



## Relationship between Head Nurses' Emotional Intelligence and Staff Nurses' Empowerment

Awatif Faisal Albuqami \*, Eman Salman Taie\*\* and Nabila Abdullah \*\*\*

\* Faculty of Nursing King Abdul Aziz University KSA

\*\* Professor of Nursing Administration, Faculty of Nursing, Helwan University, Egypt.

\*\*\* Associate Prof of Community Health Nursing, Faculty of Nursing King Abdul Aziz University, KSA.

*Dr\_emys@hotmail.com*

### Abstract

**Background-** Emotional Intelligence provides an important assistance to efficient leadership and it has become one of essential leaders' competencies. Nurses are the closest member of healthcare system to the patient. Empowering them means enhancement of quality of patients' care and advancement of patient safety **Aim:** To investigate the relationship between head nurses' emotional intelligence and staff nurses' empowerment.

**Method-** It is Descriptive correlational study. The study was conducted in Prince Mohamad Bin Abdul Aziz Hospital in Riyadh City affiliated to Saudi Ministry of health. Subjects composed of two groups. First group: head nurses: All available head nurses (N= 36) were included. Second group was staff nurses (N =270), selected randomly. Two tools were used to collect the study data. Tool I: Emotional Intelligence Questionnaire Format **and tool II** Staff Nurses' Empowerment Questionnaire Format.

**Results-** More than half of study sample were high emotionally intelligent (58.33%), whereas only (5.56%) were low emotionally intelligent and (36.11%) of them were moderate emotionally intelligent. The total empowerment means score (25.45±8.427) where the highest mean scores of empowerment subscale were found on informal power (5.12±2.022) then opportunity (4.27±1.553). Global measure of empowerment was the lowest mean score (2.54±1.312). Less than half of study subjects were moderately empowered (43%) while (32.6%) of them were low empowered and only slightly less than one quarter (24.4%) were highly empowered. Finally, weak non-significant correlations between Head nurses' emotional Intelligence and staff nurses' perceived empowerment.

**Conclusion-** More than half of study sample were high emotionally intelligent and only (5.56%) were low emotionally intelligent and more than third of them were moderate. less than half of study subjects were moderately empowered ,while about one third of them were low empowered and only slightly less than one quarter were highly empowered. Finally, weak non-significant correlations between Head nurses' emotional Intelligence and staff nurses' perceived empowerment. **Recommendation:** Provide training programs for staff nurses and head nurses about empowerment. Involve emotional intelligence competencies in head nurses' performance appraisal. Develop curricular based competencies for emotional intelligence and empowerment both in under and postgraduate programs. Further research to examine the effect of shared governance on nurses 'empowerment.

**Keywords:** Emotional Intelligence, Empowerment, Head nurse, Staff nurses & nurse manager emotional intelligence.

### INTRODUCTION

The Emotional Intelligence (EI) concept created exceptional interest internationally. Literature and researchers have been directing their interest in EI concept at the expense of different forms. It is considered as interactional competence that provides controls over stress and affects one's ability in coping with societal pressures and everyday demands. Practices of emotional intelligence improve and elevate mental wellbeing and affect interpersonal relations, stress, depression and violence (Asturias, 2017; Kikanloo et al., 2019). Emotional intelligence is a substantial connotation in nursing which referred to "one's ability to recognize emotions, generate feelings to assist ideas and organize those feelings in order to support intellectual and emotional growth. Individual's failure or success in different life aspects correlated with one's EI as shown by evidences. Based on Bar-On view of EI; it is a combination of skills, values and non-cognitive capacities which leads to effective confront of environmental stress (Broughton, 2017).

Emotional Intelligence provides an important assistance to efficient leadership and it has become one of essential leaders' competencies (Lin et al., 2016). Effective leadership is influenced by leaders' personality, organizational structure and employees traits. Leadership competencies specifically in healthcare context involve communication and comprehension with employees in variety situations where they concentrate on work outcomes and intellectual processes (Qureshi et al., 2015). It is interesting that more than 20,000 executives, studied by Goleman when he found that EI was potent predictors of leadership accomplishment, specially cognitive capacities. Moreover, EI is important as technical skills in defining privilege at all levels (Goleman et al., 2013; Tomar, 2016). A comprehensive survey in healthcare states that EI had a positive contribution to nurses and nurse-patient relationships, with improved teamwork, management of stress, commitment in organization, leadership and communication skills, and collaboration (Edussuriya et al., 2018).

Most organizations have established an empowerment framework that allows employees to take part in decision making and have equal responsibilities, and this enhances the effectiveness and performance of staff (Kretzschmer et al., 2017). When employees are empowered, they possess the authority to take part in decision making; this not being the case as before. The distribution of powers in employees makes them active and results in organizational efficiency and commitment. Moreover, this empowerment initiative leads to improved outcomes in critical care nursing (Dempsey & Reilly, 2016; Kelly, 2019). Nurses who are empowered are highly motivated and can pass the same motivation to others. Also, they encounter less pressure and do not use much energy, unlike those who lack empowerment. Furthermore, empowerment boosts the health of an individual, satisfaction, self-esteem, and individual competence that enhances general perception aimed at improving results (Al-Dweik et al., 2016; Walker, 2018).

Empowerment is the capacity and ideation of coping with environmental challenges with a positive attitude. It is considered as the process that enables and authorizes employees for acting, controlling work, thinking and making decision in independent way. Empowerment is a state of a social process that assist people to gain control over life of their own and advancing power in individuals and communities by acting on tasks that they realize it as essential (Kim & Kim, 2019; Richardson, 2019). Nursing empowerment is considered as tools to motivate them by making nurses able to dominate over their daily practice without breaking rolls and policies. Empowerment connotation concentrate on the ability for collecting power structures, and providing access to opportunity, resources, support and information in the workplace to afford and make changes in the work environment and advance organization toward desired goal (Al Ghamdi, 2016; Atmospera, 2017).

Professional practice in healthcare requires a lot of nurse's empowerment. Nurses implement a variety of activities of treatment and care with the main aim of patients' health maintenance, stabilization and quality promotion. Usage of a specific definition of wellbeing, understood as a condition of full physical, mental and social well-being and not merely a lack of any illness. Empowerment considered as essential element for high

quality patients' care (Zahra, 2015; Alghamdi, 2017).

Staff nurses perceive that their feelings of empowerment highly influenced their management trust, workplace sense of satisfaction, commitment, their intention to stay, their desire to spend more effort in the organization, enhance their acceptance of workplace objectives. It is important to create a workplace environment that helps in providing access to structures which in turn empower nurses to accomplish their task (Bassett, 2017; Bergquist, 2018). Nurses are the closest member of healthcare system to the patient more than any other medical staff, empowering them means enhancement of quality of patients' care and advancement of patient safety (Kretzschmer et al., 2017; Walker, 2018). Nurse leaders with high intellectual skills knows the importance of followers empowerment and have more ability to make strong effects on workers in their organization, provide regular training and access to information needed to accomplish their tasks, increase their job satisfaction, perception of trust and respect, improve overall performance and increase nurses' commitment (Laschinger et al., 2015; Aljaramiez, 2019).

### Significance of the study

Nowadays in Saudi Arabia, the vision 2030 concern of enable and support both male and female to engage professionally and autonomously in important areas in the health sector and the country. Nursing has significantly moved forward in education and clinical practice in Saudi Arabia, but difficulties remain in developing and maintaining a career of Saudi nursing. Saudi Arabia's healthcare system is presently undergoing restructuring due to population growth and economic growth. Saudi Arabia's 2030 vision inspired these reforms (Edussuriya et al. 2018).

Head nurses with strong leadership styles, great emotional intelligence will build positive relationships with colleagues and managing emotions in hospitals or any other healthcare facilities. Staff nurses that believe that managers are unconcerned to their staffing needs, do not value the advancement of their workers and do not invest enough in staff training, it plays a vital role in their overall performance (Sharma & Kirkman 2015; Healy 2017). In an organization, the administration is mainly concerned with ensuring that nursing professionals work in a conducive environment. From this perspective, empowerment is essential as it helps nurses give efficient care and have a vibrant nurse-patient relationship (Al-Dweik et al. 2016; de Almeida et al. 2017; Aljaramiez 2019)

Conducting this study will help to build awareness for nurses, researchers and those who concern about healthcare environment about the relationship between emotional intelligence of head nurse and the empowerment of her/his staff nurses. The researcher is looking forward to recognize the relationship between head nurses' emotional intelligence and staff nurses' empowerment.

### Research Aim

The aim of this study is to investigate the relationship between head nurses' emotional intelligence and staff nurses' empowerment through:

1. Assess head nurses' emotional intelligence in PMAH.
2. Determine staff nurses' perceived empowerment in PMAH.
3. Find out the relationship between head nurses' emotional intelligence and their staff nurses' empowerment.

### Research Question:

- Is there a relationship between head nurses' emotional intelligence and staff nurses' empowerment?

## SUBJECTS AND METHODS

### Research design

Descriptive correlational design used in this study.

### Study setting

The study was conducted in Prince Mohamad Bin Abdul Aziz Hospital (PMAH) in Riyadh City affiliated to Saudi Ministry of health. This hospital is a tertiary care hospital with 500 beds.

### Subject

Subjects of this study composed of two groups:

**First Group: Head Nurses:** All available head nurses (N= 36). They included male and females, Saudi and non-Saudi with different levels of nursing education. Who have at least one year of experience in the previous mentioned hospital and did not attend any Emotional Intelligence training program before.

**Second group: Staff Nurses:** They included male and females, Saudi and non-Saudi with different levels of nursing education and who have at least one year of experience in the previous mentioned hospital (N =270). Simple random sampling technique used to select the study sample.

### Tool of Data Collection

Two tools were used to collect the study data:

**Tool I: Emotional Intelligence Questionnaire Format (ECI\_II):** It consists of two parts.

**Part I:** Personal data of head nurses included: (age, gender, nationality, level of education in nursing, hospital department, year of experience and if they attend any of Emotional Intelligence training course before).

**Part II: Emotional Competency Inventory(-version Two):** Which developed by (Boyatzis, Goleman, & Rhee, 2000; Group, 2014) and modified by the researcher and guided by (Ambavale & Dani, 2014; Boyatzis, 2016; King, 2016). It was used to assess head nurse's emotional competencies that included four dimensions (self-awareness, self-management, social-awareness, and relationship-management). This tool is self-administered questionnaire.

**The Emotional Competency Inventory, Version 2.0 (ECI 2.0)** consists of (72) items reflecting (18) behavioral competencies found in emotionally intelligent leaders. Competency subscales are grouped into one of four larger clusters: self-awareness, self-management, social awareness and relationship management. Items are summed and averaged to create subscales which are then summed to create an overall score for EI.

**Scoring System:** A subject response was on three likert type ranging from (0 -2): (0) referred to never, (1) referred to some, (2) referred to a lot. The Emotional Competency Inventory scoring system ranged (72-144). It was calculated according to three levels:

- Scores less than (72 or > 50%) described as low emotionally intelligent.
- Scores less than (108 or > 75%) described as moderate emotionally intelligent.
- Scores equal and more than (108 or < 75%) described as high emotionally intelligent.

The Cronbach Alpha coefficient of the instrument was 0.410 for the study sample. The instrument had high construct validity. It was self-administered questionnaire.

**Tool II: Staff Nurses' Empowerment Questionnaire Format (CWEQ\_II):** It consists of two parts.

## Relationship between Head Nurses' Emotional Intelligence and Staff Nurses' Empowerment

---

**Part I:** Personal data of staff nurses included: (age, gender, nationality, level of education in nursing, hospital department and years of experience).

**Part II: *Conditions of Work Effectiveness Questionnaire-II (CWEQ-II)*:** Which developed by (Laschinger, Finegan, Shamian, & Wilk, 2001) and modified by the researcher and guided by (Orgambidez et al., 2015; walker, 2018; Aljarameez, 2019). This tool is a self-administered questionnaire. It was used to assess staff nurses' perceptions of empowerment.

The CWEQ-II consists of (19 items) included six subscales [opportunity, support, information and resources, in my work setting (formal power) and how much opportunity do you have for these activities in your present job (informal power)].

All of the subscales are (3 items) except how much opportunity do you have for these activities in your present job (informal power) (4 items).

**Scoring System:** A subject response was on three likert type ranging from (0 -2): (referred to never, (1) referred to some, (2) referred to a lot. The Conditions of Work Effectiveness Questionnaire scoring system ranged (21-42). It was calculated according to three levels:

- Scores less than (21 or > 50%) described as low empowered.
- Scores less than (32 or > 75%) described as moderate empowered.
- Scores equal and more than (32 or < 75%) described as high empowered.

The Cronbach Alpha coefficient of the instrument was 0.832 for the study sample. The instrument had high construct validity. It was self-administered questionnaire.

### Pilot study

The aim of the pilot study was to test the practicability, and to estimate the time required to complete tools. The researcher randomly selected (N=4) head nurses and (N=26) staff nurses from different units of the study hospital. The time needed to fulfill 1<sup>st</sup> and 2<sup>nd</sup> questionnaire formats ranged between (15-20) minutes. Collecting pilot study data lasts for two weeks. All of these subjects were included in the main study sample because no modifications required.

### Field work

The field work of this study was executed in two months. After the permission obtained from administration of PMAH, the researcher began questionnaires distribution. Then, the researcher handed questionnaires personally to every participant and explained to them that, they have the right to withdraw from the study at any time and all filled questionnaires will be coded for analyzing purpose then they will be discarded. However, each copy contained informed consent. Then each one of study participant read and signed and filled the questioners voluntarily. Data collection began on beginning of February 2020 and was completed by the beginning of April 2020. The researcher started to use the developed tools with selected sample participants in their settings according to the available time for each of them after explaining to them the purpose of the study. At the first six weeks data were collected through printed self-administered questionnaires. The questionnaires were distributed personally to the participants in their departments by the researcher in the morning shift across twenty units. On the other hand, five departments the researcher was not allowed to step inside it as infection precaution, so the questionnaires were handed to head nurses to distribute it to staff nurses. Two hundred questionnaires were distributed to those departments and nurses were asked to return questionnaires back to the collection box in head nurse's disk. Approximately, thirty-four questionnaires were collected weekly by the researcher. Then, after Coronavirus confirmed as pandemic by World Health Organization and as a proactive

## Relationship between Head Nurses' Emotional Intelligence and Staff Nurses' Empowerment

step from PMAH to keep social distance and to stop spreading of the infection outside the hospital (PMAH considered as Primary Corona Center in Riyadh City. Then the researcher converts to electronic questionnaires via email nursing services department to send it to nurses. Seventy questionnaires (about one-third of the sample size) were collected electronically within two weeks. A total of (270) from staff nurses and (36) of head nurses, completed the survey with 100% response rate as all distributed questionnaires. The required time by each participant for filling the tool was ranged (15-20) minutes.

### Administrative and Ethical Considerations

After obtaining the ethical approval for data collection from ethical committee at King Abdulaziz University. To carry out the study in the predetermined Prince Mohamad Bin Abdul Aziz Hospital, an Official letter sent from postgraduate studies, Nursing College, King Abdul-Aziz University to PMAH research department in Riyadh to get their approval to conduct the study. Then the researcher obtained the ethical approval from research department in PMAH to nursing services department. The researcher obtained study subject approval through informed consent attached to each questionnaire after explaining purpose and method of data collection of the study. Ethics, values, culture and belief was respected. Confidentiality, anonymity and right to withdraw from study any time were granted.

### Statistical Analysis

Data were analyzed using Statistical Package for Social Science (SPSS) version 21.0. Chicago, Illinois, USA. Quantitative data were expressed as mean  $\pm$  standard deviation. Qualitative data were expressed as count and proportion.  $P < 0.05$  was considered significant and  $P < 0.01$  was considered highly significant. Pearson correlation ( $r$ ) was used to determine significant correlations between the variables.

## RESULTS

**Table (1): Percentage distribution of personal data of head nurses (N= 36)**

Personal data	No	%
➤ <b>Gender</b>		
▪ Male	11	30.6
▪ Female	25	69.4
➤ <b>Age (years)</b>		
▪ Mean $\pm$ SD		35.1 $\pm$ 6.87
▪ Range		(27-58)
➤ <b>Years of experience</b>		
▪ Mean $\pm$ SD		10.7 $\pm$ 5.4
▪ Range		(3-23)
➤ <b>Nationality</b>		
▪ Saudi	21	58.3
▪ Non-Saudi	15	41.7
➤ <b>Level of Education in Nursing</b>		
▪ Bachelor	24	66.73
▪ Postgraduate diploma	3	8.3
▪ Master	9	25
➤ <b>Attendance of emotional course</b>		
▪ Yes	1	2.8
▪ No	35	97.2

## Relationship between Head Nurses' Emotional Intelligence and Staff Nurses' Empowerment

As shown in the table (1) the personal data of head nurses that the majority of head nurses were female (69.4%) while male was only (30.6%). The age of head nurses participated in the study were ranging (27-58) years old with mean score (35.1±6.87). Additionally, their years of experience ranged (3-23) years with mean score (10.7±5.4). Saudi nurses representing more than half with (58.3%) whereas non-Saudi representing (41.7%). Moreover, in the term of level of education in nursing more than two third of study sample were bachelor's degree (66.73%) while the lowest percentage was head nurses with Postgraduate diploma by (8.3%), master's degree head nurses were one quarter (25%). As represented in the table that the majority (97.2%) of head nurses did not attend any of EI training courses and only (2.8%) attended.

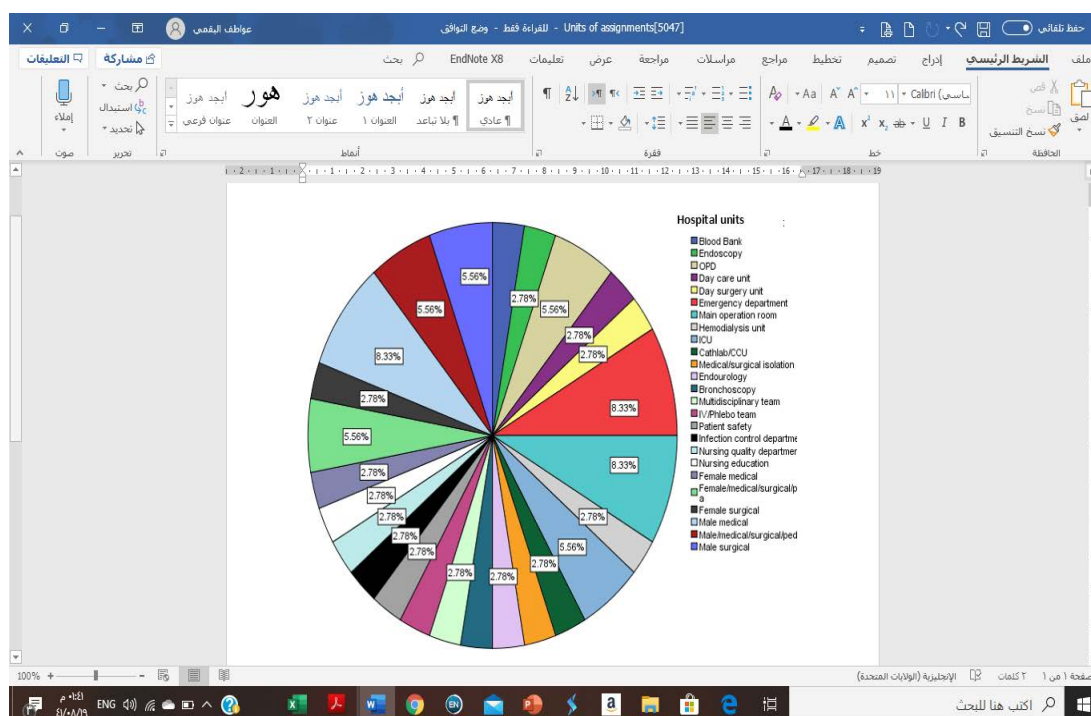


Figure (1) Percentage distribution of hospital units for head nurses

Figure (1) Shows that (ER, main OR, mail medical department) were the departments in which the highest percentage (8.3%) of study sample worked in. In addition that the following units (OPD, ICU, male surgical, male/medical/surgical/pedia, female/medical/surgical/pedia) have an equal percentage (5.6%) while each of other departments represented (2.8%).

Table (2): percentage distribution of personal data of staff nurses (N= 270)

Personal data	No	%
➤ Gender		
▪ Male	44	16.3
▪ Female	226	83.7
➤ Age (years)		
▪ Mean± SD		31.9±5.82
▪ Range		(24-57)

## Relationship between Head Nurses' Emotional Intelligence and Staff Nurses' Empowerment

➤ <b>Years of experience</b>		
▪ Mean± SD		8.3±5.9
▪ Range		(1-30)
➤ <b>Nationality</b>		
▪ Saudi	161	59.6
▪ Non-Saudi	109	40.4
➤ <b>Level of Education in nursing</b>		
▪ Diploma	39	14.4
▪ Associated nursing degree	8	3
▪ Bachelor	181	67
▪ Postgraduate diploma	18	6.7
▪ Master	22	8.1
▪ Doctorate	2	0.7

As presented in the table (2) the personal data of staff nurses that the majority of staff nurses were female (83.7%) while male was only (16.3%). The age of staff nurses participated in the study were ranging (24-57) years old with mean score (31.9±5.82). Moreover, their years of experience ranged (1-30) years with mean score (8.3±5.9). Saudi nurses representing slightly more than half with (59.6%) whereas non-Saudi representing (40.4%). Additionally, in the term of level of education in nursing more than two third of study sample were bachelor's degree (67%) while the lowest percentage was staff nurses with doctorate by (0.7%), postgraduate degree (diploma and Master) were ranging between (6.8% & 8.1%) respectively. Whereas associate nursing degree showed only (3%) and diploma degree represented (14.4%).

**Table (3): Head nurses emotional intelligence (N=36)**

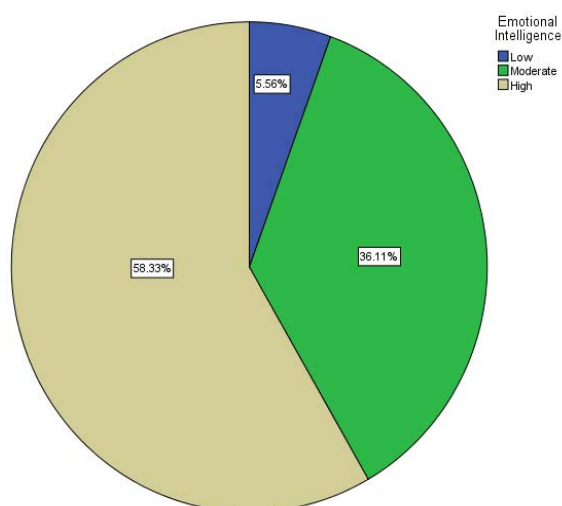
Emotional Intelligence Dimensions	Number of items	Maximum Achievable Score	Mean ± SD
<b>Self-awareness</b>	<b>12</b>	<b>24</b>	<b>17.83±3.75</b>
▪ Emotional self-awareness	4	8	6.94±1.47
▪ Accurate self-assessment	4	8	5.42±1.96
▪ Self-confidence	4	8	5.47±1.46
<b>Self-Management</b>	<b>24</b>	<b>48</b>	<b>35.94±5.36</b>
▪ Emotional self-control	4	8	4.53±1.20
▪ Transparency	4	8	6.47±1.25
▪ Adaptability	4	8	6.58±1.59
▪ Achievement	4	8	6.67±1.45
▪ Initiative	4	8	4.86±1.75
▪ Optimism	4	8	6.83±1.52
<b>Social Awareness</b>	<b>12</b>	<b>24</b>	<b>19.58±3.62</b>
▪ Empathy	4	8	6.72±1.84
▪ Organization awareness	4	8	5.72±1.36
▪ Service orientation	4	8	7.14±1.74



## Relationship between Head Nurses' Emotional Intelligence and Staff Nurses' Empowerment

<b>Relationship Management</b>	<b>24</b>	<b>48</b>	<b>36.06±6.71</b>
▪ Developing others	4	8	6.83±1.84
▪ Inspirational relationship	4	8	6.33±1.80
▪ Change catalyst	4	8	5.89±1.54
▪ Influence	4	8	6.72±1.52
▪ Conflict management	4	8	4.47±2.51
▪ Teamwork collaboration	4	8	5.81±1.19

Table (3) indicates that the highest mean score of head nurse's emotional intelligence was found on relationship management competence (36.06±6.71) then self-management (35.94±5.36). However, self-awareness was reported to be the lowest mean score (17.83±3.75). Meanwhile, head nurse's social awareness mean score represented (19.58±3.62).



**Figure (2): Percentage distribution of emotional intelligence level among head nurses (N=36)**

Figure (2) shows that more than half of study sample were high emotionally intelligent (58.33%), whereas only (5.56%) were low emotionally intelligent and (36.11%) of them were moderate emotionally intelligent.

**Table (4): Correlation between age, years of experience, each dimension and the total tool score of head nurses (N=36)**

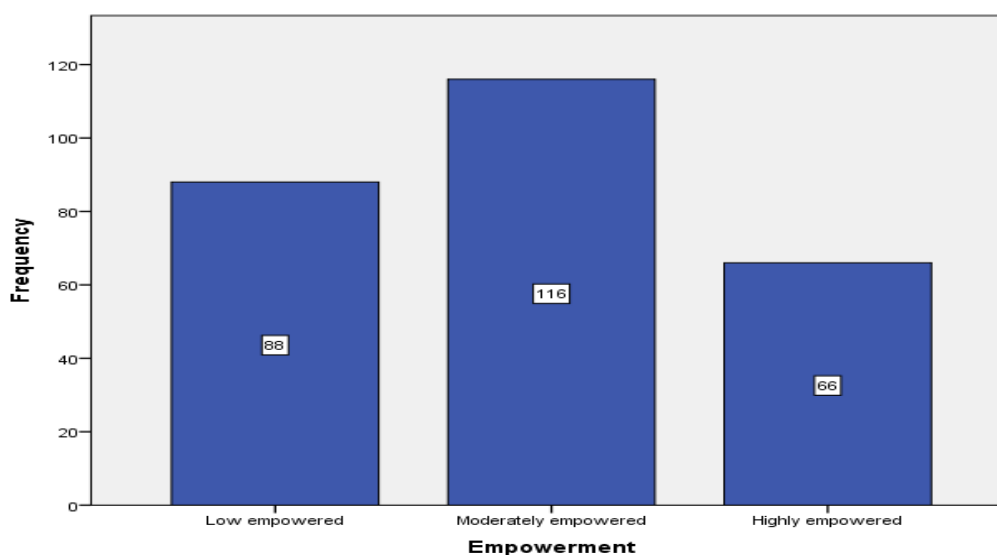
		<b>Correlations</b>				
		<b>"Self-awareness" scale</b>	<b>"Self-management" scale</b>	<b>"Social awareness" scale</b>	<b>"Relationship management" scale</b>	<b>The entire tool score</b>
<b>Age in years</b>	Pearson Correlation	.107	-.124	.100	-.006	.003
	Sig. (2-tailed)	.535	.471	.561	.972	.985
	N	36	36	36	36	36

## Relationship between Head Nurses' Emotional Intelligence and Staff Nurses' Empowerment

<b>Years of experience</b>	Pearson Correlation	.099	-.143	.053	.063	.013
	Sig. (2-tailed)	.567	.404	.760	.713	.941
	N	36	36	36	36	36
<b>Total score percentage</b>	Pearson Correlation	.666	.861	.876	.925	1
	Sig. (2-tailed)	.000	.000	.000	.000	
	N	36	36	36	36	36
*= weak significance (p> 0.05)			"r" Pearson correlation			

Table (4) indicates that there were no significant relations between age and years of experience and the emotional intelligence competencies of the head nurses.

**Figure (3): Levels of empowerment as perceived by staff nurses**



As represented in the figure (3) less than half of study subjects were moderately empowered (43%) while (32.6%) of them were low empowered and only slightly less than one quarter (24.4%) were highly empowered.

**Table (5): Mean scores of different subscales of staff nurses' perceived empowerment (N=270)**

Empowerment Subscales	Number of items	Maximum Score Of the subscale	Mean ± SD
▪ Opportunity	3	6	4.27±1.553
▪ Information	3	6	3.59±1.821
▪ Support	3	6	3.64±1.588
▪ Resources	3	6	3.43±1.634
▪ Formal Power	3	6	2.86±1.692

## Relationship between Head Nurses' Emotional Intelligence and Staff Nurses' Empowerment

▪ Informal Power	4	8	5.12±2.022
▪ Global measure of empowerment	2	4	2.54±1.312

Table (5) indicates that the total empowerment mean score (25.45±8.427) where the highest mean scores of empowerment subscale were found on informal power (5.12±2.022) then opportunity (4.27±1.553). However, global measure of empowerment was the lowest mean score (2.54±1.312). Formal power represented staff nurses' perception of empowerment (2.86±1.692) whereas information, support and resources were approximately equal (3.59±1.821, 3.64±1.588 & 3.43±1.634) respectively.

**Table (6): Correlations between Head nurses' Emotional Intelligence and staff nurses' perceived empowerment**

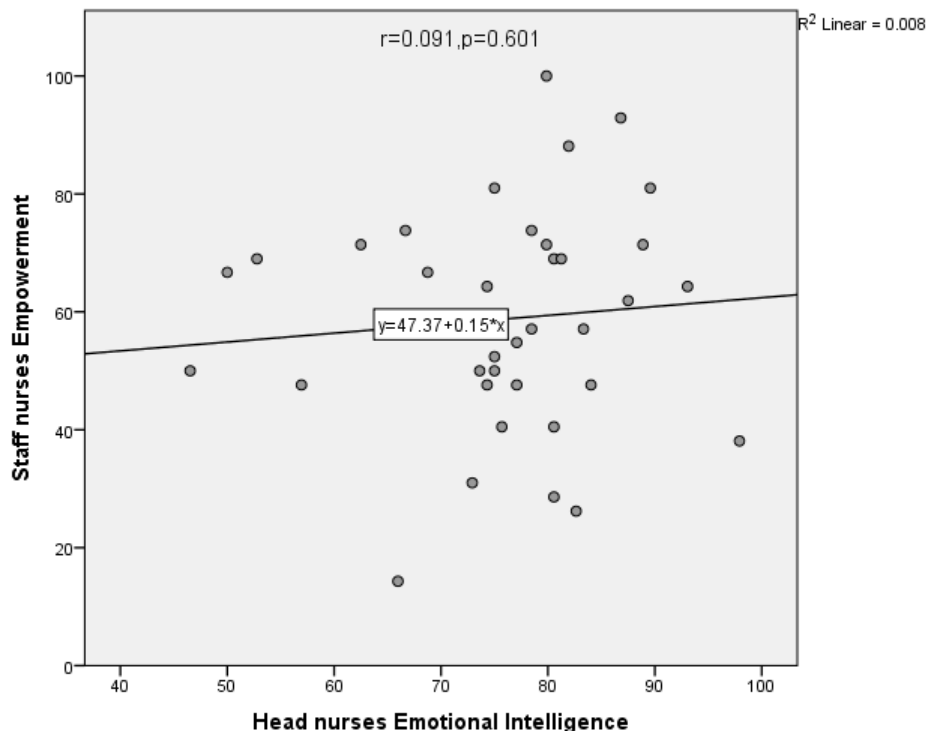
		Correlations							
		"Opportunity scale"	"Information scale"	"Support scale"	"Resources scale"	"Formal power scale"	"Informal power scale"	"Global Empowerment scale"	Staff Nurses Total Empowerment
Empowerment Emotional Intelligence									
"Self-awareness" scale	R	.105	.020	.188	.148	.046	.054	.234	.151
	P	.542	.908	.273	.389	.791	.754	.169	.379*
"Self-management" scale	R	.107	.025	.051	.159	.035	-.085	.295	.101
	P	.533	.886	.769	.354	.839	.622	.081	.556*
"Social awareness" scale	R	.259	.099	.179	.118	.141	.104	.439	.252
	P	.127	.567	.295	.493	.411	.547	.007	.139*
"Relationship management" scale	R	.151	-.238	-.116	.073	-.167	-.185	.167	-.081
	P	.380	.161	.500	.673	.331	.280	.330	.640*
High nurses overall emotional intelligence	R	0.177	-.062	.052	.141	-.015	-.067	.314	0.091
	P	.302	.718	.764	.411	.933	.696	.062	.601*

Table (6) reveals weak non-significant correlations between Head nurses' emotional Intelligence and staff nurses' perceived empowerment. Either the total of emotional intelligence of the head nurses, with the total of perceived empowerment of staff nurses or the different EI competencies with subscales of empowerment there was weak non-significant correlations.

\*= weak significance ( $p > 0.05$ )

"r" Pearson correlation

## Relationship between Head Nurses' Emotional Intelligence and Staff Nurses' Empowerment



**Figure (4): Correlation between total emotional intelligence of head nurses and total staff nurses perceived empowerment**

Figure (4) Shows weak and non-significant correlation between total emotional intelligence of head nurses and total staff nurses perceived empowerment ( $r=0.091, p=0.601$ ).

### DISCUSSION

Emotional Intelligence has attracted more attention over the last decennium. Evidence supports a positive effect of Emotional Intelligence on the success of the individual at work (Aldossary et al., 2019). It was recognized that there is a need to develop and acquire skills for managing people and the EI may have a critical role in the creation of effective nurse leaders (Boyatzis, 2016). Moreover, researches indicate that empowerment was identified as important factor influencing organization outcomes (Livesey 2017). Thus, increasing concerns about empowering nurses due to the growing challenges and needs in healthcare of all level of nurses. Based on that, nursing empowerment influenced by leader's behaviors which is commonly affects organization outcomes either positively or negatively (Aljarameez, 2019).

Increasing the general awareness about the importance of nursing as one of the unique disciplines over the Saudi nation has direct impact on their life and bright future outcomes. Thus, regarding the nationality of head nurse in this study results revealed that, the highest percentage were Saudi (69.4%). This was supported by the findings indicated in the MOH Annual report 1439-2018, were the Saudi nurses in Riyadh city (50.8%) (MOH 2018). On the other side these findings inconsistent with (Alabdulbaqi et al., 2019) who found that majority of non-Saudi nurses preferred to work in teaching hospital (89.2%) more than Saudi who searched for variety of choices in other sectors. From the researcher's point of view this might indicate that the Saudization process is high in PMAH, because it supports the new direction of Saudi government specially in MOH to increase Saudization as a step to achieve the desired outcome of new Saudi vision 2030.

Regarding gender of the participants in this study more than two third of head nurses were female. This was in agreement with ministry of health annual report **(MOH 2018)** which indicates that the highest percentage (73.4%) were female in Riyadh city. These findings were similar to the findings of **(Muhurji & Yussef, 2017)** who found that majority of nursing personnel in five hospitals in Jeddah city were females (92%) compared to male participation in nursing profession. The results of our study found that slightly less than one third were male nurses. From the researcher's point of view this might reflect new trends in Kingdom of Saudi Arabia that men started to be a obvious part in the nursing profession. These findings consistent with the annual report of MOH 2018 which indicates that the growing of male nurses in Riyadh city increased over the past five years which represented now (26.6%) **(MOH, 2018)**.

Personal characteristics such as age and years of work experience are often related. Thus, the findings of this study revealed that head nurses aged between (27-58) years old and had experience in the nursing ranged between (3-23) years which in agreement with the results of **(Ohlson & Anderson, 2015)** who found that age of nurses whom worked as a front-line nurse managers in acute care settings were (30-50) years old and the year of experience in the nursing field were ranged (7-26) years as a front-line nurse managers in acute care settings.

Moreover, Saudi Arabia government has developed paid scholarship programs for nursing with any degree in order to increase their level of knowledge and enhance the standards of quality and improve nursing profession. Regarding the level of education in nursing, the findings showed that more than two third of study subjects were having bachelor degree and about one quarter had master degree while (8.3%) had postgraduate Diploma. This consistent with **(Muhurji & Yussef, 2017)** who found that in Jeddah hospitals more than half (54.4%) of nurses having bachelor degree in nursing, compared to (12.8%) were had master degree in nursing. From the researcher's point of view this gives a general impression that the bachelor degree in nursing has become a priority in nursing employment options. Also, the Saudi paid scholarship program for nurse helped to increase the number of postgraduate degree (Diploma and Master).

Some hospitals assigned one or more head nurse in order to direct and manage the work inside each hospital departement to improve nursing outcomes and enhance patient safety. The findings regard hospital units revealed that the (ER, main OR & male medical) had the higt percentage (8.3%) and (OPD, ICU, male-surgical, male pedia-medical/surgical, femal pedia-medical/surgical) represented (5.6%) of study subjeacts while less percentage were nurses assinged in the rest of hospital units (2.8%). The findings of these study were congruent with **(Alabdulbaqi et al., 2019)** who found that pediatric was the highest (39.9%) then less percentage were (medical units and surgical units) (36.7% & 23.4%) respectively.

As regards to staff nurse's personal data findings, the present study revealed that non-Saudi staff nurses were the lowest percentage (40.4%) slightly less than Saudi (59.6%) due to the encouragement of Saudization programs. These findings were inconsistent with **(Asiri et al., 2016)** who found that the majority of staff nurses were non-Saudi specially from Philippines (68%) as King AbdulAziz medical city is not affiliated to MOH umbrella and attracting employees from different nationality across the world and ratio of Saudization seems lower than MOH.

Concerning years of work experience and age are often interrelated. So, the results of this revealed that head nurses aged between (24-67) years old with mean= 31.9 which revealed young employee and had between (1-30) years of experience in nursing which it is in agreement with the results of **(Van Bogaert et al., 2016)** who stated that years of experience were ranged (10-30) and age of nurses were ranged (30-50) years old while the majority of them were about 30 years old. This age is considered adulthood at which a person is emotionally balanced and his/her ability to make wise decisions is increased as well as possesses high physical and mental health.

Moreover, regarding the gender of staff nurses, the majority were female in the present study which in

## Relationship between Head Nurses' Emotional Intelligence and Staff Nurses' Empowerment

---

congruent with **(Asif et al., 2019)** who found that all staff nurses were female with (100%) which resultant of the female representation of Pakistani culture. These findings was supported by **(MOH, 2018)** which indicated in its Annual report 1439-2018 that (77%) were female.

Structural education is the strong background of any of healthcare provider specially nurses. In the term of level of education, the present study found that more than two third of study sample had bachelor and only (0.7%) had doctorate degree while (6.7%) had master degree and (14.4%- 3%) were had diploma & associate degree respectively. Those findings were similar to **(Kindipan, 2017)** who found that more than two third of study subjects had bachelor degree and (5.9%) had master degree with a noticeable disappearance of the diploma in ICU in three different hospital in USA. From researcher's point of view these findings might indicate the positive outcome of bridging programs in remarkable change of numbers of nurses with diploma and associate degree in nursing and increased those with bachelor and master's degree.

Lastely, the findings of hospital units as an area of assingment of staff nurses, this study found that the highest percentage were in ICU while ER and OPD were represented (14.4% & 11.5%) respectively. These results inconsistent with **(Aljarameez, 2019)** who found that the lowest percentage was in ICU were no single nurse participated, also more than two third (34.3%) were in surgical units.

Emotional intelligence has been defined by Goleman as the ability to recognize, make an identification, understanding, expression of feelings and regulation of emotions in oneself and other individuals **(Goleman et al., 2013)**. The findings of the current study demonstrated that the highest emotional intelligent head nurses were on relationship management competence while nurses reported the lowest emotional intelligent on self-awareness competence. This was similar to **(Dhani & Sharma, 2016)** who asserted that the lowest emotional intelligent on self-awareness competence in the first line manager. Those findings indicated that nurse leaders had strong characteristics of leadership, inspiration, development of others, influence, change of catalyst, collaboration, teamwork, and management of conflict on their selves and on other people had connection with them. On the other side, those findings incongruent with **(Vyas, 2015)** who stated that high scores of healthcare leaders' emotional intelligence competence were mostly in the outcome decision making with the highest mean score (128.97) compared to the maximum value reported before.

PMAH head nurses have daily practices and multiple roles that require them to carry out huge deal of emotional labor. Hence, having higher level of EI helps nurses to cope with those huge job demands such as taking care of patient. Head nurses showed that more than half of them were high emotionally intelligent and only (5.56%) were low emotionally intelligent, female formed about (8%) of them, while no male has low emotional intelligence competence. These findings were consistent **(Aldossary et al., 2019)** who conducted study in eastern province hospitals in Saudi Arabia and found that more than two third (69%) were high emotionally intelligent among mental heath nurses. They also indicated that there is no evidence of significant difference between the level of EI of nurse and their gender. This also on the same line with the findings of the present study that found there was insignificance relation between gender and EI among head nurses in PMAH.

The level of EI differed significantly with respect to the demographic characteristics most of the time. Thus, the findings of current study were detected that the correlation between all personal data as "age, years of experience, level of education, hospital units and attendance any of EI training course" and EI were very weak, non-significance. Those findings were disagreement with **(Al Reshidi, 2017)** who found that there is a pattern of significant relationships between EI and both age and length of experience and also, suggested that employees with greater life and work experience benefit over the time of the study, as the relationships between EI and these demographic variables build. Those findings were on the same line with **(Banjar & El Seesy, 2019)** who found that there was significance relation between age, years of experience and education. From the researcher's point of view that could be familiar with nursing students in the age of gaining new capacities

## Relationship between Head Nurses' Emotional Intelligence and Staff Nurses' Empowerment

---

and skills, because Emotional intelligence capacity and skills might develop over time. Moreover, results of this study regarding the negative correlation between EI and personal data of head nurses were incongruent with **(Muhurji & Yussef, 2017; Ohlson & Anderson, 2015)** whom found that higher qualification of EI level of nursing leaders correlates positively with education level of head nurses and their emotional capacity.

Workplace organizational structures are foundational in shaping and enhancing work experiences and employee work life. Staff nurse's empowerment is crucial in the workplace due to its impact on the patient and organization's outcomes **(Walker 2018)**. The results of this study indicates that the highest mean scores of empowerment subscale were found on informal power and the lowest was found on global measure of empowerment. These findings were inconsistent with **(de Almeida et al., 2017)** who found that the highest mean score (4.05) were on opportunity which meant they had higher access to structural empowerment through training and ability to grow and develop skills. From the researcher's point of view this might indicate that PMAH originates social links and the established a personal networks and communication within the organization.

Meanwhile, in the present study, the total mean score for nursing empowerment was moderate. Thus, the results indicated that PMAH staff nurses perceived empowerment as moderate. These findings were consistent with **(Kim & Kim, 2019)** who found that the same results in their study about perceived empowerment among staff nurses. On the other hand this findings were disagreement with **(Richardson, 2019)** who found that the mental health nurses highly empowered due to their leader's empowerment behaviors in the workplace. She noted leader's empowerment skills and behavior can influence staff nurses 'perceived empowerment. From researcher's point of view those findings is important because it illustrate the role of the hospital administration in supporting the employees and giving them appropriate access to the resources and power, and this has a major impact on their job satisfaction and the workplace quality.

Factors influencing nurses' empowerment were also assessed in various studies, different Socio demographical characteristics known to have direct impact such as age, gender, level of education, years of experience and assignment in different hospital departments. The findings of resent study found that there were no-significance relations between those personal factors and empowerment. Those findings were incongruent with **(Singh & Chatterjee, 2015)** who found that there was a statistical significant association between years of experience and structure of empowerment in female nurses in India. Moreover, These current study findings were in contrast with **(Aljaramiez, 2019)** who found that there were statistical significant differences between the work unit on total structural empowerment where the workload can affect the level of perceived of empowerment. Also, findings of the current study were inconsistent with **(Yaseen, 2017)** who emphasized that nurses perceived higher structural empowerment at hospitals units with Magnet status compared to non-Magnet hospitals.

In contrast to a study conducted by **(Kelly, 2019)** on critical care nurses who were not requested from the subjects to identify their gender because she believed it was useless to ask for gender in context of empowerment since the demographic data was only for the general information of the population and not needed for the study. Meanwhile, in the term of gender male had the highest percentage that perceived high nursing empowerment and female reported only (20.4%) were highly empowered. From researcher's point of view those findings might indicate that Saudi culture and Arab cultures in general which rise male and support them to grow with good perception about their capabilities. The empowerment can be viewed from different angles depending on the context.

Well-educated healthcare provider specially nurses able to make undeniable difference in workplace and in patient's quality outcomes. The present study found that those nurses who had either Master degree in nursing or those who had Doctorate degree in nursing perceived low empowerment. Otherwise, less than half of nurses who had bachelor degree in nursing perceived moderately empowerment. From researcher's point of view

## Relationship between Head Nurses' Emotional Intelligence and Staff Nurses' Empowerment

---

this might indicate that the organizational and national cultures can consciously and subconsciously affect the way of thinking and decision-making and ultimately affect the way which people perceive, feel and respond. This was also supported by **(Aljarameez, 2019)** who stated that in organizational settings perceptions of empowerment may differ across cultures and added that empowerment might be perceived differently in high and low-power distance cultures.

The present study results revealed that there was a weak non-significant correlation between head nurse's EI and staff nurse's perceived empowerment and even there were no correlation between total of EI of the head nurses, with the total of perceived empowerment of staff nurses or the different EI competencies with subscales of empowerment. Those findings were incongruent with **(Lucas et al., 2008; Healy, 2017)** who found that higher levels of all staff nurse empowerment dimensions were related to greater manager EI. Also added that access to support, resources and formal power were most strongly related to EI.

It is interesting to know that emotionally intelligent managers may have the ability to understand the emotional make-up of their staff and manage them by providing the support, feedback or guidance they require. Additionally, these finding is inconsistent with **(Young-Ritchie et al., 2007; Richardson, 2019)** who found that there were strong relations between ER staff nurse perception of empowerment and their manager EI. That study stated that ER nurses reported opportunity as the most empowering structure within the work setting, its relationship with emotionally intelligent leadership behavior was weakest. Moreover, findings of this study were in disagreement with **(Gulzar et al., 2015)** who found that there were a strong relations between faculty emotional intelligence and nursing student empowerment, this result indicated that faculty members' ability to use emotions for effective reasoning and problem-solving influenced students' perceptions of their impact in the classroom, their competence level, and their meaningfulness or value of nursing education. The strong relationships between empowerment and all EI behavioral categories show that both personal competence and social EI competencies have an impact on feelings of empowerment.

### CONCLUSION

More than half of study sample were high emotionally intelligent and only (5.56%) were low emotionally intelligent and more than third of them were moderate. less than half of study subjects were moderately empowered ,while about one third of them were low empowered and only slightly less than one quarter were highly empowered. Finally, weak non-significant correlations between Head nurses' emotional Intelligence and staff nurses' perceived empowerment.

### RECOMMENDATIONS

Based on the study findings, the following recommendations were suggested:

#### I. Healthcare organizations need to

- Apply recruitment and selection of the right of head nurses with special competencies to fulfill its strategic and operational goals.
- Provide training and development programs for head nurses about emotional intelligence as a crucial competence for manager's success in work.
- Provide training programs for staff nurses and head nurses about empowerment.
- Involve emotional intelligence competencies in head nurses' performance appraisal.
- Create organization climate in which staff nurses are empowered to develop and for optimal use their potentials and capabilities.
- Redesign the hospital policies and regulations to be adapted with new vision of King Saudi Arabia



## Relationship between Head Nurses' Emotional Intelligence and Staff Nurses' Empowerment

---

regarding nursing empowerment.

### II. Nursing education programs need to:

- Develop curricular based competencies for emotional intelligence and empowerment both in under and postgraduate programs.

### III. Further Researches:

- Conduct research to examine the effect of shared governance on nurses 'empowerment.
- Conduct research to study effect students' emotional intelligence and their achievements.

### LIMITATIONS OF THE STUDY

The researcher converts to electronic questionnaires via email nursing services department to send it to staff nurses. Seventy questionnaires (about one-third of the sample size) were collected electronically within two weeks. After Coronavirus confirmed as pandemic by World Health Organization and as a proactive step from PMAH to keep social distance and to stop spreading of the infection outside the hospital (PMAH considered as Primary Corona Center in Riyadh City.

### DECLARATION OF INTEREST

There is no conflict of interest.

### REFERENCES

- Al-Dweik, G., Al-Daken, L. I., Abu-Snieneh, H., & Ahmad, M. M. (2016). Work-related empowerment among nurses: literature review. *International Journal of Productivity and Quality Management*, 19(2), 168-186.
- Al Reshidi, M. S. (2019). The impact of a training intervention on emotional intelligence, leadership styles, self-efficacy and perception of sense of power in a university nursing faculty in Saudi Arabia. University of Salford,
- Alabdulbaqi, E., Banjar, H., & Felemban, O. (2019). The Relationship between Self-Leadership and Emotional Intelligence among Staff Nurses.
- Aldossary, N., Alshowkan, A., GamalAldeen, A., & Abu Madani, M. (2019). Study of Emotional Intelligence among Psychiatric Mental Health Nurses in Eastern Province, Saudi Arabia. *IOSR Journal of Nursing and Health Science (IOSR-JNHS)*.
- Alghamdi, M. G. (2017). The Impact of Practice Environment and Nursing Workload on Patient Outcomes among Non-Magnet Hospitals in Saudi Arabia.
- Alghamdi, M. G., & Urden, L. D. (2016). Transforming the nursing profession in Saudi Arabia. *Journal of Nursing Management*, 24(1), E95-E100.
- Aljarameez, F. (2019). The Relationships of Structural Empowerment, Psychological Empowerment and Organizational Commitment in Saudi and Non-Saudi Registered Staff Nurses in Saudi Arabia. Widener University,
- Ambavale, R., & Dani, S. (2014). A study on emotional intelligence measures: analysis and comparison. *International journal of advanced research in management and social sciences*, 3(5), 35-65.
- Asif, M., Jameel, A., Hussain, A., Hwang, J., & Sahito, N. (2019). Linking Transformational Leadership with Nurse-Assessed Adverse Patient Outcomes and the Quality of Care: Assessing the Role of Job Satisfaction and Structural Empowerment. *International journal of environmental research and public health*, 16(13), 2381.

## Relationship between Head Nurses' Emotional Intelligence and Staff Nurses' Empowerment

---

- Asiri, S. A., Rohrer, W. W., Al-Surimi, K., Da'ar, O. O., & Ahmed, A. (2016). The association of leadership styles and empowerment with nurses' organizational commitment in an acute health care setting: a cross-sectional study. *BMC nursing*, 15(1), 38.
- Asturias, N. (2017). An exploration of the relationship between emotional intelligence and stress, psychological distress and coping strategies for undergraduate nursing students. Victoria University.
- Atmospera, W., Nancy. (2017). Improving Patient Safety Through Structural Empowerment. University of Hawai'i at Manoa,
- Banjar, H., & El Seesy, N. (2019). Measurement of the Emotional Intelligence Competencies for Effective Leaders among Saudi Nursing Students at King Abdul Al Aziz University. *American Journal of Nursing*, 7(4), 420-427.
- Bassett, S. E. (2017). Nurses' perceptions of occupational self-efficacy/workplace autonomy related to organizational/structural empowerment. Capella University,
- Bergquist, T. (2018). Impact of Empowerment and Autonomy on the Nursing Director's Intent to Stay.
- Boyatzis, R. E. (2016). Commentary on Ackley (2016): Updates on the ESCI as the behavioral level of emotional intelligence.
- Boyatzis, R. E., Goleman, D., & Rhee, K. (2000). Clustering competence in emotional intelligence: Insights from the Emotional Competence Inventory (ECI). *Handbook of emotional intelligence*, 99(6), 343-362.
- Broughton, N. (2017). The evolution of emotional intelligence. *International Journal of Business and Social Science*, 8(6), 6-15.
- de Almeida, M. H., Orgambídez-Ramos, A., & Batista, P. (2017). Workplace empowerment and job satisfaction in Portuguese nursing staff: An exploratory study. *Central European Journal of Nursing and Midwifery*, 8(4), 749-755.
- Dempsey, C., & Reilly, B. (2016). Nurse engagement: What are the contributing factors for success. *OJIN: The Online Journal of Issues in Nursing*, 21(1).
- Dhani, P., & Sharma, T. (2016). Emotional Intelligence: History, Models and Measures.
- Edussuriya, D., Marambe, K., Tennakoon, S., Rathnayake, R., Premaratne, B., Ubhayasiri, S., & Wickramasinghe, C. (2018). Emotional intelligence in first year medical students and its correlates: a study conducted at a faculty of medicine in Sri Lanka. *Sri Lanka Journal of Medicine*, 27(2).
- Goleman, D., Boyatzis, R., & McKee, A. (2013). *Primal leadership: Unleashing the power of emotional intelligence*: Harvard Business Press.
- Group, H. (2014). Emotional and social competency inventory. Retrieved from [http://www.haygroup.com/leadershipandtalentondemand/ourproducts/item\\_details.aspx?itemid=58&type=1&t=2](http://www.haygroup.com/leadershipandtalentondemand/ourproducts/item_details.aspx?itemid=58&type=1&t=2).
- Gulzar, S., Karmaliani, R., Vertejee, S., Khan, K. S., Amarsi, Y., & Macfarlane, J. (2015). A qualitative study of nursing leader's perceptions of professional empowerment amongst Pakistani nurses. *International Journal of Nursing Education*, 7(3), 247-251.
- Healy, C. (2017). Influence of Psychological Empowerment, Leadership, and Climate on Safety Outcomes.
- Kelly, C. D. (2019). The Relationship of Structural Empowerment, Job Satisfaction, and Intent to Leave in Critical Care Nurses. Grand Canyon University,
- Kikanloo, A. A. I., Jalali, K., Asadi, Z., Shokrpour, N., Amiri, M., & Bazrafkan, L. (2019). Emotional Intelligence

## Relationship between Head Nurses' Emotional Intelligence and Staff Nurses' Empowerment

---

- Skills: Is Nurses' Stress and Professional Competence Related to their Emotional Intelligence Training? A quasi experimental study. *Journal of Advances in Medical Education & Professionalism*, 7(3), 138.
- Kim, Y. M., & Kim, S. Y. (2019). Structural empowerment and nurses' patient identification behaviors: a cross-sectional study. *International journal of health care quality assurance*.
- Kindipan, I. (2017). The Role of Leader Empowering Behaviors on Work Engagement and Intent to Stay Among Staff Nurses in Acute Care Hospitals.
- King, R. D. (2016). Development of Emotional Intelligence Training for Certified Registered Nurse Anesthetists.
- Kretzschmer, S., Walker, M., Myers, J., Vogt, K., Massouda, J., Gottbrath, D., . . . Logsdon, M. C. (2017). Nursing empowerment, workplace environment, and job satisfaction in nurses employed in an academic health science center. *Journal for nurses in professional development*, 33(4), 196-202.
- Laschinger, H. K. S., Borgogni, L., Consiglio, C., & Read, E. (2015). The effects of authentic leadership, six areas of worklife, and occupational coping self-efficacy on new graduate nurses' burnout and mental health: A cross-sectional study. *International journal of nursing studies*, 52(6), 1080-1089.
- Laschinger, H. K. S., Finegan, J., Shamian, J., & Wilk, P. (2001). Impact of structural and psychological empowerment on job strain in nursing work settings: expanding Kanter's model. *JONA: The Journal of Nursing Administration*, 31(5), 260-272.
- Lin, D., Liebert, C., Tran, J., Lau, J., & Salles, A. (2016). Emotional intelligence as a predictor of resident well-being. *Journal of the American College of Surgeons*, 223(2), 352-358.
- Livesey, P. V. (2017). Goleman-Boyatzis model of emotional intelligence for dealing with problems in project management. *Construction Economics and Building*, 17(1), 20.
- Lucas, V., Spence Laschinger, H. K., & Wong, C. A. (2008). The impact of emotional intelligent leadership on staff nurse empowerment: the moderating effect of span of control. *Journal of Nursing Management*, 16(8), 964-973.
- MOH. (2018). Annual Report of The Health of Ministry. MOH. Retrieved from <https://www.moh.gov.sa/Ministry/MedicalCenter/Puplications/Saudi/MOH-Annual-Report-1438-1439H.pdf>.
- Muhurji, A., & Yusef, T. O. (2017). Perceived Emotional Intelligence of Nurse Managers in Ministry of Health in Jeddah, Saudi Arabia.
- Ohlson, S. M., & Anderson, M. A. (2015). Ability emotional intelligence of nurse managers in the Midwestern United States. *Asia-Pacific journal of oncology nursing*, 2(2), 82-88. doi:10.4103/2347-5625.155733
- Orgambídez, R., Alejandro, Gonçalves, G., Santos, J., Borrego, A., Yolanda, . . . María, I. (2015). Empowering employees: A portuguese adaptation of the conditions of work effectiveness questionnaire (CWEQ-II). *Psicologia Revista da Associação Portuguesa de Psicologia*, 29(1), 1-10.
- Qureshi, I. A., Ali, R., Raza, H., & Whitty, M. (2015). The impact of leader's emotional intelligence on employee commitment. An empirical study in the sports industry of Sialkot, Pakistan. *IOSR Journal of Business and Management*, 17(5), 125-134.
- Richardson, L. (2019). The Relationship between Leader Empowering Behaviors and Employees' Structural and Psychological Empowerment among Mental Health Professionals. Grand Canyon University,
- Sharma, P. N., & Kirkman, B. L. (2015). Leveraging leaders: A literature review and future lines of inquiry for empowering leadership research. *Group & Organization Management*, 40(2), 193-237.

## Relationship between Head Nurses' Emotional Intelligence and Staff Nurses' Empowerment

---

- Singh, B. M., & Chatterjee, L. C. K. (2015). Concept of Nursing Empowerment.
- Tomar, R. (2016). A study of emotional intelligence among nurses. *Int J Sci Res Edu*, 4(4), 5204-5211.
- Van Bogaert, P., Peremans, L., Diltour, N., Van Heusden, D., Dilles, T., Van Rompaey, B., & Havens, D. S. (2016). Staff nurses' perceptions and experiences about structural empowerment: A qualitative phenomenological study. *PLoS One*, 11(4), e0152654.
- Vyas, E. (2015). Relationship between healthcare leaders' emotional intelligence and staff work engagement during transformational change: A correlational study. Capella University,
- Walker, S. K. (2018). Nurse Program Directors: Examining Empowerment and Retention of Online Nurse Faculty. Grand Canyon University,
- Yaseen, M. (2017). Organizational, Nurse, and Patient Empowerment at a Magnet and Non-Magnet Hospital.
- Young-Ritchie, C., Laschinger, H. S., & Wong, C. (2007). The Effects of Emotionally Intelligent Leadership Behaviour on Emergency Staff Nurses' Workplace. Empowerment and Organizational Commitment. Faculty of Graduate Studies, University of Western Ontario,
- Zahra, J., AS. (2015). The impact of nurses' empowerment and decision-making on the care quality of patients in healthcare reform plan. *International Academic Journal of Organizational Behavior and Human Resource Management*, 2(9), 33-39.

**Citation:** Awatif Faisal Albuqami, Eman Salman Taie, Nabila Abdullah, "Relationship between Head Nurses' Emotional Intelligence and Staff Nurses' Empowerment". *American Research Journal of Nursing*. 2020; 6(1): 1-20.

**Copyright © 2020** Awatif Faisal Albuqami, Eman Salman Taie, Nabila Abdullah, This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.