

# Effect of Head Nurses Emotional Intelligence Educational Program on Nurses Motivation and Organizational Support

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## Abstract

Head nurses' emotional intelligence is important to the quality of their job, including clinical decision-making, critical thinking, evidence, and knowledge application in practice. Therefore, the professional nurse should have the ability to understand the views and needs of a wide variety of people to be motivated, supported, and satisfied. **Aim:** The study aims to examine the effect of head nurse's emotional intelligence training program on staff nurses' motivation and perceived organizational support. **Research design:** Quasi-experimental research design was utilized in this study. **Setting:** The study was conducted at the health insurance Hospital – Minia governorate. **Subjects:** A convenience sample of head nurses and staff nurses was included in the study. **Tools:** four tools were used in this study; emotional intelligence knowledge questionnaire, emotional intelligence self-assessment questionnaire, motivation scale, and perceived organizational support scale. **Results:** The total knowledge level of emotional intelligence and its subscales among head nurses were low before the program implementation; they had high level after the program implementation with statistically significant differences; also the staff nurse motivation level and perceived organizational support level was increased after implementing emotional intelligence educational program for head nurses **Conclusions:** an improvement in the knowledge level has been observed after the program was implemented. **Recommendations:** Periodical workshops and programs for first-line managers to develop their emotional intelligence competencies to be more motivated and empowered and supported for their nurses.

**Keywords:** Emotional Intelligence, Education Program, Head nurses, Nurses, Motivation, Perceived organizational support

## Introduction

Research on emotional intelligence is developing relatively. According to **Mayer and Salovey (2009)**, emotional intelligence is defined as "the ability to perceive accurately, appraise, and express emotions; the ability to access and generate feelings when they facilitate thought; the ability to understand emotions and emotional knowledge; and the ability to regulate emotions to promote emotional and intellectual growth." Emotional competencies are taught skills, based on emotional intelligence, that improve workplace performance (**Taft, 2013**).

Emotional intelligence supports a organization commit strategy, creates opportunities for strong connections both

inside and outside the organization, promotes creativity and risk-taking, and allows for collaboration and sharing of ideas. Studies show that leaders who exhibit emotional intelligence have a work environment that helps employees improve their emotional intelligence by providing encouragement (**Pinos et al., 2013**)

The head nurse job needed broad-ranging knowledge and skills and frequent interactions in the workplace with health care professionals. The engagement is not simply a discussion, but a complicated process that includes using nurses' emotions, perceptions, and nursing knowledge to help patients, who experience their emotions better when nurses have emotional intelligence (EI). The head nurses should be capable of understanding the

perspectives and requirements of many individuals, as well as of being attentive and empathetic to patient problems; furthermore, be able to manage stress and foster social responsibility, which is part of emotional intelligence (**Bakr & Safaan, 2012**).

Emotional intelligence (EI) is essential for head nurses or leader it enables to use their positive emotions to influence others and facilitate the organization's vision through job performance. First-line nurse managers might be aware of the concept of emotional intelligence, but they lack the knowledge and sound principles of emotional intelligence, which may increase nurses' motivation, empowerment as a means of organizational support (**Gardner & Stough; 2012**). A climate of emotionally intelligent head nurses or leaders should facilitate a strong error orientation climate, resolved work stress issues, creativity, motivation, and, in turn, care performance in hospitals. (**Oppel et al., 2019**).

Nurses managers should be familiar with human psychology in work that deals with both internal and external energies and affects the nurse's motivation and organization support (**Toode, 2015**). Internal motivation comes from incorporating competencies and talents into the job, with regard to external factors of motivation, organizational environment, work policies, teamwork, supervision methods, workplace climate, assignment types, communication channels, and organizational supports (**Toode et al., 2014**).

Additionally, the organization has supported maintaining positive work outcomes, including engagement, task performance, and citizenship. Perceived organizational support (POS) is one of the most important factors that influence an organization's policies. Providing adequate work conditions, supervisor support, appropriate incentives, and fairness in the workplace promotes increased self-esteem, hope, and personal development of nurses, resulting in better physical, mental, emotional, and spiritual well-being (**Yaghoubi et al., 2014 & Ali et al., 2018**).

#### **Significance of the study:**

Emotional intelligence plays an essential role in the health care systems, retaining motivated and organizational support among health care personnel, leading to increased

productivity of the health care systems, which is manifested in patients' outcomes and job satisfaction (**Homedes, 2014**). Motivational patterns include reward, connection, challenge, control, and drive. Employee well-being is an essential resource for any health system (**Shanks, 2010**). The nursing department works with the customers' health (patients). Once motivated, the nurses job productivity rises, resulting in a satisfactory outcome for patients. Motivation has recently come to be as an important component of any long-term strategy for improving patient outcomes. But, on the other hand, it is generally accepted that health care systems are underperforming in regards to health intervention because of staff shortages, demotivation, poor working conditions, and poor compensation. To motivate someone must provide a reason for them to act. Motivation originates from a need that motivates action which is followed by a reward when the need is satisfied (**Lambrou., Kontodimopoulos & Niakas., 2010**).

Self-motivation leads to the establishment of self-awareness, social skills, empathy, and self-regulation. Staff nurses were empowered (**EL-Gazar, 2014**). Nurses' motivation promotes job productivity, which leads to better patient outcomes. More recently, motivation and support of healthcare workers has been widely acknowledged as critical in any lasting solution to patient outcomes. However, it is generally agreed that health systems are failing to achieve the intended goal of health intervention because of insufficient trained and experienced people, uninspired workers, bad working conditions, and inadequate compensation (**Hess & Bacigalupo, 2011**).

#### **Aim of the study**

The study aims to investigate the effect of emotional intelligence educational programs for head nurses on nurses' motivation and perceived organizational support.

#### **Research Hypothesis:**

- H1:** Head nurse's knowledge level about emotional intelligence (EI) will increase after implementing an educational program than before implementation.
- H2:** Staff nurse motivation level and perceived organizational support level will be

increased after implementing emotional intelligence educational program for head nurses.

## Subjects and Methods

### Research design:

A Quasi-experimental research design will be utilized to fulfill the aim of this study, this design is used for non-randomized experiments, used when it is neither feasible nor ethical to randomize participants into groups for comparison; it is sometimes referred to as a descriptive comparative design.

### Setting:

The setting was selected randomly. The study was conducted in a health insurance hospital, Minia City, Egypt. This hospital provides health insurance care services for patients in various specialties for all groups with health insurance cards. It includes the following medical, surgical, pediatric, obstetrics, ophthalmology, ENT, gynecology, neonatal intensive care units, and intensive care unit.

### Subjects:

A convenience sample of all available head nurses were included in the study (total no= 20 head nurses) and staff nurses (total no =120 nurses).

### Data collection tools:

Data collection by using four tools were used in this study; emotional intelligence knowledge questionnaire, emotional intelligence self-assessment questionnaire, motivation scale, and perceived organizational support scale.

**Tool I: Emotional intelligence knowledge questionnaire**, this tool was included two parts as follows:

1<sup>st</sup> part was including Socio-demographic characteristics data sheet for head nurses. It included questions related to; (age, gender, marital status, years of experience, educational qualification and department .....etc.).

2<sup>nd</sup> part included an emotional intelligence knowledge questionnaire developed by the researcher based on related literature to assess head nurses' knowledge regarding

emotional intelligence. It consisted of 40 questions related to emotional intelligence, self-awareness, self-regulation, empathy, motivation, and human (social) relation.....etc. The questions scored as one for the correct answer and zero for the incorrect answer. The scoring system of this tool divided as follows: Low emotional intelligence knowledge (>60%), moderate (60% =<75%), and high emotional intelligence knowledge(=>75%).

**Tool II: Emotional Intelligence Self-assessment Questionnaire:** developed by (Mohaple, 2015) which was adopted and modified by the researchers to assess head nurse's emotional intelligence. The scale consisted of 40 items categorized in 4 subscales namely, self-awareness (ten items), emotional management (ten items), social-emotional awareness (ten items), relationship management (ten items). Responses rated on 5 points Likert scale ranging from (4) always to (0) never. The scoring system of this tool is classified as follows: Low emotional intelligence (<53), moderate (53 = < 106), and high emotional intelligence >106.

**Tool III: Motivation Scale:** the tool consisted of two parts as follows

1<sup>st</sup> part: **demographic data** is used to collect data about nurses, encompass items as age, gender, marital status, years of experience, educational qualification, and department .....etc.

2<sup>nd</sup> part: **Motivation Scale:** this tool was developed by Whitaker, (2011), adapted and modified by the researchers to assess nurses' motivation provided by head nurses. The scale consisted of 22 items, As Responses rated on 5 points Likert scale ranging from (1) strongly disagree (5) strongly agree, with minimum score 22 and maximum score 110). The scoring system of this tool classified as a follows: Low motivation (<60%), moderate (60% = <75%), and high motivation

**Tool V: Perceived organizational support scale:** this tool was developed by Rhoades & Eisenberger, (2002) to assess the level of organizational support among nursing staff in their setting. It consisted of (16) items, as

the organization values the nurse's contribution to its well-being, the organization strongly consider nurses goal and values, and availability of organizational help when their nurses have a problem,... etc. The organizational support score was measured by 7 Likert scales ranged as (strongly agree= 7, Agree= 6, somewhat= 5, neutral=4, somewhat disagree=3, disagree=2, and strongly disagree= 1) (with a minimum score was 16 and a maximum score was 112) and divided into three levels as follows: Low organizational support 16 to 48; moderate from 49 to 80 and high from 81 to 112, (<60%), Low organizational support; moderate (60% = <75%), and high organization support.

### Validity and reliability

The tools were tested by a team of five nursing administration and psychiatric and mental health nursing experts at Minia University, which affirmed its validity. The tools were modified based on the panel's evaluation of the content's appropriateness and item sequence accuracy. Cronbach's alpha test was used to determine the degree to which the items of the tools (tool I part two, II, III, and V) test the same concept and correlate with one another. The internal consistency was 0.78, 0.91, 0.89 and 0.75, respectively.

### Pilot Study

It was performed on 10% of the study subject ( 2 head nurses and 22 nurses) before starting the actual data collection to assure the clarity, applicability of the study tools, and feasibility of the research process. It also needed to estimate the time necessary to fill the tools of data collection. The pilot study data were included in the main study sample during data collection.

### Data collection procedure

The study was conducted in three stages: The assessment and planning, implementation, and evaluation phases.

#### 1- Assessment and planning stage

- Official confirmation from the authoritative personnel to conduct the study was obtained before starting the study.

- Oral agreement of participation from head nurses and nurses was taken.
- Before the educational program started to appraise the head nurses concerning emotional intelligence, the knowledge questionnaire was taken from 25- 30 minutes, and the time needed to respond to the sheet of self-assessment about emotional intelligence was nearly 30 minutes, data collected in one month from the beginning of December to the end of December 2018.
- Assess nurse's motivation and perceived organizational support before starting the head nurses' educational program.
- The nurse's motivation and perceived organizational support scale were given to the nurses by the researchers. The time required to answer this sheet was from 35-40 min, data obtained in one month from the beginning of January to the end of January 2019.
- The researchers were designed the timetable for the educational program.
- The researcher prepared the learning climate and necessary resources ( seminar rooms and data show equipment) needed in this study.

### 2. Implementation stage

- According to the assessment and planning stage results, the educational program was designed on literature review, teaching sessions, and planned time schedules. The program discussed emotional intelligence definition, components, the importance for nursing staff, effective qualities for emotionally intelligent leaders, emotionally intelligent skills, and theories.
- Head nurses were divided into two subgroups, every one comprised ten head nurses, and the researchers implemented the educational program for each subgroup at a separate time.
- Sessions were carried out according to the participants' work time, and it was done in the teaching rooms of the hospitals.
- The researchers explained the objectives of the educational program to the head nurses,' timetable, and content.
- When beginning each session, the learning objectives were told and took feedback before each session about the earlier session, and after each session, there was a review of the current session.

- The educational program was performed for head nurses at Health Insurance Hospital. The teaching methods were utilized: lecture, discussion, brainstorming, assignment, case study, and small group work activities.
- The teaching materials were used: PowerPoint presentation and video.
- The educational program was done in two months, from February 2019 to the end of March 2019.

### 3. Evaluation stage

- Evaluating the immediate effect of an emotional intelligence education program for head nurses on nurses' motivation and perceived organizational support was collected using the four tools emotional intelligence knowledge questionnaire, the emotional intelligence self-assessment – nurses' motivation, and the perceived organizational support scale.
- The follow-up was conducted after three months of the program implementation to assess the effect of an emotional intelligence education program for head nurses on nurses' motivation and perceived organizational support was done by using the four tools as emotional intelligence knowledge questionnaire, emotional intelligence self-Assessment scale, nurses' motivation scale, and perceived organizational support scale. It was completed in a period from the beginning of July to the end of July 2019.

### Ethical considerations

- The ethical committee approved this study of the Faculty of Nursing, Minia University.
- The researchers clarified the study's aim to head nurses and nurses who participated in the study.
- Oral consent was obtained from all the participants following explaining the nature and advantages of the study.
- The head nurses and nurses were known that their participation was voluntary, and they can withdraw from the study at any time if they wanted that.
- Confidentiality of data, privacy, identity, willing participation, and the right to decline to participate in the study was emphasized to subjects.

### Statistical Analysis

Statistical analysis of data implemented by using an excel program and SPSS (IBM 24). The data description is done in the form of mean  $\pm$  standard deviation for quantitative data and frequency & proportion for qualitative data. The interpretation of the data was done to test the statistically significant difference between groups, (P) is significant if  $<$  or  $=$  "0.05" at confidence interval 95%. The qualitative data chi-square test was used.

### Results

Table (1) demonstrated that the majority of head nurses were female, married, had a baccalaureate degree, and worked in general. Slightly more than half of them in the age group 30-40, and nearly half of them experience 5-10 years and had not any educational program about emotional intelligence. In the same table staff nurses, a high percentage of them are female, in the age group 30-40 years, and works in the general area. 50% of them married and have experience of 5-15 years.

**Figure (1)** illustrates that (85.0%) of head nurses had a low level of knowledge in the pretest. While at the immediate post-test and after three months it was (75%) of them had a high level of knowledge, with statistically significant differences between pretest and immediate post test ( $p < 0.001$ ).

**Figure (2)** illustrates that (65%) of head nurses had low emotional intelligence self-assessment levels in the pretest. While at the immediate post-test, it was (90 %) of them had a high level of emotional intelligence self-assessment. After three months of program implementation, there was a change in the level of emotional intelligence self-assessment between head nurses, to reach (75%) of them had a high level of knowledge, with statistically significant differences ( $p=0.0001$ ) between pretest and immediate post test.

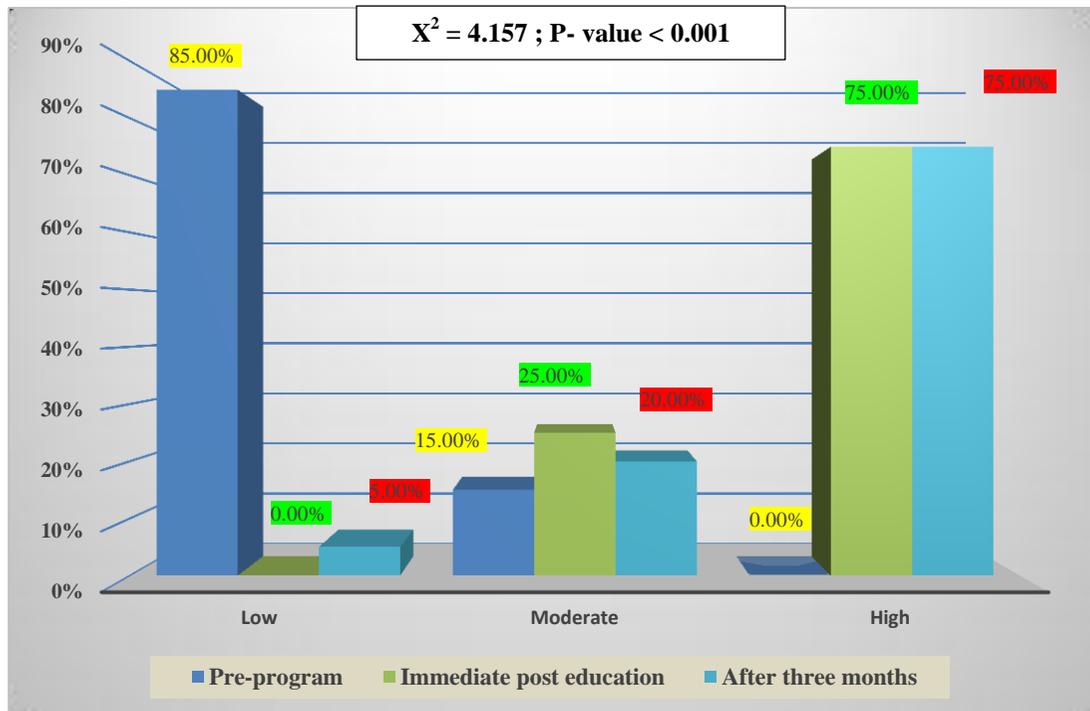
**Figure (3)** illustrates that 60 % of the studied nurses' have low motivational level levels in pre-program implementation, increased to high 66.7% of them immediately post educational program and slightly decline to 60 % after three months (follow up).

**Figure (4):** shows that 51.7 % of the studied nurses have a moderate level of perceived organizational support in pre-program implementation, increasing to 71.7% of them with a high level of perceived organizational support immediately after the educational program and decline to 58.3% after three months (follow up).

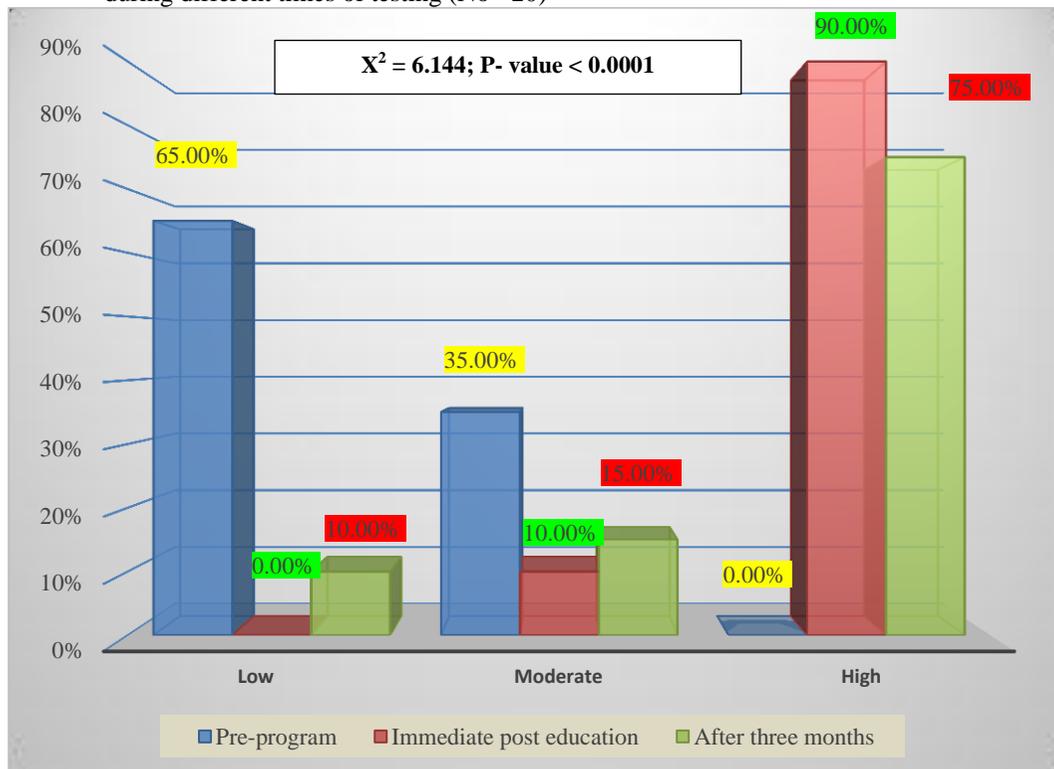
**Table (6)** summarizes a positive association between the total head nurses' emotional intelligence (knowledge, self-assessment), nurses' motivation, and organizational support during different testing times.

**Table (1):** Demographic characteristics of the study subjects (head nurses' and staff nurses)

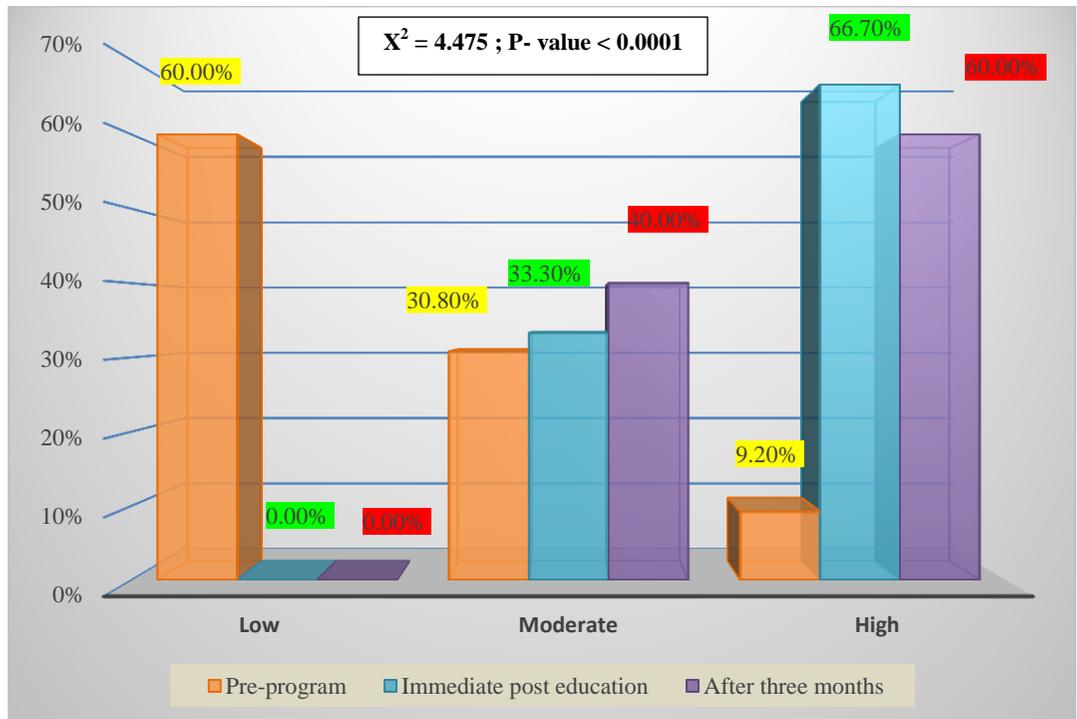
Demographic characteristics	First-line nurse managers (20)		Staff Nurses (120)	
	No	%	No	%
<b>1. Age</b>				
• > 30	7	35.0	30	25.0
• 30-40	11	<b>55.0</b>	75	<b>62.5</b>
• < 40	2	10.0	15	12.5
<b>Mean ± SD</b>	<b>32.6 ± 6.5</b>		<b>33.8 ± 6.1</b>	
<b>2. Gender</b>				
• Male	4	20.0	35	29.2
• Female	16	<b>80.0</b>	<b>85</b>	<b>70.8</b>
<b>3. Marital status</b>				
• Single	5	25.0	31	25.8
• Married	12	<b>60.0</b>	64	<b>53.3</b>
• Divorce	2	10.0	16	13.3
• Widowed	1	5.0	9	7.6
<b>4. Qualifications</b>				
• Diploma	0	0.0	55	45.0
• Institute	0	0.0	40	33.3
• Baccalaureate	16	<b>92.6</b>	25	20.7
• Master degree	4	7.4	0	00.0
<b>5. Years of experience</b>				
• 5 <	10	50.0	45	37.5
• 5 - 10	8	<b>40.0</b>	60	50.0
• 10 – 15	2	10.0	15	12.5
<b>Mean ± SD</b>	<b>6.0 ± 3.3</b>		<b>6.7 ± 3.2</b>	
<b>6. Area</b>				
• General	17	<b>85.0</b>	88	<b>73.3</b>
• Critical	3	15.0	32	26.7
<b>10. Previous emotional intelligence training program</b>				
• Yes	0	0.0	00	0.0
• No	100	100.0	100	<b>100.0</b>



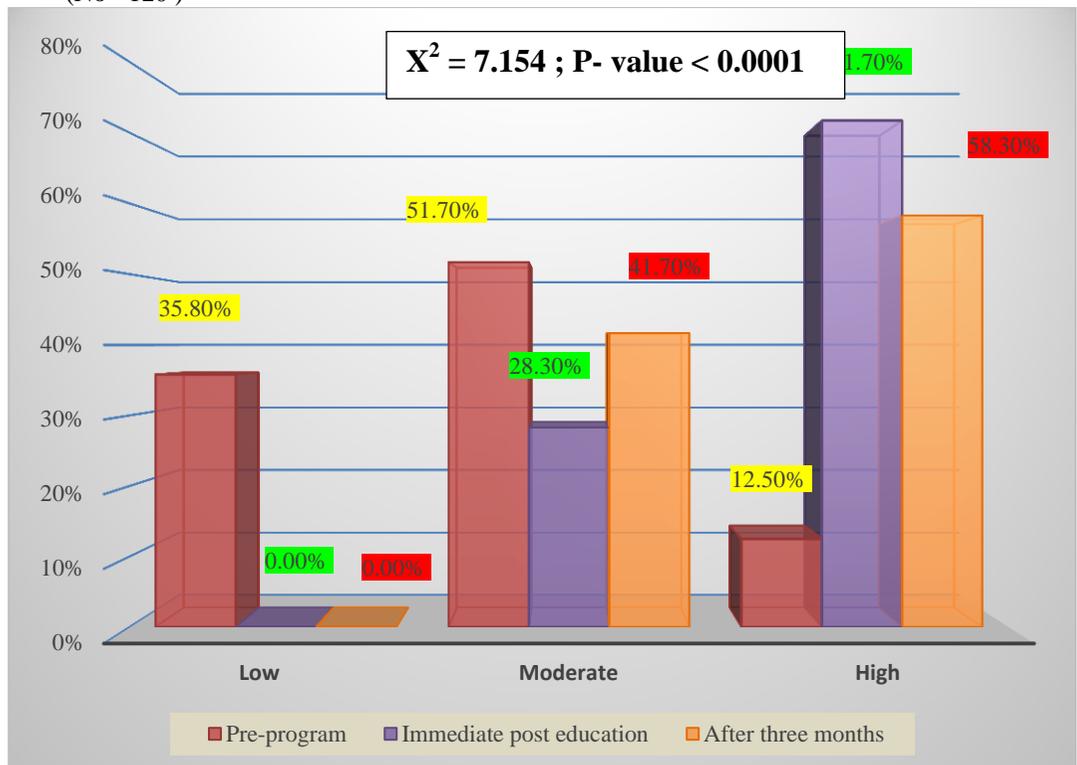
**Figure (1):** Total knowledge level of head nurses about emotional intelligence knowledge level during different times of testing (No =20)



**Figure (2):** Frequency distribution of Emotional Intelligence Self-assessment components among head nurses (N=20)



**Figure (3):** Distribution of studied staff nurses' motivational level during different times of testing (No =120 )



**Figure (4):** Distribution of studied staff nurses' perceived organizational support level during different times of testing (No =120)

**Table (2):** Correlation matrix between head nurses total knowledge, total emotional intelligence self-assessment, nurses motivation, and organizational support during different times of testing

Variables	Head nurse's total knowledge No=20		Head nurses total emotional intelligence (No =20)		Nurses motivation (No=(120))		Nurses' organizational support No=(120)	
	r	P	r	P	r	P	r	P
<b>Preprogram implementation</b>								
Head nurses' total knowledge of emotional intelligence climate								
Head nurses' total self-assessment of emotional intelligence climate '	0.241	0.000**						
Nurses' motivation	0.325	0.000**	0.189	0.000**				
Nurses organizational support	0.213	0.000**	0.273	0.000**	0.167	0.0001**		
<b>Immediate post-test</b>								
Head nurses' total knowledge of emotional intelligence climate								
Head nurses' total self-assessment of emotional intelligence climate '	0.123	0.000**						
Nurses' motivation	0.138	0.000**	0.11	0.000**				
Nurses organizational support	0.215	0.000**	0.215	0.000**	0.178	0.0001****		
<b>Follow up after three months.</b>								
Head nurses' total knowledge of emotional intelligence climate								
Head nurses' total self-assessment of emotionally intelligence climate '	0.410	0.000**						
Nurses' motivation	0.115	0.000**	0.259	0.000*				
Nurses organizational support	0.276	0.000**	.523	0.000**	0.239	0.0001**		

Correlation is significant at the 0.01 level

## Discussion:

Emotion is essential to nursing practice, and EI is crucial in determining an individual's clinical decision-making, critical thinking, evidence, and knowledge in practice (Moawed, Gemeay, and ELSayes, 2017). Leadership with emotional intelligence leads to success for the organization. Emotionally intelligent individuals are self-driven. That's not all they're driven by. When faced with disappointment, they tend to be strong and self-motivated (Atiq et al., 2015).

The present study's findings revealed a high statistically significant improvement in the level of knowledge of head nurses regarding emotional intelligence at the following two times measurements after implementing the program. Head nurses had a low level of knowledge before program implementation. This level significantly increased to a high level immediately after implementing the program and after the following two periods of measurements (after three months).

This result reflected the positive effect of the emotional intelligence educational program. This finding is consistent with Gabra et al., 2018 study of emotional Intelligence Educational Program for First Line Managers on the Nurses' Motivation and Empowerment at Minia University Hospital and found that first-line nurse managers initially had poor levels of knowledge before the program implementation, and after two periods of assessments, their knowledge had substantially risen (after three months). In addition, the current study finding is in accordance with the Egyptian thesis of Mohamed et al. (2016) about the Impact of Emotional Intelligence Program on Leadership Competency of Nursing Leaders, which ensured that after implementing an emotional intelligence program, nurse leadership skills rose and it can be improved through continuances training by percent 77%.

The current study head nurses had unsatisfactory levels of knowledge pre-program implementation, the matter that agreed with Abd ElRahman (2017), they found that most of the head nurses had unsatisfactory levels of knowledge and its application before

training; while, knowledge level had improved after training and become satisfactory. In the same line, Schutte, et al. (2013) conducted an emotional intelligence education training program to increase knowledge and skills of emotional intelligence, and that training can lead to other positive outcomes.

The present study indicated significant differences in overall head nurse s' self-assessment emotional intelligence scale between the pretest and the three measuring times after the program implementation. The emotional intelligence level increased from a low level before the program implementation to a high level immediately after implementation unexpectedly. There was a slight gradual decrease in the level of emotional intelligence after three months after of the program implementation, with a statistically significant difference.

This was in harmony with Gabra et al., 2018 and Corbi, Rico, Sanchez, and Castejon (2018), who reported that the goal of an educational program has been not only to acquire technical skills but also to master other skills, such as teamwork, effective communication skills, time optimization, build a relationship, self-control and the ability to manage one's emotions. Also, added that educational programs help participants to improve their knowledge about emotional intelligence and its components.

This finding was in accordance with Erkayiran & Demirkiran (2018), who found highly statistically significant improvement at the three times of the program (pre, immediately post, and after three months post-program implementation. The post-program for the level of first-line nurse manager's knowledge and skills about emotional intelligence components was highly improved. The result of the present study indicated that staff nurse motivation increased from a low level before the program was implemented to a high one after. Unexpectedly, the level of motivation diminished only gradually after three months, but with a statistically significant difference thereafter.

This finding is consistent with Christie, Jordan, Troth, and Lawrence, (2007) study about Testing the Link between Emotional

Intelligence and Motivation and indicated that emotional intelligence is a primary component from which motivation arises, and motivation is affected by emotional intelligence. Head nurses' emotional intelligence has an appositive effect on nurses' motivation. This finding was in accordance with **Dubey (2012)**. Who found that people with a high level of emotional intelligence can motivate themselves and others also assured that there is a positive relationship between emotional intelligence and motivation.

This could be explained as head nurses gained the knowledge, skills from the emotional intelligence topics was one of the most important factors affecting the success of administrative leadership, that lead to improved emotional intelligence through building relationships and healthy transactions, mutual trust, respect, power and strength of participation in decision-making, lowering the level of anxiety and stress, which affect their performance on emotional intelligence after implementing of the training program. While the slight decrease in the quality of emotional intelligence could be attributed to forgetting, this was compensated by giving the head nurses handouts about the program contents. This could be attributed to the changes in head nurses' knowledge practice about emotional intelligence that lead to understanding the emotions of their staff, critical thinking, and using problem-solving skills to treat their staff the matter that affects moral and psychological state and leads to motivation.

The present study indicated that perceived nurses' organizational support level increased from a low level before the program implementation to a high level immediately after implementation. Unexpectedly, there was a slight gradual decrease in the perceived level after three months of the program implementation, with a statistically significant difference. This could be attributed to the changes in first-line nurse managers' knowledge and practice about emotional intelligence, leading managers to empower their staff.

The current study finding agrees with **Riaz et al., (2018)** study that asked about Does Perceive Organizational Support influence the Employees Emotional labor? Moderating &

Mediating role of Emotional Intelligence showed that POS positively affects deep Acting in intrinsic motivation, psychological well-being, and empowerment that all can maintain through the implementation of emotional intelligence skills. Moreover, enlightened that emotional intelligence significantly mediates the relationship between perceived organizational support and emotional labor. In the same line with **Yousef (2014)** study of Emotional intelligence and conflict management styles among nurse manager at Assiut University Hospital, was reported that the forcing and smoothing conflict management styles were the most two used by the nurse managers in handling conflict with their subordinate, and there is a negative correlation between EI and avoid conflict style by percent 54%.

Increasing the level of perceived organizational support was explained as head nurses after implementation the emotional intelligence training, critically think to solve any problems or conflict among nurses to reduce stress and enhance the psychological well-being, and organizationally was supported by this means thus supported by **Yousef (2014)** report of Emotional intelligence (EI) is helping nurses to manage stress, enhance well-being, improve performance, improve quality patient care, decision-making abilities, effective communication, more motivated and more organizationally supported All these benefits of emotional intelligence, therefore carrying out emotional intelligence educational program for first-line nurse mangers may help nursing staff to be supported, motivated, supported and empowered from their organization.

The reason for improving nursing motivation and support is due to head nurses emotionally intelligent treated their staff by showing gratitude to employees, helping the employee to progress and growing, setting a good role model, making employees feel less fun, providing a comfortable environment, and finally being promoted to higher positions.

The current study finding is agreed with **Akhtar et al., (2017)** study The effect of emotional intelligence on employee's job performance: the moderating role of perceived

organizational support and reported that the perception of organizational support helps to increase staff perceptions that the harder one works toward an organization's objectives, the higher the probability of rewards as a kind of incentive. People with strong emotional intelligence, motivation, and performance skills have high levels of these characteristics, but if they believe that their organization provides poor support, their performance levels decline and they become demotivated.

Furthermore, **Zacher, Winter (2011)** describe the perceived organizational support as "the extent to which the organization values their employees' contributions and cares about their well-being." If the organization has all three, its members are more likely to desire their organization to thrive and become more competent of assisting their organization succeed. An enthusiastic group is eager to help staff. Also, it was supported by **Gunu & Oladepo (2014)** reported that emotional intelligence is relevant for predicting.

As one study showed, there was a strong connection between workers' emotional intelligence, organizational commitment, and performance as predictors for employee motivation and organizational support.

The current study finding is consistent with **Babar, Javed & Ahmad, (2017)** study about the impact of Emotional Intelligence on Leadership Effectiveness: Mediation Effect of Perceived Organizational Support and Supervisor Support indicated a significant relationship between EI and leadership effectiveness, representing this relation to be mediated through perceived organizational support at the organizational level and supervisor support at the individual level. Moreover, the study displays that when leaders are emotional, they are more successful. The relationships among emotional intelligence, leadership effectiveness, and perceived organizational support and supervisor support remain underexplored.

The current study finding is in congruence to the study of **Danish, Ramzan, & Ahmad (2013)** about the Effect of perceived organizational support and works environment on organizational commitment; the mediating role of self-monitoring that revealed that work

environment has a significant and positive association with organizational commitment whereas the insignificant association is found between perceived organizational support and organizational commitment and mentioned that self-monitoring in the form of emotional well-being and the motivated state plays mediating role in the association between perceived organizational support and work environment with organizational commitment. Perceived organizational support help enhance the organizational commitment, and self-monitoring mediates this association.

## Conclusion

There were statistically significant differences between pre and the three post-test measures regarding the knowledge and level of Emotional Intelligence for the head nurses. Staff nurse motivation and perceived organizational support levels increased after head nurses implementing an emotional intelligence educational program. The total level of Emotional Intelligence increased from a low level before the program implementation to a high level immediately after the implementation. Then there was a slight gradual decrease of the level of Emotional Intelligence after three months of the program implementation with a statistically significant difference.

## Recommendation

- Continued research on head nurses' emotional intelligence to enhance workplace motivation organizational support in all health sector hospitals.
- Enhancing professional emotional intelligence among nursing students and transforming current students into future motivated, supported, and empowered nurses
- Future studies should comprise nursing educators' competency and educational techniques in professional emotional intelligence and psychological well-being and are also required to identify how faculty role models, clinical staff, and educational experiences may facilitate professional skills development.
- Introducing decision-makers in educational institutions to the factors

related to emotional intelligence to create an environment of innovation and creativity

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