

Effect of Emotional Stability Educational Program for Head Nurses on their Decision Making

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Abstract

Background: Head nurses with high emotional stability are more competent and report more self-control and fewer career decision-making difficulties. **Aim of study:** Was to assess the effect of emotional stability educational program for head nurses on their decision making. **Design:** A quasi-experimental design was utilized. **Setting:** The study was conducted in all inpatient units at Minia University Hospital. **Sample:** Consisted of all head nurses 50 who are working at the previously mentioned setting during data collection. **Tools of data collection:** Four tools were used for data collection; I: Emotional stability knowledge questionnaire, II: Self-report regarding emotional stability skills, III: Attitude toward emotional stability questionnaire, and IV: Decision making ability questionnaire. **Results:** Most of the studied head nurses (96.0%) and (88.0%) had satisfactory knowledge levels at immediate post and follow-up phases respectively compared with pre-program phase (10.0%). The most of studied head nurses (80%) and (66.0%) had competent emotional stability skill level at immediate post and follow-up phases respectively compared with pre-program phase. Nearly three-quarters (72.0%) and three-fifth (60.0%) of studied head nurses had a positive attitude regarding emotional stability at immediate post-program and follow-up phases, respectively, compared with the pre-program phase (18.0%). Also the most of the studied head nurses (94.0%) and about three quarters (74.0%) had high decision-making ability level at immediate post-program and follow up phases respectively compared with pre-program phase. **Conclusion:** There was a positive highly statistically significant correlation between total head nurse's knowledge, skills, and attitude regarding emotional stability and their decision-making ability during immediate post and follow up program phases while there was no statistically significant correlation at pre-program phase. **Recommendation:** Conduct training programs and workshops periodically to refresh and increase knowledge and skills of head nurses' emotional stability and decision-making skills. Also conduct annual assessment for head nurses regarding their emotional stability and decision making ability and considered a key issue for their assessment to achieve organization goals.

Keywords: Emotional stability, Educational program, Head nurses, and Decision making.

Introduction

Head nurses face many professional challenges in their jobs, both physically and mentally draining. On top of working in extremely stressful, pressure-filled environments, they have to deal with a

seemingly never-ending array of competing priorities and demands on their time, a ton of diverse patient and colleague personalities, and often-grueling work schedules (Khalifa et al., 2021). Health organizations want head nurses able to work in teams, make decisions, and assess job situations; all of this need the

head nurse to be emotionally stable to maintain the equilibrium of the health organization, as managing emotions in organizations enable the organizing function (Aboushady et al., 2019).

Managing emotions or maintaining emotional stability enables a head nurse to join or unjoin themselves from emotion in a given situation. It further enables the head nurses to control their immediate reactions in a particular situation (Babakova, 2017). Care cannot be confined to the physical element but the psychological and spiritual needs (Overdorf, 2018). Thus, the ES of head nurses becomes a significant factor in health care organizations. Head nurses with high emotional stability will make more rational decisions than those with low emotional stability (Madhavan, 2017). Many factors affect head nurses' decision-making; one of the most important factors is the individual factors as the age and educational level. The nursing educators' experience, knowledge, and cue recognition affect the decision-making, as accurate decisions cannot be reached without some level of knowledge. It is the foundation of decision-making in which knowledge gives head nurses the ability to identify information cues relating to the decision problem (Osmani, 2020).

Generally, emotional stability and decision-making are integral aspects of daily life. Emotional stability helps the head nurses take the right decisions beneficial for the organization's welfare. Head nurses with greater emotional stability are less likely to exhibit strong emotional reactions to stressful situations and tend to be more proactive and successful in problem-solving (Ibraheem, 2020). Emotionally stable head nurses can thus achieve better nursing outcomes than emotionally unstable head nurses.

Emotionally stable head nurses can deal calmly with negative personal emotions without letting them interfere with their rational decision-making, thus protecting patient safety (Singh, 2019).

Significance of the study

From the investigator's point of view, emotional stability has an important effect on head nurses decision making; as emotional stability can help them cope with the daily challenges of the nursing profession through an effective way to communicate, manage variant situations, solve problems more easily, and make a good decision. Moreover, maintaining emotional stability during decision-making can help head nurses make good decisions. From the investigator's experiences and working researcher, most head nurses have their decisions by their feelings and emotions. When they are angry, stressed, or depressed, their decisions are affected negatively. They have low emotional stability, lack communication, inability to cope with daily challenges, etc. All these issues may affect patient care negatively. So the investigator introduced this educational program because it is vital to the head nurses. Maintaining emotional stability during decision-making helps head nurses take good decisions during their nursing profession. Therefore, this study assessed the effect of emotional stability educational program for head nurses on their decision-making.

Aim of the study

This study aimed to assess the effect of emotional stability educational program for head nurses on their decision making.

Research Hypotheses

There would be an improvement in head nurses' knowledge, attitude, and skills regarding emotional stability after

implementing the program, and there will be a positive effect on their decision-making.

Subjects and Methods

Research design

A quasi-experimental study design with pretest, immediate post- test and follow-up (after three months) assessment was utilized to achieve the aim of the current study.

Setting

The current study was conducted in all inpatient units at Minia University Hospital, at Minia Governorate, Egypt. Minia University Hospital was built in 1988. Hospital's bed-capacity is 692 and providing multi services as composed of 13 different departments and units.

Subjects

The study subject consisted of all head nurses (50) who are working at previous mentioned setting during the data collection, and accepted to participate in the current study after clarifying the purpose of the study.

Data collection tools

The data collection for the study was collected by using the following four tools:

I- Emotional stability knowledge questionnaire:

A structured questionnaire developed by the investigator. It consisted of two parts:

Part (1): Personal characteristics of studied head nurses as; age, sex, marital status, educational levels, years of experience, attended previous courses in emotional stability, and study setting department. It was collected by the investigator after interviewing the studied head nurses.

Scoring system:

The studied head nurses' answers were compared with a model key answer and scored as; "1" for correct and "zero" for

incorrect, so the total scores (32). In this respect, the level of head nurses knowledge was categorized as the following; Satisfactory level $\geq 75\%$ that equals ≥ 24 degrees and Unsatisfactory level $< 75\%$ that equals < 24 degrees.

Part (2): Included (32) questions to assess head nurses' knowledge regarding emotional stability, in the form of multiple choice, matching and true or false questions. It was collected through testing the head nurses knowledge before and after applying the educational program

Scoring system:

Head nurses' responses were scored based on a three-point Likert Scale as follows: (3) always done, (2) sometimes done, and (1) never done. Range of scores from 18: 54, and the scoring system was reversed for negative items. Accordingly, head nurses' emotional stability skills level as follows: Competent level was $\geq 80\%$ equals ≥ 43 degrees, and incompetent level $< 80\%$ that equals < 43 degrees.

II: Self report regarding emotional stability skills:

It was developed by investigator to assess head nurses' emotional stability skills through the program. It consisted of 18 items. The tool was filled by studied head nurses for three times and the average was taken for each program phase before and after implement the educational program.

III Attitude toward emotional stability questionnaire:

It was developed by the investigator to assess head nurses' attitude toward emotional stability. It consisted of (52 items).

Scoring system:

Head nurses' responses were rated on a three-point Likert Scale as follows: always

(3), sometimes (2), and never (1). The range of scores from 52:156 and cut point was done at 60% =94. Each head nurse had chosen one best answer after reading carefully and understanding. Finally, the answer was assigned numerical values. The head nurses' attitude toward emotional stability was categorized as the following; Positive attitude $\geq 60\%$ equals ≥ 94 degrees, and negative attitude $< 60\%$ equals < 94 degrees.

IV: Decision making ability questionnaire:

It was developed by the **Jenkins, (1988)** and adopted by **Khalil, (2014)** to assess decision making ability as reported by head nurses. It consisted of (43 items) divided under six dimensions.

Scoring system:

The head nurses' responses were rated on a three-point Likert scale as follows: always (3), sometimes (2), and never (1). The range of scores from 43:129 and cut point was done at 60% = 77. Each head nurse had chosen one best answer after reading carefully and understanding. Finally, the answer was assigned numerical values so, the decision making ability as reported by head nurses was categorized as the following; High decision making ability level $\geq 75\%$ equals ≥ 97 degrees, moderate level from 60% to less than 75% equals 77 - < 97 degree and low decision-making ability level $< 60\%$ equals < 77 degrees.

Validity of the tools:

The study tools was revised and ascertain by seven experts from Nursing Faculties; (two in the field of Psychiatric Nursing and 5 in the field of Nursing Administration) two Assistant Professors from Faculty of Nursing, Beni suef University, one Professors and two Assistant Professors from Faculty of Nursing, Minia University, and two Professor from

Faculty of Nursing Assuit University. The validity of the tools aimed to judge its clarity, comprehensiveness, relevance, simplicity, and accuracy. Based on the experts' prospective, minor modifications were done based on their comments and the investigator developed the final validated form of the tools. This phase took one-month September 2020.

Reliability of tools:

Reliability of the tools was examined by using Cronbach's Alpha Coefficient test to measure the internal consistency for all tools; emotional stability knowledge was 0.9, self-report regarding emotional stability skills was 0.87, attitude toward emotional stability was 0.88, and decision making ability was 0.96 that reflect accepted internal consistency of the tools.

Ethical consideration:

At the interview with intern-nurses to collect data, they were informed about the purpose and benefits of the study, their participation was voluntary, and they have the right to refuse to participate in the study without giving any reason. In addition, confidentiality and anonymity of the subjects were assured through coding of all data.

Pilot study:

The pilot study was carried out on 5 head nurses those represent 10% of the subjects at the previously mentioned setting to test the applicability and clarity of the constructed tools; it also served to estimate the time needed to fill data collection tools; and to identify obstacles and problems that may encountered during data collection in October 2020. No modification was done and pilot study head nurses were included in the main study subjects

Field work

The following phases were adopted to achieve the aim of the current study:

assessment, planning, implementation, and evaluation phases. These phases took 8 months from the earliest starting point of November 2020 to June, 2021.

Assessment phase:

This phase involved interviews with studied head nurses, the investigator was available at the previously mentioned settings three days weekly (Saturday, Sunday, and Wednesday) at morning and afternoon from 10 am to 3pm by rotation in each study setting. At the beginning, the investigator welcomed the head nurses, gave a brief idea about the aim and activity of the program. Then, the investigator collected baseline data from head nurses by using the following tools; (**Tool I, II, III and IV**).

The time required for finishing each questionnaire was around; 15-20 minutes for emotional stability knowledge questionnaire and self-report regarding emotional stability skills, and from 30-35 minutes for attitude toward emotional stability questionnaire and decision making ability questionnaire. The process of data collection was carried out in November, 2020, and average number collected was 4-5 head nurses per day.

Planning phase:

Based on baseline data obtained from pre-test assessment and relevant review of literature, the educational program was developed by the investigator. This was taken two months from the beginning of December 2020 till the end of January 2021. Program construction in a form of printed Arabic form to improve head nurses' regarding emotional stability that lead to positive effect on head nurse's decision making ability.

Implementation phase:

The implementation phase was achieved through sessions at February, 2021. The investigator divided the studied head nurses to five groups, each group composed

of ten head nurses. Instructional media (educational booklet) prepared by investigator and distributed to participate in the first day of program implementation. Daily feedback was given at the beginning of each session about the previous one and at the end of each session about current session and activity given to participant

Evaluation phase:

After program implementation the immediate post-test was carried out to assess head nurses knowledge, skills, attitude regarding emotional stability and decision making ability by using the same tools of the pretest, this helped to evaluate the effect of implemented program. This was done immediately after the program and after 3 months (follow up). The time of the data collection lasted for four months from the beginning of March 2021 to end of June 2021.

Statistical analysis

All data were collected, coded, tabulated and subjected to statistical analysis. Statistical analysis was performed by statistical Package for Social Sciences (SPSS version 26.0), also Microsoft Office Excel is used for data handling and graphical presentation. Descriptive statistics were applied in the form of mean and standard deviation for quantitative variables and frequency and percentages for qualitative variables. Qualitative categorical variables were compared using chi-square test, Pearson correlation coefficient was calculated between variables. Whenever the expected values in one or more of the cells in 2x2 tables was less than 5, Fisher exact test was used instead. Statistical significance was considered at p-value $p \leq 0.05$ and considered highly statistically significance at p-value $p \leq 0.001$. Parametrical tests (e.g., paired (t) test to compare mean scores between the same samples at different study phases).

Results:

Table (1): Illustrates that, nearly one third (34.0%) of the studied head nurses are aged from 35 to less than 45 years old and the majority (92.0% & 84.0%) of them are female and married, respectively. As far as, educational levels more than half (54.0% & 52.0%) of studied head nurses have Bachelor of Nursing Science and their experience more than 15 years, respectively. Moreover, all (100.0%) of them have not attended previous courses in emotional stability.

Table (2): Indicates that, there is highly statistically significant difference improvement of head nurses' knowledge scores regarding emotional stability at immediate post and follow up program phases; the highest total mean and standard deviation of head nurses' knowledge at immediate post and follow up program is (9.76±0.84 and 8.90±0.97) respectively related to concepts of emotional stability compared with preprogram phase is (4.38±1.39). While the lowest total means and standard deviation of head nurses' knowledge at immediate post and follow up program is (8.74±0.89 and 8.42±1.21) respectively related to decision making.

Figure (1): Clarifies that, the program has a greater effect on improving studied head nurses' knowledge at immediate post and follow-up phases compared with the preprogram phase; the most of studied head nurses (96.0%) and (88.0%) has satisfactory knowledge level at immediate post and follow-up phases respectively compared with preprogram phase (10.0%).

Table (3): Shows that, there is highly statistically significant difference

improvement of studied head nurses decision making ability scores at immediate post and follow up program phases; the highest total mean and standard deviation of decision-making ability dimensions as reported by head nurses at immediate post and follow up program was (14.78±0.50 and 14.00±0.0) respectively related to communication and implementation dimension compared with preprogram phase (9.56±4.48). While the lowest total means, and standard deviation of decision-making ability dimensions as reported by head nurses at immediate post and follow up program is (21.74±2.52 and 15.88±1.47) respectively related to establishing a positive decision-making environment compared with preprogram phase (12.64±4.57).

Table (4): Illustrates that, there is a positive highly statistically significant correlation between total head nurse's knowledge, skills, and attitude regarding emotional stability and their decision-making ability during immediate post and follow up program phases while there is no statistically significant correlation at pre-program phase.

Figure (2): Clarifies that, the program has a greater effect on improving decision-making ability at immediate post and follow-up phases compared with the preprogram phase; the most of studied head nurses (94.0%) and about three quarters (74.0%) has high decision-making ability level at immediate post program and follow up phases respectively compared with preprogram phase.

Table (1): Distribution of the studied head nurses' regarding their personnel characteristics (n= 50)

Personnel characteristics	No.	%
Age in years		
- < 25	6	12.0
- 25:< 35	14	28.0
- 35:< 45	17	34.0
- ≥ 45	13	26.0
Mean ± SD	38.86 ± 10.46	
Gender		
- Male	4	8.0
- Female	46	92.0
Marital status		
- Married	42	84.0
- Un-married	8	16.0
Educational level		
- Nursing Diploma	6	12.0
- Associated Degree of Nursing	12	24.0
- Bachelor of Nursing Science	27	54.0
- Other post graduated qualification	5	10.0
Years of experience		
- < 5 years	8	16.0
- 5:< 10 years	7	14.0
- 10:< 15 years	9	18.0
- ≥ 15 years	26	52.0
Mean ± SD	17.12 ± 10.96	
Attended previous courses in emotional stability		
- Yes	0	0.0
- No	50	100.0

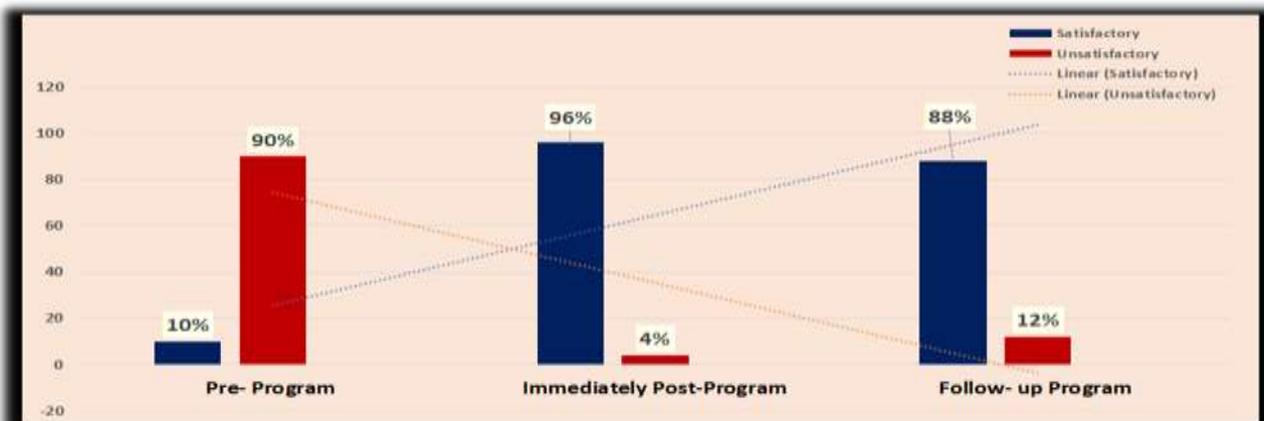


Figure (1): Head nurses' knowledge regarding emotional stability through the program phases.

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Table (2): Mean distribution of head nurses' emotional stability knowledge pre, immediate post and three months later program implementation (n= 50)

Total knowledge elements	Maximum Score X	Pre- Program phase	Immediately Post-Program Phase		Follow- up Program phase		paired t1	P- value	paired t2	P - value
		±SD	±SD	%	±SD	%				
Concepts of emotional stability	10	4.38±1.39	9.76±0.84	97.6	8.90±0.97	89.0	14.917	0.000**	14.597	0.000**
Communication	6	2.76±0.89	5.68±0.47	94.7	5.08±0.75	84.7	20.105	0.000**	15.792	0.000**
Stress management	3	1.76±0.79	2.74±0.44	91.3	2.72±0.53	87.3	7.769	0.000**	6.302	0.000**
Decision making	10	4.84±1.29	8.74±0.89	87.4	8.42±1.21	84.2	17.885	0.000**	14.967	0.000**
Coping strategies	3	1.46±0.78	2.86±0.51	95.3	2.66±0.40	88.7	12.652	0.000**	11.954	0.000**
Total knowledge	32	15.20±2.85	29.78±1.62		27.68±1.80		30.670	0.000**	30.091	0.000**

Statistical significant difference $P \leq 0.001$ (** A highly t1 between pre and immediate post program t2 between pre and follow up program X = Mean SD= standard deviation

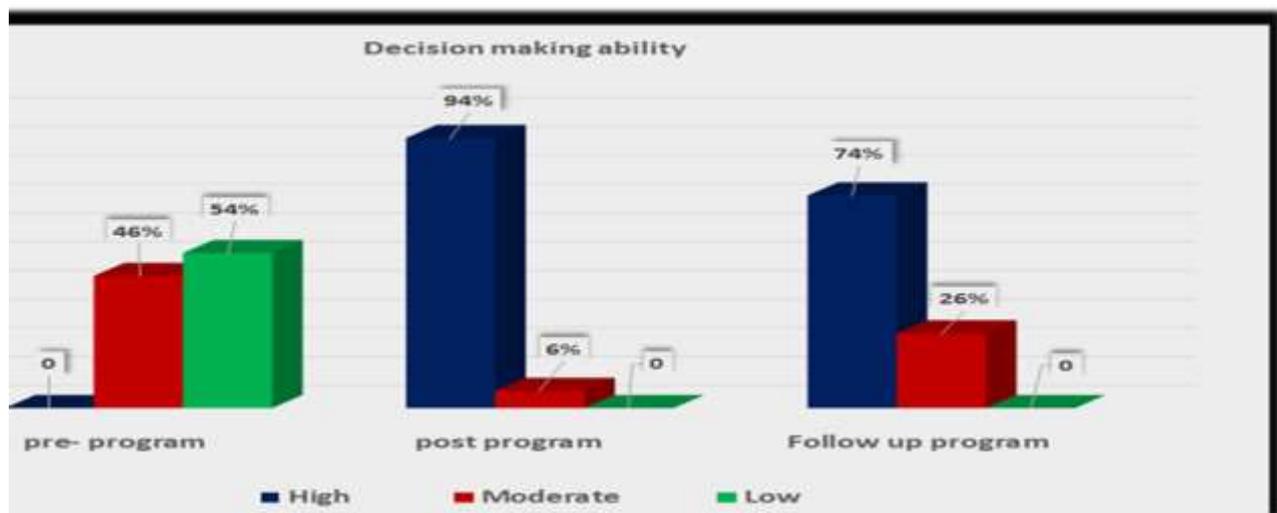


Figure (2): Total levels of decision-making ability as reported by head nurses through the program phases

Table (3): Mean score of head nurses' emotional stability skills domains pre, immediate post, and three months later program implementation (n= 50)

Domains	Maximum Score	Pre-Program phase	Immediately Post-Program Phase		Follow-up Program phase		paired t1	P-value	paired t2	P-value
		X±SD	X±SD	%	X±SD	%				
Emotional regulation	18	6.48±2.04	12.02±1.84	66.8	11.64±2.0	64.7	15.031	0.000*	14.691	0.000**
Open mindedness	18	6.88±1.75	13.12±1.83	72.9	10.76±1.34	59.8	19.569	0.000*	12.364	0.000**
Engaging with others	6	2.08±0.34	3.96±0.96	66.0	3.38±0.87	56.3	11.698	0.000*	10.370	0.000**
Task performance	6	2.32±0.89	5.18±1.04	86.3	4.66±1.05	77.7	15.444	0.000*	11.164	0.000**
Collaboration	6	3.26±0.82	4.94±1.21	82.3	4.46±1.22	74.3	8.363	0.000*	6.607	0.000**
Total domains	66	21.02±3.44	39.22±3.69		34.90±2.74		28.235	0.000*	25.371	0.000**

(** A highly statistically significant difference $P \leq 0.001$) t1 between pre and immediate post-program t2 between pre and follow up program

X = Mean SD= standard deviation

Table (4): Mean score of head nurses' attitude dimensions toward emotional stability pre, immediate post, and three months later program implementation (n= 50)

Attitude dimension	Maximum Score	Pre-Program phase	Immediately Post-Program Phase		Follow-up Program phase		paired t1	P-value	paired t2	P-value
		X±SD	X±SD	%	X±SD	%				
Ability to control the different emotion	57	20.40±4.67	36.02±3.13	63.2	34.90±3.46	61.2	21.592	0.000**	18.989	0.000**
Flexibility in dealing with life situations	99	41.94±6.45	64.06±3.02	64.7	62.86±3.67	63.5	22.171	0.000**	20.272	0.000**
Total attitude	156	62.34±8.62	100.08±4.62		97.76±5.25		27.433	0.000**	19.445	0.000**

(** A highly statistically significant difference $P \leq 0.001$) t1 between pre and immediate post-program t2 between pre and follow up program

X = Mean SD= standard deviation

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Table (5): Total mean and standard deviation of decision-making ability as reported by studied head nurses thorough the program phases (n= 50)

Decision-making ability dimension	Maximum Score X	Pre-Program phase	Immediately Post-Program Phase			Follow-up Program phase		Paired t1	P-value	paired t2	P-value
		±SD	±SD	%	±SD	%					
Establishing a positive decision-making environment	24	12.6 4±4.57	21.74 ±2.52	90.6	15.88 ±1.47	66.2	12.578	0.000*	9.694	0.000**	
Generating potential alternative	21	13.0 8±2.96	20.20 ±0.90	96.2	18.56 ±1.61	88.4	17.378	0.000*	15.860	0.000**	
Evaluating the alternatives	21	13.3 0±2.69	20.46 ±0.67	97.4	19.20 ±0.74	91.4	20.714	0.000*	20.706	0.000**	
Choice the best alternatives	24	10.1 4±1.10	21.94 ±2.97	91.4	18.88 ±1.73	78.7	23.404	0.000*	19.040	0.000**	
Check decision	24	14.9 6±3.79	23.54 ±1.35	98.1	22.36 ±1.35	93.2	14.124	0.000*	9.085	0.000**	
Communication and implementation	15	9.56 ±4.48	14.78 ±0.50	98.5	14.00 ±0.0	93.3	8.582	0.000*	8.553	0.000**	
Total decision-making ability	129	73.6 8±12.79	122.66±3.94			108.88±3.96		38.800	0.000*	25.228	0.000**

(** A highly statistical significant difference $P \leq 0.001$) t1 between pre and immediate post program t2 between pre and follow up program

X = Mean SD= standard deviation

Table (6): Correlation matrix between studied head nurses` total knowledge, skills, and attitude regarding emotional stability, and their decision-making ability thorough the program phases

	Variables		Total knowledge	Total skills	Total attitude	Total decision-making ability
Pre-program	Total knowledge	R	1	.131	.144	.067
		P-value	--	.364	.319	.645
	Total skills	R	.131	1	.090	.109
		P-value	.364	--	.533	.460
	Total attitude	R	.144	.090	1	.159
		P-value	.319	.533	--	.096
	Total decision-making ability	R	.067	.109	.159	1
		P-value	.645	.460	.096	--
Immediate post program	Total knowledge	R	1	.481	.510	.737
		P-value	--	.000**	.000**	.000**
	Total skills	R	.481	1	.435	.567
		P-value	.000**	--	.000**	.000**
	Total attitude	R	.510	.435	1	.591
		P-value	.000**	.000**	--	.000**
	Total decision-making ability	R	.737	.567	.591	1
		P-value	.000**	.000**	.000**	--
Follow up program	Total knowledge	R	1	.383	.247	.285
		P-value	--	.000**	.005*	.001**
	Total skills	R	.383	1	.332	.407
		P-value	.000**	--	.003*	.000**
	Total attitude	R	.247	.332	1	.391
		P-value	.005*	.003*	--	.000**
	Total decision-making ability	R	.285	.407	.391	1
		P-value	.001**	.000**	.000**	--

** A highly statistically significant difference $P \leq 0.001$)

Discussion

Head nurse are considered as the pillars of any health organization, which directly or indirectly affects the standards of the health organization, and staff performance (Khalifa et al., 2021). Furthermore head nurse who successfully fulfill the role of competency and is emotionally stable; have

been shown to consistently achieve the quality in their work, use effective communication, and support in their everyday interaction with staff and patients. Emotional stabile has the direct impact on the head nurses behavior and attitude like ability to control negative emotions, freedom from unreasonable fears and the ability to commit their mistakes also, emotional stability helps the head nurse to take the right decisions which are beneficial for the welfare of organization and the head nurse with high

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emotional stability will take more rational decisions as compared to the one with low emotional stability (**Abdelhakiem, 2019**).

The finding of the current study clarified that, the program had a greater effect on improving studied head nurses' knowledge at immediate post and follow up program phases compared with preprogram and the most of studied head nurses had satisfactory knowledge level after implementation of the program. From investigator point of view this result might be due to inadequacy head nurse's knowledge about emotional stability was related to educational a new subject and they didn't have adequate training for it that cannot provide the extensive range of learning. So this improvement was related to utilizing of emotional stability program. Increasing knowledge acquired by head nurses could be explained by the fact that learning was not a passive experience and courses created an interactive environment.

In the investigator point of view this result also, due to simple, clear and concise ways of presentation and lectures and availability of relevant media that gave more illustration for understanding the text and frequent repetition and motivation of head nurses to share in the program. In addition to, during sessions head nurses showed an interest to the program content revealed by positive interaction during program sessions. Also improvement of their knowledge beside these retention of knowledge immediate post program implementation known to be higher than after 3 months as not all knowledge reserved in the long term memory as a biological fact and needed to be periodically refreshed and updated. This could be attributed to the ability of gaining knowledge easily.

The current study's finding revealed that there were a highly statistically significant difference improvement of head

nurses' knowledge scores regarding emotional stability at the immediate post and follow up program phases; the highest mean score of head nurses' knowledge at the immediate post and follow-up program related to concepts of emotional stability. In the investigator's opinion this result was due to hospitals is a stressful work environment and nursing is a stressful profession this stress was leading head nurses to be unstable in their emotions but after the program they was become more emotional stable.

This finding was in the same line with **Rani & Yadapadithaya, (2018)** who conducted a study entitled "Conquering workplace stress through emotional intelligence" who mentioned that work stress factors such as work overloads, downsizing, overtime, shift work, and an unhealthy work environment cause great impact on employees as well as organizational well-being, which decrease productivity and increase the health care cost of the organization; as well affect individuals emotionally.

In contrast, the lowest mean score of head nurses' knowledge at the immediate post and follow-up program was related to decision-making compared with the pre-program phase. In the investigator's opinion, might result from the work environment. Hospital administration is a poorly positive environment; it has low resources and materials and low financial support. Also, the head nurses have low authority or delegation of authority; have low or nonsocial rewards, leading them to be unskillful decision-makers.

In the light of this study, **Ceschi et al., (2017)** who conducted study entitled "Decision-making processes in the workplace" who report that work environment has assumed more and more relevance as determinant of the decision processes made at work by every member of the organization. The effects of environmental factors on the

decision-making processes assume particular importance in relation to the organizational aims. This was go hand to hand with the study of **Muntean, (2017)** who conducted study entitled "Nursing clinical decision-making" who stated that the factors which influence decision making as environmental factor, educational level or age has an impact on decision-making experience, knowledge, and cue recognition accurate decisions cannot be reached without some level of knowledge. Knowledge gives head nurses the ability to identify information cues relating to the decision problem. And if a head nurse's knowledge base is limited or impaired, fewer decision cues will be recognized and decisions will be based on partial information—leading to poorer decisions.

The findings of the current study clarified that, the program had a greater effect on improving decision-making ability; the most of studied head nurses and about three quarters had high decision-making ability level. In the investigator point of view this might be a result of the head nurses have low emotional stability level this lead to low in decision making skills level. Also this could be due to lack of knowledge and training programs about emotional stability and decision making skills but after the program head nurses had improvement in their emotional stability level and decision-making ability level.

This result in the same context with **Hawrylak, (2020)** who conducted a study entitled "Evaluation of the Effectiveness of the Emotional Education Program" who reported that people, who are high on emotional stability are rational decision-makers and are less judgmental in their behavior; therefore, bringing in emotionally stable candidates will serve as a step forward to sound development of workplace

interpersonal connections and in maintaining cordial-friendly relations.

Also, the ability to regulate self and be stable emotionally can affect the process of decision making of the head nurses. This was aligns with **McNamara, (2018)** who conducted a study entitled Problem Solving and Decision Making who stated that the study of the regulation processes in relation to decisions has been addressed in the organizational domain because it has been recognized to be at the root of many problems of underachievement at work. In some professions, such as the medicine, nursing, law, and finance, fatigue due to an excessive number of choices can impair the self-regulation mechanisms which lead to low decision making skills.

The findings of the current study revealed that, there was highly statistical significant difference improvement of studied head nurse's decision making ability related to communication and implementation dimension. In the investigator point of view might to due to the decision making process requires more time and effort from head nurses to search for all information available in order to take the correct decision. Sometimes individual prefer to take quick decision without being sure this decision is best or not; but they make these decisions to prevent consuming their time and effort.

This was in the light of **Ceschi et al. (2017)** who conducted a study entitled "Decision-making processes in the workplace" who stated that the effort required in decision-making processes rapidly depletes personal resources, thus leaving the executive function less efficient when performing other tasks. As information processing increases, greater cognitive resources are required for a competent functioning. In the same respect,

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the study of **Hamadan, (2010)** who conducted a study entitled "Emotional stability and decision-making capacity of Palestinian police officer" who found that more than three-quarters of participants had a high score in their decision-making capacity due to their high score of emotional stability because they use their minds, control in their emotions and dealing with flexibility with life situations during the decision-making process.

The findings of the current study illustrated that, there was a positive highly statistically significant correlation between total head nurse's knowledge, skills, and attitude regarding emotional stability and their decision-making ability during immediate post and follow up program phases while there was no statistically significant correlation at pre-program phase. In the investigator point of view this result was due to when head nurses knowledge increased this would improving their skills and attitude regarding emotional stability, also their decision-making ability increased.

This result also were in agreement with **Tea-Skenderija, (2018)** who conducted a study entitled "Emotion regulation and decision making" who stated in his thesis that regulating our emotions influences our decision making to some extent. This study in the same respect with **Kumar, (2017)** who conducted a study entitled "The empirical impact of emotional intelligence on decision making" who found in his study that there was positive relation between emotional stability and decision making skills he found that the majority of the study sample had low level about their total score of their emotional stability; and only (4.5%) of them had high level.

Also, this result consistent with the study of **Västfjäll, (2016)** who conducted a study entitled "The arithmetic of emotion integration of incidental and integral affect in

judgments and decisions" who found that the majority of the study participants had high emotional stability level.

This result in same context with the study of **Zapata, (2015)** who conducted a study entitled "emotional stability and emotional maturity of fourth year teacher education students of the Bulacan state university" who found that a high sense and high in decision making.

From the researcher's point of view, the previous finding could be explained as new knowledge presented to intern-nurses beside activities results in intern-nurses acquisition of more knowledge related to critical thinking resulting in improvement of their knowledge beside these retention of knowledge immediate post program implementation known to be higher than after 3 months as not all knowledge reserved in the long term memory as a biological fact and needed to be periodically refreshed and updated .

The improvement in knowledge of intern-nurses indicates show that the program was effective and could have resulted from comprehensive content of the program, using creative teaching approaches that encourage participants on open questions, facilitate collaboration in learning process and the handout which given to them beside the advantage of taking the learning on their own piece according to their preferences and time planning.

Conclusion

There was a highly statistically significant differences improvement of head nurse's knowledge, skills, and attitude regarding emotional stability between pre and immediate post program phases and between preprogram and follow up phases. Also, there was a highly statistical significant difference improvement of decision making ability as

reported by head nurses between pre and immediate post program phases and between preprogram and follow up phases head nurses.

There was a highly positive statistical significant correlation between head nurses total knowledge, skills, and attitude regarding emotional stability and their decision making ability after program implementation. The findings of this study support research hypothesis.

Recommendations

For hospital administration

- Conduct training program and workshops periodically for refresh and increase knowledge and skills of head nurse's emotional stability and their decision making skills.
- Putting pre-established criteria for selecting of head nurses at the hospitals based on emotional stability test and decision making levels.
- Develop a reward system for head nurses with emotional stability and effective decision making to encourage others to do the same.
- Recognize emotional stability as effective tool that helps head nurses to improve their professional competencies.
- Conduct annual assessment for head nurses regarding their emotional stability and decision-making ability and consider a key issue for their assessment to achieve organization goals.
- Develop decision making skills for head nurses to carry out their independent functions and increase their autonomy.

For further researches:

- Conduct study to determine the relation between emotional stability and emotional intelligence among head nurses.

- Study the effect of communication skills educational program for nursing staff on their emotional stability.

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تأثير برنامج تعليمي عن الثبات الانفعالي لرؤساء الوحدات التمريضية على اتخاذهم للقرار

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رؤساء الوحدات التمريضية ذوات الثبات الانفعالي العالي أكثر كفاءة ويظهرون مزيد من ضبط النفس وصعوبات أقل في اتخاذ القرار الوظيفي. لذا هدفت الدراسة إلى تقييم تأثير البرنامج التعليمي للثبات الانفعالي لرؤساء الوحدات التمريضية على اتخاذ قراراتهم. حيث أجريت الدراسة في جميع الوحدات الداخليه في مستشفى جامعة المنيا. على جميع رؤساء الوحدات التمريضية (٥٠) الذين يعملون في المكان السابق ذكره أثناء جمع البيانات. وأظهرت نتائج الدراسة أن معظم رؤساء الوحدات التمريضية الذين تمت دراستهم (٩٦.٠%) و (٨٨.٠%) كانت لديهم مستويات معلومات مرضية في مرحلتي ما بعد المتابعة مباشرة على التوالي مقارنة بمرحلة ما قبل البرنامج (١٠.٠%). كان لدى معظم رؤساء الوحدات التمريضية (٨٠%) و (٦٦.٠%) الذين تمت دراستهم مستوى مهارة الثبات الانفعالي مؤهل في مرحلتي ما بعد مباشرة والمتابعة على التوالي مقارنة بمرحلة ما قبل البرنامج. ما يقرب من ثلاثة أرباع (٧٢.٠%) وثلاثة خُمس (٦٠.٠%) من رؤساء الوحدات التمريضية الذين تمت دراستهم كان لديهم سلوك إيجابي فيما يتعلق بالثبات الانفعالي في مراحل ما بعد البرنامج والمتابعة مباشرة، على التوالي، مقارنة بمرحلة ما قبل البرنامج (١٨.٠%). كما أن معظم رؤساء الوحدات التمريضية اللاتي تمت دراستهن (٩٤.٠%) وحوالي ثلاثة أرباع (٧٤.٠%) كان عندهن مراحل متقدمة على التوالي مقارنة بمرحلة ما قبل البرنامج. وأوصت الدراسة بإجراء برامج تدريبية وورش عمل بشكل دوري لتحديث وزيادة المعلومات والمهارات لمهارات الثبات الانفعالي لرؤساء الوحدات التمريضية وقدرتهم على اتخاذ القرار. أيضا إجراء تقييم سنوي لرؤساء الوحدات التمريضية فيما يتعلق بثباتهم الانفعالي وقدرتهم على اتخاذ القرار ويعتبر مفتاح رئيسي لتقييمهم لتحقيق أهداف المنظمة.