

Perceived Emotional Intelligence of Nurse Managers in Ministry of Health in Jeddah, Saudi Arabia

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Abstract: Emotional Intelligence is considered as an important characteristic for successful leaders. It has become increasingly popular as a measure for identifying effective leaders and as a tool for developing effective leadership skills. It's also used as an effective parameter for successfully dealing with emotions within the self and others. Aim of this study was to explore Emotional Intelligence of Nurses Managers in Ministry of Health (MOH) hospitals in Jeddah. Methods: A Quantitative, cross-sectional survey study conducted in five MOH hospitals in Jeddah. A convenient sample of nurse's leaders at different levels. Data was collected using a questionnaire includes two parts. Part one: is demographic characteristics of the participants. Part two: is Emotional Intelligence scale developed by (Salovey and Mayer, 1990). Result: majority of nurse leaders could easily recognize their emotions as they experience it and are aware about these emotions. Leaders know why their emotions change; however, a lesser percentage agreed that they have control over their emotions. Conclusion: The concepts and results found in this study most certainly support such efforts for the development of strong and resilient nurse leaders in tomorrow's health care systems.

Keywords: Emotional Intelligence, leaders, Nurses Managers.

Date of Submission: 11-12-2017

Date of acceptance: 30-12-2017

I. Introduction

To be a good nurse often described as the potential to feel, use, communicate, recognize, remember, describe, identify, learn from, manage, understand, and explain emotions [1]. Recently, Emotional Intelligence is being known as an important characteristic for successful leaders [2]. The term Emotional Intelligence was first introduced in 1990. After that, the improvement of models of Emotional Intelligence and research in this arena has increased largely [3]. Emotional Intelligence used as an effective barometer for successfully dealing with emotions within the self and others [1].

Goleman, (1995) also described Emotional Intelligence as the ability to recognize your emotions, understand what they are telling you, and realize how your emotions affect the people around you? This definition was revised in 1997 to become, "Emotional Intelligence involves the ability to perceive accurately, appraise, and express emotions; the ability to access and/or generate feelings when they facilitate thought; the ability to understand emotion and emotional knowledge, and the ability to regulate emotions that promote emotional and intellectual growth" [4], [5]. The influence of Emotional Intelligence in nursing leadership involves relationships to assist successful management [6].

Emotional Intelligence deemed to be the most related signal for a great nurse leader; the leader's role is to motivate others to accomplish their job fruitfully (Snow 2001). Health care leaders who are emotionally intelligent can develop their organizations at many levels, start with their own employees. Leaders who are positive and successful also professionals at exploring the emotional side of concerns in expectation of individual reactions. They also work at supporting their staff with the emotional side of the work-related concerns through individual and group educational programs [2].

Effective nursing leadership in organizations requires numerous talent, skills, competencies, and types of knowledge, at its core, leadership is about relationships with other people. Leaders' accomplishments are largely achieved through the individual and coordinated efforts of others. Without followers, there are no leaders [7]. Recently, leadership research has expanded traditional understanding by focusing on leadership behaviors at different levels.

The role of the nurse leader, to be critical in creating a supportive and positive work environment is to help nurses cope with the stress of managing their own and others' emotions concurrently [7].

According to Claudia [8], now a day's healthcare and public health are fields fraught with environmental demands and pressures with which leaders must endlessly cope. Emotional Intelligence skills are essential tools for healthcare leaders since they enable groups to advance interests that serve the team. These skills are crucial because healthcare is rarely delivered in isolation of the rest of the team. It is a strong tool for building bridges and alliances and important for preparing those relationships when they are damaged.

The American Nurses Association (2009) [9] identifies Emotional Intelligence as one of nine frameworks for administrative practice. The Emotional Intelligence framework provides for understanding the ways in which leader behaviors are necessary for the creation of a positive emotion-intensive work environment. The emotional intelligence framework consists of two dimensions: the ability to understand and manage oneself and the ability to understand and relate well to others. These dimensions are further subdivided into self-awareness, self-management, social awareness and relationship management. In each dimension the ability to manage oneself or others is predicated on the awareness one has of self and others [7].

According to Brown [10], all emotional competencies can be learned and developed. The most important and fundamental competencies identified by Brown [7], were emotional self-awareness, accurate self-assessment, self-confidence, emotional self-control, and empathy.

Emotional intelligence can enhance the self-inventory process of the characteristics necessary for a good and influential leader. Self-awareness, self-regulation, motivation, empathy, and social skill are necessary components of effective leadership. A leader needs social skill to get the work done through and with other people [11]. A leader deficient in the main competencies will meet difficulty become skilled at any of the remaining other competencies.

(Bennett, K.,) suggested that, Emotional intelligence is an emerging concept in nursing, with convincing evidence that Emotional intelligence is associated with positive workplace environments. Therefore, emerging leaders should be given the opportunity to increase their Emotional intelligence quotient, thereby, enabling them to foster a bully-free workplace environment [12].

Bakr, et al [13] identifies difference between job performance and emotional intelligence regarding to nurse's job position. Their results recommended that, emotional competences are not mere innate talents, but learned capabilities that must be developed to achieve outstanding performance. So emotional intelligence based training program must be held and focus on up to date knowledge, relevant skills and good moral values for nurses and nurses' managers.

Tyczkowski, B. et al found Emotional Intelligence and predominant leadership style assessment could be considered by health systems in pre-employment screening as a way to recruit the strongest applicants to nursing management and administration [14]. Today Emotional Intelligence is currently a hot topic and important characteristic for building successful nursing leadership. However, there have been limited researches handled the Emotional Intelligence among nurses' leaders. The aim of this study was to explore Emotional Intelligence among Nurse Managers in Ministry of Health (MOH) hospitals in Jeddah.

II. The Material And Methods

A. Specific Objectives:

- a. To determine the perceived Emotional Intelligence among Nurses leaders at MOH hospitals in Jeddah.
- b. To identify the association between the Emotional Intelligence and sociodemographic characteristics of Nurses leaders.

B. Research Design:

Quantitative, cross-sectional survey study design.

Setting:

This study was conducted in five MOH hospitals in Jeddah: King Fahad Hospital, King Abdul Aziz Hospital, Al-Thaghar Hospital, Maternity & Children Hospital, and Al Azizia Maternity & Children Hospital. Information on these five hospitals is presented in table (1). All nurses' leaders at the five hospitals were invited to participate in the study.

Table (1): Settings of Data Collection.

Hospital Name	Beds No.	Nurses NO.	Managers No.
King Fahad Hospital	724	1510	59
King Abdul Aziz Hospital	436	993	33
Al-Thaghar Hospital	100	268	10
Maternity & Children Hospital	254	699	17
Al Azizia Maternity & Children Hospital	100	254	10

C. Sample:

A convenient sample of nurse’s leaders at all levels including (directors of nursing, supervisors, and head nurses) from five MOH hospitals in Jeddah.

D. Data collection:

Data collected using a questionnaire. The researcher distributed the questionnaire to all nurse's leader and collect them back. An invitation letter was sent with each questionnaire indicating the purpose of the study, the participation is voluntary, and the participant confidentiality and anonymity will be assured.

E. Tools & Instruments:

The questionnaire includes two parts. Part one: is developed by the researcher to describe the demographic characteristics of the participants. Part two: is Emotional Intelligence scale developed by (Salovey and Mayer, 1990). This scale consists of 33-item divided between six subscales namely; appraisal of others emotions, appraisal of own emotions, regulations, social skills, utilization of emotions, and optimism. The Emotional Intelligence survey is answered in a five Likert scale: strongly disagree, disagree, neither disagree nor agree, agree and strongly agree. The instrument was developed through factor analysis and showed good internal reliability with two different samples. The cross check of internal consistency showed a Cronbach’s Alpha of 0.87. Test-retest reliability indicated that the scores were fairly stable over time. Also the scale showed evidence of validity.

F. Ethical considerations:

The IRB of MOH approval was secured before data collection started. No name was appeared on any questionnaire. The information that given by participants was used with confidentiality. Participant protected using ethical principle of research. An invitation letter that sent with each questionnaire includes the objectives of the study and indicated that the participation is voluntary and the questionnaire are anonyms and Confidential. This invitation letter is considered as an approval from the participant to fill the questionnaire.

G. Data analysis:

Data entered and analyzed using Statistical Package for the Social Sciences (SPSS) software, version 22. Several descriptive analyses were performed including Mean, SD and Correlation.

III. Result

• **Characteristics of the nurses’ leaders**

A total of 125 nurses' leaders participated from the five selected hospitals in Jeddah. (Table 2) shows that the great majority of them were females (92%), mostly in the age group of 31-50 years (78.4%), and married (76.8%). More than one half of the nurses' leaders have Bachelor qualifications (54.4%), only 12.8 who reported that they have Master degree. About third of the nurse leaders are working as head nurses (39.2%) or supervisors (26.4%). Only 16% of the nurses' leaders had experience between 1-5 years; and the remaining majority (84%) had experience for six years or more.

Characteristics		No.	%
Gender	Male	10	8.0
	Female	115	92.0
Age groups	<30 years	17	13.6
	31-40 years	51	40.8
	41-50 years	47	37.6
	51-60 years	10	8.0
Marital status	Married	96	76.8
	Not married	29	23.2
Qualification	Diploma 2.5 years	11	8.8
	Diploma 3 years	30	24.0
	Bachelor	68	54.4
	Master degree	16	12.8
Job title	Director	10	8.0
	Supervisor	33	26.4
	Head nurse	49	39.2
	Charge nurse	33	26.4

Department	Medical	20	16.0
	Surgical	10	8.0
	ER	12	9.6
	Pediatrics	6	4.8
	Obs/Gyn	12	9.6
	Nursing office	43	34.4
	Adult ICU	8	6.4
	Pediatrics' ICU	11	8.8
	OR	3	2.4
Experience	1-5 years	20	16.0
	6-10 years	35	28.0
	11-15 years	27	21.6
	16 years-20	22	17.6
	21-30 years	17	13.6
	31-40 years	4	3.2

Table (2): Characteristics of the study group (n=125)

• **Emotional intelligence of the nurses' leaders**

Table 3 shows the results of the perceived Emotional Intelligence by nurse leaders on the 33 items. The majority of nurse leaders agreed that they could easily recognize their emotions as they experience it (92.8%), and they are aware about these emotions (88%), in addition, they know why their emotions change (84.8%), however, a lesser percentage agreed that they have control over their emotions (78.4%). The majority perceive that being in a positive mood makes solving problems easy (90.4%), in addition to increase their ability to come up with new ideas (93.6%), the majority of them agreed that, when their mood changes, they seek out activities that make them happy (88.8%) motivate themselves by imagining a good outcome to tasks they are doing (94.4%) and seek new possibilities (64.8%). Moreover, most of the nurses agreed that they are keen to keep their positive emotions last longer when they experience it (81.6%).

Regarding communications with others, the majority of the nurse leaders indicated that they could recognize the emotions people are experiencing by looking at their facial expressions (80.8%), and they can tell how people are feeling by listening to the tone of their voice (72.8%) as they are aware of the verbal messages other people send

(78.4%). On the other hand, a lesser percentages agreed that they find it hard to understand the nonverbal messages of other people (50.4%), or finding difficulty to understand why people feel the way they do (40.8%).

Although the great majority of the nurses' leaders agreed that they know when to speak about their personal problems to others (93.6%), and they know how to present themselves in a way that makes a good impression on others (85.6%), and they perceive that other people find it easy to confide them (80.8%), a lower percentage of them expressed that they like to share their emotions with others (71.6%).

Regarding empathy towards others, the overwhelming majority of the nurses' leaders agreed that they help other people feel better when they are down (92.8%) and compliment others when they have done something well (95.2%). Additionally, more three quarters of them agreed that they arrange events others enjoy (79.2%), and when other persons tell important events in their life, they almost feel it as if this happen to themselves (78.4%).

According to the guidelines for interpretation of the total intelligence score, where the average score for males was 125 and for females was 131, Figure 1 shows that almost two thirds of the nurses' leaders (64%) had adequate emotional intelligence, as they achieved above average scores on the scale.

Items	Response				
	SD N (%)	D N (%)	Neutral N (%)	A N (%)	SA N (%)
I know when to speak about my personal problems to others	0(0.0)	3(2.4)	5(4.0)	45(36.0)	72(57.6)
When I am faced with obstacles, I remember times I faced similar obstacles and overcame them.	0(0.0)	3(2.4)	10(8.0)	59(47.2)	53(42.4)
I expect that I will do well on most things I try.	0(0.0)	7(5.6)	8(6.4)	61(48.8)	49(38.2)
Other people find it easy to confide in me.	1(0.8)	8(6.4)	15(12.0)	70(56.0)	31(24.8)
I find it hard to understand the nonverbal messages of other people.	10(8.0)	25(20.0)	27(21.6)	50(40.0)	13(10.4)
Some of the major events of my life have led me to re-evaluate what is important and not important.	0(0.0)	2(1.6)	11(8.8)	52(41.6)	60(48.0)
When my mood changes, I see new possibilities.	2(1.6)	7(5.6)	35(28.0)	55(44.0)	26(20.8)
Emotions are some of the things that make my life worth living.	3(2.4)	13(10.4)	18(14.4)	45(36.0)	46(36.9)

I am aware of my emotions as I experience them.	0(0.0)	3(2.4)	12(9.6)	57(45.6)	53(42.4)
I expect good things to happen.	2(1.6)	0(0.0)	6(4.8)	44(35.2)	73(58.4)
I like to share my emotions with others.	7(5.6)	10(8.0)	31(24.8)	54(43.2)	23(18.4)
When I experience a positive emotion, I know how to make it last.	1(0.8)	7(5.6)	15(12.0)	70(56.0)	32(25.6)

Items	Response				
	SD N (%)	D N (%)	Neutral N (%)	A N (%)	SA N (%)
I arrange events others enjoy.	0(0.0)	4(3.2)	22(17.6)	69(55.2)	30(24.0)
I seek out activities that make me happy.	0(0.0)	2(1.6)	12(9.6)	62(49.6)	49(39.2)
I am aware of the nonverbal messages I send to others.	1(0.8)	8(6.4)	32(25.8)	50(40.0)	34(27.2)
I present myself in a way that makes a good impression on others.	0(0.0)	2(1.6)	16(12.8)	67(53.6)	40(32.0)
When I am in a positive mood, solving problems is easy for me.	1(0.8)	1(0.8)	10(8.0)	48(38.4)	65(52.0)
By looking at their facial expressions, I recognize the emotions people are experiencing.	2(1.6)	4(3.2)	18(14.4)	68(54.4)	33(26.4)
I know why my emotions change.	2(1.6)	2(1.6)	15(12.0)	59(47.2)	47(37.6)
When I am in a positive mood, I am able to come up with new ideas.	1(0.8)	0(0.0)	7(5.6)	60(48.0)	57(45.6)
I have control over my emotions.	2(1.6)	6(4.8)	19(15.2)	68(54.4)	30(24.0)
I easily recognize my emotions as I experience them.	1(0.8)	3(2.4)	5(4.0)	76(60.8)	40(32.0)
I motivate myself by imagining a good outcome to tasks I take on.	1(0.8)	2(1.6)	4(3.2)	66(52.8)	52(41.6)
I compliment others when they have done something well.	1(0.8)	0(0.0)	5(4.0)	47(37.6)	72(57.6)
I am aware of the verbal messages other people send.	0(0.0)	4(3.2)	23(18.4)	73(58.4)	25(20.0)
When another person tells me about an important event in his or her life, I almost feel as though I have experienced this event myself.	0(0.0)	7(5.6)	20(16.0)	65(52.0)	33(26.4)
When I feel a change in emotions, I tend to come up with new ideas.	1(0.8)	5(4.0)	31(24.8)	65(52.0)	23(18.4)
When I am faced with a challenge, I give up because I believe I will fail.	11(8.8)	13(10.4)	18(14.4)	36(28.8)	47(37.6)
I know what other people are feeling just by looking at them.	2(1.6)	8(6.4)	48(38.4)	50(40.0)	17(13.6)
I help other people feel better when they are down.	0(0.0)	2(1.6)	7(5.6)	65(52.0)	51(40.8)
I use good moods to help myself keep trying in the face of obstacles.	0(0.0)	2(1.6)	7(5.6)	79(63.2)	37(29.6)
I can tell how people are feeling by listening to the tone of their voice.	2(1.6)	1(0.8)	31(24.8)	63(50.4)	28(22.4)
It is difficult for me to understand why people feel the way they do.	5(4.0)	23(18.4)	46(36.8)	40(32.0)	11(8.8)

Table (3): Response of the nurses' leaders to items reflecting Emotional Intelligence

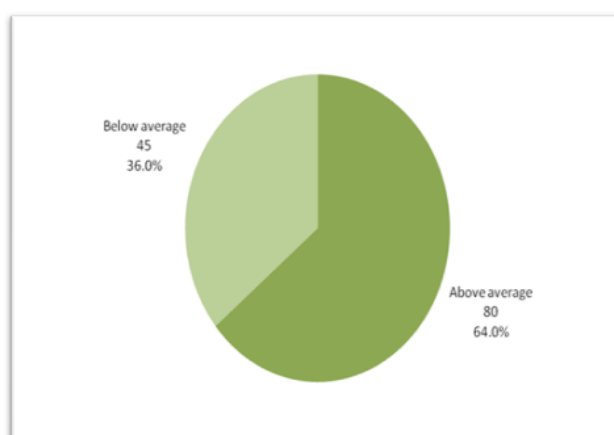


Fig [1]: Categorization of the nurses' leaders according to the cut off level of Emotional Intelligence

Differences in the overall emotional intelligence of the nurse leaders according to their characteristics

Table 4 shows that the percentage of nurses' leaders who achieved average scores of ($\geq 60\%$) was higher among males (90%), those with age group <30 years (70.6%), and who are single (69%), however, these differences are not statistically significant $p > 0.05$. Also, it was observed that the higher is the qualifications, the more likelihood for the nurses' leaders to achieve above average scores of emotional intelligence, the percentage ranged between 50% among those with Diploma up to 75% among those with Master degree. Also, it was higher among head nurses (67.3%) and supervisors (72.7%) than the charge nurses (51.5%), however, these differences are also not statistically significant $p > 0.05$. On the same line, while all nurses' leaders in adult ICU and OR above average score, the percentage was much lower among nurses' leaders working in surgical (40%) and Obs/Gyn wards (41.7%).

Regarding years of experience, the table illustrates that. While 71.4% of those who had experience for 10 years or more showed above average level of emotional intelligence, the percentage was much lower among those with shorter duration of experience (<10 years) (54.5%) with $p = 0.051$ not significant.

Characteristics		Level of emotional intelligence				X ²	P*
		Above average		Below average			
		No	%	No	%		
Gender	Males	9	90.0%	1	10.0%	Fisher	0.093
	Females	71	61.7%	44	38.3%		
Age	<30 years	12	70.6%	5	29.4%	1.945	0.584
	31-40 years	29	56.9%	22	43.1%		
	41-50 years	32	68.1%	15	31.9%		
	51-60 years	7	70.0%	3	30.0%		
Marital status	Married	60	62.5%	36	37.5%	0.404	0.525
	Not married	20	69.0%	9	31.0%		
Qualification	Diploma 2.5 years	6	54.5%	5	45.5%	4.592	0.204
	Diploma 3 years	15	50.0%	15	50.0%		
	Bachelor	47	69.1%	21	30.9%		
	Master degree	12	75.0%	4	25.0%		
Job title	Director	6	60.0%	4	40.0%	3.631	0.304
	Supervisor	24	72.7%	9	27.3%		
	Head nurse	33	67.3%	16	32.7%		
	Charge nurse	17	51.5%	16	48.5%		
Department	Medical	10	50.0%	10	50.0%	NA	NA
	Surgical	4	40.0%	6	60.0%		
	ER	8	66.7%	4	33.3%		
	Pediatrics	5	83.3%	1	16.7%		
	Obs/Gyn	5	41.7%	7	58.3%		
	Nursing office	30	69.8%	13	30.2%		
	Adult ICU	8	100.0%	0	0.0%		
	Pediatrics' ICU	7	63.6%	4	36.4%		
OR	3	100.0%	0	0.0%			
Experience	<10 years	30	54.5%	25	45.5%	3.810	0.051
	10+ years	50	71.4%	20	28.6%		

* Based on Chi Square ** statistically significant

Table (4): Level of emotional intelligence among nurses' leaders according to their characteristics.

Differences in the subscales of the emotional intelligence of the nurse leaders according to their characteristics

To facilitate interpretation of the six domains or subscales of the Emotional Intelligence instrument, the mean score for each domain is displayed in Figure 2. The highest mean score was recorded for appraisal of own emotions (Mean±SD, 4.2±0.54) and regulation (Mean±SD, 4.2±0.41), while the lowest score was recorded for appraisal of others emotions (Mean±SD, 3.7±0.46).

To identify differences in the average scores of each subscale according to the characteristics of the nurses, Table 5 shows that the younger is the nurse, the more likely to have a significantly higher social skill with an average of 4.3±0.61 out of 5 than older peers. Nurses who have master degree have significantly higher levels of "appraisal of others emotions" (4.0±0.58), "appraisal of own emotions" (4.4±0.52) and "optimism" (4.4±0.37), meanwhile, the director nurses were found to have the significantly highest level of "optimism" (4.5±0.40). On the same line, while nurses working in the OR had the highest level of "optimism" (4.7±0.14), the lowest level was recorded among nurses working in the ER department (3.7±0.67) and surgical department (3.8±0.58), these differences are statistically significant p<0.05. On the other hand, neither marital status nor experience had statistically significant impact on the subscales of emotional intelligence p>0.05.

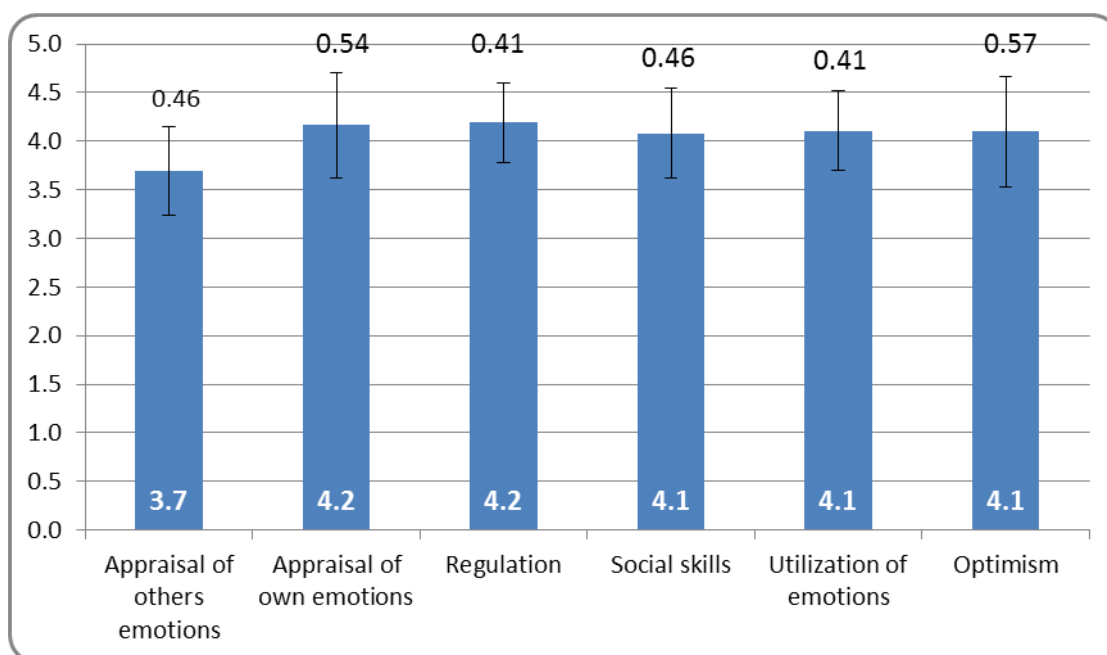


Fig [2] Mean and standard deviations of the scores of the subscales of emotional intelligence.

Items		Domains of emotional intelligence					
		Appraisal of others emotions	Appraisal of own emotions	Regulations	Social skills	Utilization of emotions	Optimism
		Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD
Age	<30 years	3.7±0.39	4.1±0.60	4.1±0.51	4.3±0.61	4.1±0.57	3.9±0.70
	31-40 years	3.6±0.43	4.1±0.57	4.2±0.43	4.0±0.46	4.1±0.39	4.1±0.58
	41-50 years	3.8±0.45	4.2±0.51	4.2±0.51	4.1±0.39	4.1±0.38	4.2±0.49
	51-60 years	3.7±0.70	4.3±0.39	4.3±0.39	4.0±0.32	4.0±0.32	4.2±0.38
P value		0.207	0.578	0.738	0.047	0.894	0.365
Marital status	Married	3.7±0.45	4.2±0.52	4.2±0.38	4.1±0.41	4.1±0.41	4.1±0.51

	Single	3.7±0.48	4.2±0.60	4.2±0.51	4.1±0.59	4.1±0.43	4.0±0.71
	P value	0.580	0.748	0.791	0.719	0.859	0.314
Qualification	Diploma 2.5 years	3.6±0.33	4.1±0.56	4.0±0.48	4.2±0.43	4.0±0.38	3.8±0.68
	Diploma 3 years	3.6±0.43	4.0±0.61	4.1±0.42	4.0±0.51	4.0±0.44	3.9±0.67
	BSN	3.7±0.43	4.2±0.48	4.2±0.37	4.1±0.44	4.1±0.38	4.1±0.38
	MSN	4.0±0.58	4.4±0.52	4.3±0.51	4.2±0.47	4.4±0.37	4.2±0.47
	P value	0.010	0.047	0.115	0.231	0.499	0.003
Job title	Director	4.0±0.63	4.3±0.45	4.1±0.40	3.9±0.38	4.0±0.48	4.5±0.40
	Supervisor	3.8±0.55	4.2±0.65	4.3±0.46	4.2±0.50	4.2±0.43	4.2±0.54
	Head nurse	3.6±0.36	4.2±0.49	4.2±0.38	4.2±0.44	4.2±0.43	4.1±0.52
	Charge nurse	3.6±0.41	4.0±0.50	4.1±0.39	3.9±0.42	4.0±0.1	3.9±0.65
	P value	0.050	0.423	0.124	0.022	0.165	0.046
Department	Medical	3.6±0.35	4.0±0.52	4.1±0.31	3.9±0.39	4±0.36	3.9±0.46
	Surgical	3.7±0.48	3.9±0.59	3.9±0.44	4.0±0.48	3.9±0.29	3.8±0.58
	ER	3.6±0.38	4.3±0.42	4.2±0.44	4.1±0.26	4.1±0.24	3.8±0.67
	Pediatrics	3.6±0.34	4.3±0.63	4.3±0.35	4.1±0.41	4.1±0.67	4.4±0.41
	Obs/Gyn	3.6±0.41	4.1±0.36	4.2±0.38	4.1±0.64	4.0±0.35	3.9±0.78
	Nursing office	3.8±0.56	4.3±0.61	4.2±0.45	4.1±0.49	4.1±0.44	4.3±0.52
	Adult ICU	3.7±0.45	4.3±0.37	4.4±0.35	4.5±0.35	4.5±0.35	4.4±0.35
	Pediatrics' ICU	3.5±0.31	4.1±0.47	4.2±0.46	4.1±0.42	4.2±0.45	4.2±0.34
	OR	3.9±0.22	4.7±0.23	4.3±0.12	4.1±0.23	4.4±0.30	4.7±0.14
	P value	0.304	0.148	0.283	0.198	0.091	0.003
E x F	<10 years	3.7±0.44	4.1±0.55	4.1±0.46	4.1±0.55	4.0±0.39	4.0±0.66
	10+ years	3.7±0.48	4.2±0.53	4.2±0.37	4.1±0.38	4.2±0.42	4.2±0.48
	P value	0.665	0.534	0.110	0.592	0.150	0.193

Table (5) Differences in the subscales of the emotional intelligence of the nurses leaders according to their Demographic characteristics.

IV. Discussion

Emotional Intelligence has attracted increasing attention over the past decade. Evidence supports a positive effect of Emotional Intelligence on the success of the individual at work. This is of particularly importance if we believe that a management skills lie at the heart of leadership. It was recognized that there is a need to develop and acquire skills for managing people and the Emotional Intelligence may have a critical role in the creation of effective leadership.

Regarding the level of Emotional Intelligence among nursing leader according to their demographic characteristics, the result of this study is similar to Tyczkowski[14] who found that the majority of nurses' managers had high scores of Emotional Intelligence but the result of this study is opposite to Bakr and Safaan[13] who revealed that the studied nurses had low level of Emotional Intelligence. More over the rests showed that younger nurse leaders < 30 years of age have achieved average or more scores of Emotional Intelligence. This result is not in congruent with Ohlson SM, Anderson MA.[15] who pointed that Emotional Intelligence increase with age. In spite that younger nurses appeared to have high level of Emotional Intelligence, the result showed that, the longer is the duration of experience the more likely to have higher levels of Emotional. This may be because younger generation are more qualified. This was ensured in the result of the level of Emotional Intelligence and the qualification, where this study revealed that the higher qualification the higher Emotional Intelligence level of nursing leader. This result is in congruent with Nikolaou and Tsaousis[16] and Ohlson and Anderson [15] who found that Emotional Intelligence correlated significantly with level of education.

Also, regarding clinical specialty it was observed that all nurse leaders working in adult ICU and OR have above average score, the percentage was much lower among nurse's leaders working in surgical and Obs/Gyn wards, however, these differences are not statistically significant $p>0.05$. This result is supported by Ohlson, and Anderson [15] who found no significant differences between clinical specialties.

Regarding gender, the present study revealed that male nurse leaders had highest percentage than female. Literatures review indicated different results. Ohlson SM, Anderson MA. [15] pointed that women tend to score slightly higher than men on Emotional Intelligence scales. In contrast, Nikolaou and Tsaousis[16] found that there were no gender differences in all Emotional Intelligence subscales except Perception and Appraisal

Regarding differences in the subscales of Emotional Intelligence of the nursing leaders the present study has revealed that the highest mean score was recorded for Appraisal of own emotions followed by Regulation, while the lowest score was recorded for Appraisal of others emotions. This result was similar and different with Bakr and Safaan[13]. Similar in the way that Appraisal of own emotions is the highest and different because the lost score for the present study was Appraisal of others emotions. This result was also congruent with Keven et al [17] who reported that knowing of own ones emotions at work is important in managing them effectively and communicating to others one's reactions to work situations

Concerning differences in the subscales of Emotional Intelligence of the nursing leaders and their demographic characteristics, results indicated that there were some significant difference of subscale of Emotional Intelligence and the demographic characteristics of the nursing leaders P value = < 0.05. These subscales are Optimism and Qualifications, Appraisal of others emotion and Optimism with job title, Optimism with specialty. From the presented results of this study optimism subscale was the most subscale with significant difference with demographic characteristics. This indicated that nursing leaders believed that emotion are one of the things made their life worth living and they expect good thing to happen.

V. Conclusion

This study is important to health care system as they experience an increased need to educate, recruit and retain top-performing nursing leadership and managers. Emotional Intelligence is not static and can be taught and enhanced. Emotional intelligence and leadership assessment could be considered by health system in pre-employment screening as a way to recruit the strongest applicants to nursing management and administration. These assessments could also be included in performance reviews for nurse manager's employees in succession planning to groom future nurse managers. The ideal candidate for leadership development programs are nurses who are in the early stages of their career, who hold a BSN or higher in response to health care reform and improvement.

The concepts and results found in this study most certainly support such efforts for the development of strong and resilient nurse leaders in tomorrow's health care systems.

VI. Recommendation

The findings of this study provide that Emotional intelligent based training program must be held and focus on up to date knowledge relevant skills and good moral values for nurses and nurse managers. The front line nurse Managers will need to be prepared with competencies to be successful in meeting the demands of the contemporary health care system. Need To duplicate this study in other setting with different nurses' managers.

Reference

- [1]. Salovey, P., & Mayer, J. (1990). Emotional Intelligence. *Imagination, Cognition & Personality*, 9, 185-211.
- [2]. Vitello-Cicciu, Joan M. PhD, RN, FAHA, FAAN, (2002) "Exploring Emotional Intelligence: Implications for Nursing Leaders", *Journal of Nursing Administration*/April 2002 - Volume 32 - Issue 4 - pp 203-210.
- [3]. Emotional Intelligence for nurses' pdf. Fernández-Berrocal P, Extremera N., *Psicothema*. (2006); 18 Suppl: 7-12.
- [4]. Goleman, D. (1995). *Emotional Intelligence—Why it can matter more than IQ for character, health and lifelong achievement*. New York, NY: Bantam Books.
- [5]. Salovey, P., & Mayer, J. (Eds). (1997). *What is Emotional Intelligence? In Emotional Development and Emotional Intelligence: educational implications* New York, NY: Perseus Books Group; 3-35.
- [6]. McQueen A. (2004) Emotional Intelligence in nursing work, *Journal of Advanced Nursing* 47 (1), 101–108.
- [7]. Susan H. Taft (2013) *Emotionally Intelligent Leadership in Nursing and Health Care Organizations*. Chapter 3; 60-73.
- [8]. Claudia S. P. Fernandez, Herbert B. Peterson, Shelly W. Holmstrom and AnnaMaria Connolly (2012). *Developing Emotional Intelligence for Healthcare Leaders, Emotional Intelligence- New Perspectives and Applications*.
- [9]. American Nurses Association (2009). *Nursing administration: Scope and standards of practice*. Silver Spring, MD: NurseBook.org, P.3.
- [10]. Brown, R. B. (2003). Emotions and behavior: Exercises in Emotional Intelligence. *Journal of Management Education*, 27(1), 122-134.
- [11]. Spear, M., (2015) *Leadership and Emotional Intelligence: Does It Matter?* Letter from the President of ASPSN. www.psnjournalonline.com
- [12]. Bennett, K., *Building Emotional Intelligence, a Strategy for Emerging Nurse Leaders to Reduce Workplace Bullying*. *Nursing administration quarterly*/April-June 2013; Vol.37, No.2, pp.144-151.
- [13]. Bakr, M. M., and Safaan S. M., *Emotional Intelligence: A Key for Nurses' Performance*. *J Am Sci* 2012; 8(11):385-393. (ISSN: 1545-1003).
- [14]. Tyczkowski B., Vandembouten C., Reilly J., Kubsch S. M. *Emotional Intelligence and Nursing Leadership Styles Among Nurse Managers*. *Nursing administration quarterly*/April-June 2015; Vol.39, No.2, pp.172-180.
- [15]. Ohlson SM, Anderson MA. *Ability Emotional Intelligence of nurse managers in the Midwestern United States*. *Asia Pac J Oncol Nurs* 2015; 2:82-8. Ioannis Nikolaou, Ioannis Tsaoasis, (2002) "EMOTIONAL INTELLIGENCE IN THE WORKPLACE: EXPLORING ITS EFFECTS ON OCCUPATIONAL STRESS AND ORGANIZATIONAL COMMITMENT", *The International Journal of Organizational Analysis*, Vol. 10 Issue: 4, pp.327-342.

- [16]. Kevin E. Fox, Robert P. Tett, Penelope C. Palmer: Emotional Intelligence as a Predictor of Task and Contextual Job performance: Validation and Comparisons with Cognitive Ability and Personality, The University of Tulsa, Department of Psychology (2006).

Aziza M. Muhurji "Perceived Emotional Intelligence of Nurse Managers in Ministry of Health in Jeddah, Saudi Arabia". IOSR Journal of Nursing and Health Science (IOSR-JNHS) , vol. 6, no.6 , 2017, pp. 05-14.