession ranked most trusted and most ethical by the public for 16 consecutive years (Brenan, 2017)—that creates and condones such “not nice” and “not aware” behavior? It’s not that other professions don’t experience bullying, but an Internet search using “most bullying profession” revealed that nursing accounted for 16 of the top 20 cited references (three were in law, one in medicine). Is it that we are paying more attention, or is bullying truly more prevalent among us? I fear the latter.

Clark, Nguyen, and Barbosa-Leiker (2014) have studied academic incivility, a form of bullying among both students and faculty, and have published their findings widely in the professional nursing literature (https://works.bepress.com/cynthia_clark/60/). Clark (2010) stated “ Civility matters because treating one another with respect is requisite to communicating effectively, building community, and creating high-functioning teams” (para. 8). We already know these hallmarks of success in the workforce are especially critical in health care, where health professionals daily encounter and are called on to make life-saving decisions.

Such frequency of citation suggests to me that we need to be paying greater attention to considering emotional intelligence as a quality to look for in our applicant pools, a quality I believe is as important as indicators of academic success and other traditional admission criteria, such as community engagement experiences, diversity of background, and prior health care experience. Although having the requisite knowledge and skills is a necessary foundation for safe clinical nursing practice, the emotional and social competencies equated with emotional intelligence are also necessary ingredients for effective, high-quality performance in such a relationship-intense profession as nursing.

As I asked in an earlier editorial, “Is Emotional Intelligence a Missing Ingredient in Our Profession?” (Bellack, 1999, p. 3), emotional intelligence:

- encompasses both personal competence (i.e., the ability to manage oneself)
and social competence (i.e., the capacity for relating to others). Personal competence involves self-awareness, self-regulation, and motivation. It is reflected in such characteristics as self-confidence; knowing one’s own strengths and limits; self-control of emotions; trustworthiness; flexibility; being comfortable with new ideas and change; initiative; drive; commitment; optimism; accountability for one’s own performance; and doing one’s personal best (p. 3).

To what extent do we pay sufficient attention to these qualities as we review applicants for admission, evaluate students’ clinical performance, and validate that students possess the requisite knowledge, skills, and attributes to practice nursing as new graduates?

In 2001, my colleagues and I in the Helene Fuld Health Trust-Funded Leadership Initiative in Nursing Education program reported on results of the program in boosting the integration of emotional intelligence leadership competencies in nursing curricula. Using the emotional intelligence framework to evaluate whether students acquire, develop, and strengthen their emotional intelligence competencies as they progress through the curriculum, we believed such to be as important as students’ acquisition and demonstration of the foundational knowledge and skills that prepare them for beginning professional practice (Bellack et al., 2001). I wonder to what extent the participants in this program, as well as faculty in other schools of nursing have adopted or adapted and sustained the reported integration of emotional intelligence competencies as requisites for professional practice.

As nurse educators, we are deemed successful if our graduates pass the licensing and certification examinations at high rates of success, if they secure employment as an RN or an advanced practice registered nurse within a designated period, and if our programs achieve a high spot on the holy grail of U.S. News rankings. But to what extent do we consider “being nice” and “being aware” equally important program outcomes as we prepare our students for the world of work, graduates who are prepared to both withstand, and especially help break, the cycle of bullying in the workforce?

We must also ask if we, as faculty and academic leaders, reflect the qualities and behaviors associated with emotional intelligence ourselves as our students look to us as role models of professionalism and what it means to be a nurse. As we look ahead to a new academic year, I urge all of us to set a time to come together in our respective schools and programs to engage in dialogue to address the questions below, and then carry forward to ensure we are supporting a healthy teaching–learning environment for students and faculty alike:

- To what extent do our admission, progression, and graduation criteria emphasize the qualities of emotional intelligence, of “being nice” and “being aware”?
- To what extent do our student and faculty policies make clear what behaviors we have agreed are desired ways of behaving and ways we will treat members of our academic communities, as well as make clear what behaviors are not acceptable, including consequences for instances of such behavior?
- To what extent do we personally exhibit the qualities associated with being emotionally intelligent and therefore serve as inspirational role models for our students and faculty colleagues?
- Finally, but most importantly, what changes do we need to make individually and collectively to ensure we truly embrace, embody, and reflect the emotional intelligence needed to create and sustain the kind of environments that make learning an enjoyable challenge and clinical practice safe, in its broadest sense, for patients and practitioners alike?

**References**


Janis P. Bellack, PhD, RN, FAAN, ANEF

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