

# Measurement of the Emotional Intelligence Competencies for Effective Leaders among Saudi Nursing Students at King Abdul Al Aziz University

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**Abstract** The concept of emotional intelligence (EI) is central to future nurses who will practice in the clinical settings. **Aim:** to measure emotional intelligence competencies to be effective leaders among Saudi nursing students at King Abdul Al-Aziz University. **Research design:** Cross sectional quantitative descriptive design. **Sampling:** Convenient sample of approximately 81 students invited to participate voluntarily. **Data collection tool:** Emotional intelligence questionnaire is a validated tool that was used to measure emotional intelligence competencies to be effective leaders among Saudi nursing students at King Abdul Al-Aziz University. **Results:** showed that students need attention in descending order, managing emotions, motivating oneself, empathy and social skill as well as self-awareness competencies of emotional intelligence in order to be effective leaders. **Recommendations:** nursing students needed to be empower and equipped by EI principles, skills and competencies to face complexities of clinical practice. Nursing faculty could mentor students by providing EI-related workshop to enhance students' ability to control and emotions properly. (E.g. emotion management, interpersonal communication and self-development) through role-play enacting. Nursing educators may boost students' self-motivation by creating EI training group and workshops, counseling session and other diverse learning activities. Mentors are valuable methods of counselling for students with special attention at developing self-awareness, interpersonal and social relationships and empathy.

**Keywords:** emotional intelligence, competencies, nursing students

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## 1. Introduction

Emotional intelligence is a form or version of intelligence that implicate the ability to recognize and be tactful to one's as well as other people feelings, self-mastery, to motivate one's self and influence others, to manage emotions effectively. EI can help in developing individuals emotionally, intellectually, enhance professional growth and decision-making [1,2,3,4]. Students are a very important stratum part of learning community. High emotional intelligence markedly adds to students' interpersonal relationships and interaction skills [5]. EI skills and competencies are necessary for teaching and learning, workplace success, job performance, and effective leadership [2]. EI revealed as a powerful determinant in decision-making skills. Nurses are the corner stone members of the health care profession due to their communication with people; they need to be acquainted with the attribute of EI [6].

Goleman, et al (2002) rationalized that emotional intelligence as a crucial portion of leadership effectiveness, in particular as managing team. Since, Emotional intelligent benefit works effectively, serving as a transformational role modeling. In this way, leaders facilitate dynamic members of the team by trusting and inspiring to work toward implementing the articulated vision [7].

Understanding the foundations of emotional intelligence can help nurses as leader to thrive, manage, motivates and inspire. Nurses should understand how emotions affect others and how nurses can use them to take the correct action and solve existing problems. Nurses should be able to identify, understand and manage own emotions, their understanding will extend to team's feelings as well [8,9]. It found that effective leaders, who hold high degree of EI, possess five main competencies: self-awareness, managing emotions, motivation, empathy, and social skills. Self-awareness is the first competency, defined as the ability of students to be aware of or to recognize what student nurse is feeling, to understand habitual emotional response to circumstances and identify

how these particular emotions affect her or his behavior and performance. When student nurse is self-aware, she or he see himself or herself as others see them, and have a good insight of their own abilities and current limitations [10].

The second competency is managing emotions that defined as the ability to stay attentive and think clearly without judgment or being prejudice. Being able to manage student own emotional state is essential for taking responsibility for actions, and can save student from irrational decisions that student may later remorse. The third competency of EI is motivating oneself which defined as the ability to use own genuine emotions to move and guide student towards achieving goals. This ability enables student to take the lead and to persevere in front of daily obstacles and hindrances. Empathy, the fourth competency of EI, refers to the ability to feel, understand and react to others feeling [10].

Expressing the feelings is a key social competence, and social skills are the last competency and a fundamental part of emotional intelligence. The ability to control, influence and inspire emotions in others. Effective leadership required fundamental skills as the ability to handle emotions in relationships to influence others [7].

The concept of EI is central to future nurses who will practice in the clinical settings. Nursing is a discipline that demands interaction with patients, their families or caregivers, and various members of the health care team. This interaction is not always verbal but it involves complex emotions as well. Therefore, nurses need to know how to deal with their emotions as they work with diverse patients, families and the healthcare team [11].

## 2. Significance of the Study

As an institution educating future nurses, educators are responsible to prepare students to the emotional demands of the different nursing roles so that can better carry out their responsibilities competently, confidently and safely. Enhancing nursing student's EI skills or competencies will better prepare them to deal with the emotional demands of clinical practice particularly in providing physical and emotional support to the patients and families. At the same time, developing nurses EI skills will prepare them to become transformational nurse leaders who are capable of critical thinking, communicating, networking, and collaborating in an inter professional environment that is constantly changing [12].

Internationally, plenty of studies measured emotional intelligence among nursing students were limited to undergraduate students and in relation to GPA, self-concept, self-compassion, caring, clinical performance, academic success and retention [1,12-30].

To date, in the context of Saudi Arabia, Moawed et al study, (2017) conducted a comparative study and concluded that, Riyadh students scored higher emotional intelligence in comparison to Tanta university nursing students, which is considered, as one of Egyptian Universities [31]. There is a limitation in quantitatively measurement of the emotional intelligence competencies to be effective leaders among Saudi nursing students.

It hoped from the study that it would provide educators and educational institution with measurement to identify

strengths and weaknesses in student's competencies to be effective leaders that can be either gleaned, or developed as needed.

## 3. Aim of the Study

This study aimed to measure emotional intelligence competencies to be effective leaders among king Abdul-Aziz Nursing Students.

## 4. Subjects and Method

### 4.1. Subjects

#### 4.1.1. Study Design

A cross-sectional descriptive study design was used, to measure king nursing students' emotional intelligence competencies to be effective leaders at Kingabdulziz University.

#### 4.1.2. Study Setting

The study conducted in faculty of Nursing at King Abdul Aziz University Jeddah, Saudi Arabia. The College of Nursing is pioneer of its kind, with a history of 41-year history of education and pioneering position in research. Established in 1977, the college has always been one of the strongest Nursing colleges regionally and nationally. By 2019, a total number of 932 enrolled students, for both undergraduate and graduate nursing. Faculty members and students presenting top alumni, the influence of this college actually at all national and regional nursing is undeniable.

#### 4.1.3. Subjects of the Study

All undergraduate and post graduates nursing students available at college of nursing, and willing to participate in the study.

#### 4.1.4. Sampling Size

Total number of 81 females' accessible students who agreed to participate recruited voluntary during study period. 32 students from bridging program, 32 students from senior year undergraduate program and 17 students from master program.

#### 4.1.5. Tool of Data Collection

Emotional intelligence questionnaire used to measure emotional intelligence competencies to be effective leaders among king Abdul-Aziz Nursing Students. Tool developed by Goleman (1995) [10]. It consisted of 50 items classified into five categorizes of competencies: self-awareness (10 items); managing emotions (10 items); motivating oneself (10 items); empathy (10 items) and social skill (10 items). Students' responses were assessed using a Likert scale ranging from always applies to you (5) to doesn't apply at all (1).

Total calculation of each competency was calculated and score interpretation for each competency were from (35 - 50) indicates area of strength, (18 - 34) giving attention, (10-17) development priority. In addition,

socio-demographic characteristics such as age, marital status no of children, permanent residence area, current nursing program, working experience.

## 4.2. Method

### 4.2.1. Ethical Consideration

The Research Ethical Committee of Faculty of Nursing, at king Abdul Aziz University had approved the study proposal. Informed consent was obtained from the students after explaining the aim and details of the study. In addition, privacy and confidentiality maintained.

### 4.2.2. Validity of the Tool

Five experts .The questionnaire was modified according to the expert's comments and recommendations tested content validity. Emotional intelligence questionnaire used successfully by the National Health Service in United Kingdom.

### 4.2.3. Reliability of the Tool

Internal consistency was done using the Cronbach's alpha test. Good internal consistency was confirmed in the current study (Cronbach's alpha was 0.89).

### 4.2.4. Pilot Study

A pilot study was conducted on 8 students (10% of the sample size) at nursing college, King Abdul-Aziz University in Jeddah city to test the applicability and feasibility of the study tool and the required modification were made. The modifications include paraphrasing of some sentences. The questionnaire distributed, each student allowed 20 minutes to complete the questionnaire.

### 4.2.5. Field of Work

The researcher meet nursing students who agree to participate in the study. Studied students were asked for 20 minutes to complete questionnaire .Students' responses were assessed using a Likert scale ranging from always applies to you (5) to doesn't apply at all (1).

## 4.3. Statistical Analysis

Data entered to the computer and analyzed using IBM SPSS software package version 20.0. (Armonk, NY: IBM Corp). Quantitative data described using mean, standard deviation and median. Significance of the obtained results judged at the 5% level. The used tests were Student t-test for normally distributed quantitative variables, to compare between two studied groups; F-test (ANOVA) for normally distributed quantitative variables, to compare between more than two groups and reliability Statistics assessed using Cronbach's Alpha test.

## 5. Results

### 5.1. Background Characteristics of the Participants

Table 1 show that more than one-half of the nursing students (51.9 %) were in the aged from 20 to less than 30

with Mean  $\pm$  SD.  $28.07 \pm 7.21$ . It found that (54.3%) were single. Also 59.3% of those students had no children. About 81.5 % of them live with their families. 39.5 % of students study 4-year undergraduate program compared to 39.5 % study 2-year bridging program, and only 21% study master program. Furthermore, 72.8% had work experience in the nursing field.

**Table 1. Demographic characteristics of nursing students' participants**

Demographic data	No.	%
<b>Age</b>		
<2	7	8.6
20+	42	51.9
30+	32	39.5
Min. – Max.	18.0 – 45.0	
Mean $\pm$ SD.	28.07 $\pm$ 7.21	
<b>Marital status</b>		
Single	44	54.3
Married	30	37.0
Divorced	7	8.6
Widow	0	0.0
<b>No of children</b>		
None	48	59.3
1	12	14.8
2	14	17.3
3+	7	8.6
<b>Residence</b>		
Campus	2	2.5
Alone	13	16.0
With family	66	81.5
<b>Your current undergraduate program</b>		
2 year bridging program	32	39.5
4year	32	39.5
Master program	17	21.0
<b>Have you had any working experience</b>		
No	22	27.2
Yes	59	72.8
Min. – Max.	0.08 – 20.0	
Mean $\pm$ SD.	6.56 $\pm$ 4.21	

Table 2 indicates with interpretation of emotional intelligence competences ,the table in descending order 72.8 % of the students need attention regarding managing emotions competency, more than half (51.9%) need attention in motivating oneself, 44.4% of them needs attention in both empathy and social skill and 43.2% needs attention in self-awareness competency of emotional intelligence.

Table 3 noted that the mean percentages score for nursing students' measurement of emotional intelligence at KAU, where the highest mean scores percentages of emotional intelligence were found on students' response to self-awareness competency (61.64  $\pm$  10.65). However, participants' managing emotions competency of emotional intelligence was the lowest item (50.43  $\pm$  12.63).

**Table 2. Level of emotional intelligence competencies measurement among the nursing students**

Emotion intelligence competencies	Development priority		Needs attention		Strength	
	No.	%	No.	%	No.	%
Self-awareness	0	0.0	35	43.2	46	56.8
Managing emotions	0	0.0	59	72.8	22	27.2
Motivating oneself	3	3.7	42	51.9	36	44.4
Empathy	0	0.0	36	44.4	45	55.6
Social skill	1	1.2	36	44.4	44	54.3

**Table 3. Descriptive analysis of the studied cases according to emotional intelligence total and percent score**

Emotional intelligence competencies	Total score	% score
Self-awareness	34.65 ± 4.26	61.64 ± 10.65
Managing emotions	30.17 ± 5.05	50.43 ± 12.63
Motivating oneself	32.60 ± 5.69	56.51 ± 14.22
Empathy	34.17 ± 4.93	60.43 ± 12.32
Social skill	33.25 ± 5.83	58.12 ± 14.57
Overall	164.85 ± 19.38	57.43 ± 9.69

**Table 4. Nursing students' emotional intelligence competencies in relation to their demographic characteristics**

Demographic characteristics	Emotional intelligence					
	Self-awareness	Managing emotions	Motivating oneself	Empathy	Social skill	Overall
Age						
<20	36.0 ± 3.21	30.71 ± 5.88	32.43 ± 10.37	37.57 ± 2.07	36.57 ± 3.31	173.29 ± 20.33
20+	34.05 ± 4.12	29.07 ± 5.27	31.10 ± 5.66	32.69 ± 5.78	31.29 ± 6.35	158.19 ± 20.85
30+	35.16 ± 4.61	31.50 ± 4.34	34.63 ± 3.60	35.38 ± 3.26	35.09 ± 4.58	171.75 ± 13.75
F(p)	0.997(0.374)	2.207(0.117)	3.739* (0.028*)	4.962* (0.009*)	5.730* (0.005*)	5.790* (0.005*)
Marital status						
Single	33.64 ± 4.21	28.93 ± 5.30	31.02 ± 6.42	33.48 ± 5.36	31.82 ± 5.84	158.89 ± 20.04
Married	35.70 ± 4.28	31.37 ± 4.46	34.67 ± 3.86	34.87 ± 4.26	34.93 ± 5.47	171.53 ± 15.65
Divorced	36.57 ± 2.99	32.86 ± 4.02	33.71 ± 4.75	35.57 ± 4.69	35.0 ± 5.60	173.71 ± 19.23
F(p)	3.012(0.055)	3.338* (0.041*)	4.099* (0.020*)	1.018(0.366)	3.043(0.053)	5.067* (0.009*)
No of children						
None	33.83 ± 4.16	29.6 ± 5.29	31.31 ± 6.34	33.48 ± 5.32	31.98 ± 5.59	160.21 ± 20.49
1	35.67 ± 2.64	28.58 ± 4.66	32.08 ± 3.99	33.58 ± 5.48	34.0 ± 7.39	163.92 ± 18.87
2	35.36 ± 5.36	33.0 ± 4.22	35.50 ± 3.74	35.29 ± 2.84	35.64 ± 4.57	174.79 ± 11.68
3+	37.14 ± 3.93	31.14 ± 3.85	36.57 ± 2.44	37.71 ± 2.81	35.86 ± 5.21	178.43 ± 12.30
F(p)	1.795(0.155)	2.247(0.090)	3.502* (0.019*)	1.876(0.141)	2.172(0.098)	3.624* (0.017*)
Residence						
Campus	27.50 ± 12.02	29.50 ± 6.36	35.50 ± 2.12	37.0 ± 0.0	36.50 ± 0.71	166.0 ± 15.56
Alone	33.23 ± 3.09	29.0 ± 4.71	31.38 ± 4.05	32.15 ± 3.36	32.85 ± 5.84	158.62 ± 15.97
With family	35.15 ± 4.02	30.42 ± 5.13	32.76 ± 6.01	34.48 ± 5.16	33.23 ± 5.93	166.05 ± 20.05
F(p)	4.327* (0.017*)	0.444(0.643)	0.576(0.565)	1.574(0.214)	0.337(0.715)	0.798(0.454)
Your current educational program						
2 year bridging program	36.16 ± 3.18	32.13 ± 4.67	34.13 ± 3.41	35.22 ± 3.73	34.03 ± 4.99	171.66 ± 14.40
4 year	33.50 ± 4.39	28.09 ± 4.91	30.09 ± 7.16	32.91 ± 6.02	31.03 ± 6.62	155.63 ± 21.50
Master program	34.0 ± 5.11	30.41 ± 4.73	34.47 ± 4.37	34.59 ± 4.33	35.94 ± 4.25	169.4 ± 17.18
F(p)	3.580* (0.033*)	5.723* (0.005*)	5.794* (0.005*)	1.878(0.160)	4.844* (0.010*)	6.977* (0.002*)
Have you had any working experience						
Yes	35.49 ± 3.92	30.81 ± 4.97	33.83 ± 4.71	34.92 ± 4.17	34.41 ± 5.06	169.46 ± 16.69
No	32.41 ± 4.41	28.45 ± 4.98	29.32 ± 6.81	32.18 ± 6.22	30.14 ± 6.69	152.50 ± 21.02
t(p)	3.042* (0.003*)	1.900(0.061)	3.375* (0.001*)	2.277* (0.025*)	3.086* (0.003*)	3.783* (<0.001*)

F,p: F and p values for ANOVA test t,p: t and p values for Student t-test, \*: Statistically significant at  $p \leq 0.05$ .

Table 4 shows the relationship between overall nursing student's emotional intelligence and demographic characteristics. There was significant relationship between overall emotional intelligence and each of socio demographic characteristics; age, marital status, number of children, current undergraduates' program, works experience. Also the relationship was not significant between emotional intelligence and nursing student' residence.

Table 4 also represents the overall EI competencies as it relate to demographic characteristics. The difference in total EI scores between students' age groups was statistically significant, with students less than 20 years ages reported higher scores than other age group categories. Divorced students revealed higher EI competency scores than single and married students.

As it comes to number of children, students with three or more children scored higher EI than others. For current education program. 2-year, bridging program showed higher EI than 4 years bachelor and master program. Experience wise, it noted that students with previous working experience scored higher in EI than students with no working experience.

There was no significant relationship between self-awareness competency of emotional intelligence and each of socio demographic characteristics such as age, marital status, number of children, and number of years of experience. While, there was significant relationship between self-awareness competency of emotional intelligence and each of socio demographic characteristics; residence, current undergraduates program, work experience. However, when it comes to residence, nursing students who live with their families has increased mean score of self-awareness competency ( $35.15 \pm 4.02$ ) in comparison with of those who live in campus ( $27.50 \pm 12.02$ ). As regard current undergraduates program, nursing students in 2-years bridging program had more mean score of self-awareness competency ( $36.16 \pm 3.18$ ) compared to nursing students in fourth year nursing undergraduate program ( $33.50 \pm 4.39$ ). In addition, students who have work experience had increased in mean score self-awareness competency ( $35.49 \pm 3.92$ ) in comparison with who had no work experience ( $32.41 \pm 4.41$ ).

There was no significant difference between managing emotions competency of emotional intelligence in term of age, residence, number of children. While, there was significant difference between managing emotions competency of emotional intelligence in term of marital status, current undergraduates program, where divorced nursing students reported higher mean score of managing emotions competency ( $32.86 \pm 4.02$ ) in comparison with of those who are single ones ( $28.93 \pm 5.30$ ). The results indicated that 2-year bridging program had higher mean score of ( $32.13 \pm 4.67$ ) than those in 4-year program ( $28.09 \pm 4.91$ ) in managing emotions competency.

Regarding the difference between motivating oneself competency and sociodemographic characteristics, significant difference between mean scores of motivating oneself competency of emotional intelligence and each of socio demographic characteristics except residence. It is observed that thirty years old nursing student and above had higher mean score of motivating oneself competency ( $34.63 \pm 3.60$ ) compared to those who were in twenties ( $31.02 \pm 6.42$ ). In addition, married students also higher

mean score of motivating themselves ( $34.67 \pm 3.86$ ) in comparison with singles ( $31.10 \pm 5.66$ ). Furthermore nursing students who had 3 or more children have higher mean score of self-motivation competency ( $36.57 \pm 2.44$ ) in comparison with those who have not ( $31.31 \pm 6.34$ ). Also master program students and 2-year bridging program students 'mean scores ( $34.47 \pm 4.37$ ), ( $34.13 \pm 3.41$ ) respectively were higher than 4- year program in self-motivating competency ( $30.09 \pm 7.16$ ). Students who have work experience scored higher mean of motivating oneself ( $33.83 \pm 4.71$ ) than who have not ( $29.32 \pm 6.81$ ).

No significant difference between empathy competency and all sociodemographic characteristics except age and work experience. The mean score of empathy competency indicating higher in students who are below twenty ( $37.57 \pm 2.07$ ) than who in age group twenties to less than 30 ( $32.69 \pm 5.78$ ). It noted that nursing students who had work experience have higher mean score of empathy competency ( $34.92 \pm 4.17$ ) than those who have not ( $32.18 \pm 6.22$ ).

Lastly, the results show that the difference was not significant between social skill competency and all sociodemographic characteristics except age, current undergraduate program and work experience. The students who are in age group less than twenty had increase in mean score of social skill competency ( $36.57 \pm 3.31$ ) in comparison with those who in age group twenties to less than 30 ( $31.29 \pm 6.35$ ). Similarly, Master program students and 2-year bridging program students 'mean scores ( $35.94 \pm 4.25$ ), ( $34.03 \pm 4.99$ ) respectively were higher compared to 4-year program students regarding social skill competency ( $31.03 \pm 6.62$ ). It observed that nursing students who had work experience have higher mean score of social skill competency ( $34.41 \pm 5.06$ ) than those who have not ( $30.14 \pm 6.69$ ).

## 6. Discussion

This research presented the results interpenetration of emotional intelligence competences to be effective leaders. The students enrolled in the faculty of nursing king Abdul-Aziz university were noted in descending order more than two thirds of them need attention regarding managing emotions competency, more than half need attention in motivating oneself competency also more than one third of them needs attention in both empathy and social skill self-awareness competencies of emotional intelligence. This could be due to be effective leaders need high degree of emotional intelligence. However, this finding was inconsistent with the study by Nazan (2013) [32] and Moawed, et al (2017) [31] who shows that more than two thirds (80%) of the sample got total score of emotional intelligence. In addition, students in 2-year bridging program with previous working experience showed higher EI than 4 years bachelor and Master students. This could be due to majority of 2-years students had presumed leadership position in their work place. According to Bar-On, (2002), who anticipated that EI capacity might develop over time [33] This finding was consistent with the previous studies by Choi et al, (2015) and Lee et al (2014), who mentioned that nursing students reported a moderate EI level prior to their participation

in training programs or interventions to develop EI [34,35].

However, the lowest score achieved in dimensions of the management of emotions may indicate that students do not know so much on how to influence and manage emotions. This finding is consistent with previous studies by Juhásová et al, (2013) [25]. Wilson and Carryer (2008) argued that effective nursing practice requires the ability to recognize emotions and manage responses in relationships with patients and their families [36]. Freshwater and Stickley (2004) discuss the necessity of including the development of EI to study subjects of nursing. The highest scores achieved in self-awareness competency of emotional intelligence [37]. This finding is in line with Mahmoud et al, (2013) who indicated that by the end of the eighth (last) semester, the students had acquired either high or moderate level of self-awareness. It appears that the self-awareness skills of the nursing students grew and the number of the nursing students who had moderate self-awareness skills increased to the degree that there were no nursing students with low level of self-awareness by the end of the last semester [26].

As much as authors detected, that the level of EI differed significantly with respect to age, marital status, number of children, current undergraduates' program, and work experience of students. The relationship was significant between overall emotional intelligence and each of socio demographic characteristics; age, This finding is not consistent to other studies who found zero correlations between EI, age, among healthcare students including nursing [38], and between EI, demographic, education and age, marital status variables among undergraduate nursing students [18,25]. This, however, is in contrast with the study by Snowden and colleagues (2015) [16] Benson et al (2010) who reported that EI increases with age [16]. This results was not consistent with the results of Senyuva et al, (2014) who reported no significant statistical distinction between the age, sex, high school, main home residence and current residence and self-compassion ( $P > 0.05$ ) and emotional intelligence scores [20].

There was also no significant relationship between self-awareness competency of emotional intelligence and all of socio demographic characteristics except residences, current undergraduates' program, and work experience. However, when it comes to residence, nursing students who live with their families has increased mean score of self-awareness competency in comparison with of those who live in campus. This result could be explained in terms of importance of the family to help students in practicing self-awareness in daily life, receiving feedback in safe and comfortable environment.

Interestingly, as regard to current undergraduates program, nursing students in 2-years bridging program had more mean score of self-awareness competency than nursing students in fourth year nursing undergraduate program. In addition, students who have work experience had increased in self-awareness competency in comparison with who had no work experience. This result could be due the prior work experience students have. This finding is in agreement with Gessler and Ferron, (2012) who indicated that nurses are available all the time taking care of their patients, and that, it is important to help other

nurses need to know firstly own selves [39]. For nurses, self-awareness needs efforts with rational approach and reflection. It is important that students are aware of their own needs, how they influence themselves and others. The literature identifies some practical ways which can be utilized to become self-aware are asking for feedback from genuine person, reflection on one's own actions, journal writing, talking to a mentor or friend, practicing mindfulness and meditation.

There was no significant difference between managing emotions competency of emotional intelligence in term of age, residence, number of children, and work experience. While, there was significant difference between managing emotions competency of emotional intelligence in term of marital status, current undergraduates program, where divorced nursing students has higher mean score of managing emotions competency in comparison with of those who are single ones. The results indicated that 2-year bridging program students had higher mean score than those in 4-year program. This indicated that experience is predictive for managing emotions. According to (Brackett & Mayer, 2003; Schutte, Malouff, & Hall, 1998) [40,41], who argued that females tend to be more socially skilled, have more information about emotional world and express more about emotional aspects and therefore, they can regulate their feelings in different emotional situations.

In given study, there was significant difference between mean scores of motivating oneself competency of emotional intelligence and each of socio demographic characteristics except residence. It is observed that nursing student who whose age 30 and above had higher mean score of motivating oneself competency compared to those who were in twenties, similarly, Yilmaz et al. (2016) found that student's internal and external motivation levels were high. While students 'negative motivation levels were medium. High internal motivational respect were of crucial and important finding, where it affects student's professional progress and self-concept development. In the literature, internal motivation source stated to constitute stronger and continuous motivation [42].

In addition, married students also higher mean score of motivating themselves in comparison with singles. Furthermore, nursing students, who had three or more children, had higher mean score of self-motivation competency in comparison with those who had no children. This results is supported by the results of the current study which found that Master program students and 2-year bridging program students 'mean scores were higher than 4-year program in self-motivating competency because the majority of them were married and have children.

Also Master program students and 2-year bridging program students' mean scores were higher than 4- year program in self-motivating competency. Students who have prior work experience noted to have higher mean score of motivating oneself than who have not. This result could be due to students who studied Master program or 2-year bridging program have already working experience as nurse. This finding was in the same line with the previous studies that showed that the internal motivation level of nurse candidates was found to be higher compared to other motivation types [43,44,45].

No significant difference between empathy competency and all sociodemographic characteristics except age and work experience. The mean score of empathy competency indicating higher in students who are below twenties than who in age group 20 to less than 30, Ferri1 et al, (2015) reported the reverse [46].

In addition, it noted that nursing students who had work experience have higher mean score of empathy competency than those who have not. This result is consistent with previous studies by Yu & Kirk, (2008) who reported that, acquired empathy can be taught as a skill and can be developed with practice and experience, and so through a human trait, a professional state, a communication process and a caring relationship, the concept of empathy develops and grows [47]. The same results reported by Çınar et al., (2007) who mentioned that nurses had developed moderate levels of empathy after completing their educational programs [48]. This result is not in agreement with Ward and colleagues (2012) who found more noticeable decline in students empathy exposed to clinical settings and encounter real patients, compared to nursing students in first year of study, who spent most of their time in the laboratory setting [49].

The findings showed no statistically significant difference in terms of demographic characteristics of nursing students and social skill competency except age, current undergraduate program and work experience.

Unexpectedly, the students who are in age group less than 20 had increase in mean score of social skill competency as compared with those of age 20 group to less than 30. According to Anitha & Susila (2016), Social skills governed by culture, beliefs and attitudes, and continuously change and develop throughout our lives [50]. Similarly, Master program students and 2-year bridging program students 'mean scores were higher, compared to 4- year programs students regarding social skill competency. Furthermore, it observed that nursing students who had work experience have higher mean score of social skill competency than those who have not. This could be due to Master and bridging students had prior work experience. Cram, (2007) convinced that the nurse who is prepared to form appropriate interpersonal relationships could potentially relate to the patient in a healthy manner [51]. Furthermore, Dobšovič, Ilievová, Bekö (2009) reported that it is possible to expand communication skills, grow personally, develop own personal qualities, uncover and find own communication barriers and increase social competences through training based on the establishment of encounter groups [52].

## 7. Conclusion

This study measured emotional intelligence among university nursing students. This finding indicates that students' emotional intelligence competencies in descending order 72.8 % of the students need attention regarding managing emotions competency, more than half (51.9%) need attention in motivating oneself, 44.4% of them needs attention in both empathy and social skill and 43.2% needs attention in self-awareness competencies of emotional intelligence. Although all reported competencies of EI needs attention to be effective

leader, Saudi nursing students should reflect higher level of EI competencies such as self awareness , managing emotions, self motivation, empathy and social skills.

## 8. Recommendations

The findings recommended that nursing students needed to be empowered and equipped by EI principles, skills and competencies to face complexities of clinical practice. Nursing faculty could mentor students by providing EI-related workshop to enhance students' ability to control and emotions properly. (E.g. emotion management, interpersonal communication and self-development) through role-play enacting. Nursing educators may boost students' self-motivation by creating EI training group and workshops, counseling session and other diverse learning activities. Mentors are valuable methods of counselling for students with special attention at developing self-awareness, interpersonal and social relationships and empathy.

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