

Emotional Intelligence Educational Program for First Line Managers on the Nurses' Motivation and Empowerment at Minia University Hospital

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Abstract

Background: Emotional Intelligence (EI) is considered as an important characteristic of nurses that can affect the quality of their work including clinical decision-making, critical thinking, evidence and knowledge use in practice. Therefore, the professional nurse should have the ability to understand the views and needs of a wide variety of people to be motivated and empowered them **Aim:** to investigate the effect of emotional intelligence educational program for first line managers on the nurses' motivation and empowerment at Minia University Hospital. **Setting:** The study was carried out at Minia University Hospital. **Subject:** A convenience sample of first-line nurse managers' (no. = 25) and staff nurses (no. = 150) were included in the study. Tools: four tools were used in this study; emotional intelligence knowledge questionnaire, emotional intelligence self-assessment questionnaire, Motivation Scale and Empowerment Scale. **Results:** The total knowledge score and levels of EI, and its subscales among first line nurse managers were low before the program implementation; after the program implementation they had high scores with statistically significant differences; also the staff nurse motivation score and empowerment score will be increased after implementing emotional intelligence educational program for first line managers. **Conclusions:** statistically significant increase in the knowledge test scores have been found after program implementation and during the different periods of testing. **Recommendations:** Periodical workshops and program for first line managers to develop their EI competences to be more motivated and empowered for their nurses.

Key words: Emotional Intelligence, Education Program, First Line Nurse Managers, Nurses, Motivation, Empowerment.

Introduction

Nursing is a challenging profession because it requires expertise in a broad range of skills and abilities. The nursing profession demands the nurse in the process of care to interact with the patients, the medical fraternity, and with the health care workers constantly. This interaction is not just conversation, but also a complex process that involves nurse perception, understanding of the patient emotions, and utilization of the perceptions; in order to manage patient problems that achieve the goal of effective patient care which facilitated when nurses having emotional intelligence (EI)(1).

The professional nurse should have the ability to understand the views and needs of a wide variety of people; as well as to remain sensitive and empathic to patient concerns; be able to keep personal emotional reactions in perspective; handle stress and promote social responsibility which is encompassing within the framework of emotional intelligence (2).

In order to understand the effects of managers' and all employees' moods and emotions, it is important to take into account their level of emotional intelligence(3). Emotional intelligence defined as the capacity for recognizing feelings as well for motivating and managing emotions for self and others. Emotional competencies are learned capabilities that based on emotional intelligence and contribute to effective performance at work (4).

Emotional intelligence have been classified into five components: first self-awareness and accurate self-assessment, second self-regulation, impulse management and conscientious responsibility along with integrity, third motivation and higher achievement through optimistic thinking, fourth using empathy to help others to develop, and fifth managing relationships and building collaborative teams—influencing change through empathy (5).

In the health care systems, motivation plays an important role in retaining health care personnel. This increases productivity of the health care systems which is manifested in patients' outcomes. There are several motivational patterns in the nursing profession such rewards, relationship, challenge, control and drive (6).

Motivated human resources are the most important assets of any health system. (7). This resource, especially nursing department works directly with the health consumers (patients). Once the nurses are motivated, the work productivity increases resulting in good outcome which is good patients' outcomes. In recent years it has been increasingly recognized that improving the motivation of health personnel should be at the core of any sustainable solution to patient outcome. However, it is widely acknowledged that health systems are not producing the desired outcome of health intervention due to factors such as insufficient skilled and experienced health personnel, demotivated health personnel, lack of management skills, poor working conditions and environment and inadequate remuneration (8).

Motivation is the act of providing a motive that causes a person to take action. In most cases motivation comes from some need that leads to behavior those results in some type of reward when the need is fulfilled. Motivation defined as a willingness to exert effort to achieve a goal or objective for rewards (6).

Emotionally intelligent people are self-motivated. They're not motivated simply by money or a title. They are usually resilient and optimistic when they encounter disappointment and driven by an inner ambition (9). Employees with high emotional intelligence almost possess higher levels of job satisfaction due to proficiency in evaluating and modifying their emotions compared to low emotional intelligence employees (10).

Empowerment through emotional intelligence is the way you utilize your communication skills, your ability to create rapport and empathy with people, to influence outcomes and the behaviors of other people (11). Emotional intelligence is the ability to understand, express and precisely evaluate of their own and others' emotions and also the ability to access and generate emotions and empower the staff (12).

Organizations that are committed to employees' empowerment are in a position to motivate and retain their employees, employees' empowerment is concerned with trust, motivation, decision making and breaking the inner boundaries between management and employees (13). In recent years there has been considerable academic and practitioner interest in the topic of employee's empowerment, which has become a buzzword, and recent management trends in both the public and private sector (14).

Empowerment has received a wide recognition as an important subject in management circles, mainly, because it is seen as one of the fundamental elements of managerial and organizational effectiveness that increases when power and control are shared in organization (15). Empowerment programs have been introduced in a number of organizations in order to improve productivity, increase customer satisfaction and enhance competitive advantage. Thus, employee's empowerment has been hailed as a management technique which can be applied universally across all organizations as a means of dealing with the needs of modern global business (16). Leaders have advocated for empowerment of employees to help organizations compete successfully in highly competitive marketplace (17).

Significance of the Study

Emotional intelligence (EI) is important which helps leaders to have the ability to recognize emotions within one and to express those feelings to others. This enables the leader to use their positive emotions to influence others and facilitate the vision of the organization through job performance (18).

In addition, during the clinical training of the nursing students at Minia University Hospital, the researchers observed different situations in clinical areas revealed that first line managers (head nurse) have limited knowledge and experience in personnel management especially emotional intelligence. First line nurse managers might be aware of the concept of emotional intelligence but they are lacking the knowledge and sound principles of emotional intelligence which may increase nurses' motivation and empowerment.

There was an international study which ensured that emotional intelligence has a positive impact on motivation, empowerment and organizational structure by percent 80% (19).

In addition, there was an Egyptian thesis which ensured that leadership competences among nursing leaders increased after application of emotional intelligence program and it can be improved through continuous training by percent 77% (20). And another thesis that conducted and found that the forcing and smoothing conflict management styles were the most two used by the nurse managers in handling conflict with their subordinate, and there is a negative correlation between EI and avoid conflict style by percent 54% (21).

Emotional intelligence (EI) is helping nurses to manage stress, enhance well-being, improve performance,

improve quality patient care, decision making abilities, effective communication, more motivated and more empowered to work. All these benefits of emotional intelligence, therefore carrying out emotional intelligence educational program for first line nurse managers may help nursing staff to be motivated and empowered.

Aim of the study:

The aim of this study to investigate the effect of emotional intelligence educational program for first line nurse managers on the nurses' motivation and empowerment at Minia University Hospital

Research Hypothesis:

H1: First line nurse manager's knowledge score about emotional intelligence (EI) will increase after the implementation of an educational program than before implementation.

H2: First line nurse managers' emotional intelligence components will be higher after the implementation of an educational program than before implementation.

H3: Staff nurse motivation score and empowerment score will be increased after implementing emotional intelligence educational program for first line nurse managers (head nurse).

Subjects and method

Research design:

Quasi-experimental design was utilized in this study.

Setting:

The study was carried out at Minia University Hospital.

Subjects

A convenience sample of all available first-line nurse managers were included in the study (total no= 25 head nurses) and staff nurses (total no =150 nurses). Tools of data collection:

Four tools were used in this study: emotional intelligence knowledge questionnaire, Emotional intelligence self-assessment questionnaire, Motivation Scale and Empowerment Scale.

Tool I: Emotional intelligence knowledge questionnaire, this tool was included two parts as follows:

1st part was including: Socio-demographic characteristics data sheet for first-line nurse managers. It included questions related to; (age, gender, marital status, years of experience, educational qualification and departmentetc.).

2nd part was including: emotional intelligence knowledge questionnaire was developed by the researcher based on related literatures to assess first-line nurse managers' knowledge regarding emotional intelligence. It consisted of 40 questions related to: emotional intelligence, self-awareness, self-regulation, empathy, motivation and human (social) relation.....etc. The questions scored as one for the correct answer and zero for the incorrect answer. The scoring system of this tool divided as follows: Low emotional intelligence knowledge (<60%), moderate (60% = <75%), and high emotional intelligence knowledge

(=>75%). The higher score, the higher knowledge of first line nurse managers about emotional intelligence.

Tool II: Emotional Intelligence Self-assessment Questionnaire: developed by (Mohaple, 2015) (22) which adopted and modified by the researchers to assess first line nurse manager's emotional intelligence. The scale consisted of 40 items categorized in 4 subscales namely; self-awareness (ten items), emotional management (ten items), social emotional awareness (ten items), relationship management (ten items). Responses rated on 5 points likert scale ranging from (4) always to (0) never. The scoring system of this tool classified as a follows: Low emotional intelligence (<53), moderate (53 = < 106) and high emotional intelligence >106.

Tool III: Motivation Scale: developed by (Whitaker, (2011) (23)., which adopted and modified by the researchers to assess nurses' motivation that provided by first line nurse managers (head nurses). The scale consisted of 22 items. Responses rated on 5 points likert scale ranging from (1) strongly disagree (5) strongly agree. The scoring system of this tool classified as a follows: Low motivation (<60%), moderate (60% = <75%), and high motivation (=>75%).

Tool IIII: Empowerment Scale: developed by the researchers based on reviewing the related literatures. Used to assess nurses' empowerment that provided by first line nurse managers. The questionnaire consisted of 25 items. Responses rated on 3 points likert scale ranging from (1) rarely to (3) always. The scoring system of this tool classified as follows: Low empowerment (<60%), moderate (60% = <75%), and high empowerment (=>75%).

Validity and reliability

Content validity of the four tools was revised by five experts in the field of study which classified as follows: two Assistant professors of Nursing Administration Department – Faculty of Nursing – Minia University and 3 professors of Nursing Administration Department – Faculty of Nursing – Assuit University. Accordingly some items were modified. The reliability for the study tools were done using alpha coefficient to measure the internal consistency reliability of the three tools; it was (0.78) for emotional intelligence knowledge questionnaire, (0.91) for emotional intelligence self-assessment questionnaire, (0.89) for motivation scale and (0.75) for empowerment scale.

Pilot Study

A pilot study for the three tools was conducted on 3 head nurses and 15 staff nurses which represent (10%) that were included in the study subjects, selected randomly from the different hospital departments in order to check applicability of the tools; identify obstacles and problems that may be encountered during data collection and estimate the time needed to fill the questionnaires. In the light of the findings of the pilot study, no changes occurred in the tools and the tools were put in their final form.

Procedure

The study was conducted in three phases: Assessment and planning phase, implementation phase, and evaluation phase.

- Assessment and planning phase
- An official permission was obtained from the Dean of Faculty of Nursing- Minia University.

- A review of the related literatures which covering various aspects of the problem was done. The review of literatures developed in sixth months from beginning of August 2017 to the end of January 2018.
- The researchers developed handout about emotional intelligence in sixth months from beginning of March 2017 to August 2017.
- The researchers prepared timetable of the program, the learning environment in which the study was conducted, and all needed resources as (conference rooms in the hospital and data show).

Implementing phase (implement Emotional Intelligence training program)

- Pre-test was done before implementing program using tool (I) Knowledge test and (II) Emotional Intelligence self-assessment questionnaire for the first line nurse manager, Motivation and Empowerment Scales for the staff nurses
- The program was implemented for two-groups, each subgroup contained from 10 to 15 head nurses, and the researchers applied the program for each sub-group on separate time. All sessions were occurred within the working time of the participants in the hospital education building and teaching room.
- In the first session the researchers explained the aim of the study, program objectives, content and time table.
- At the beginning of each session, the objective of the session was explained. Daily feedback was done about the previous session and at the end of each session there a summary was provided.
- The training program was implemented in three months from the beginning of February 2018 to the end of April 2018.

Evaluation of Emotional Intelligence Training Program:

Evaluation of the training program was carried out after implementation of Emotional Intelligence training program for first-line nurse managers using the following tools; the post-test knowledge and Emotional Intelligence self-assessment questionnaire; as well as post-test done for staff nurses using Motivation and Empowerment Scales for the staff nurses. The post test was done three times; first immediately after implementation, after three months, and follow-up after 6 months.

Ethical considerations

- This study was granted approval by the Ethical Committee of the Faculty of Nursing, Minia University.
- The researchers explained to first line nurse managers and staff nurses who participate in the study, the aim of the study.
- Informed consents were obtained from all the participants before the procedure enrollments after that a detailed explanation of study objectives was provided.
- The study participants were reassured that their participation was voluntary and they had the right to withdraw from the study at any time if they want that.

- The study participants were reassured that their anonymity was maintained although the study and collected information wouldn't be used except for the purpose of this study.

comparison between two variables was done using t-test, and comparison between more than two variables used ANOVA test and paired t- test. Relations between different numerical variables were tested using Pearson correlation. Probability (p-value) less than 0.05 was considered significant and less than 0.001 was considered highly significant.

Statistical Analysis

Data were analyzed using the statistical package for social science (SPSS) version 20. Numerical data were expressed as mean and SD. Quantitative data were expressed as frequency and percentage. For quantitative data,

Results

Table (1): Demographic characteristics of the study subjects (First line managers' and staff nurses)

Demographic characteristics	First line nurse managers (50)		Staff Nurses (300)	
	No	%	No	%
1. Age				
• > 30	7	28	•	0.0
• 30-40	18	72	١٢٦	84
• < 40	0	0.0	٢٤	16
Mean ± SD	32±3.5		31.3 ± 8.7	
2. Sex				
• Male	5	20	٥٠	33.3
• Female	20	80	١٠٠	66.7
3. Marital status				
• Single	٢	8	40	26.7
• Married	٢١	84	108	72
• Divorce	١	4	0	0
• Widowed	١	4	2	1.3
4. Qualifications				
• Secondary School of Nursing Diploma	0	0.0	75	50
• Technical Institute of Nursing	0	0.0	71	47.3
• Baccalaureate Degree of Nursing	25	100	4	2.7
5. Years of experience				
• ٥ <	٩	36	٣٧	24.5
• ٥-١٥	١٤	56	٧٧	51.5
• >١٥	٢	8	٣٦	24
Mean ± SD	9.2 ± 4.6		14.3 ± 6.5	
6. Area				
• General	١٩	٧٦	١١٦	٧٧,٣
• Critical	٦	٢٤	٣٤	٢٢,٧

Table (1): Shows that less than three quarter (72 %) of first line nurse managers were in the age group between 30-40 years, the majority of the study sample were females and married (80% & 84%) respectively , more than half of the study sample (56%) had from 5-15 years of experience , all of the study sample (100%) had Baccalaureate degree of Nursing and more than three quarters (76%) of them worked in the general areas.

Regarding personal and job characteristics of staff nurses , table (1) revealed that more than three quarters (84 %) of staff nurses were in the age group between 20-40 years, less than two thirds (66.7%) of them were females, less than three quarters (72%) of them were married, more than half of the study sample (51.5%) had from 5-15 years of experience , half of them (50%) had Secondary School of Nursing Diploma, and more three quarter (77.3%) of them worked in the general areas.

Table (2): Total knowledge score of first line managers' (head nurses) about emotional intelligence during different times of testing at Minia university hospitals (No =25)

Total Knowledge score	Pretest						P- value (paired t test) df or (McNemar) df
	General (n=19)		Critical (n=6)		Total (n=25)		
	N	%	N	%	N	%	
Low	١٦	٨٤,٢	٤	٦٦,٨	٢٠	٨٠,٠	P1=0.001* P2=0.001*
Moderate	٣	١٥,٨	١	١٦,٦	٥	١٦,٠	

Total Knowledge score	Pretest						P- value (paired t test) df or (McNemar) df
	General (n=19)		Critical (n=6)		Total (n=25)		
	N	%	N	%	N	%	P3=0.001*
High	0	0.0	1	16.7	1	4.0	
Posttest							
Low	0	0.0	0	0.0	0	0.0	
Moderate	0	0.0	1	16.7	6	24.0	
High	14	73.7	0	0.0	19	76.0	
Follow up 3 m							
Low	1	5.3	0	0.0	1	4.0	
Moderate	7	36.8	1	16.7	8	32.0	
High	11	57.9	0	0.0	16	64.0	
Follow up 6 m							
Low	2	10.5	0	0.0	2	8.0	
Moderate	8	42.1	1	16.7	9	36.0	
High	9	47.4	5	83.3	14	56.0	

Table (2) Illustrates that (4.0%) of first line nurse managers had high level of knowledge in pre-test. While at the immediate post-test it was (76%) of them had high level of knowledge. After three months of program implementation there was change in knowledge level between first line nurse managers, (64%) of them had high level of knowledge. While after sixth months of program implementation the knowledge level had decrease, (56%) had high level of knowledge, with statistically significant differences(p=0.001) between pretest and different times of testing (pretest with immediately posttest, pretest with after three months of posttest, and pretest with after six months of posttest).

Table (3): Frequency distribution of total emotional intelligence components among first line nurse managers at Minia University Hospital during different times of testing (N=25)

Statement	Pretest		Posttest		Follow up 3 m		Follow up 6m		P- value (paired t test) df or (McNemar) df
	No	%	No	%	No	%	No	%	
Self-awareness score									
• Low score	6	24	0	0	4	16	5	20	P ₁ =0.001* (8.2) 24 P ₂ =0.001* (5.3) 24 P ₃ =0.004* (3.5) 24
• Moderate	19	76	19	76	18	72	19	76	
• High	0	0.0	6	24	3	12	1	4	
Emotional management									
• Low score	5	20	1	4	1	4	3	12	P ₁ =0.001* (6.8) 24 P ₂ =0.001* (6.1) 24 P ₃ =0.001* (29.6) 24
• Moderate	20	80	18	72	22	88	20	80	
• High	0	0.0	6	24	2	8	2	8	
Social intelligence awareness									
• Low score	3	12	0	0.0	3	12	3	12	P ₁ =0.001* (12.7) 24 P ₂ =0.001* (6.3) 24 P ₃ =0.001* (4.6) 24
• Moderate	22	88	13	52	17	68	18	72	
• High	0	0.0	12	48	5	20	4	16	
Relationship management									
• Low score	1	4	0	0.0	1	4	4	16	P ₁ =0.001* (9.1) 24 P ₂ =0.001* (5.7) 24 P ₃ =0.012* (2.9) 24
• Moderate	23	92	14	56	19	76	18	72	
• High	1	4	11	44	5	20	3	12	
Total emotional intelligence									
• Low score	5	20	0	0.0	0	0.0	0	0.0	P ₁ =0.001* (10.65) 1 P ₂ =0.001* (10.65) 1 P ₃ =0.001* (10.65) 1
• Moderate	18	72	12	48	13	52	15	60	
• High	2	8	13	52	12	48	10	40	

Table (3) Summarizes that , (8%) of first line nurse managers' had high effective emotional intelligence before program implementation compare with (52%) immediately post program implementation, as well as (48%) after three months of program implementation and (40%) after sixth months from program implementation, with statistically significant differences(p=0.001) between pretest and different times of testing (pretest with immediately posttest, pretest with after three months of posttest, and pretest with after six months of posttest)

Table (4): Distribution total motivation score of staff nurses during different times of testing at Minia University Hospital (No =150)

Motivation score	Pretest						P- value (paired t test) df or (McNemar) df
	General (n=116)		Critical (n=34)		Total (n=150)		
	N	%	N	%	N	%	
Low	٧١	٦١,٢	٢٣	٦٧,٦	٩٤	٦٢,٦	P ₁ =0.001* P ₂ =0.001* P ₃ =0.001*
Moderate	٤٣	٣٧,١	٩	٢٦,٥	٥٢	٣٤,٧	
High	٢	١,٧	٢	٥,٩	٤	٢,٧	
Posttest							
Low	٠	٠,٠	٠	٠,٠	٠	٠,٠	P ₁ =0.001* P ₂ =0.001* P ₃ =0.001*
Moderate	٨	٦,٩	٣	٨,٨	١١	٧,٣	
High	١٠٨	٩٣,١	٣١	٩١,٢	١٣٩	٩٢,٧	
Follow up3 m							
Low	٠	٠,٠	١	٢,٩	١	٠,٧	P ₁ =0.001* P ₂ =0.001* P ₃ =0.001*
Moderate	٣٧	٣١,٩	٣	٨,٩	٤٠	٢٦,٧	
High	٧٩	٦٨,١	٣٠	٨٨,٢	١٠٩	٧٢,٦	
Follow up6m							
Low	8	٦,٩	١	٢,٩	٩	٦	P ₁ =0.001* P ₂ =0.001* P ₃ =0.001*
Moderate	٨٥	٧٣,٣	٣	٨,٩	٨٨	٥٨,٧	
High	٢٣	١٩,٨	٣٠	٨٨,٢	٥٣	٣٥,٣	

Table (4) Summarized that (2.7%) of staff nurses had high level of motivation score in pre-test. While at the immediate post-test it was (92.7%) of them had high level of motivation score. After three months it was (72.6%) of them had high level of motivation score. While after sixth months of program implementation decrease to (35.3%) had high level of motivation score, with statistically significant differences (p=0.001) between pretest and different times of testing

Table (5): Distribution total empowerment score of staff nurses during different times of testing at Minia University Hospital (No =150)

Empowerment score	Pretest						P- value (paired t test) df or (McNemar) df
	General (n=116)		Critical (n=34)		Total (n=150)		
	N	%	N	%	N	%	
Low	٦٨	٥٨,٦	٢٥	٧٣,٥	٩٣	٦٢	P ₁ =0.001* P ₂ =0.001* P ₃ =0.001*
Moderate	٤٣	٣٧,١	٨	٢٣,٥	٥١	٣٤	
High	٥	٤,٣	١	٣	٦	٤	
Posttest							
Low	٠	٠,٠	٠	٠,٠	٠	٠,٠	P ₁ =0.001* P ₂ =0.001* P ₃ =0.001*
Moderate	٥	٤,٣	١	٣	٦	٤	
High	١١١	٩٥,٧	٣٣	٩٧	١٤٤	٩٦	
Follow up3 m							
Low	٠	٠,٠	٠	٠,٠	٠	٠,٠	P ₁ =0.001* P ₂ =0.001* P ₃ =0.001*
Moderate	٢٢	١٩	٢	٦	٢٤	١٦	
High	٩٤	٨١	٣٢	٩٤	١٢٦	٨٤	
Follow up6m							
Low	17	١٤,٧	١	٢,٩	١٨	١٢	P ₁ =0.001* P ₂ =0.001* P ₃ =0.001*
Moderate	٦٥	٥٦	٣	٨,٩	٦٨	٤٥,٣	
High	٣٤	٢٩,٣	٣٠	٨٨,٢	٦٤	٤٢,٧	

Table (5) Summarized that (4%) of staff nurses had high level of empowerment score in pre-test. While at the immediate post-test it was (96%) of them had high level of empowerment score. After three months it was (84%) of them had high level of empowerment score. While after sixth months of program implementation decrease to (42.7%) had high level of empowerment score, with statistically significant differences (p=0.001) between pretest and different times of testing.

Discussion

Nursing is a profession that including interpersonal and inter-group communications. Moreover, emotion is fundamental to nursing practice and EI is considered as an important characteristic of nurses that can affect the quality of their work including clinical decision-making, critical thinking, evidence and the knowledge use in the practice , (Moawed, Gemeay, & ELSayes, (2017) (24) . ,

so emotional intelligence is one of the leadership abilities to know one’s own and others emotions ,People with high level of emotional intelligence have ability to motivate and empowered one self and others (Atiq et al., (2015) (19).

The current study revealed that 72% of first line nurse managers were in the age group30- 40 years with mean age 32 ± 3.5.This might be attributed to all most of first line nurse managers' graduated from Faculty of Nursing

and take at least 2-5 years bed side nurse or more. Regarding to sex, the majority of the study sample were females. This result might be attributed to that majority of nurses who graduated from Secondary School of Nursing, Technical Institution of Nursing, and Faculty of Nursing were females also the fact that females are still the main gender in the nursing profession. Regarding years of experience, the present study revealed that more than half (56%) of the studied first line nurse managers had from 5-15 years of experience with mean 9.2 ± 4.6 .

Findings of the present study revealed a high statistically significant improvement in the level of knowledge of first line nurse managers' regarding emotional intelligence at the pretest and the following three times of measurements after implementation of the program. First line nurse managers' had low level of knowledge before program implementation. This level significantly increased to high level immediately after implementation of the program and after the following two periods of measurements (after three and six months).

This result reflected that positive effect of the emotional intelligence educational program. This finding is consistent with Rahman & Mabrouk (2017) (25)., they found that most of the head nurses had unsatisfactory levels of knowledge and its application before training; while, knowledge level had improved after training and become satisfactory. In the same line,(Schutte, Nicola, John. Malouff, and Einar, (2013) (26).who conducts that an emotional intelligence education and training program where led to increase knowledge and skills of emotional intelligence and that training has the potential to lead to other positive outcome.

The result of the present study indicated that there were significant differences in overall first line nurse managers' self-assessment emotional intelligence scale between the pretest and the three measuring times after the program implementation. The total of emotional intelligence level increased from low level before the program implementation to high level immediately after implementation unexpectedly, there were slight gradual decrease in the level of the emotional intelligence after three months and after sixth months of the program implementation with statistically significant difference.

This could be attributed to the changes in first line nurse managers' knowledge about emotional intelligence which affect their performance on emotional intelligence after implementing of the training program. As, first-line nurse managers learned and gained knowledge and skills from all topics of emotional intelligence and its' elements as well as the essential skills and how to implement the emotional intelligence. While the slight decrease in the quality of emotional intelligence could be attributed to forgetting this was compensated by giving the first line nurse managers handouts about the program contents. This was in harmony with Corbi, Rico, Sanchez, and Castejon, (2018) (27).who reported that, the goal of an educational program has been not only to acquire technical skills but also to master other skills, such as teamwork, effective communication skills, time optimization, build relationship, self-control and the ability to manage one's emotions. Also, added that educational program help participants to improve their knowledge about emotional intelligence and its components. This finding was in accordance with Erkayiran & Demirkiran , (2018) (28).who found that there were highly statistical significant improvement at the three times of the

program (pre, immediately post and after three months post program implementation. Highly improvement was found in post program for level of first line nurse manger's knowledge and skills about emotional intelligence components.

The result of the present study indicated that staff nurse motivation level increased from low level before the program implementation to high level immediately after implementation. Unexpectedly, there was slight gradual decrease in the level of the motivation after three months and after sixth months of the program implementation with statistically significant difference. This could be attributed to the changes in first line nurse managers' knowledge practice about emotional intelligence that lead to improve motivation to their nursing staff.

This finding is consistent with Christie, Jordan, Troth, and Lawrence, (2007) (29). who indicated that motivation is related to emotional intelligence. Emotional intelligence is a primary component from which motivation arises. Emotional intelligence is related motivation. This finding was in accordance with Dubey, (2012) (30). who found that people with high level of emotional intelligence have ability to motivate one self and others also, assured that there are positive relation between the emotional intelligence and motivation.

The result of the present study indicated that staff nurse empowerment level increased from low level before the program implementation to high level immediately after implementation. Unexpectedly, there was slight gradual decrease in the level of the empowerment after three months and after sixth months of the program implementation with statistically significant difference. This could be attributed to the changes in first line nurse managers' knowledge and practice about emotional intelligence that lead managers to how empower their staff.

This finding is consistent with (Atiq et al., (2015) (19). who concluded that emotional intelligence and the empowerment both relate to the state of mind and have direct relation and showed that emotional intelligence had an impact of empowerment.

Conclusion

- There were statistical significant differences between pre and the three measures of posttest regarding the knowledge and level of Emotional Intelligence for the first line nurse managers.
- Staff nurse motivation and empowerment scores increased after implementing emotional intelligence educational program for first line nurse managers (head nurse).
- The total mean score of Emotional Intelligence increased from low level before the program implementation to high level immediately after the implementation, and then there was slight gradual decrease of the level of Emotional Intelligence after three and sixth months of the program implementation with statistically significant difference.

Recommendations

Based on the findings of the current study it was recommended that:

- Emotional Intelligence program should be periodically conducted for all first line nurse managers (head nurses).

- Emotional intelligence, motivation and empowerment should be recognized as effective tools that help first line nurse managers (head nurses). And staff nurses to achieve their success.
- First line nurse managers should periodically have nursing group meeting to verbalized, vitalize and support peer and social interaction.
- First line nurse managers should develop a supportive working conditions and relationship that encourage trust, empathy and mutual regard.
- First line nurse managers should use different methods of motivation and how to empowered of their staff nurses.
- Increase first-line nurse managers' awareness toward the importance of their emotional intelligence and its benefits on the quality of patient care, nurses' well-being, and job satisfaction through conducting frequent meetings with them and encouraging discussion of clinical issues.

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