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Emotional Intelligence Among Nursing Leaders

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Abstract

Leadership quality has a substantial impact on organizational competency and is influenced by strong, effective leadership. EI is the capacity to comprehend one's own feelings as well as those of others and to evaluate and react to those sentiments. It relates to aspects of leadership such as self-awareness, self-management, social awareness, and social skills.

Emotions arise immediately in response to a situation. Lack of tolerance and control of personal emotions leads to emotional chaos causing poor situational control leading to failure to manage chaos in personal and professional life. Nurses who lead with emotional intelligence show awareness of their own and others' psychological health and well-being, guiding others toward shared objectives while forming strong personal bonds with their team members and coworkers.

Aim: This work was conducted to investigate the current status and measure the level of the Emotional intelligence among nursing leaders at Kalba & Masafi hospitals.

The proposed study aims to study level of Goleman competencies and domains of emotional intelligence were related to nurse retention and improved outcomes in patient care.

Methodology: A well-structured an anonymous questionnaire was administered to 75 nurses working at Major east coast hospitals (Kalba & Masafi) hospital using Daniel Goleman's Emotional Intelligence assessment tool.

Results: the level of emotional intelligence is equal among Nursing leaders in both hospitals. The slight variation was noted between the educational eves and the age factor**. Conclusion:** Further studies are required with wide inspection to the concept of emotional intelligence among nursing leaders. Also, the need to implement a full training program for nurses will be beneficial in enhancing their skill.

Keywords:

emotional intelligence; leadership; management; nurse manager; work perception

Introduction

Background

The ability to identify your own emotions, identify the emotions of others, and use this understanding to shape behavior and interpersonal interactions is called emotional intelligence (EQ). That is the quality that determines success in the workplace. (1).

Emotional intelligence (EI), is the ability to recognize one's own and other people's emotions and regulate those emotions to behave in a socially acceptable way. accept. The main contexts in which this skill is used are social situations and situations requiring interpersonal communication. This noncognitive skill, which allows individuals to focus on awareness and appropriate emotional expression, influences the ability to cope with many situations. (2)

Emotional intelligence has been identified as influential factor by researcher that affects individual and organization performance. It is considered a potential useful factor to improve the quality of nursing care and patient experience. (4)

Determining the appropriate way to develop the skills needed for this position is important because the responsibilities of frontline nurse managers are critical to achieving organizational goals. EI has been identified as critical to leadership success and is an especially important competency for healthcare leaders. Leaders with high EI care as much about people's experiences as they do about understand and meeting their needs (9). Team leadership requires active listening, emotional awareness, and the ability to decipher a person's underlying intentions from their words. Leaders who possess emotional intelligence are self-aware; they understand how to interpret their own emotions and how those emotions can affect those around them. Leaders can gain people's trust and improve their performance by showing empathy towards them. (8)

Problem statement

The importance of Emotional intelligence among nurses' leaders is essential to reduces stress and burnout (15). It gives insight into a patient's emotional responses to a treatment, which raises patient satisfaction level. However, not all nursing leaders understands Emotional intelligence in health care. The scope of responsibility and the depth of knowledge, skills, and attitudes needed to be an effective nurse continue to expand.
Kalba & Masafi hospitals are a dynamic institution, where nurse leaders are coming from diverse background. Consequently, this variation might lead to comprehend the working environment.

Purpose of The Study

This study is conducted to assess the current status and measure the Emotional intelligence among nurses' leaders at Kalba & Masafi hospital while shedding light on the factors affecting this process.

The proposed study aims to study level of Goleman competencies and domains of emotional intelligence were related to nurse retention and improved outcomes in patient care.

Research Question

- What is the importance of Emotional intelligence among nurses' leaders?
- What is the level of Emotional intelligence among nurses' leaders at Kalba & Masafi hospital Based on: Daniel Goleman's Emotional Intelligence questionnaire.

Significance of the study

Emotional intelligence in nursing practice is important when nurses interact with patients and families who are experiencing difficult situations and conditions. Nurses must understand that they encounter patients and families in a state of emotional distress(10).

In our topic, nurses' perceptions, and the factors that influence its effectiveness will determine the level of understanding of nursing leaders. This will help improve and enhance understanding of QE, which in turn will improve the quality and safety of care provided at Kalba Hospital. Therefore, the present study will be conducted to investigate the level of Emotional intelligence among nurses' leaders.

Literature Review

Emotional intelligence and self-awareness are connected. EI required self-awareness which can be augmented by utilization and feedback. Researches has approved the relation between successful leadership in nursing and Emotional intelligence.

Currently, three models for Emotional Intelligence has been identified. The first model, Mayer and Salovey (1993), it is called ability/intelligence Model and which focused in abilities to identify and understand emotion in self and others. It also focused in problem solving. The second Model is Bar-On's (1997) Focused on emotional quotient. This model is known as the Personality Trait Model. The model built on personality traits originally related to wellbeing (1).

The third model worked by Goleman (1995) and the most known model. It is called the Mixed or Performance Model. This model is mixed between the first model of Traits and the emotional abilities from the second, focusing on performance as outcome. (10)

Daniel Goleman has defined the emotional intelligence as the ability to define and recognize our feeling and others feeling, to monitor ourselves and to handle our emotions in ourselves and relationships. (7)

According to Australian Healthcare System EI is an important trait for leaders because it enables them to successfully meet the evolving demands of the health care system and the expectations of nursing staff (13). Leaders must simultaneously meet clinical needs while attending to other administrative duties and supporting their team. EI is an important skill for leaders to develop because it increases their effectiveness in managing themselves and others. (8)

EI leaders can build authentic relationships with their colleagues, creating a positive work environment with high morale, thereby increasing productivity. Positive team cultures are increasingly important for nurses due to growing demands in the healthcare field. A leader with high levels of EI can act as a stimulus to create and influence to team culture and positive work environment. Culture can increase employee engagement and reduce turnover intentions. (2) Additionally, EI leaders can create synergy within the team. A study conducted by Majeed and Jamshed showed a strong association between leader EI and turnover intentions. support their hypothesis. Poor professional relationships can lead to misunderstandings, increased medication errors, and poorer patient outcomes. (3)

Knowledge Gap

Despite the importance of self-awareness and emotional intelligence as a leadership factors, there is a significant knowledge gap among Nursing leaders regarding the importance of using of Emotional Intelligence and self-awareness in Skills and practice.

Methodology

Study design

A cross-sectional study was conducted between August and September of 2023, to investigate the level of EI (independent variable) on the emotional state (dependent variable) of nurses employed in Two hospitals (Kalba & Masafi). The demographic data was analyzed using
descriptive statistics.

Participants

The targeted research population consists of nurse's leaders working at Kalba & Masafi hospitals.

Inclusion criteria:

Included nurses who works in leader positions.

Exclusion criteria

Students, Assistant Nurses, staff nurses will be excluded from the study *Staff nurses, Students, assistant nurses and physicians were not included in the study.*

Data collection instrument:

Data was gathered through a well-structured questionnaire administered via email as a google forms survey. The survey consisted of 30 closed-ended questions with a 10minutes completion time, categorized into three different sections. The first part consisted of 7 questions specifying the demographic variables of the participants (Age, Gender, Educational level, Working duration and location, Position, and Department). The second part encompassed 15 questions tackling Personal Domain of Self-assessment. The third part assessed Relational Domain of Self - awareness. The fourth section was scored and calculated by co- investigators. Likert-type questions were scored on a 5-point scale with "1 =Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree and 5 = Strongly Agree". All the questions were single-choice questions.

Ethical considerations

The study proposal was presented to the Ministry of Health and Prevention and approved by the Research Ethics Committee (MOHAP/ REC/2023/No.33/2023-F-N).

Informed consent was obtained, and voluntary participation was guaranteed. The survey was anonymously completed by the nurses, and the confidentiality of the data was ensured.

Data Analysis

Data emanating from surveys were analyzed using IBM SPSS Statistics 29.0. Descriptive statistics were performed, and the association between variables was determined using the Analysis of Variance (ANOVA) test and the Chi-Square test. Likert scale answers were re-coded and regrouped into three levels: "Strongly disagree" and "Disagree" were both coded as "Disagree =1", "Neutral" coded as "Neutral=2", and "Strongly Agree" and "Agree" were both coded as "Agree=3".

Characteristics of the participants:

Demographic characteristics:

The sample consisted of 9 (10.9%) males and (89.1%) females (N=66). 10 participants (14.6%) were from Masafi Hospital and 58 participants (85.4%) were from Kalba Hospital. Participants ages ranged from 23 to 59 years. 2 participants (2.6%) were between 20 and 30 years, 21 (276%) nurses were between 30 and 40 years, and 41nurses (55.3%) were between 40 and 50 years of age. Above 50years were 11 participants (14.5%).

Concerning the education level, 50 (67%) nurses had a Bachelor of Science in Nursing (BScN), 5 (6.6%) nurses had a Master of Science in *Nursing (*MSN), and 20 (26.3%) participants had a Nursing Diploma (Table 1).

Table 1

Demographic characteristics of the participants

Characteristic	n	%
Hospital Location		
Kalba	58	85.4%
Masafi	10	14.6%
Gender		
Male	9	10.9 %
Female	66	89.1%
Age		
20-30 years	2	2.6%
30-40 years	21	27.6%
40-50 years	41	55.3 %
Above 50	11	14.5%
Education Level		
BScN	50	67%
MSN	5	6.6%
Diploma	20	26.3%
Total	75	100%

Note. n indicates the frequencies, and % indicates the percentages.

Results and Discussion

Work-related characteristics:

Concerning their work at Kalba and Masafi hospitals, the majority of the participants were Charge Nurses n=63 (84.2%), 8 nurses (10.5 %) were Unit managers, and 4 (5.3%) were Nurse managers. The majority of the participants worked for more than 10 years, n=56(75%), 1 (1.3%) nurses worked for less than 3 year,15 (19.7%) nurses worked for 5-10 years, and 3(3.9%) nurses worked for 3-5 years.

The participants belonged to 13 different departments. The majority n=11 (14.5%) were in the Medical /Surgical Department, 5 (6.5%) nurses in the Coronary Care Unit(CCU), 10 (13.2%) in Pediatric ward, 10(13.2%) in Accident & emergency (AE), 4 (5.3%) in the Intensive Care Unit(ICU), 3 (3.9%) in SCBU, 4(5.3%) in the Labor Rooms(LR),

8(10.5%) in the Operation theatre (OT),6(7.9%) in the Nursing office, 5(6.6%) in the Out Patient Department(OPD),3 (3.8%) in the Isolation and 7(9.2%) in the Maternity ward (Table 2).

Table 2
Work-related characteristics of the participants

Characteristic	n	%
Position		
Charge Nurse	63	84 %
Unit Manager	8	10.5%
Nurse Manager	4	5.3%
Working years		
<3year	1	1.3%
3-5 years	3	3.9%
5-10 years	15	19.7%
>10 years	56	75%
Department		
AE	10	13.2%
CCU	5	6.5%
Med/Surg Ward	11	14.5%
PW Ward	10	13.2%
SCBU	3	3.9%
I.C.U.	4	5.3%
Nursing Office	5	6.8%
OT	8	10.5%
LR	4	5.3%
OPD	5	6.6%
Isolation	3	3.8%
Maternity Ward	7	9.2%
Total	75	100%

Note. n indicates the frequencies, and % indicates the percentages.

Emotional Intelligence Questionnaire

The questionnaire consisted of two Domains, the first portion measures the Personal domain including Self-awareness and Self-management and the second measures Relational Domain including Social awareness and social management.

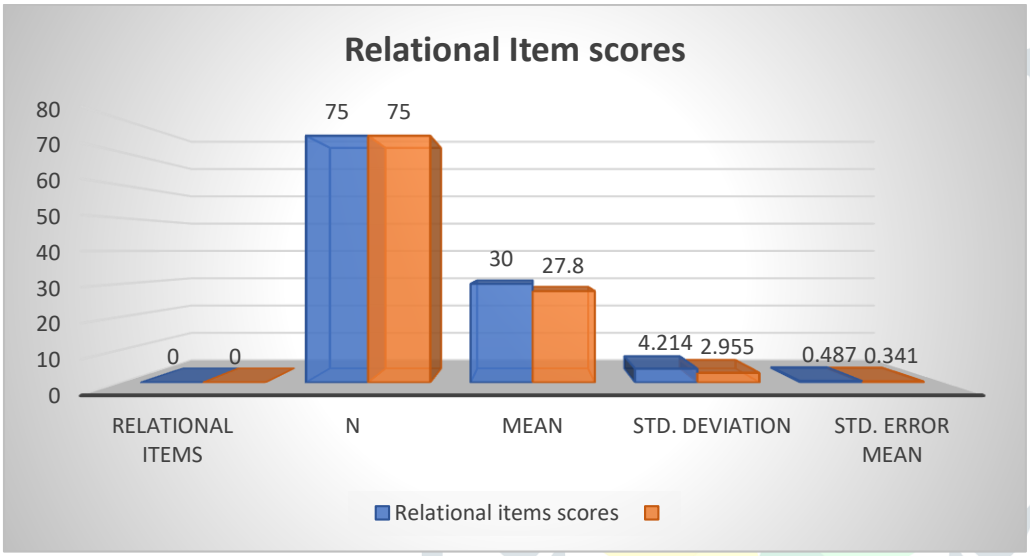
Relational Domain

Rational domain is measure under two items including relational awareness and management. Table 1 below gives the descriptive statistics of the two items, Rational awareness (M = 30.27, SD = 4.214) and Relational management (M = 27.80, SD = 2.955). According to the table, relational awareness is higher than rational management.

Table 1

Group Statistics

	Relational items	N	Mean	Std. Deviation	Std. Error Mean
Relational items scores	Relation awareness	75	0.00	.214	.487
	Relational management	75	7.80	.955	.341



To determine whether the rational awareness is significantly higher than relational management, an independent sample was conducted and results obtained as shown in Table 2 below. Based on the Lavene's test of equal variances, the assumption of equal variance is not met. According to the results of equal variance not assumed, relational awareness is significantly higher than rational management, t (132.60), $p < .05$.

Table 2

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
									95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Relational items scores	Equal variances assumed	6.212	.014	3.702	148	.000	2.200	.594	1.026	3.374
	Equal variances not assumed			3.702	132.598	.000	2.200	.594	1.025	3.375

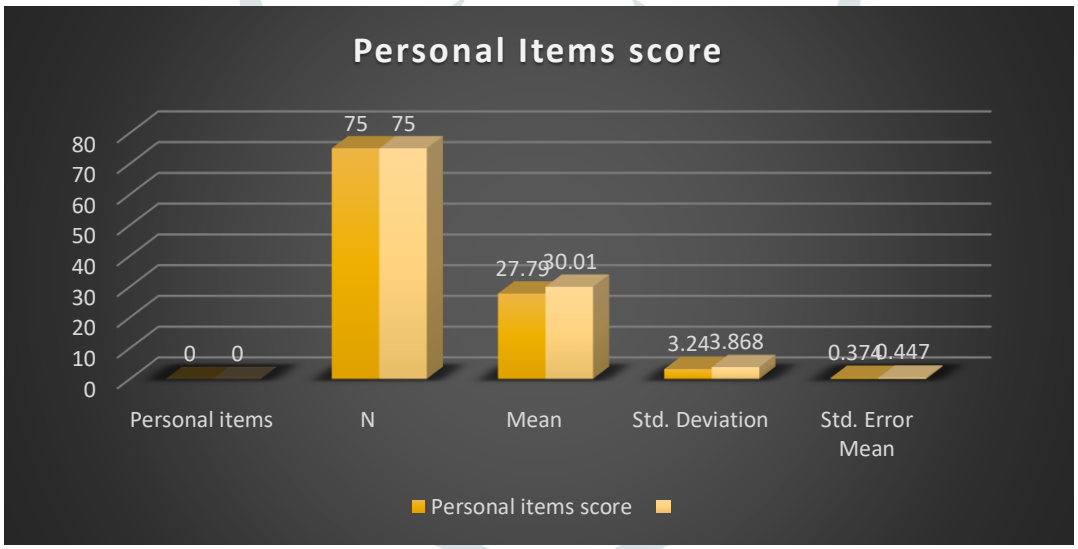
Personal Domain

Similar to rational domain, personal domain is also measured under two items; self-awareness and self-management. Table 3 shows the descriptive statistics for the two measures, self-awareness (M = 27.79, SD = 3.240) and self-management (M = 30.01, SD = 3.868). Comparing the mean of the two items, self-management is higher than self-awareness.

Table 3

Group Statistics

	ersonal items		lean	td. Deviation	td. Error Mean
ersonal items score	elf-awareness	5	7.79	.240	374
	elf-management	5	0.01	.868	447



An independent samples t-test was used to determine whether self-management is significantly higher than self-awareness. With equal variance assumed, self-management is significantly higher than self-awareness, t (148) = -3.822, p < .05.

Table 4

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
									95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Personal items score	Equal variances assumed	3.766	.054	-3.822	148	.000	-2.227	.583	-3.378	-1.075
	Equal variances not assumed			-3.822	143.582	.000	-2.227	.583	-3.378	-1.075

Comparison between Relational and Personal Domains

An independent samples t-test was further conducted to determine whether a significant mean difference exists between relational and personal domains. According to Table 5, rational domain (M = 28.900, SD = 3.342) and personal domain (M = 28.900, SD = 3.342). The results show that the two domains are equal based on their mean values.

Table 5

Group Statistics

	Domain items	N	Mean	Std. Deviation	Std. Error Mean
Domain scores	Rational domain	5	8.9000	.34199	.18590
	Personal domain	5	8.9000	.34199	.18590

According to Table 6, with equal variance assumed, relational and personal domains are significantly identical, t (148) = 0.00, p = 1.00. Since p = 1.00, it means that the two domains are significantly identical at a 95% confidence level. There, none of the two domains is significantly higher or below the other.

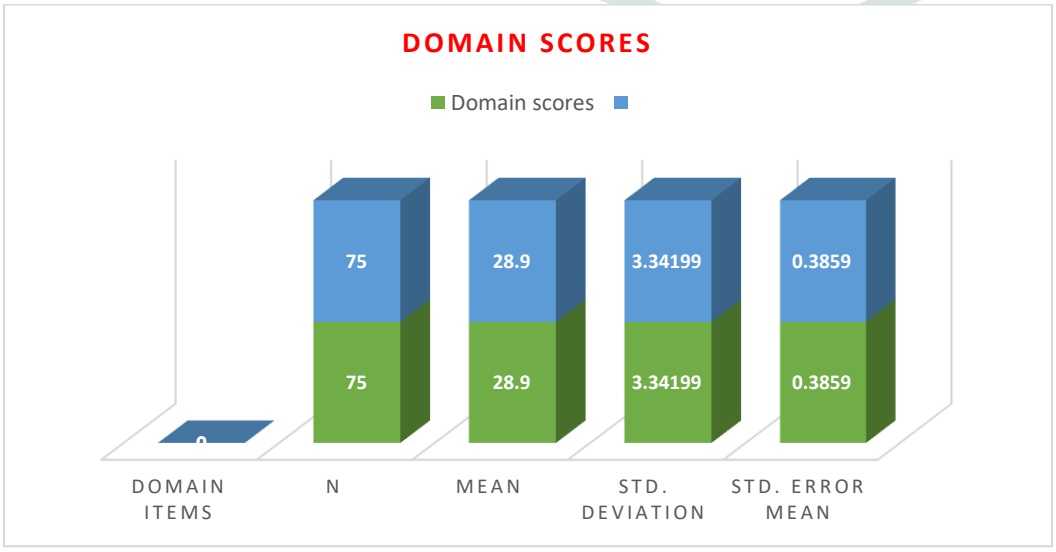


Table 6

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
									95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Domain scores	Equal variances assumed	.000	1.000	.000	148	1.000	.00000	.54575	-1.07846	1.07846
	Equal variances not assumed			.000	148.000	1.000	.00000	.54575	-1.07846	1.07846

Education

On the relationship between educational level and EI, abilities of an individual Controlling one's emotions is seems to be slightly affected by the recovery parameter for the reason of being a nurse employee only have BSN shows higher values above Competencies related to nursing staff postgraduate degree holders (p = 0.01). The results in each competency is showed in the below figures according to the educational level (Figure 4,5 and 6). The median for

Comparison between Educational Degrees and level of EI

***Table 7: Diploma* level of EI**

SUMMARY				
Groups	*Count*	*Sum*	*Average*	*Variance*
Diploma Degree	20	558	27.9	13.88421
	20	541	27.05	10.36579
	20	585	29.25	20.51316
	20	546	27.3	19.48421

ANOVA						
Source of Variation	*SS*	*df*	*MS*	*F*	*P-value*	*F crit*
Between Groups	58.05	3	19.35	1.204719	0.313843	2.724944
Within Groups	1220.7	76	16.06184			
Total	1278.75	79				

➢ ***Table 8:* Master Level of EI** ➢

SUMMARY				
Groups	*Count*	*Sum*	*Average*	*Variance*
	5	136	27.2	1.2
Master	5	132	26.4	8.3
	5	150	30	11.5
	5	135	27	4.5

ANOVA						
Source of Variation	*SS*	*df*	*MS*	*F*	*P-value*	*F crit*

Between Groups	38.55	3	12.85	2.015686	0.152312	3.238872
Within Groups	102	16	6.375			
Total	140.55	19				

➢ **Table 9: Bachelor Level of EI**

SUMMARY

Groups	*Count*	*Sum*	*Average*	*Variance*
	20	594	29.7	6.852632
Bachelor Degree	20	560	28	8.421053
	20	574	28.7	8.642105
	20	529	26.45	14.47105

ANOVA

Source of Variation	*SS*	*df*	*MS*	*F*	*P-value*	*F crit*
Between Groups	112.0375	3	37.34583	3.891524	0.012108	2.724944
Within Groups	729.35	76	9.596711			
Total	841.3875	79				

One of the objectives of the present research was to assess the EI level of nurse's leaders in Kalba & Masafi Hospitals. The findings of this research indicated that nurses at Both Hospitals presented high scores in some of emotional intelligence domains. The vast majority of nurses showed high relation awareness and self-management. The result also shed light on the importance of developing and enhancing other domains.

As revealed from the study finding, the highest percentage of the study sample have a good level of emotional intelligence. All emotional intelligence domains and competencies
were distinguished across the 75 responds. All competencies results were closely to each other. (Figure 1). This could be related to the fact that, the nurses in both hospitals has the equal level of emotional intelligence.

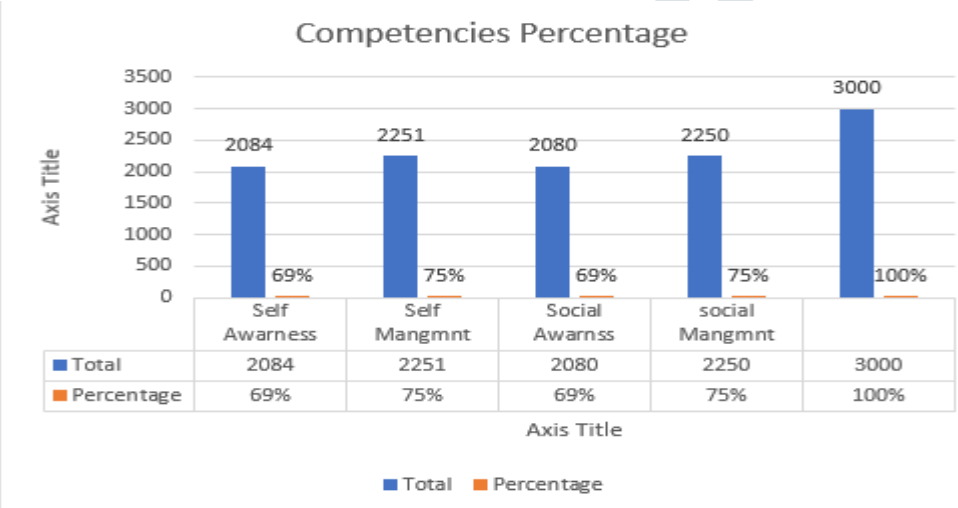


Figure 1 – four Domains competencies

Self-Awareness Domain

Nurses continuously evaluate their strengths and weaknesses and had a sense of their internal value, which are competencies within the self-awareness domain. These competencies are important to retention, as reflected in their answers of the questionnaire.

Social Awareness Domain

The nurses demonstrated empathy, recognized patient/ client needs, and understood system factors, which are competencies within the social awareness domain that contributed to patient/client outcomes.

Self-Management Domain

Through the answers, the nurses demonstrated self-control, adaptability, initiative, and conscientiousness, which is part of the self-management domain.

Social/Relationship Management Domain

In this study, age varied appears to play an important role in EI. most studies have found a positive correlation between age and EI for both ability and trait or competency EI (9). More specifically, the research results show Older nursing staff are more competent show concern for others and effectively control their emotions about with a younger nursing team. These nurses 36–Peak performance at age 50 in EI scores. This finding is consistent with Research shows that EI is reaching its peak 50 years.

Possible effects of age, right from the start especially from adulthood to middle age, the development of EI has also been determined by other researchers. More specifically, Kalyoncuet al. identified the highest EI value people from 41 to 59 years old (16). The lowest scores were observed in the nurses aged between 20-30 years.

The level of education seems to affect the person's ability to control his or her feelings, since the nursing personnel who held BSN degree showed higher rates when compared to the nursing personnel who held postgraduate degrees. The results of the present research correspond to the results of the Saeed et al (19). identified the positive influence of education on self-management

Work experience can be another factor affecting emotional intelligence. According to Shibly (2017) there is a positive relation between emotional intelligence and work experience (13). In this study we did not measure the work experience effect in EI, but it gave us a good hypothesis for the next studies will be conducted in this subject.

Chiefly, the study investigated the emotional intelligence status among Nursing Leaders in Masafi & Kalba Hospitals, whereby overall performance of nurses during emotional situation was good to certain level and the need for improvement is required.

Limitations

This study had some limitations. First, it was conducted in two setting (only at Kalba & Masafi hospitals); thus, the results could not be fully generalized to other hospitals in the UAE.

Moreover, although the use of self-reported questionnaires is known to be the easiest way to estimate the participants' personal assessments, they can objectively affect the participants easily. A respondent's objectivity can be affected by the influence of various factors, such as fatigue, a tendency to provide socially acceptable answers rather than real views, incomprehension of the questions, or even a mood change. According to Goleman, self-assessments can be

influenced by individuals who want to show a good self-image or have low self-awareness in order to objectively judge their strengths and weaknesses.

Conclusion

The findings of this research indicated that nurses at Kalba & Masafi Hospital presented good level of emotional intelligence. It is evident that nurses in both hospitals are able to identify and manage a wide range of emotion in every day practice. Despite the satisfied level of emotional intelligence among nurses' leaders, still there is a need to develop and improve their skills to achieve the maximum level in Emotional intelligence. Their self-confidence and quality of work life both improved along with this increase in emotional intelligence.
The results of this study will serve as a baseline for further studies and contribute for further work and practice to develop the nurse's skills. Applying emotional intelligence principles could lead to new ideas for how to keep nurses interested in the practice of professional nursing and to enhance nurses' outcomes for patients/clients and retention.

Future recommendation for Improving Emotional Intelligence Among Nurses

Nursing Development team can provide a foundation for EI to staff nurses a New graduate nurses. Curricular development of EI in nursing includes the three essential pillars for scientific treatment of EI. These pillars are identified by Ziedner et al (19).
These pillars can be used as a guide to implement the Emotional intelligence in nursing practice. These pillars can be incorporated as three elements which is:
Theory: The Preceptors can incorporate an element of EI into the Nurse's objectives to better prepare nursing staff or New nursing graduate to implement the knowledge into the practice for an effective patient safety and continuity of care.
Measurement: These elements can be involved in the evaluation of the nursing staff and nurse leaders as a guidance.
Application: These practical methods of emotional intelligence can be demonstrated in preparing scenarios and clinical simulations and skill evaluations.

Acknowledgement
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