American Journal of Biomedical Science & Research

www.biomedgrid.com
ISSN: 2642-1747

Mini Review



# Leadership and Emotional Intelligence: Clinical Implications for the Intensivist - A Mini-Review

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***To Cite This article:*** *Obashina Ogunbiyi*, Omolola Fagbohun and Akintayo Ogunjuboun, Leadership and Emotional Intelligence: Clinical Implications for the Intensivist - A Mini-Review. Am J Biomed Sci & Res. 2026 31(6) AJBSR.MS.ID.004109,*

**DOI:** 10.34297/AJBSR.2026.31.004109

**Received:** August 12, 2026 **Published:** August 19, 2026

## Abstract

Critical illness is a leading cause of preventable hospital mortality and the Intensive Care Unit (ICU) demands integration of advanced clinical skills with leadership, communication, and teamwork. The intensivist's role now includes coordinating multidisciplinary teams, supporting families and fostering a safety culture. Emotional Intelligence (EI) is a critical element of effective clinical leadership, with emotionally intelligent leaders enhancing team performance, psychological safety, communication and staff resilience. Leadership models, including transformational, authentic, servant and shared, offer practical frameworks for ICU leadership development. This mini-review examines links between leadership and EI in critical care, emphasizing their roles in collaboration, communication and burnout prevention. It opines that leadership and EI should be core competencies in Intensivists' training to improve team effectiveness, strengthen healthcare systems and optimize outcomes for critically-ill patients.

**Keywords:** Leadership, Emotional Intelligence, Intensivist, Critical care, Communication

## Introduction

Critical care medicine has evolved into a highly specialised discipline characterised by technological advancement, complex decision-making and dependence on multidisciplinary collaboration [1]. The Intensive Care Unit (ICU) is an environment where rapid physiological changes, uncertainty and competing clinical priorities are routine and is known to have a high mortality if there is no thorough direction of the management team. A global epidemiology data reported ICU mortality ranging between 16.2% and 25.8% [2]. Consequently, excellence in intensive care requires more than technical expertise; it requires clinicians who can lead teams effectively, communicate compassionately and create systems that promote safe patient care [3]. Leadership in healthcare involves influencing professional behaviour, establishing shared goals and enabling teams to achieve optimal outcomes. Within the ICU, leadership directly affects communication, coordination, adherence to clinical protocols and the ability of teams to respond effectively during emergencies [4]. At the same time, intensive care practice is emotionally demanding. Intensivists frequently manage situations involving death, severe disability, end-of-life decisions, distressed families and exhausted healthcare workers. These circumstances require emotional awareness, empathy and self-regulation. Emotional Intelligence (EI) has however become increasingly recognised as an important determinant of clinical leadership effectiveness [5]. The concept of EI was introduced by Salovey and Mayer, [5] who described it as the ability to perceive, understand and regulate emotions to facilitate adaptive thinking and behaviour.

Goleman, [6] subsequently expanded the concept into a leadership framework involving self-awareness, self-regulation, motivation, empathy and social skills. These competencies resonate with the interpersonal demands of intensive care practice. Increasing evidence indicates that leadership failures and poor communication contribute significantly to adverse events in healthcare. Conversely, effective leadership promotes psychological safety, encourages reporting of concerns and facilitates continuous improvement [7]. In critical care, where teamwork and communication are essential for survival, leadership and EI should therefore be considered fundamental clinical competencies rather than optional professional attributes. This mini-review examines the relevance of leadership theories and emotional intelligence models to intensive care practice and discusses their implications for the modern intensivist.

## Leadership Approaches Relevant to Intensive Care

There are several leadership theories that describe and provide understanding of an effective ICU leadership. Transformational leadership remains one of the most widely studied approaches in healthcare. It involves inspiring teams through a shared vision, encouraging innovation and supporting individual professional development. These leaders promote engagement, accountability and continuous improvement, which are characteristics for high-performing intensive care teams [8]. Servant leadership emphasises humility, empathy and commitment to the development and well-being of others. This approach recognises the expert contributions of all healthcare professionals, including nurses, pharmacists, respiratory therapists and other allied health workers [9]. Authentic leadership focuses on self-awareness, transparency and ethical consistency. Intensivists practising authentic leadership acknowledge uncertainty, encourage open communication and build trust among colleagues and patients' families [10]. This is helpful in difficult prognostic discussions and ethical decisions. Shared or distributed leadership approach, in modern critical care, recognises that expertise exists throughout the multidisciplinary team. Such models improve collaboration, increase staff engagement and strengthen patient safety culture [11].

## Emotional Intelligence Models and Clinical Relevance

Three major models of emotional intelligence have influenced healthcare leadership development:

a) The Ability Model: Developed by Mayer and Salovey [5] describes EI as a cognitive ability involving perception, understanding and management of emotions. This model is highly relevant to Intensivists, during stressful scenarios, as effective clinical leadership requires recognition of emotional cues, appropriate responses to distress and regulation of personal reactions.

b) The Mixed Model: Assigned by researchers to Goleman [12] integrates cognitive emotional abilities with workplace competencies. Self-awareness enables intensivists to recognise personal limitations and biases; self-regulation supports calm decision-making during crises; empathy facilitates compassionate communication; and social skills improve teamwork and conflict resolution.

c) The Trait Emotional Intelligence Model: Considers EI as a collection of emotional dispositions influencing resilience, adaptability and interpersonal behaviour [13]. This perspective is particularly relevant to physician well-being because higher emotional intelligence has been associated with improved coping strategies and reduced occupational stress.

## Current Evidence in Critical Care

There is now empirical evidence that leadership and EI influence ICU performance. Effective leadership improves teamwork, communication and safety culture, while ineffective leadership contributes to conflict, reduced morale and preventable errors [4]. Teams that feel psychologically safe to question decisions, report concerns and acknowledge uncertainty are more likely to identify problems early and prevent harm. Edmondson [7] demonstrated that psychologically safe environments promote learning and innovation within organisations. Burnout among Intensivists and other healthcare workers is becoming common, driven by high job demands and low resources, emotional stress and repeated exposure to suffering [14,15]. Employers' strategies that promote supportive leadership, teamwork and emotional resilience reduce burnout [16]. During the COVID-19 pandemic, ICU leaders had to manage unprecedented clinical demands while supporting distressed healthcare workers and making difficult ethical decisions under uncertainty. They had to imbibe transparent communication, adaptability and compassion as essential leadership behaviours [17].

## Clinical Implications for the Intensivist

The art of leadership and Emotional Intelligence (EI) has important implications for the daily responsibilities of the intensivist. Modern critical care requires physicians who can combine clinical competence with the ability to lead teams, communicate effectively and support both patients and healthcare professionals, which are the hallmark of modern critical care settings.

## Enhancing Multidisciplinary Team Performance

Critical care is fundamentally a team-based specialty. The quality of care delivered to critically ill patients depend on collaboration among physicians, nurses, pharmacists, respiratory therapists and other healthcare professionals. Leadership approaches that encourage inclusiveness, respect and shared decision-making improve team cohesion and performance. Distributed leadership approach allows different professionals to contribute their expertise, thus improving communication [11].

## Communication with Patients and Families

Communication remains one of the most challenging responsibilities of the Intensivist. Relatives may ask about prognosis, limitation of treatment, brain death, organ donation and end-of-life care of the patient. More often than not, this happens during periods of significant emotional distress of the intensivist.

Families require honesty, empathy, compassion and support. Emotionally intelligent clinicians are better able to recognise emotional responses, adapt communication styles and facilitate shared decision-making. Emotionally-intelligent clinicians are however able to communicate effectively. This improves family satisfaction and strengthens trust between healthcare professionals and relatives of critically-ill patients [18].

## Leadership Development in Intensivist Training

Traditionally, postgraduate critical care education has focused primarily on biomedical knowledge and procedural skills. However, contemporary modern practice requires broader competencies encompassing leadership, communication, teamwork and emotional intelligence.

Leadership development should be incorporated into anaesthesia and intensive care training through simulation, mentorship and structured coaching. Simulation-based education is particularly valuable because it allows trainees to practise crisis leadership, communication and decision-making in realistic but controlled environments [19].

## Highlights

a) Leadership and Emotional Intelligence (EI) are essential non-technical competencies for the modern intensivist, complementing clinical expertise and procedural skills.

b) Transformational, authentic, servant and shared leadership approaches provide practical frameworks for improving ICU teamwork, communication and patient safety.

c) Emotionally intelligent leadership promotes psychological safety, multidisciplinary collaboration and clinician resilience.

d) Integration of leadership and EI training into postgraduate critical care education may strengthen healthcare teams and improve outcomes for critically-ill patients.

## Conclusion

Leadership and emotional intelligence represent essential competencies for the modern critical care practice, which requires clinicians who can integrate scientific expertise with effective communication, ethical judgement, teamwork and compassionate leadership. As healthcare systems continue to face technological transformation and workforce challenges, leadership development should become an integral component of critical care education and professional practice. Training intensivists in emotional intelligence and leadership skills has the potential to strengthen ICU teams, reduce burnout and improve outcomes for critically ill patients. The emotionally intelligent Intensivist with human-centred leadership represents the future of critical care. Future intensivists must therefore be trained not only to manage complex physiology but also to lead people and build safer healthcare systems.

## Acknowledgement

None.

## Conflict of Interest

None.

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