

The Effect of Emotional Intelligence Program on Decision Making Style

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Abstract Emotional intelligence plays a very important part in creating effective decisions in day to day life within the work place. The ability to deliver safe and proper care is relies on make accurate decision. Strong emotions help head nurses to make effective decisions. **Aim:** The present study aimed to assess the effect of emotional intelligence program on decision making style for head nurses'. **Research Design:** quasi experimental design was utilized. **Study Setting:** the study was conducted in all units at Benha University Hospital. **The study sample was:** all the available head nurses (57) from the above mentioned setting. **Tools of data collection:** Three tools were used: (1) emotional intelligence knowledge questionnaire, (2) Standardized emotional intelligence questionnaire, and (3) Nursing Decision-Making Instrument Scale Revised, 2014 (NDMI). **Results:** The findings of this study showed that there was a highly statistical significant improvement in the level of emotional intelligence and decision making style among head nurses through the program. **Conclusion:** The study concluded that highly statistically significant correlation was found between emotional intelligence and decision making style among head nurses. **Recommendation:** Hospital should provide continuous emotional intelligence training program to nursing staff to enhance their performance, Integration of emotional intelligence program in to nursing curricula for enhancing nursing students' competencies.

Keywords: emotional intelligence, decision making, head nurses, NDMI

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1. Introduction

We are living in "an age of uncertainty", and thus we require being more emotionally intelligent. Emotional intelligence "EI" is explained as the ability to properly recognize self and other's emotions then understanding, evaluating, and using it to make accurate decisions and act effectively to achieve certain goals or objectives. Moreover, it is the collective of abilities, competencies and skills thus, it's closely related to the professional growth of the people who need to create choices under stressful and difficult situations. EI is the aptitude to manage emotions intelligently therefore, it is an important demand in health care practices, especially within the nursing field. EI cares nurses in dealing with emotional responses, being empathic and ready to exchange feelings and facilitating communication and decision making [1,2,3].

EI makes the nurse resistant to external demands and pressures. It includes both internal and external elements. The internal elements consist of self-awareness, self-concept, independence, self-actualization, and decisiveness. The external factors include interpersonal relationships, empathy,

and responsibility. Moreover, EI contains the ability of the nurses for accepting the realities of life and the ability to cope with stress and equipped with technical abilities. These abilities make the nurse self-aware composed, respectable, observant, supportive, participative, visionary, and receptive in confrontation with others or situations [4,5].

The construct of EI as a comprehensive theory was discussed by Salovey & Mayer in 1990. They processed EI as a crucial element of social intelligence and it aids a personal to inspire self-feelings, to stay positive also as nurture relationships. Goleman in 1995, and Freshman and Rubino in 2002, extended the work of Salovey and Mayer, and they described five core skills or/ dimensions for EI as; self-awareness, self-regulation, motivation, empathy, and social skills [6,7,8,9].

First dimension is self-awareness; that is described as knowing and having control on self in spite of adverse situations, maintaining calmness, and creating a calculated decision. Second is self-regulation; refers to ability to changes and control over impulses. The third is motivation whereby the individual continuously moves towards his/her goal in spite of lack of resources and ability to enjoy and to be turned on toward work activities. The fourth is empathy whereby associate worker isn't only

concerned regardingself but also understands the emotions of peers. The individuals under this category withdraw of the way to help those who are under frustration or feeling depressed. the last is social skills whereby a personal is professional in skills like networking, persuasion and can successfully convert an unfavorable situation into a favorable one by his/her social skills [6,7,10].

Emotional intelligence is an extremely important factor for decision making. Head nurses make stream decision, and communicate those decisions to other organizational members. As, decision making ability is believed to be a crucial aspects of the head nurse's role in today's health care organizations. In addition, decision-making is an important aspect of management, and a vital ability for the practice of nursing that allows head nurses to achieve their difficult tasks. Decision-making is a manners presented when choosing and applying a course of action from among substitutes with the aim of coping with a selected situation or problem [11,12,13].

Moreover, decision-making abilities are improved and settled over a process of decision-making. First step of the decision making process is the head nurse ability to identify the problem and recognize that a decision is necessary then, determine the suitable alternatives before selecting the "best" alternative, and putting it into action. Finally, the head nurse ought to implement and value the chosen solution. To confirm the success of implementation, there's a requirement to do two things: plan adequately and be sensitive to those affected. Whereas evaluating the decision created, if the action doesn't work, one will give it longer time, modify it slightly, try another alternative, or begin over again [14,15].

Furthermore, every head nurse has a sole way of thinking and learning, as well has a unique style of making decisions. There are two theories of decision-making that have been used in the nursing as analytical- systematic and intuitive-interpretive decision-making theories [16,17]. The analytical- systematic theory portrays the cognitive processing in clinical decision-making and presumes that persons will shift through variety of phases within the decision-making process. The analytical-systematic theories assume that nurses practice a hypothetical-deductive approach in clinical decision-making. On the other aspect, intuitive-interpretive decision-making theories focus on the relation between surmise, intuition and nursing knowledge. These theories recommended that the process of constructing decisions is grasped on a continuum from analysis to intuition, because it relies on analytical-systematic and intuitive-interpretive theories [12,17,18].

Moreover, there are three models of clinical decision-making that specify and clarify the decision making process nurses' can use to reach choice. Three major models that found within the literature are the humanistic-intuitive model, the information-processing model, and the cognitive continuum theory [9,12]. The humanistic-intuitive approach confirms personal, sense, and contextual components in decision-making. The main focus of this model is to clarify the changes in creating decision between novice and expert nurses [16]. Within the information-processing model, decisions are accomplish in an orderly and analytical pattern. They go ahead with a series of steps that portray cue acquisition, hypothesis generation, cue interpretation, and hypothesis evaluation. The cognitive

continuum theory severs to bear down the completely variations between systematic-analytical and intuitive approaches by feigned that both are needed to attain most favorable decisions [3,19,20,21].

1.1. Significance of the Study

The continuous globalization has created a competitive environment which demands head nurses having responsibility to be good decision maker through managing their emotional intelligence to determine innovative behavior and perform their work accurately and in a timely manner because, delaying decisions can affect the organization negatively, there is no room for mistakes. The importance of emotions in organizational settings is pervasive. Both employers and managers need to learn to understand their emotions and others' feelings, emotional intelligence is a predictor of success. Head nurses with higher EI have a greater potential to be successful in a leader role. Emotional intelligence can be developed and trained overtime and its skills has effect on head nurses behavior which ultimately affects his/her managerial skills as decision-making [22,23].

1.2. Aim of the Study

This study was aimed to assess the effect of emotional intelligence program for head nurses on their decision making style.

1.3. Research Hypotheses

1. There will be significant improvement of head nurses` knowledge related to emotional intelligence after implementation of educational program
2. Head nurses' decision making style will be improved after implementation of educational program than before.
3. There will be a positive correlation between head nurses` emotional intelligence and their decision making style after implementation of educational program.

2. Subjects and Methods

2.1. Research Design

This study demonstrated quasi experimental design to achieve the aim of the present study.

2.2. Setting

The study was conducted in all units (57) at Benha University Hospital.

2.3. Subjects

2.3.1. Subject Type

A convenient sample.

2.3.2. Subject Size

All the available head nurses (57) who are working in the above mention study setting, at the time of study, and

agree to participate after clarification of purpose of the study.

2.4. Tools of Data Collection

Three tools were used to collect the data of this study.

2.4.1. Emotional Intelligence Knowledge Questionnaire

A structured questionnaire developed by the researcher based on review of related literature. It is consisting of two parts, **part one** include personal characteristics of head nurses as age, sex, department, educational qualification, and experience years, **part two:** emotional intelligence knowledge questionnaire. It is consisting of thirty questions which are (fifteen questions multiple choice, and fifteen questions True and false questions).

Scoring system: the questions were scored as "1" for correct answer, and "zero" for incorrect answer. The total scores were summed up and emotional intelligence knowledge expressed as follow; < 60% of total score mean unsatisfactory knowledge \geq 60% of total score mean satisfactory knowledge.

2.4.2. Standardized Emotional Intelligence Questionnaire

Adopted by [22] it includes 25-items closed-ended questionnaire. It was used to assess the level of emotional intelligence for head nurses in five dimensions, which are self awareness (3 items), self-regulation (5 items), motivation (4 items), empathy (5 items), and social skills (8 items).

Scoring system: using a five point Likert-scale ranging from (1-5) strongly disagree (1), disagree (2), neutral (3), agree (4) and strongly agree (5). The total score is ranging from 25 to 125, with a score ranging from 101 to 125 indicating high, from 50 to 100 indicating moderate, and below 50 indicating low emotional intelligence.

2.4.3. Nursing Decision-Making Instrument Scale Revised (NDMI)

Adopted by [24]. It was used to assess level of decision making (style) among head nurses that reflect their actions. It includes 24-item maintains the four stages, which are data collection (6 items), data processing and identification of the problem (6 items), plan of action (6 items), and Implementation, monitoring, and evaluation (6 items).

Scoring system: using a five point Likert- scale range of responses from (1) almost never to (5) almost always. Head nurses are asked to mark the answer that best describes their own action. The lower the score, the more analytic the decision maker is. The higher the score, the more intuitive the decision maker is. The head nurse was considered low decision maker if her score on this scale \leq 67 point "analytical", moderate if her score on this scale 68-78 point "quasi-rational" and high if her score on this scale $>$ 78 point "intuitive".

2.5. Methods

2.5.1. Approval

An official permission was obtained from the hospital authorities in the identified setting to collect the necessary data and implement the program after explaining its purpose.

2.5.2. Pilot study

A pilot study was carried out on 10% from the total number of head nurses (6) to assess the tools clarity, objectivity and feasibility as well as to estimate the time needed for filling the tools. The pilot study was included in the main study sample.

2.5.3. Tools Validity and Reliability

The tools were reviewed by expert panel of different nursing departments. The panel ascertained the face and content validity of the tools. The reliability was done by Cronbach's Alpha coefficient test. Cronbach's alphas were ($r=$ 0.90, 0.89 & 0.94) emotional intelligence knowledge questionnaire, Standardized emotional intelligence questionnaire, Nursing Decision-Making Instrument Scale respectively.

2.5.4. Ethical Considerations

The agreement for participation of the head nurses were taken after aims of the study have been explained to them, they were given an opportunity to refuse to participate, and they were assured that the information collected would be treated confidentially and used for the research purpose only.

2.5.5. Educational Program about Emotional Intelligence

This program was designed to provide head nurses an opportunity to develop level of emotional intelligence that affect decision making. It covers the following items; definition, components, factors, qualities, goal, advantages & disadvantage, theories, weakness & strength, impact, and challenges.

2.5.6. Field Work

The study was carried out for (10 months) from at the beginning of February, 2016 to the end of November, 2016 as the following:

1. The pre-intervention phase; that took about two months from the beginning of February, 2016 to the end of March, 2016. Teaching materials was prepared and the training strategy was developed based on the detected needs. As well, time schedule, teaching sessions, media included, and the handout were prepared.
2. The intervention phase; was carried out from the beginning of April, 2016 to end of June 2016. First grouped head nurses, (6) groups (9-10 head nurses) according to their empty times. The preprogram tests were fulfilled by the head nurses before beginning of the training program. The emotional intelligence knowledge questionnaire took from 30-35 minutes to be completed, and standardized emotional intelligence questionnaire took from 10-15 minutes to be completed, and 10-15 minute for completing NDMI. This pre-study test was designed to allow the researchers collect a baseline assessment of head nurses' knowledge and skills in order to compare it with immediate post and follow-up program. The data collected two days/week in the morning and afternoon shift. After the questionnaires were completed, the training program was implemented by the researchers. The time plan of the program implemented over the period from the mid of May 2016 to end of June

2016. The training program has taken 18 hours distributed as the following; 9 sessions, 2 hour/session, 3days/week, in the morning and afternoon shift. Each group perceived the program content using the same teaching strategies and handout. Each researcher implements the program with two groups in the day. Different methods of teaching were used such as lectures, group discussion, and brainstorming. Instructional media included handout prepared by the researchers and distributed to all participants in the first day.

- The post-intervention phase (Evaluation Phase). In this phase, the effect of the strategy was evaluated; it was carried out immediately after the program implementation and after 3 months of intervention by using the same tools which were used before the program implementation. The time of the data collection lasted for five months from the beginning of July 2016 to end of November 2016.

2.5.7. Statistical Analysis

Data were collected, entered and analyzed by using SPSS (version 20) software computer package (special package for social science). Presented in tabular form. Descriptive statistics were applied (e.g., frequency, percentages, mean, and standard deviation). Test of significance Chi-square "X²" and correlation coefficient (r) were used. Statistically significant difference was considered at p-value $p \leq 0.05$.

3. Results

Table 1: clearly indicated that the total number of head nurses was 57, and the majority (89.5%, 87.5%) of them was female and married respectively. While more than half (57.9%) of them working at medical departments. In relation to their qualification, 35.1% of head nurses had bachelor degree. Regarding their age, more than two fifth (40.4%) of them had age ranged between 35 to less than

45 years old. Regarding to years of experience, 43.9% had more than 25 years of experience. And 93.0% of head nurses didn't having training in emotional intelligence.

Figure 1: illustrated that there was highly statistically significant improvement in head nurses' knowledge scores regarding emotional intelligence immediate post program (80.3%) and three months follow up the program (65.7%) than preprogram scores.

Table 1. Distribution of the studied head nurses according to their personal characteristics (n =57)

Personal Characteristics	No	%
Age (years)		
< 25	5	8.8
25<35	17	29.8
35 <45	23	40.4
≥ 45	12	21.1
X±SD	37.7 ± 0.90	
Social status		
Married	51	87.7
Un married	6	12.3
Sex		
Male	7	10.5
Female	50	89.5
Qualification		
Diploma of nursing school	15	26.3
Technical nurse institute	12	21.1
B.Sc. Nursing	20	35.1
Master degree in nursing	10	17.1
Department		
Medical	33	57.9
Surgical	24	42.1
Years of experience		
1<5	4	7.0
5 <15	6	10.5
15<25	22	38.6
≥ 25	25	43.9
X±SD	19.3±0.89	
Having training in EI before		
Yes	4	7.0
No	53	93.0

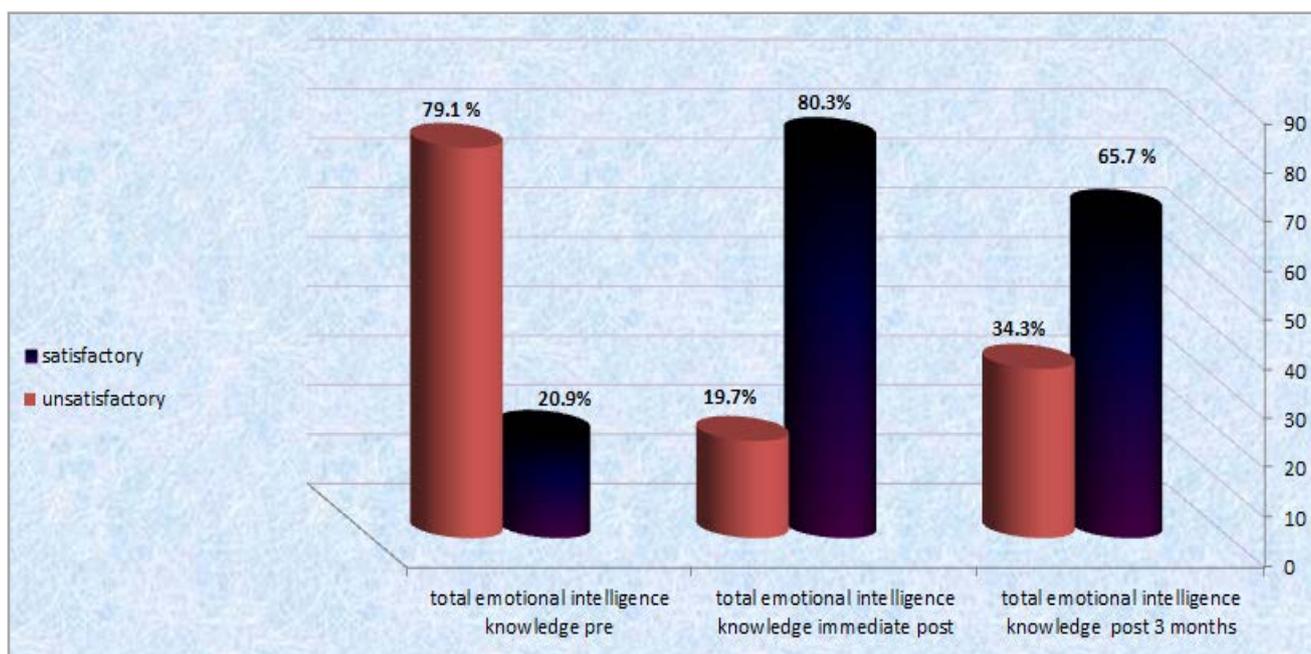


Figure 1. Level of studied head nurses knowledge regarding emotional intelligence through program (n= 57)

Table 2: clarified that the highest percent of head nurses used social skills followed by self-regulation (17.5% & 12.3%) respectively for preprogram. While immediate post program, the highest percent of them used self-awareness followed by social skills (70.2% & 68.4%) respectively. In addition, there was a highly statistical significant improvement in the level of emotional intelligence's for head nurses through the program.

Figure 2: showed that there was highly statistically significant improvement in the level of emotional intelligence for head nurses immediate post program and three months follow up the program (64.9% & 54.4%) respectively than preprogram.

Figure 3: pointed that there was highly statistically significant improvement in decision making style for head nurses immediate post program and three months follow up the program (66.7% & 57.9%) respectively than preprogram.

Table 3: showed that there was highly statistically significant correlation between overall score of emotional intelligence and decision making ($r=0.96, P=0.00$).

Table 4: indicated that there was highly statistically significant correlation between head nurses' emotional intelligence and decision making style in relation to their personal characteristics.

Table 2. Distribution of studied head nurses according to level of emotional intelligence thorough program

Emotional intelligence	Head nurses						X ²	P-Value
	Pre-program (n=57).		Post-program (n=57).		Follow up-program (n=57).			
	No	%	No	%	No	%		
- Self awareness:								
High	2	3.6	40	70.2	32	65.1	77.99	<0.001***
Moderate	10	17.5	9	15.8	16	28.1		
Low	45	78.9	8	14.0	9	15.8		
- Self regulation :								
High	7	12.3	25	43.8	20	35.1	22.90	<0.001***
Moderate	14	24.5	18	31.6	19	33.3		
Low	36	63.2	14	24.6	18	31.6		
-Motivation								
High	5	8.8	37	64.9	28	49.1	87.30	<0.001***
Moderate	12	21.0	9	15.8	11	19.3		
Low	40	70.2	11	19.3	18	31.6		
- Empathy :								
High	3	5.3	27	47.4	25	43.9	49.04	<0.001***
Moderate	4	7.0	14	24.5	12	21.0		
Low	50	87.7	16	28.1	20	35.1		
Social skills :								
High	10	17.5	39	68.4	32	56.2	37.60	<0.001***
Moderate	21	36.8	12	21.1	17	29.8		
Low	26	45.6	6	10.5	8	14.0		

A highly statistical significant difference ($P \leq 0.001$).

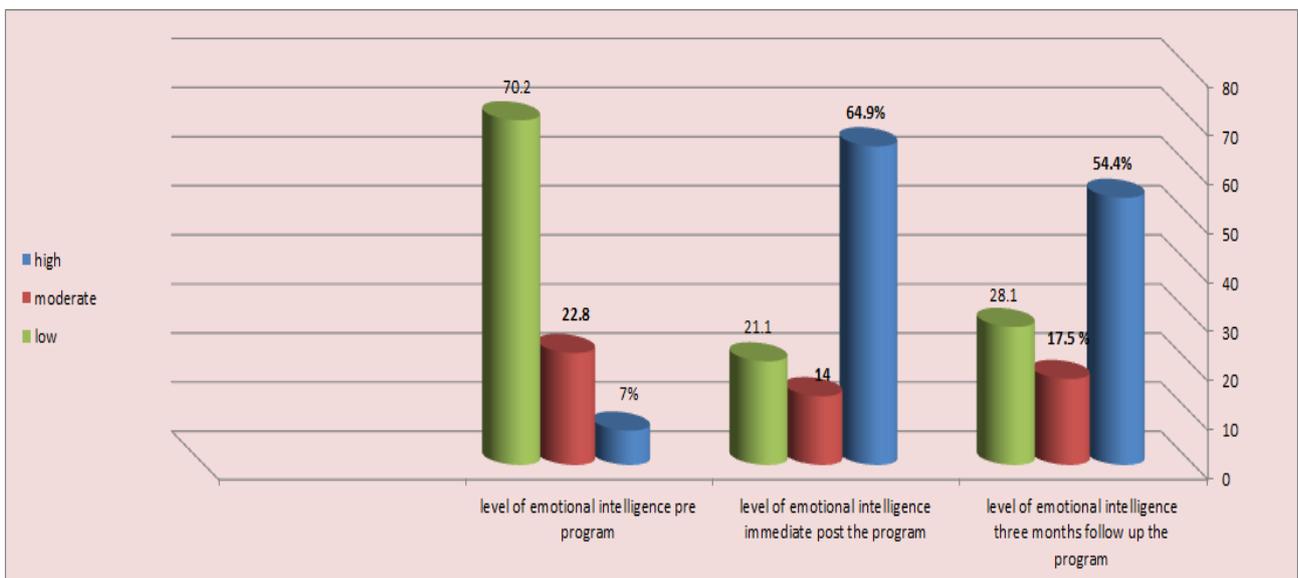


Figure 2. Total level of head nurses' emotional intelligence through program (n= 57)

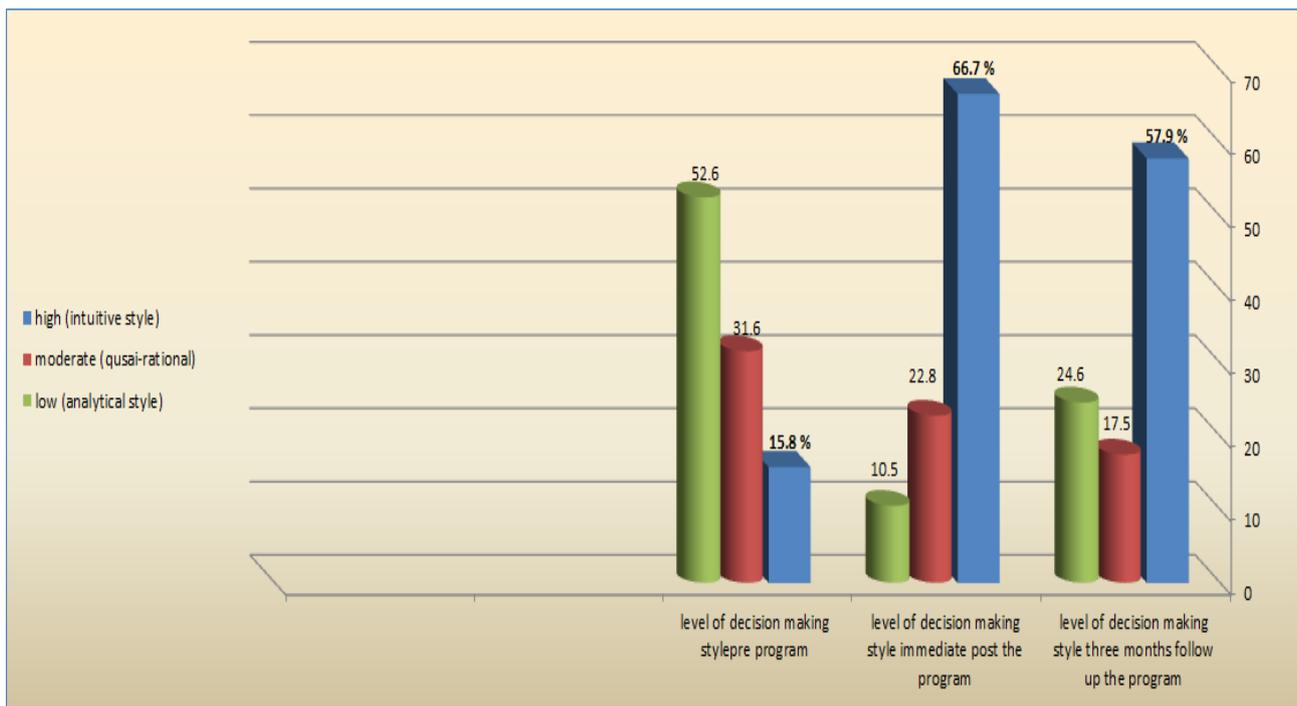


Figure 3. Total level of head nurses' decision making (style) through program (n= 57)

Table 3. Correlation coefficients between overall score of emotional intelligence and decision making of studied head nurses through program (n= 57)

Parameters	Overall score of the decision making	
	Pearson's correlation coefficient (r)	p-value
Overall score of the emotional intelligence	0.96	< 0.001

A highly statistical significant difference ($P \leq 0.001$).

Table 4. correlation coefficients between head nurses' emotional intelligence and decision making style in relation to their personal characteristics (n= 57)

Dimension	Years of Experience		Age		Level of educational Qualification	
	r	P- value	r	P- value	r	P- value
Emotional intelligence (Immediate post)	0.583	< 0.001	0.454	< 0.001	0.469	< 0.001
Decision making style(Immediate post)	0.567	< 0.001	0.608	<0.001	0.470	<0.001

A highly statistical significant difference ($P \leq 0.001$).

4. Discussion

Emotional intelligence plays a significant role in many aspects of leaders. It is important to make effective decisions in day to day life in an organization. Strong emotions help leaders to make effective decisions. All workplaces require decision making and all decisions have both cognitive and emotional components. A decision maker's emotional processing ability depends on previous experience, current emotional capital or capacity and the emotional investment an individual is willing to make in the decision's outcome [25].

The result of present study indicated that the total number of head nurses was 57, and the majority of them were female and married. While more than half of them were working at medical departments. In relation to their qualification, 35.1% of head nurses had bachelor degree. Regarding their age, more than two fifth of them had age ranged between 35 to less than 45 years old. Regarding to years of experience, 43.9% had more than 25 years of experience.

And 93.0% of head nurses didn't having training in emotional intelligence. This finding was consistent with Mohamed and Yousef [26], Abood and Thabet [27] who reported that the majority of nurse managers were married and female.

Concerning head nurses' knowledge regarding emotional intelligence, the result of present study revealed that there was highly statistically significant improvement in head nurses' knowledge scores regarding emotional intelligence immediate post program and three months follow up the program than preprogram scores. This could be attributed to the ability of head nurses to gain knowledge easily and they were interested in the research topic. In addition, the program given was effective.

The result of present study was in agreement with Nogaye [26] who conducted study entitle "The Impact of Emotional Intelligence Training on Social Workers and Human Service Providers In Health Care Settings" and found that participants reported that the emotional intelligence training program had a high impact on their knowledge. Moreover, this result was supported by Dolev

[28] who conducted study entitle " Teachers' emotional intelligence: The impact of training" and reported that the training program had improved their emotional intelligence competencies.

Regarding head nurses' level of emotional intelligence thorough program, the result of present study revealed that the highest percent of head nurses used social skills followed by self-regulation (17.5% & 12.3%) respectively for preprogram. While immediate post program, the highest percent of them used self-awareness followed by social skills (70.2% & 68.4%) respectively. In addition, there was a highly statistical significant improvement in the level of emotional intelligence's for head nurses through the program. This might be due to everyone is expected to recognize own emotions and effects easily, always take responsibly of personal performance and aware of own strengths and limits. While after the program, they learn how to judge self-worth and capabilities, exercise effective tactics for urging and work with others toward mutual goals.

This finding was consistent with Suan [29] who conducted study entitled " Analysis of the Level of Emotional Intelligence among Executives in Small and Medium Sized Enterprises" and reported that respondents show a low level of emotional intelligence. The low level of emotional intelligence is related to the nature of work involved especially when it involves a high level of stress. In the same line, Malek [5] who conducted study entitled "The Effectiveness of Emotional Intelligence Training Program on Social and Academic Adjustment among First Year University Students" found that the results of experimental and control group showed that the experimental had higher emotional intelligence and there was a significant difference between experimental and control group on emotional intelligence.

On the other hand, this finding was in disagreement with Benson [30] who used another inventory to test emotional intelligence and found that emotional intelligence scores were higher among senior nursing students than junior. Also, Mohamed and Yousef [31] who conducted a study entitled "Emotional Intelligence and Conflict Management Styles among Nurse Managers at Assiut University Hospitals" reported that Emotional Intelligence level was mild among studied nurse managers.

As regard head nurses' decision making style thorough program, the result of present study revealed that there was highly statistically significant improvement in decision making style for head nurses immediate post program and three months follow up the program (66.7% & 57.9%) respectively than preprogram. This could be due to the program was successful an had a great influence on head nurses decision making styles as emotional Intelligence is an extremely important factor in decision making.

This finding was supported by Kiyani1 [22] who conducted a study entitled "Emotional intelligence and employee participation in decision-making" and found that emotional intelligence helped the managers in participation in decision making and all the respondents were highly emotionally competent in their participation in decision making. In the same respect, Thabet [32] who conducted a study entitled "The effect of problem-based learning on nursing students' decision making skills and styles" reported that more than half of subjects had low

decision making skills before intervention, while the majority of them had high decision making skills after intervention.

In relation to correlation between head nurses' emotional intelligence and decision making thorough program, the result of present study revealed that there was highly statistically significant correlation between overall score of emotional intelligence and decision making. This result was congruent with Kiyani [22] and Barzegar [33] who reported that the result of correlation coefficient revealed that emotional intelligence of an employee in an organization is significantly related with participation in decision making.

Similarly, Bhardwaj [34] conducted a study entitled " The Empirical Impact of Emotional Intelligence on Decision Making Styles among Adolescents" and found that there is a significant and positive correlation of emotional intelligence with rational, intuitive, dependent, and avoidant decision making styles of studied subjects. While, there was significant and negative correlation of emotional intelligence with spontaneous decision making style among subjects.

In a study done by Moghadam [35] they reported that there are negative meaningful relationship between emotional intelligence and each of rational and avoidant decision making styles and there is a positive meaningful relationship between emotional intelligence and intuitive decision making style of managers. This study didn't find any meaningful relationship between emotional intelligence and each of dependant and spontaneous decision making styles.

Concerning Correlation between personal characteristics, emotional intelligence, and decision making style among head nurses, the result of the present study revealed that indicated there was highly statistically significant correlation between head nurses' emotional intelligence and decision making style in relation to their personal characteristics. This might be due to increase in experience and age and having high education lead to improvement in level of both emotional intelligence and decision making.

This result was in agreement with Snowden [36] who conducted a study entitled "The relationship between emotional intelligence, previous caring experience and mindfulness in student nurses and midwives: a cross sectional analysis" and found that being female and increasing age were both associated with significant increase in emotional intelligence. In the same respect, Abood and Thabet [27] who conducted a study entitled "Impact of Leadership Styles on Decision Making Styles among Nurses' Managerial Levels" reported that there was significant correlation between years of experience in nursing field with decision making style.

Additionally, Suan [29] reported that the level of emotional intelligence has a positive and significant relationship with age and years of experience. Dolcos [37] also report that older people have better control on their emotions and therefore have higher level of emotional intelligence. On the other hand, the findings disagree with Langhorn [38] for they found that age did not have any impact on emotional intelligence. Mohamed and Yousef [26] found that there was a negative correlation between educational qualification and emotional intelligence. While, there was a positive correlation between age and years of experience and emotional intelligence.

5. Conclusions

There was highly statistically significant correlation between overall score of emotional intelligence and decision making ($r=0.96$, $P=0.00$). In addition, there was highly statistically significant correlation between head nurses' emotional intelligence and decision making style in relation to their personal characteristics.

6. Recommendation

The findings of the study suggest that:

1. Hospital should provide continuous emotional intelligence training program to nursing staff to enhance their skills.
2. Emotional intelligence training program should be prerequisite for head nurse employment in the hospital.
3. Integration of emotional intelligence program in to nursing curricula for enhancing nursing students' competencies.
4. An organizational survey should be administered to assess whether the organizational climate affect how nurse managers respond and use emotional intelligence when facing conflict.
5. Conducting comprehensive studies that compares between nurses and head nurses emotional intelligence and decision-making quality in hospital managers.

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