

Relationship between Emotional Intelligence of Head Nurses and Empowerment of Staff Nurses

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Abstract

Background: Emotionally intelligent leadership has a great impact on staff performance.

Aim: The present study aims to study the relationship between emotional intelligence of head nurses and empowerment of staff nurses in Port Said hospitals.

Materials and Methods :A descriptive correlational study was utilized with a sample of (39) head nurses and their staff nurses (279) who were working in Port Said General Hospital and Port Said Health Insurance Hospitals. Data were collected by two questionnaire sheets, one for assessing head nurses emotional intelligence and the other for determining the level of their staff empowerment.

Results: Results revealed that all head nurses had average of emotional intelligence. Most emotionally intelligent head nurses behavior pertained to self motivation followed by self-awareness, social skills, empathy, and self-regulation. Also, the most of staff nurses were empowered.

Conclusion: In conclusion, there is a highly significant relationship between head nurses' emotional intelligence and staff nurses' empowerment. Therefore, it is **recommended** that, academic members have to develop training program on emotional intelligence as a managerial skills for head nurses. In addition to, head nurses should use emotionally intelligence leadership style and share the leadership power with nursing staff.

Keywords: Emotional intelligence, Empowerment, Head nurses, Staff nurses

Introduction

THE world changes brought a need for health organizations and nursing leaders to respond to these changes. Already in the 21st century, several new leadership concepts have emerged as a means to achieve organizational goals, including the leaders/ managers need for emotional intelligence (Marquis, & Huston, 2012). Developing a high degree of emotional intelligence may be the most important ingredient in effective leadership, more important than advanced nursing degree or even vast leadership experience. Managing emotions and relating to others in a positive way can have the most influential results (Clark, 2009).

Emotional intelligence has been defined as the capacity for recognizing one's own feelings and those of others, for motivating themselves, and for managing emotions well in themselves and in relationship (Mortiboys, 2012). Emotional intelligence has five elements. They are self-awareness, self-regulation, motivation, empathy and social competences. Self-awareness is the ability to recognize one's emotions, as well as how these impact on others. Self-regulation is the ability to control any disruptive emotions. Motivation refers to a drive to work toward a common goal. Empathy involves the ability to understand other peoples' emotions. Social skills refer to the ability to build relationships through finding common ground (Cox, Hill & Lack, 2012).

Emotional intelligence is thought to be an important attribute of effective leaders (Rumsey, 2013). In this regard Lucas, Laschinger & Wong (2008) added that emotional intelligence nursing leaders have strong relationship, management skills, and are more likely to empower their staff by being sensitive to their needs and make an effort to meet this needs to increase nurses feelings of empowerment. Nurses, like most people, want to have some power and to feel empowered; they want to be heard, to be recognized, to be valued, and to be respected. (Whitehead, Weiss, & Tappen, 2010).

Empowerment is the process that facilitates the participation of others in decision making and taking action within an environment where there is equitable distribution of power (Wise, 2014) Empowering others requires supervisors to give their people opportunities to contribute knowledge and expertise and to encourage them to take new tasks and to improve their capabilities. It means allowing people to participate in planning their work, making decision and solving problems (Greer & Plunkett, 2007).

Significance of the Study:

Nursing leaders play a significant role in creating a positive work environment for nurses (Ritchie, Laschinger & Wong, 2009). As, the head nurses in Port Said hospitals were seen to be easily anxious due to work stress, and the staff nurses were seen to be less interested in performing their assigned duties in their working unit. Studying the relationship between emotional intelligence of head nurses, and empowerment among their staff nurses has become more important.

Aim of the study:

Study the relationship between emotional intelligence of head nurses, and empowerment of staff nurses in Port Said hospitals.

Materials and Methods

Study Design: A descriptive correlation research design was used, carried out at two major hospitals in Port Said governorate; these are Port Said general hospital, which affiliated to ministry of health, and Port Said health insurance hospital (which divided to El-Tadamon health insurance hospital and El-Mabara health insurance hospital).

The subjects of this study included two groups; they were all head nurses (Convenient *Sample:* sampling technique) who were working in the study setting and their staff nurses.

Data collection tools:

Two tools were used to collect data for this study.

TOOL (I): Emotional intelligence questionnaire, this tool consisted of two parts:

This part included head nurses' personal characteristics as name, age, gender, level of *Part I:* education and years of experiences.

Part II: This part used for assessing emotional intelligence of the head nurses. It was developed and adopted by Abdel-Aleem (2013) based on the tool that adopted from Othman and Abdul-Samea (2001) and Mahmud (2002). This tool consists of 82 items which grouped in two dimensions: personal competences and social competences.

A) *Personal Competences:*

Included fifty questions (50) categorized under three clusters, namely; self- awareness (15 questions), self-regulation (18 questions) and self- motivation (17 questions).

B) *Social Competences:*

It included thirty-two questions categorized under two clusters, namely empathy (11 questions) and social skills (21 questions).

TOOL (II): Empowerment questionnaire, this tool consisted of two parts

This part included staff nurses' personal characteristics as name, age, gender, level of *Part I*: education and years of experiences.

Part II: This part was utilized for assessing the staff nurse empowerment level. It was developed by Chandler (1986) and Laschingen (1999) and was adopted from Abdou (2009). This tool consists of 44 items with four subscales, which are related to access to opportunities (19 items), information (10 items), support (8 items) and resources (7 items).

Results

Table (1) shows level of emotional intelligence among head nurses. According to the table, all head nurses have average of emotional intelligence, with the mean of (75.6±6.4). The mean of total personal competencies among head nurses was (74.6±6.7) whereas, the mean of total social competencies among head nurses was (77.4±8.9).

Table (2) indicates the relation between head nurses' emotional intelligence and their personal characteristics. As table indicates, head nurses who have experience 30 years or more and their age 50 years old or more have the highest mean score of emotional intelligence. Regarding the educational level, head nurses who have nursing diploma have the highest mean score of emotional intelligence.

Table (3) reveals empowerment level among staff nurses. (82.4%) of staff nurses were empowered, the highest percent of empowerment was shown in access to opportunities (85.7%), while the lowest percent of empowerment showed in access to resources (71.3%).

Table (4) reveals the relation between staff nurses' empowerment level and their personal characteristics. As table indicates, the highest percentage of empowered staff nurses (60.4 %) at the age 20 to 30 years old. Also, this table reveals that 52.2% of empowered staff nurses have experience more than one year and less than ten years. 73.9% of empowered staff nurses have nursing diploma.

Table (5) shows a correlation between head nurses' emotional intelligence items and staff-nurses' total empowerment. As shown in this table, there was statistically significant relationship between (self-awareness, motivation, empathy and social skills) emotional intelligent behavior of head nurses and empowering their staff nurses (P=0.001, 0.004, 0.006, 0.0001 respectively).

Table (6) shows a correlation between staff-nurses' empowerment items and head nurses' emotional intelligence. As table indicates, there was statistically significant relationship between staff nurses' empowerment items access to (opportunities, information, support and resources) and their head nurses' emotional intelligence ($P=0.0001, 0.006, 0.003, 0.001$ respectively).

Table (7) display a correlation between head nurses' emotional intelligence and staff nurses' empowerment. According to the table, there was extremely highly statistically significant relationship between head nurses' emotional intelligence and staff nurses' empowerment ($P=0.0001$).

Discussion

Currently, there is growing interest in developing emotional intelligence in health care organizations, as it becomes critical to the future health care leaders (Marshall, 2011). It was believed that the most effective nurse leaders have a high degree of emotional intelligence (Dubrin, 2013). Nurses' perception that their leaders have emotionally intelligent leadership behaviors has a strong effect on their feelings of empowerment, which is an important leadership strategy for creating an effective workplace and increasing the organization productivity (Ritchie et al, 2009).

Regarding head nurses emotional intelligence, the findings of the present study revealed that all head nurses had average of emotional intelligence. This finding might be due to the nature of their work environment as empathy, social dialogue and building relationship dominate in health care environments. This finding is supported by Feather (2009) who studied emotional intelligence and its relation to nursing leaders and indicated that leaders of health care have high emotional intelligence relating to the nature of the profession. In the same context Chism (2013) reported that nursing leaders' have high emotional intelligence. In contrast with, the findings of a study done by Hoar (2011) revealed weakness in New York nurse leaders emotional intelligence abilities.

The findings of the present study revealed that the most emotional intelligence head nurses behavior pertained to motivation followed by self-awareness, social skills, empathy, and self-regulation. In this regard, Abdel-Aleem (2013) reported that motivation was the highest emotional intelligence head nurses behavior. Whereas, Senyuva, Kaya, Isik & Bodur (2013) concluded that the highest average pertained to self-awareness.

Regarding to the relation between emotional intelligence and head nurses' personal characteristics; the present study was indicated that the older and more experience head nurses' were more emotionally intelligent than younger and less experience head nurses. These findings agreed with Abdel-Aleem (2013) who concluded that head-nurses who have 35 years or more and have 20 years of experience or more are more emotionally intelligent. Also, Reece (2012) mentioned that emotional intelligence is a learnable construct and can increase throughout the life span. This finding opposing the results of Gonzalez (2013) who reported that no relation was found between the length of years in healthcare and emotional intelligence among nursing leaders in Arizona.

Concerning educational qualification, the present study revealed that head nurses who have nursing diploma have the highest mean score of emotional intelligence. These findings are congruent with Abdel-Aleem (2013) who reported head-nurses who have nursing diploma are more emotionally intelligent. Meanwhile, this finding is in contraction with Hoar (2011) who indicated that nurse leaders who earned highest nursing degree had a higher emotional intelligence score.

Regarding to nursing staff empowerment, the findings of the present study revealed that the majority of staff nurses were empowered. These findings were congruent with that of Istomina et al. (2011) who found staff nurses were empowered with high level. Furthermore, Brody, Barnes, Ruble & Sakowski (2012) showed that the most common theme from interviews with all staff nurses was empowerment. In comparison with Bish, Kenny & Nay (2012) their result reported that staff nurses were moderately empowered.

The findings of the present study showed that staff nurses are more empowered in access to opportunity, followed by information, then support, and finally resources. This finding consistent with that of Zurmehly, Martin & Fitzpatrick (2009) who stated that staff nurses are more empowered in access to opportunities and less empowered in resources. These findings were in contradiction with Bish et al. (2012) who reported that nurses in Victorian rural health services had greater access to support.

Regarding the relation between empowerment and staff nurses' personal characteristics; the study findings revealed that younger nurses are more empowered than older nurses. This is the same view of Ning, Zhong, Libo & Qiejie (2009) who clarified that empowerment was perceived when nurses were younger. This is in contrast with Zurmehly et al. (2009) who

reported that Ohio state nurses between 50 and 60 years old had higher levels of empowerment.

Concerning staff nurses years of experience, the finding revealed that staff nurses who spend less than ten years were more empowered than nurses who spend more time in work. This finding disagreed with Aly (2007) who indicated that there was a positive relationship between staff nurses empowerment and their years of experience in their current job. Regarding educational qualification, the study findings found that more empowered staff nurses have nursing diploma. These findings were in contradiction with Istomina et al. (2011), who found that nurses with higher education felt more empowered at their work.

The findings of the present study clarified that there is a statistically significant relationship between most of head nurses' emotional intelligence components (self-awareness, motivation, empathy, and social skills) and staff-nurses' empowerment. This finding was in accordance with Ritchie et al (2009) who stated that all clusters of emotional intelligent leadership behavior were related to their staff nurses empowerment. Also, Lucas et al, (2008) found that staff nurse's empowerment was strongly related to emotional intelligence components. In the same context the finding also revealed that there is no statistically significant relationship between head nurses' self-regulation behavior and staff-nurses' empowerment.

Also, the findings of the present study clarified that there is a statistically significant relationship between staff-nurses' empowerment factors (opportunities, information, support, and resources) and head nurses' emotional intelligence. These findings go on the same line with Lucas et al, (2008) who prove that access to opportunities, information, support and resources was most strongly related to overall emotional intelligence.

Regarding the relationship between head-nurses' emotional intelligence and staff nurses empowerment; the findings indicated that there is extremely high statistically significant relationship between head nurses' emotional intelligence and staff nurses' empowerment. This finding goes in the same line with those of Ritchie et al (2009) who found that staff nurses who felt that their front line leader exhibited emotionally intelligent leadership behavior reported greater access to workplace empowerment. In addition to, Parolini (2005) who asserted that leader's emotional intelligence meet the follower's need for empowerment through achievement, growth, and development.

Conclusion:

In the light of the main study findings, it was concluded that all head nurses have average emotional intelligence and their staff nurses were highly empowered. There was extremely highly statistically significant relationship between head nurses' emotional intelligence and staff nurses' empowerment in Port Said hospitals.

Recommendations: _

Based on the findings of this study, the following recommendations are suggested:

1. For academic members in nursing faculties:
 - Develop training program on emotional intelligence as a managerial skills for head
 - Integrate emotional intelligence courses into the nursing curriculum to increase nurses' level of emotional intelligence.
2. For medical and nursing administrators in health care organizations:
 - Develop hospital social committees and motivate head nurses to share in it.
 - Identify empowerment barriers in the work environment and create empowerment strategy.
3. For each head of department in health organizations:
 - Using emotionally intelligence leadership style.
 - Share the leadership power with nursing staff.
4. For staff nurses in health organizations:
 - Search about new knowledge, learn new skills and be up to date.
 - Share in department and organizational decisions.

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Table (1): Emotional intelligence among head nurses (N=39).

Emotional intelligence	No.	%	Min-Max	Mean \pm SD
<u>Personal competencies:</u>				
Self-awareness	38	97.4	54.7-93.3	(77.8 \pm 8.9)
Self-regulation	27	69.2	50.0-85.6	(65.6 \pm 9.4)
Motivation	39	100	63.5-95.3	(80.4 \pm 8.8)
Total personal competencies	39	100	60.8-89.4	74.6\pm6.7
<u>Social competencies:</u>				
Empathy	37	94.9	47.3-92.7	(76.2 \pm 10.4)
Social skills	38	97.4	59.0-96.2	(78.5 \pm 10.3)
Total social competencies	39	100	61.0-94.5	77.4\pm8.9
Total emotional intelligence	39	100	65.1-91.5	(75.6\pm6.4)

Table (2): Relations between head nurses' emotional intelligence and their personal characteristics

Personal characteristics	N	Mean Intelligence of Head nurses (N=39)	Significance
Place of work			F=2.493 P=0.097
El-Tadamon	10	77.3 \pm 6.1	
El-Mabara	13	72.5 \pm 5.6	
Port Said General hospital	16	77.1 \pm 6.6	
Gender			-NA-
Male	1	--	
Female	38	75.5 \pm 6.4	
Age (years)			F=0.91 P=0.446
20-	14	75.9 \pm 5.8	
30-	15	74.0 \pm 5.7	
40-	3	74.9 \pm 10.6	
50-<60	7	78.8 \pm 7.4	
Qualification			F=1.063 P=0.377
Nursing diploma	28	76.3 \pm 7.1	
Technical institute	5	72.8 \pm 2.6	
Faculty graduate	5	73.1 \pm 3.0	
Master Degree	1	--	
Duration of experience (years)			F=1.747 P=0.175
Less than 10	13	76.3 \pm 5.5	
10-	15	74.0 \pm 5.9	
20-	5	73.1 \pm 7.9	
30-40	6	80.2 \pm 6.9	

F: ANOVA test

-NA-: Not Applicable

*significant at P \leq 0.0

Table (3): Job empowerment among staff nurses (N=279).

Empowerment Items	Empowered		Not empowered		Min- max	(Mean%± SD)
	No.	%	No.	%		
Access to opportunities	239	85.7	40	14.3	35.8-97.9	71.4±11.9
Access to information	216	77.4	63	22.6	22.0-100.0	69.9±15.0
Access to support	209	74.9	70	25.1	35.0-100.0	69.9±15.0
Access to resources	199	71.3	80	28.7	28.6-100.0	68.2±16.0
Total empowerment	230	82.4	49	17.6	39.1-98.2	70.3±11.2

Table (4): Relations between staff nurses' empowerment and their personal characteristics

Personal characteristics	Staff nurses (N=279)				Significance
	No empowerment (<60%) [n=49]		Empowerment (60% or more) [n=230]		
	No.	%	No.	%	
Place of work					X ² =6.559 P=0.038*
El-Tadamon	4	8.2	38	16.5	
El-Mabara	22	44.9	63	27.4	
Port Said General hospital	23	46.9	129	56.1	
Age (years)					MC P=0.3
20-	35	71.4	139	60.4	
30-	12	24.6	62	27.0	
40-	1	2.0	20	8.7	
50-≤60	1	2.0	9	3.9	
Gender					X ² =0.094 P=0.759
Male	5	10.2	27	11.7	
Female	44	89.8	203	88.3	
Qualification					MC P=0.547
Nursing diploma	40	81.6	170	73.9	
Technical institute	7	14.3	49	21.3	
Faculty graduate	2	4.1	11	4.8	
Duration of experience in nursing (years)					MC P=0.676
1-	28	57.1	120	52.2	
10-	17	34.8	75	32.6	
20-	3	6.1	27	11.7	
30-40	1	2.0	8	3.5	

Table (5): Correlation between head nurses emotional intelligence items and staff-nurses' empowerment.

Emotional intelligence Items	Empowerment score	
	R	P
Self-awareness	0.208	0.001*
Self-regulation	0.096	0.112
Motivation	0.174	0.004*
Empathy	0.165	0.006*
Social skills	0.215	<0.0001*

Table (6): Correlation between staff-nurses' empowerment items and head nurses emotional intelligence.

Items	Emotional intelligence score	
	R	P
Access to opportunities	0.239	<0.0001*
Access to information	0.165	0.006*
Access to support	0.177	0.003*
Access to resources	0.202	0.001*

Table (7): Correlation between head nurses emotional intelligence and staff nurses empowerment.

Item	Job empowerment	
	r	p
Emotional intelligence	0.251	<0.0001*

r: Spearman Rho correlation coefficient

*significant at P≤0.05

** Highly significant at P≤0.001

*** Extremely highly significant at P≤0.0001

العلاقة بين الذكاء العاطفي لدي رئيسات هيئة التمريض والتمكين لدي الممرضات

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الخلاصة

يؤثر الذكاء العاطفي للقائد علي اداء العاملين معه، هدفت الدراسة الحالية الي تحديد العلاقة بين الذكاء العاطفي لدي رئيسات هيئة التمريض والتمكين لدي الممرضات بمستشفيات محافظه بورسعيد. وقد أجريت دراسة وصفية ترابطية بمستشفى بورسعيد العام و مستشفى التأمين الصحي ببورسعيد شارك فيها جميع رئيسات الوحدات التمريضية وكان عددهم ٣٩ و جميع اعضاء هيئة التمريض العاملين معهم وكان عددهم ٢٧٩ ممرضه. وقد تم استخدام استبيانان الأول لقياس مستوي الذكاء العاطفي لدي رئيسات وحدات التمريض والثاني لتحديد مستوى التمكين لدي هيئة التمريض. وقد كشفت النتائج علي أن جميع رئيسات الوحدات التمريضية لديهن قدر مرضي من الذكاء العاطفي، وكان تحفيز الذات أعلى عوامل الذكاء العاطفي لديهن يليه الوعي بالذات، ثم المهارات الاجتماعية يليها التعاطف بينما يحتل تنظيم الذات المرتبة الأخيرة. ايضا كشفت الدراسة علي ان (٨٢.٤%) من الهيئة التمريضية لديهن تمكين. و نستخلص من الدراسة أن هناك علاقة قوية بين مستوي الذكاء العاطفي لدي رئيسات هيئة التمريض والتمكين لدي الممرضات. و لذلك يوصى بتصميم برامج تعليمية و تدريبية من قبل هيئة التدريس بكليات التمريض عن الذكاء الوجداني لرؤساء هيئة التمريض ، كما يجب أن يحرص رؤساء هيئة التمريض علي استخدام الذكاء العاطفي في القيادة وان يحفزن الهيئة التمريضية علي المشاركة في اتخاذ القرار.

الكلمات الدالة: الذكاء العاطفي، التمكين، رئيسات التمريض، الهيئة التمريضية