

Nursing Staff Social Intelligence and its Relation to their Organizational Communication

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Abstract

Background: Nursing staff social intelligence and communication are crucial for providing compassionate, patient-centered care and building strong professional relationships with patients and healthcare teams. **Aim of the study:** To assess nursing staff's perception of social intelligence and organizational communication. **Subjects and Method: Design:** A descriptive correlational design was used. **Subjects:** Nursing staff (n=318) working at Tanta Emergency Hospital affiliated with the Ministry of Higher Education and Scientific Research. **Tools:** Two tools were used: Nursing staff's perception of the social intelligence questionnaire and Nursing staff's organizational communication scale. **Results:** Show that more than half (56.3%) of nursing staff had moderate social intelligence. Also, nearly half (47.2%) of nursing staff demonstrated moderate organizational communication. **Conclusion:** There was a highly significant positive correlation between nursing staff's perceptions of social intelligence and their organizational communication. **Recommendations:** Healthcare facility management should provide educational programs, for nursing staff about social intelligence and organizational communication. Also, modify hospital policies to allow nursing staff to communicate effectively.

Keywords: Nursing staff, organizational communication, social intelligence.

Introduction

The nursing workforce constitutes the largest personnel in the healthcare organization. The rapid changes in nursing staff roles and responsibilities, such as gaining more autonomy in providing healthcare services, mean they face unprecedented administrative and management challenges within the nursing workplace. Many of the most pressing issues of a workforce are complex and formidable, these problems may generally be resistant to change (**Mohamed, 2021**). Applying the concept of social intelligence to the nursing workforce can offer a proactive approach to ameliorate, if not completely avoid, these pressing issues. Clarification of social intelligence concepts in the context of the nursing workplace is the tenet of its successful application in nursing management (**Reddy, 2021**).

Social intelligence is particularly important to the interpersonal aspect of the nursing profession. Nurses constantly interact with patients, families, and colleagues, requiring them to be perceptive to others' needs and emotions (**Gukssa, 2023**). Social intelligence skills help nursing staff to anticipate patient concerns, respond empathetically, and create a supportive environment for both patients and colleagues. In order to improve patient care, these skills create a positive work environment and reduce stress and burnout among healthcare workers (**Katou, Budhwar, & Patel, 2021**). Additionally, one of humanity's virtues is social intelligence, which is

the capacity to comprehend nursing staff's and other professionals' intentions, feelings, and thoughts. It is the unique human ability to manage and navigate interpersonal relationships and interactions within organizations (**Dhelim et al., 2021**). Social intelligence is a complicated concept that includes several elements, such as social information processing, social skills, and social awareness that help nursing staff successfully negotiate difficult interpersonal circumstances. The capacity to comprehend the emotions of others and forecast their actions is known as **social information processing**. It is described as the collection of information and experiences about the group that nursing staff deal with in the workplace, including the patient, the customs and laws that govern the group, their gender, and their religion (**Qusti & Alshaibani, 2021**).

Social skills also involve building and maintaining positive relationships, acting properly with different levels in an organization, dealing with problems without demeaning teamwork, as well as negotiating and managing conflict with tact and diplomacy (**Bishop, 2022**). **Social awareness** refers to the nursing staff's ability to collect information important for diagnosing and formulating clients' problems. It encompasses not only the identification of issues and their underlying causes but also the ability to determine the most effective course of action. Social awareness reflects the nursing staff's capacity to comprehend and interpret situations,

understand the social context that influences the behavior of others, and choose the most appropriate strategies to address each situation (**Zhuge, 2020**).

Socially intelligent nurses are better able to convey information, collaborate with team members, and advocate for patient needs, all of which are essential components of organizational communication (**Dhelim et al., 2021**). Organizational communication strikes a balance between constraint and creativity, enabling nursing staff to utilize communication to achieve goals and tasks effectively (**Aunger et al., 2021**). Through assisting nursing staff to comprehend and control the social dynamics that affect communication processes, social intelligence may affect a nursing staff member's capacity for effective communication within an organization.

Additionally, socially intelligent nursing staff members are better at reading nonverbal clues, sympathizing with coworkers, and handling interpersonal conflicts, all of which lead to more successful communication. Improved teamwork, a more unified corporate culture, and eventually improved patient care are the results of this (**Esposito, 2022**). Interactions between healthcare professionals who are pursuing shared objectives within an organization are referred to as organizational communication. It is made up of the exchanges that occur to collaborate on these objectives. Successful organizational operations can be facilitated using efficient

organizational communication techniques and tactics (**Burgener, 2020**). Furthermore, organizational communication is a structured process through which information, ideas, and messages are exchanged within and across different levels and units of health care organizations. It plays a pivotal role in ensuring that all members are aligned with the organization's objectives, fostering collaboration, and enhancing overall efficiency (**Zito et al., 2021**). Organizational communication is essential to obtain healthcare organization goals because it facilitates the flow of ideas, information, and instructions between different organizational levels. It is crucial for increasing productivity, encouraging teamwork, and developing a healthy workplace culture. Notwithstanding its benefits, organizational communication is hampered by issues including cultural disparities and organizational hierarchy. Overcoming these barriers involves intentional efforts to establish open communication cultures and help in developing communication skills (**Lee, et al. 2024**). There are two types of internal organizational communication: vertical (upward downward) and horizontal. **Vertical communication** is a type of work-related communication that flows up and down the organizational hierarchy, involving superiors and subordinates. The information that moves from management to nursing staff is known as downward communication. Conversely, upward communication refers to the information that

managers get from nursing personnel. This can include nursing personnel providing input on workplace issues or reporting to their bosses. Furthermore, interactions between people at the same level within an organization are referred to as **horizontal communication**. This also can include health care professionals from many departments collaborating to deliver health care services at an optimal level (**Misra & Singh, 2021**).

An organization's ability to function depends on its ability to communicate. In structured systems, it includes interactions between nursing staff members who work together to achieve shared goals. This procedure makes it easier for information to flow freely, guaranteeing flexibility in response to changes both inside and outside the organization. While managing healthcare teams, coordinating patient care, and preserving operational effectiveness all depend on effective organizational communication (**Musheke & Phiri, 2021**). As the main point of contact for patients and other healthcare professionals, nursing staff frequently occupy the core of communication networks in hospitals and clinics. Error prevention, service continuity, and interdisciplinary teamwork all depend on clear, succinct, and accurate communication (**Raposo & Terra, 2021**).

Significance of study:

Nursing staff need a unique set of skills, including social intelligence, which enables them to build positive

relationships with others, handle social life issues, and communicate effectively by listening, understanding, and assessing their own and other health care professionals' conduct (**Uygun & Aribas, 2020**). The profession of nursing as a whole, a culture of safety in healthcare settings, and improved patient outcomes can all be achieved by nursing staff through the development of their social intelligence abilities (**Alsughayir, 2021**). Effective communication has a positive effect on a variety of organizational outcomes. Evidence indicates that organizations with successful communication strategies have better nursing staff engagement and job satisfaction (**Zito et al., 2021**). This study aims to provide a clear understanding of nursing staff perspectives regarding their social intelligence to help improve organizational communication.

Aim of the study

Assess the nursing staff's social intelligence and its relation to their organizational communication.

Research Questions:

1. What are the levels of nursing staff opinion regarding social intelligence and their organizational communication?
2. What is the relationship between nursing staff social intelligence and their organizational communication?

Subjects and Method

Design:

A descriptive correlation study design was used in the present study.

Setting:

The study was conducted at all departments of Tanta Emergency Hospital, which is affiliated with the Ministry of Higher Education and Scientific Research in the following department Emergency ICU, Anesthetic ICU, Burn Unit, Orthopedic Operation, Blood Vessel Surgery, Surgical Department, and Internal Medical Department.

Subjects:

The subjects of this study included two groups. First, all head nurses (n=40) included at the previously mentioned setting. Second, staff nurses (n=278 nurses), the sample was proportional according to the staff nurses' number in each department.

Tools: Two tools were utilized:

Tool I: Nursing Staff's Social Intelligence Structured Questionnaire

This tool was developed by Frankovský and Birknerová (2014); Bennett (2015) and modified by the researchers based on related literature (Hashem, 2021; EL-Shaer1, & Gaber, 2020) to assess nursing staff opinion regarding social intelligences. It contains two parts as follows:

Part one: Personal data of nursing staff involving age, department, marital status, qualification, years of experience, and position.

Part two: Nursing Staff Social Intelligence Structured Questionnaire. It included 22 items divided into three dimensions:

- Social information processing included 7 items.
- Social skills included 7 items.

- Social awareness included 8 items.

Scoring system:

Nursing staff responses were measured on a five-point Likert Scale ranging from: 5 to 1 as always = 5, sometimes = 4, often = 3, rarely = 2, and never = 1. The total score is calculated by summing all categories. The total scores represent varying levels according to cut-off points as follows:

- High level of nursing staff social intelligences >75%.
- Moderate level of nursing staff social intelligences 60% -75%.
- Low level of nursing staff social intelligences < 60%.

Tool II: Nursing Staff Organizational Communication Questionnaire:

This tool was developed by researchers and guided by Rozilah et al. (2013); Bakar and Mustafa (2013) to assess nursing staff's view regarding organizational communication. It included 49 items divided into two dimensions:

- Vertical (up and down) communication included 28 items.
- Horizontal communication included 21 items from.

Scoring system:

Nursing staff responses were measured on a five points Likert Scale ranging from: (5-1) where, strongly agree (5), agree (4), neutral (3), disagree (2) and strongly disagree (1). The total scores were calculated by summing all categories. The total scores represent varying levels according to cut-off points as follows:

- High level of nursing staff organizational communication >75%.
- Moderate level of nursing staff organizational communication 60% - 75%.
- Low level of nursing staff organizational communication < 60%.

Method

1. An official permission to conduct the study was obtained from the Dean of the Faculty of Nursing at Tanta University to the Administrator of Tanta Emergency Hospital.

2. Ethical considerations:

- Consent of the ethical committee of the Faculty of Nursing was obtained (No. 65-5-2022).
- The nature of the study didn't cause any harm or pain to the nursing staff.
- Nursing staff consent to participate in the study was obtained after an explanation about privacy and the confidentiality of information obtained from them, the nature of the study and their right to withdraw from the study at any time.
- Confidentiality and privacy were taken into consideration regarding data collection. A code number is used instead of names.

3. Tools I and II were translated into Arabic and reviewed with the supervisors and submitted to five experts in the area of specialty to check their content validity and clarity of questionnaire.

4. The five experts were from the Faculty of Nursing at Tanta

University; five experts were 5 assistant professors from nursing administration. The experts' responses were represented in four-point Likert scale ranging from (1-4); 1 = not relevant, 2 = little relevant, 3 = relevant and 4 = strongly relevant.

5. Necessary modification was done including clarification and omission of certain items and adding others and for simplifying work-related words. The face validity value of tool (I), part (II), nursing staff's perception of social intelligence skills were 71.3%, and tool (II) nursing staff' organizational communication skills were 72.1%.

6. Reliability of tools was tested using the Cronbach Alpha Coefficient test. Reliability of tool (I) nursing staff's perception of social intelligence skills = 0.813, and reliability of tool (II) nursing staff' organizational communication skills = 0.881.

7. A pilot study was carried out on a sample (10%) of nursing staff (n= 32) nurses were excluded from the main study sample during the actual collection of data. The pilot study was done to test clarity, sequence of items, applicability, and relevance of the questions and to determine the time needed to complete the questionnaire.

8. Data collection phase: the data were collected from nursing staff by the researcher. The researcher met the respondents' nursing staff in different areas under study during working hours to distribute the questionnaire. The subjects

recorded the answer in the presence of the researcher to ascertain that all questions were answered. The data was collected over six months from 1/9/2022 until 28/2/2023.

9. The estimated time needed to complete the questionnaire items from nursing staff was (20 -30) minutes.

Statistical analysis of the data:

Data were fed to the computer and analyzed using IBM SPSS software package version 20.0. (Armonk, NY: IBM Corp) Qualitative data were described using number and percentage. The Kolmogorov-Smirnov test was used to verify the normality of distribution. Quantitative data were described using range (minimum and maximum), mean, standard deviation and median. Significance of the results obtained was judged at the 5% level. The tests used were:

- Mann Whitney test for abnormally distributed quantitative variables, to compare between two categories studied.
- Kruskal Wallis test used abnormally distributed quantitative variables, to compare between more than two categories studied.
- Spearman coefficient correlates between two distributed abnormally quantitative variables.
- Reliability Statistics were assessed using Cronbach's Alpha test.

Results

Table (1): Illustrates nursing staff regarding personal characteristics. It reveals that more than half (53.1%)

of nursing staff ranged in age from 20 to 35 years and majority of them (87.4%) were staff nurses. In addition, nursing staff were distributed across different departments, each department had representation ranging from 14.2% to 14.5%. Regarding years of experience, almost three fifths (59.4%) of them had between 5 to 10 years of experience. According to their marital status, majority of them (87.4%) were married. Concerning qualifications, slightly more than half of nursing staff (50.3%) hold a Bachelor of Nursing.

Table (2): Declares nursing staff opinions mean and levels regarding social intelligence. It shows that more than half (56.3%) of nursing staff had moderate social intelligence, more than one quarter (28.0%) of nursing staff had low social intelligence, while less than one fifth (15.7%) of them had high level. Furthermore, nursing staff social intelligence mean was 79.97 ± 9.29 , and the average score was 3.64 ± 0.42 .

Table (3): Represents nursing staff opinion levels regarding social intelligence dimensions. It clarifies that about two thirds (65.7%) of nursing staff had low level of social awareness dimension. In addition, more than half (53.1%) of nursing staff had moderate level of social information processing and social skills dimensions. While about one third (31.4%) of nursing staff had high level of social information processing dimension.

Table (4): Indicates the nursing staff opinion means and levels regarding organizational communication

dimensions. It reveals that nearly half (47.2%) of nursing staff demonstrated moderate communication. A little over one-third (31.1%) of nursing staff had low organizational communication, while less than one quarter (21.7%) of nursing staff exhibited high organizational communication. Furthermore, nursing staff organizational communication had an overall mean 179.0 ± 18.64 , with the average score was 3.65 ± 0.38 .

Table (5): Indicates nursing staff opinion levels regarding organizational communication dimensions. It represents that more than half (53.1%) of nursing staff had moderate horizontal communication.

Furthermore, less than half (43.7%) of nursing staff had low vertical (up and down) communication. While more than one third (37.7%) of nursing staff had moderate vertical (up and down) communication. In addition, more than one third (34.3) of nursing staff had high horizontal communication.

Figure (1): Show correlation between total nursing staff social intelligence and organizational communication. It reveals that there is significant positive correlation between all nursing staff opinions regarding social intelligence and their opinion about organizational communication at ($P < 0.001$), ($r=0,420$).

Table (1): Nursing staff regarding their personal characteristics (n=318)

Personal characteristics	Nursing staff	
	No	%
Age		
20-35	169	53.1
35-45	119	37.4
45+	30	9.4
Position		
Head nurse	40	12.6
Staff nurse	278	87.4
Departments		
Anesthetic ICU	46	14.5
Burn	46	14.5
Orthopedic operation	45	14.2
Internal medical	45	14.2
Blood vessels surgery	45	14.2
Surgical	45	14.2
Years of experience		
5-<10	189	59.4
10-<20	99	31.1
20-30+	30	9.4
Marital status		
Married	278	87.4
Unmarried	40	12.6
Qualification		
Nursing Diploma	40	12.6
Technical Nursing Institute Diploma	79	24.8
Bachelor of Nursing	160	50.3
Post Graduate Studies	39	12.3

Table (2): The nursing staff opinions mean and levels regarding social intelligence (n= 318)

Nursing staff social intelligence	No	%
High	50	15.7
Moderate	179	56.3
Low	89	28.0
Total score (22 –110)		
Min. – Max.	61.0 – 99.0	
Mean $\pm$ SD.	79.97 $\pm$ 9.29	
Median	80.0	
Average score (1 – 5) (Mean $\pm$ SD.)	3.64 $\pm$ 0.42	

Table (3): Nursing staff opinion levels regarding social intelligence dimensions (n = 318)

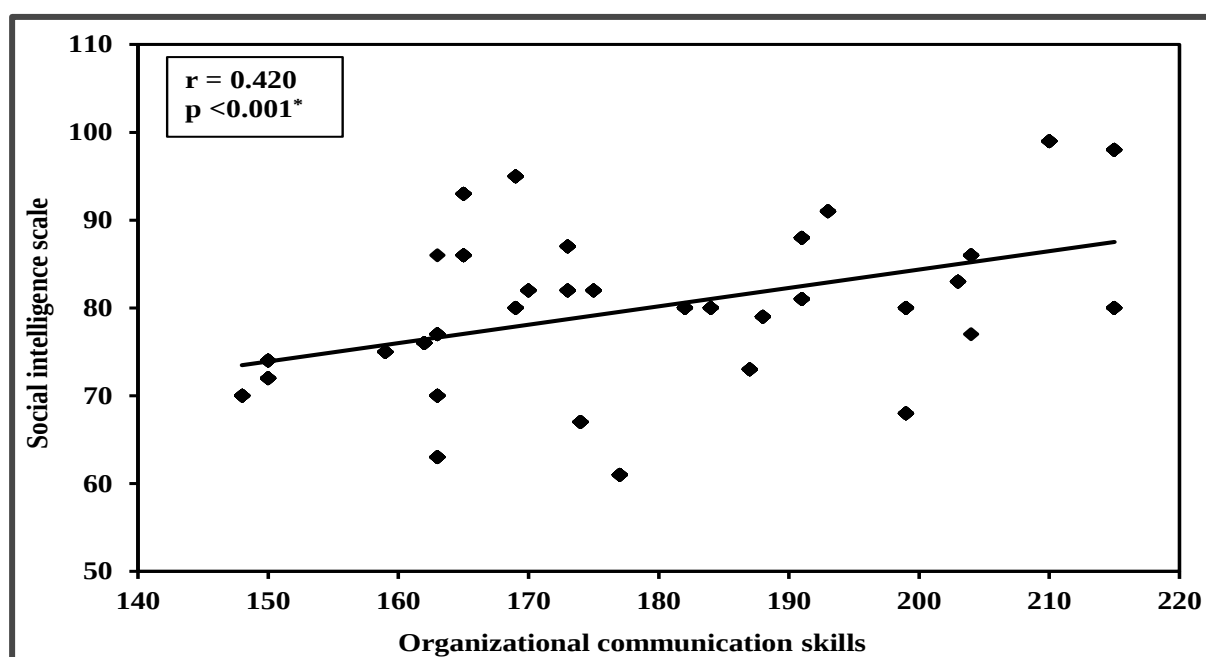
Social intelligence dimension	Nursing staff social intelligence					
	High		Moderate		Low	
	No.	%	No.	%	No.	%
Social information processing	100	31.4	169	53.1	49	15.4
Social Skills	90	28.3	169	53.1	59	18.6
Social awareness	49	15.4	60	18.9	209	65.7

Table (4): The nursing staff opinion means and levels regarding organizational communication (n=318)

Nursing Staff Organizational Communication	No	%
High	69	21.7
Moderate	150	47.2
Low	99	31.1
Total score (49 – 245)		
Min. – Max.	148.0 – 215.0	
Mean $\pm$ SD.	179.0 $\pm$ 18.64	
Median	174.50	
Average score (1 – 5) (Mean $\pm$ SD.)	3.65 $\pm$ 0.38	

Table (5): Nursing staff opinion levels regarding organizational communication dimensions (n = 318)

Nursing staff organizational communication dimensions	High		Moderate		Low	
	No.	%	No.	%	No.	%
Vertical (up and down) Communication	59	18.6	120	37.7	139	43.7
Horizontal communication	109	34.3	169	53.1	40	12.6

**Figure (1): Correlation between total nursing staff social intelligence and their organizational communication (n = 318)**

Discussion

Nurses' ability to navigate interpersonal relationships and organizational structures is critical in the dynamic and emotionally demanding healthcare field. Nurses' social intelligence has emerged as the most important competency for nursing professionals (Tiryaki et al., 2025). Hence, organizational communication is equally vital for effective nursing practice. Effective communication advances

collaboration, ensures patient safety, and enhances job satisfaction (Atalla et al., 2024).

The current study revealed that over half of the nursing staff exhibited moderate social intelligence, while the minority displayed a high level of social intelligence. This result may be due to a confluence of elements inherent to the nursing profession, such as nurse exposure to high-stress environments, time limits, emotionally taxing situations, and

insufficient formal nurse training in social intelligence abilities. Likewise, a study conducted by **Tonguç and Karakaş (2025)** reported an average social intelligence score suggesting a predominantly. Also, **Bai et al. (2024); Hassan et al. (2022)** addressed that the average social intelligence indicates moderate social intelligence levels among nursing populations.

On the other hand, **Monis et al. (2024)** found that most nurses scored a low range of social intelligence. Also, **PP and Babu (2021); Özdemir and Adıgüzel (2021)**, observed that the highest percentage of nurses were equipped with good levels of social intelligence.

The current study result indicated that the social information processing aspect of nursing staff social intelligence showed the highest mean score. While nursing staff manifest the lowest mean score in the area of social awareness. This result may be due to nursing staff being taught and expected to swiftly understand an act on patient information, thereby enhancing their capacity to process social cues and respond appropriately.

A study conducted by **Nwodo et al. (2025)** highlighted that social information processing was a highly valued factor, particularly because it cultivates a sense of purpose and motivation among staff. Similarly, **Yanik et al. (2022)** affirmed that social information processing was the most pronounced component of social intelligence among health care workers. On the contrary, a study conducted by **Akbarian and**

Mazraehshadi (2022) stated that social awareness was comparably the highest. Conversely, a study conducted by **Mohamed (2021)** noticed that the social skills subscale of social intelligence had the lowest mean score.

According to the current study, the majority of nursing staff had a low level of social awareness. As evidence, most of the nursing staff sometimes understand the choices made by their colleagues. This could be caused by the nursing staff's unsustainable work environment and limited possibilities for personal development. Likewise, the current study consistent with **Nwachukwu (2024)**, reported that nurses' social awareness skills were low, and this did not significantly influence their job performance, suggesting many nurses struggled to accurately perceive patients' emotions and social cues. In the opposite line, **Tiryaki et al. (2025)** found that most nurses indicated moderate to high social awareness abilities.

Pertaining to the nursing staff's opinions on levels of organizational communication, the present study revealed that a large number of nursing staff had low organizational communication. This may be due to heavy nursing workloads and staffing shortages that limit opportunities for clear interaction among nurses. Furthermore, this result may also reflect a hierarchical management style that discourages open dialogue, or poorly maintained digital platforms can hinder timely information sharing.

In the same line, **Hossny et al. (2023)** reported that more than half of nurses demonstrated high levels of organizational silence, effectively indicating low communication, while only about one quarter of them were at the moderate level. As well, the present study result disagreed with those of **Pan and Lin (2022)**, who noticed high organizational communication among most nurses.

On the other hand, **Ha et al. (2025)** found that most nurses clustered around moderate-to-average organizational communication levels. Also, the current result was incongruent with **Alosaimi (2022)**, who reported a moderate level of communication between nursing managers and staff nurses.

As regards nursing staff opinions related to organizational communication dimensions, it was displayed that nursing staff vertical communication had the highest total mean, while nursing staff horizontal communication had a lower mean. This may be attributed to the hierarchical structure, which is commonly found in healthcare organizations, where communication tends to flow more effectively from top to bottom rather than laterally among peers.

In this concern, **Schmelzer et al. (2025)** revealed that effective horizontal communication is crucial for teamwork and patient care continuity. The study highlighted that reliance on explicit communication among temporary staff could hinder the development of implicit understanding, which is vital for efficient team functioning. On the

other hand, **Darcho et al. (2024)** found in a study that healthcare providers' communication skills were significantly influenced by their working units, which involve more vertical communication.

Consistently, **Yazew et al. (2021)** indicated that vertical communication significantly predicts organizational identification among hospital nurses and suggested that effective top-down communication enhances staff alignment with organizational goals. Conversely, **Noviyanti et al. (2021)** stated that higher communication satisfaction, which includes horizontal communication, was associated with better patient safety outcomes.

Additionally, the current study demonstrated that the majority of nursing staff possessed a moderate level of horizontal communication, as evidenced by their opinions regarding organizational communication. Also, most of the nursing staff strongly agreed that they listen carefully to their colleagues while they are talking, and they give their colleagues enough opportunity to speak. This may be due to their high awareness about the importance of effective communication during nursing endorsement and other collaborative activity between different departments within the health care organization.

Likewise, the present study result was supported by **Mohammed and Adea (2022)**, who reported that the overall mean for nurses' interpersonal communication was moderate, they concluded that

horizontal interactions tended to cluster in the moderate range.

The present study results revealed that there was a significant positive correlation between nursing staff's opinion regarding social intelligence and their organizational communication. Nurses with higher social intelligence are more adept at perceiving, understanding, and managing interpersonal interactions, which is an essential component of effective organizational communication.

This result coincided with a study conducted by **Mahdy et al. (2021)**, who found that there was a strong positive association between organizational intelligence and nurses' soft skills, including communication and emotional intelligence. Also, this result was in harmony with a study conducted by **Tegegne and Wondimu (2024)**, which found a significant, moderate-to-strong positive correlation between emotional social intelligence and nurses' ratings of organizational communication quality.

Conclusion

Based on the findings of the current study, it can be concluded that more than half of nursing staff at Tanta Emergency Hospitals had a moderate level of social intelligence while less than one fifth of them had a high level. As well, nearly half of nursing staff had a moderate level of organizational communication while a little over one third had a low level. There was a highly statistically significant positive correlation between nursing staff social

intelligence and their organizational communication.

Recommendations

Based on the results obtained from the present study, the following are recommended:

For the health care facility's management

- Provide educational programs and workshops for nursing staff to update their knowledge and practice about social intelligence and organizational communication.
- Conduct regular assessments of organizational communication effectiveness to explore challenges and obstacles of vertical and horizontal communication.

For nurse managers:

- Ensure that everyone from the nursing staff is treated as equals.
- Provide a cooperative work environment to improve belongingness and connectivity.

For nursing staff:

- Attend seminars and workshop programs to be up to date regarding social intelligence and organizational communication.
- Maintain comprehensive awareness about organizational communication channels.

For future research

- Confirm the current study findings in different health care settings.
- Assess nursing students' social intelligence level.

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