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EMOTIONAL INTELLIGENCE AND DECISION-MAKING SKILLS OF NURSES IN A TERTIARY GOVERNMENT HOSPITAL

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ABSTRACT

This paper examines the emotional intelligence and decision-making of nurses. A correlational descriptive design of 88 nurses in a tertiary hospital participated in the study using a convenience sampling. Pearson Chi square, Independent T test was applied in the study. Majority of nurses ranges from 20-25 years old, female, single, and ranked as nurse II in the nursing hierarchy. Majority of nurses have permanent employment status, assigned in the surgical wards and reported 6 to 10 average number of patient workload per day. Nurses' level of emotional intelligence is generally high (M=2.90±0.15) and level of decision-making skills is fairly low (M=2.43±0.60). The profile on highest educational attainment (p=0.042) and employment status (p=0.042) of nurses is significantly associated to decision-making skills. There is a negligible correlation between emotional intelligence and decision-making of nurses (r=0.034, p=0.755). A significant difference exists between levels of decision-making skills (F-value=6.209, p=0.003) and rank status of nurses.

KEYWORDS

Decision-making skills, Emotional intelligence and Nurses.

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INTRODUCTION

Nurses play an important role in the delivery of quality nursing care. One of the essential components to attain a quality nursing service to mankind is to manage and control the individual level of emotions and carry out effective nursing decision-making skills. In the healthcare system today, there is an increased prevalence of infections and chronic diseases that poses concerns and challenges for all nurses. In all challenges and

expectations, effective communication among nurses is an essential component of quality patient care. Increasing patient workload, external pressures, heavy demands at work, and everyday challenges in the nursing units make nurses at risk for stress and burnout. Regardless of these situations, nurses are expected to demonstrate good interpersonal relationships among others and be more connected with the emotions of their patients to comfort them during their stay in the hospital.

The emotional intelligence by Goleman supported the conduct of this study. Emotional intelligence is a major contributor to leader effectiveness. It refers to managing one's self and one's relationships effectively. Emotional intelligence includes the abilities of self-confidence, empathy, and visionary leadership. Passion for work and for people who do the work is particularly important to a leader with a high degree of emotional intelligence. It is difficult, if not impossible, to inspire or motivate others if the leader is not passionate about the major work activities[1]. Emotional intelligence is the capacity to get optimal results from relationships with others. Leaders with emotional intelligence possess the ability to identify emotions in themselves and others, use emotions in their thought processes, manage emotions in themselves and others, and understand and reason with emotions[2].

A study on emotional intelligence by Reeves[3] identified self-regulation as a component of emotional intelligence as what allows nurses to work in a nondisruptive, calm, and professional manner during chaotic situations regardless of their internal emotions and that this leads to a calm and stable work environment. Meanwhile, Carson *et al*[4] concluded that managers should consider an applicant's intelligence, emotional intelligence, and organizational citizenship behaviors as hiring variables. The study found that employees with high emotional intelligence display high levels of organizational citizenship fostering a positive work environment and team building.

In emotional intelligence, self-regulation involves keeping oneself disruptive emotions and impulses under control, maintaining honesty and integrity, taking responsibility for own performance, being flexible for handling change, and becoming comfortable with new information and approaches. Motivation can help reach goals by striving to meet a standard of excellence, aligning the personal goals with the group and organizational goals, taking advantage of opportunities, and keeping a positive attitude. Social competence, on the other hand, determines how one handles relationships, whereas empathy involves taking an interest in others' abilities. Social skills are adeptness at inducing desirable responses in people through influence, listening and sending convincing messages, resolving disagreements, inspiring others, managing change, nurturing relationships, collaborating, and cooperating toward shared goals[5].

Studies have demonstrated that the mean score of nurses' emotional intelligence (EI) was within the average range and overall, does not differ by age, specialty, level of education, or gender[6]. Higher EI scores of clinical nurses were found to be related to job retention, longer careers, and participation in clinical ladder programs. The study concluded that the performance level of clinical staff nurses correlates positively with EI. The study of Di Fabio and Palazzeschi[7] noted that higher EI among clinical nurses has been shown to play a role in organizational justice, especially about interpersonal and informational aspects of relationships.

Additionally, the EI level of team leaders enhances team empowerment, and teams that are more productive[8]. Higher nurse EI was associated with less burnout and lower levels of stress[9]. Nooryan *et al*[10] concluded that emotional intelligence is an essential factor responsible for determining success in life and psychological wellbeing, seems to play an important role in shaping the interaction between individuals and their work environment. Nurses' EI was associated with patient falls, infections, and pressure ulcer screenings[11].

Some studies have examined the emotional intelligence of nurse managers. Peer coaching was found to increase nurse managers' EI perceptions, however, coaching did not affect actual scores[6]. Nurse manager emotional intelligence was found to be related to high-resonant nurse manager leadership style[12].

Developing critical thinking, problem-solving and decision-making skills enable nurses to see all sides of an issue, look for creative alternatives and approaches to solve problems, and make well thought out decisions. Decision-making is the process of identifying and choosing a particular course of action from among several possible choices. The decision is based on information gathered by the decision-maker in implementing a workable plan through observation, interview, and scientific inquiry. The effect is a stronger organization and more competent leader and nurse manager[13]. Decision-making is considered one of the most important processes in management, and selecting the type and method of decision-making is considered to be one of the most important skills of a manager[14]. Head nurses and staff nurses are expected to share decisions as they work together in the unit. The dynamics and the process are much unclear when job-sharing is employed at the managerial level[15].

In an organizational workplace, good decision-making among nurses plays an important role in the faster recovery of their patients. The nursing professional practice environment is a complex construct to conceptualize and measure. It has been suggested that there is a relationship between leadership, work environments and outcomes. Developing strong professional practice environments should be an emphasis of nursing leadership, particularly during times of care redesign facilitating opportunities to improve care delivery[16]. A strong professional practice environment is characterized by greater nurse presence with the patient, which makes preventive and monitoring action possible, and by greater decision-making authority and flexibility for the nurse[17].

Finally, this study on the emotional intelligence and decision-making skills of nurses in a tertiary government hospital will contribute valuable insights into patient care and as a member of the health care team.

Objectives

To examine the demographic characteristics, levels of emotional intelligence and decision-making skills, and determine the correlations and differences of emotional intelligence and decision-making skills of nurses in a tertiary government hospital.

MATERIAL AND METHODS

A correlational descriptive design was used and a non-probability convenience sample of 88 nurses in a tertiary government hospital participated during the survey. The scale on emotional intelligence[18] focusing on the subscales of self-awareness (9), managing emotions (9), motivation (9), empathy (9), and social skill (13). A four-point Likert scale of 1 (strongly disagree, interpreted as very low EI) to 4 (strongly agree, interpreted as very high EI) responses was used. The questionnaire on decision-making skill (DMS)[19] includes the variables on thoroughness (4), control (5), hesitancy (3), social resistance (3), optimizing (2), principled (2), and instinctiveness (2) was administered in the study. A four-point Likert scale of 1 (strongly disagree, interpreted as very low level of DMS) to 4 (strongly agree, interpreted as very high level of DMS). For the purpose of this study, a mean score was generated to find out the responses with four levels: "Very low EI and Poor DMS" where there was a mean value between 1.00-1.75; "Low EI and Fair DMS" when answers had a mean value between 1.76-2.50; "High EI and Good DMS" when answers had a mean value between 2.51-3.25; and "Very high EI and Very Good DMS" for answers with a mean value between 3.26-4.00.

Descriptive statistics on frequency and percentage, mean, standard deviation was used in describing the data. Nonparametric chi-square test was used in analyzing the relationship between the demographic characteristics of nurses and emotional intelligence and decision-making skills of nurses. Pearson product moment correlation coefficient was employed to test the association between the two major variables (EI and DMS) indicated in the study. A p-value of 5% level is considered significant. The analysis of variance (ANOVA) was employed to test the difference of emotional intelligence and decision-making skills in terms of area of assignment, average of patient workload in a day, work shift within 15 days, rank, and employment status. A p-value of 1% level is significant.

Permission to conduct the study was obtained and informed consent was provided for all respondents. Finally, confidentiality of data was maintained during the conduct of the study.

RESULTS AND DISCUSSION

This study consisted of 88 nurse participants. Table No.1 presents the demographic characteristics of nurses. The participants age ranges mostly (30.68%) from 20 to 25 years old. Majority are female nurses (79.55%), and 5(5.68%) reported masteral degree in nursing as the highest education level. Most (30.68%) of the nurses claimed a monthly income of ₱16000 a month, and worked for 2 to 3 years (19.32%). In terms of nursing hierarchy, more than half (60.23%) obtained a ranked status of nurse II and, nearly all (80.68%) are employed with permanent employment contract. Nurses from surgical ward department generates more responses (21.59%) during the survey. The average (31.82%) workload ranges from 6 to 10 patients per day, and higher percentage (62.50%) of nurses reported to clinical duties in the morning shift within the 15 days.

Table No.2 illustrates the levels of emotional intelligence of nurses. The result shows that nurses' emotional intelligence for the following subscales on self-awareness (3.08±0.80), managing emotions (2.67±0.76), motivation (2.99±0.84), empathy (2.85±0.79), and social skill (2.93±0.83) are relatively high.

Table No.3 shows the levels of decision-making skills among nurses. Results shows that nurses are considerably good in demonstrating instinctiveness (2.54±0.87) and subscales on thoroughness (2.47±0.97), control 2.39±0.97), hesitancy (2.37±0.88), social resistance (2.37±0.88), optimizing (2.46±0.80, and principled (2.44±0.86) demonstrated fair decision-making skills.

Table No.4 gives the association of demographic characteristics of nurses and emotional intelligence. The data shows that profiles of nurses have no significant relationship to their emotional intelligence.

Table No.5 indicates the association of demographic characteristics of nurses and decision-making skills. Findings revealed that the variable on highest educational attainment ($\chi2$=89.426, p=0.042) and employment status ($\chi2$=49.352, p=0.043) is statistically significant to the levels of decision-making skills of nurses.

Table No.6 shows the relationship between emotional intelligence and decision-making skills of nurses. Data revealed that there is a negligible correlation between emotional intelligence and decision-making skills of nurses (r=0.034, p=0.755).

Table No.7 presents the difference between the levels of emotional intelligence and decision-making skills of nurses in terms of area of assignment. Findings shows that there is no significant difference in the levels of emotional intelligence (F=0.718, p=0.636) and decision-making skills (F=0.772, p=0.594) of nurses according to area of assignment.

Table No.8 illustrates the difference between the levels of emotional intelligence and decision-making skills of nurses in terms of average number of patient workload per day. The data discloses that there is no significant difference in the levels of emotional intelligence (F=0.655, p=0.625) and decision-making skills (F=1.595, p=0.183) of nurses as to the number of cared during their duty shift.

Table No.9 classifies the difference between the levels of emotional intelligence and decision-making skills of nurses in terms of work shift within 15 days. The table shows that there is no significant difference between nurses' clinical work shift and their emotional intelligence (F=1.152, p=0.321) as well as decision-making (F=0.422, p=0.644).

Table No.10 demonstrates the difference between the levels of emotional intelligence and decision-making of nurses in terms of rank status. The data shows that there is no significant difference between nurses' rank and emotional intelligence (F=2.841, p=0.064). On the other hand, nurses' rank status (F=6.209, p=0.003) is statistically significant to decision-making skills.

Table No.11 depicts the difference between levels of emotional intelligence and decision-making skills of nurses in terms of employment status. Finding shows that emotional intelligence (t=1.457, p=0.149) and decision-making skills (t=0.885, p=0.0379) do not differ according to nurses' employment status.

Discussion

The findings revealed that young female nurses predominate in this study, single and obtained a rank of nurse II. The position title for nurse II emphasizes nurses with one year of relevant experience and a salary grade equivalent to ₱15000 a month[20]. Most of them worked for 2 to 3 years in the government hospital. The majority of nurses are on permanent nursing contracts. Female and male surgical ward nurses have the highest number of survey responses. Nurses claimed a 6 to 10 patient workload and reported in the morning shift typically begins at 7:00 AM and ends at 3:00 PM.

Nurses' level of emotional intelligence is remarkably high in all subscales. Nurses strive to display positive emotions and create better relationships despite many differences in a socio-demographics relationship. High emotional intelligence corresponds positively with personal achievement, organizational citizenship, job satisfaction, and reduced burnout. Successful adaptation to high-stress environments has been correlated with higher emotional intelligence in mental health and in student nurse populations[6].

On average, nurses' level of decision-making skills is relatively fair. The findings suggest that nurses' routine nursing interventions to their assigned patients do not involve more decision-making. Their anticipations, everyday exposure to common health diseases condition may have affected their self-evaluation of decision-making. It is noteworthy to consider that decision-making is influenced by the values and preferences of the decision-maker. The decision is based on information gathered by the decision-maker in implementing a workable plan through observation, interview, and scientific inquiry. Developing critical thinking, problem-solving and decision-making skills enables nurses to see all sides of an issue, look for creative alternatives and approaches to solve problems, and make well thought out decisions[13].

The profile of nurses as reported in the study is not associated with their emotional intelligence. The findings suggest that the sociodemographic variables of nurses do not influence their emotional intelligence. Study findings of associations of profile and emotional intelligence have shown mixed results. Some studies revealed that the age and educational status of the nurses were variables that predicted emotional intelligence[21]. Srinivasan and Samuel[22] found that years of experience and civil status are associated with the overall level of emotional intelligence (EI) of nurses, whereas, gross monthly income and sex are not statistically significant to their overall EI. On the other hand, Harper and Jones-Schenk[23] demonstrated that gender, experience, and education level are not significantly correlated to emotional intelligence.

With regards to the association between sociodemographic characteristics and decision-making skills, the highest educational attainment and employment status significantly correlates to nurses' level of decision-making that suggests decision-making skills are enhanced by continuing nursing education and years of experience as professional nurses in the workplace. A strong professional practice environment is characterized by greater nurse presence with the patient, which makes preventive and monitoring action possible, and by greater decision-making authority and flexibility for the nurse[17]. The findings confirm the study conducted by Wu *et al*[24] that nurses were best at the skills of managing themselves and that educational level, experience, and total structural empowerment had significant positive impacts on nurses' clinical decision-making (CDM) skills. Bjork and Hamilton[25] found that increased use of intuitive-interpretive models of clinical decision-making was associated with years in the present job, further education, male gender, higher age, and working in predominantly surgical units.

Furthermore, the study revealed emotional intelligence of nurses is not associated with decision-making. A study conducted by Hess and Bacigalupo[26] identified that organizations and individuals may benefit from the development and utilization of behaviors attributed to emotional intelligence. The practical application of emotional intelligence skills can enhance individual and group decisions and outcomes. Moreover, Othman[27] concluded in their study that emotional intelligence

is a mediator factor between personality traits and decision-making styles.

Finally, this study indicates a statistical test of the difference between selected profile variables in terms of area of assignments, the average number of patient workload per day, work shift within 15 days, rank, and employment status to nurses' emotional intelligence and decision-making skills. Among the variables presented, rank status among nurses significantly differs during decision-making. The finding of the study conveys that those nurses who obtained a rank position of casual, a nurse I, and nurse II have a different approach to decision-making.

A casual employee is one whose work is neither regular, project, or seasonal[28]. The level I RN, under the direction of the nurse manager is accountable for the provision of direct care to assigned patients and supports peers in the delivery of patient care services. The level II RN assumes an expanded role, which may include charge nurse, preceptor, and committee member responsibilities[29]. This finding is supported by the study of Ahmad *et al*[30] which concluded that decisional involvement is performed according to the management positions regardless of the staff abilities to make a decision.

Table No.1: Demographic characteristics of nurses

S.No	Profiles	Frequency, n=88	Percentage
Age			
1	20 – 25	27	30.68%
2	26 – 30	23	26.14%
3	31 – 40	14	15.91%
4	41 – 50	14	15.91%
5	51 – 60	10	11.36%
Sex			
6	Male	18	20.45%
7	Female	70	79.55%
Civil Status			
8	Single	53	60.23%
9	Married	35	39.77%
Highest Educational Attainment			
10	With masteral degree	5	5.68%
11	With masteral units	7	7.95%
12	BSN graduate	76	86.36%
Monthly Income			
13	₱16,000	27	30.68%
14	₱ 16,001 – ₱ 20,000	22	25.00%
15	₱ 20,001 – ₱ 26,000	18	20.45%
16	₱ 26,001 – ₱30,000	15	17.05%
17	None disclosure	6	6.82%
Length of Service			
18	1 to 2 years	16	18.18%
19	2 to 3 years	17	19.32%
20	3 to 4 years	12	13.64%
21	4 to 6 years	8	9.09%
22	7 to 10 years	14	15.91%
23	11 to 20 years	10	11.36%

24	21 to 30 years	5	5.68%
25	More than 31 years	6	6.82%
Rank Status			
26	Casual/Staff	4	4.55%
27	Nurse I	51	57.95%
28	Nurse II	53	60.23%
Employment Status			
29	Probationary	17	19.32%
30	Permanent	71	80.68%
Area of Assignment			
31	Delivery room, Operating Room, Obstetric ward	15	17.05%
32	Emergency room	14	15.91%
33	Female surgical ward, Male surgical ward	19	21.59%
34	Intensive critical care unit, Intensive care unit, Pediatric intensive care unit	10	11.36%
35	Male medical ward	11	12.50%
36	Out-patient department	8	9.09%
37	Pediatric ward	11	12.50%
Average Patient Workload per day			
38	1 to 5	19	21.59%
39	6 to10	28	31.82%
40	11 to 25	14	15.91%
41	26 to 50	21	23.86%
42	More than 50	6	6.82%
Work shift within 15 days			
43	Morning shift	55	62.50%
44	Afternoon shift	22	25.00%
45	Evening shift	11	12.50%

Table No.2: The average mean scores for levels of emotional intelligence of nurses, (n=88)

S.No	Variable	Mean±SD
1	Self-awareness	3.08±0.80
2	Managing emotions	2.67±0.76
3	Motivation	2.99±0.84
4	Empathy	2.85±0.79
5	Social Skill	2.93±0.83

Table No.3: The average mean scores for levels of decision-making skills of nurses, (n=88)

S.No	Variable	Mean±SD
1	Thoroughness	2.47±0.97
2	Control	2.39±0.97
3	Hesitancy	2.37±0.88
4	Social Resistance	2.38±0.94
5	Optimizing	2.46±0.80
6	Principled	2.44±0.86
7	Instinctiveness	2.54±0.87

Table No.4: Association between demographic characteristics and levels of emotional intelligence of nurses

S.No	Profiles	Chi-squared	p-value
1	Age	206.214	0.172
2	Sex	55.221	0.192
3	Civil status	45.349	0.541
4	Highest educational attainment	111.152	0.109
5	Monthly income	202.017	0.230
6	Length of service	336.307	0.379
7	Rank status	101.507	0.280
8	Employment status	60.732	0.096
9	Area of assignment	292.958	0.314
10	Average patient workloadper day	178.717	0.674
11	Work shiftwithin 15 days	84.413	0.750

Table No.5: Association between demographic characteristics and levels of decision-making skills of nurses

S.No	Profiles	Chi-squared	p-value
1	Age	156.192	0.113
2	Sex	28.771	0.722
3	Civil status	36.542	0.351
4	Highest educational attainment	89.426	0.042*
5	Monthly income	151.145	0.177
6	Length of service	236.346	0.519
7	Rank status	77.614	0.199
8	Employment status	49.352	0.043*
9	Area of assignment	189.703	0.755
10	Average patient workloadper day	134.799	0.513
11	Work shiftwithin 15 days	69.486	0.427

*Significant @ 5% level

Table No.6: Association between levels of emotional intelligence and levels of decision-making skills of nurses

S.No	Variables	Pearson - r	Degree of correlation	p-value
1	Level of Emotional Intelligence and Level of Decision-Making Skills	0.034	Negligible correlation	0.755

Table No.7: Difference between the levels of emotional intelligence and decision-making skills of nurses in terms of area of assignment

S.No	Sources of variation	Mean	SD	F-value	p-value
Emotional Intelligence					
1	Delivery room, Operating Room, Obstetric ward	3.06	0.40	0.718	0.636
2	Emergency room	2.95	0.33		
3	Female surgical ward, Male surgical ward	2.92	0.38		
4	Intensive critical care unit, Intensive care unit, Pediatric intensive care unit	2.85	0.48		
5	Male medical ward	2.89	0.30		
6	Out-patient department	2.78	0.33		
7	Pediatric ward	2.82	0.43		
Decision-Making Skills					
8	Delivery room, Operating Room, Obstetric ward	2.46	0.63	0.772	0.594
9	Emergency room	2.53	0.61		
10	Female surgical ward, Male surgical ward	2.29	0.36		
11	Intensive critical care unit, Intensive care unit, Pediatric intensive care unit	2.30	0.59		
12	Male medical ward	2.44	0.31		
13	Out-patient department	2.64	0.29		
14	Pediatric ward	2.46	0.36		

Table No.8: Difference between the levels of emotional intelligence and decision-making skills of nurses in terms of average number of patient workload per day

S.No	Sources of variation	Mean	SD	F-value	p-value
Emotional Intelligence					
1	1 to 5	2.88	0.43	0.655	0.625
2	6 to 10	2.87	0.34		
3	11 to 25	3.02	0.39		
4	26 to 50	2.96	0.39		
5	More than 50	2.77	0.37		
Decision-making skills					
6	1 to 5	2.50	0.57	1.595	0.183
7	6 to 10	2.33	0.42		
8	11 to 25	2.42	0.33		
9	26 to 50	2.39	0.50		
10	More than 50	2.83	0.53		

Table No.9: Difference between the levels of emotional intelligence and decision-making skills of nurses in terms of work shift within 15 days

S.No	Sources of variation	Mean	SD	F-value	p-value
Emotional Intelligence					
1	Morning shift	2.96	0.38	1.152	0.321
2	Afternoon shift	2.83	0.36		
3	Evening shift	2.83	0.39		
Decision-making skills					
4	Morning shift	2.39	0.52	0.442	0.644
5	Afternoon shift	2.49	0.42		
6	Evening shift	2.50	0.39		

Table No.10: Difference between the levels of emotional intelligence and decision-making skills of nurses in terms of rank status

S.No	Sources of variation	Mean	SD	F-value	p-value
Emotional Intelligence					
1	Casual/Staff	2.65	0.13	2.841	0.064
2	Nurse I	2.86	0.39		
3	Nurse II	3.02	0.36		
Decision-making skills					
4	Casual/Staff	2.74	0.10	6.209	0.003**
5	Nurse I	2.29	0.43		
6	Nurse II	2.61	0.49		

**significant @ 1% level

Table No.11: Difference between the levels of emotional intelligence and decision-making skills of nurses in terms of employment status

S.No	Sources of variation	Mean	SD	t-value	p-value
Emotional Intelligence					
1	Probationary	3.03	0.40	1.457	0.149
2	Permanent	2.88	0.37		
Decision-Making Skills					
3	Probationary	2.52	0.60	0.885	0.379
4	Permanent	2.41	0.44		

CONCLUSION

The study concluded that the emotional intelligence of nurses is not influenced by the sociodemographic variables indicated in the study. The highest educational level and employment status of nurses greatly affect their level of decision-making in the nursing organization. Further, the study emphasized that the decision-making skills of nurses differ in terms of levels of position in the nursing hierarchy. Therefore, it is recommended that nursing administrators should enhance nurses' emotional intelligence and decision-making skills through relevant training, and continuing nursing education to improve the delivery of patient care and increase nurses' involvement as a member of the health care team.

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CONFLICT OF INTEREST

The authors declare that they have no competing interests.

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