Self-Reported Emotional Intelligence on the Competencies of Nurse Managers in a Level 2 Government Hospital

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DOI: https://doi.org/10.51584/IJRIAS.2026.11080019

Received: 26 July 2026; Accepted: 31 July 2026; Published: 31 August 2026

ABSTRACT

Nurse manager competencies are vital because they directly bridge the gap between corporate administrative strategy and frontline clinical execution to ensure operational efficiency. There is a scarcity pf research studies at the local level where competencies of nurse managers is influenced by self-reported emotional intelligence in a level 2 hospital. This quantitative study utilized the descriptive correlational design to assess the relationship of self-reported emotional intelligence and competencies among nurse managers in a level 2 government hospital in Mandaue City for the first half of August 2026. Findings of the study revealed that self-reported emotional intelligence of the nurse managers was average. Specifically, they had an average appraisal of emotions (perceiving emotions), managing self-relevant emotions, managing others' emotions (social skills), and utilization of emotions. The competencies of the nurse mangers were high. Specifically, they had a high level of staff advocacy and development, team communication and collaboration, change and resource management, quality monitoring and pursuance, and personal mastery. Self-reported emotional intelligence was significantly correlated with competencies of the nurse managers. As a result, a competency enhancement plan for nurse managers was proposed.

Keywords: Competencies; Nurse Managers; Self-reported Emotional Intelligence; Government Hospital; Descriptive-correlational design.

INTRODUCTION

Healthcare organizations continue to experience increasing operational demands brought about by workforce shortages, organizational changes, and the growing complexity of patient care. Although nursing education continues to expand, healthcare institutions still face challenges in maintaining a stable and competent nursing workforce capable of delivering safe and high-quality care (Jackson, 2026). Within this environment, nurse managers play a critical role in translating organizational goals into effective clinical practice and maintaining workforce stability. Their competence directly influences nursing performance, patient outcomes, and organizational effectiveness (Mirzaei et al., 2024). One factor that may influence nurse manager competency is emotional intelligence (EI), which refers to the ability to recognize, understand, regulate, and appropriately use one's own emotions and those of others to guide thinking and behavior (Brackett et al., 2026). Emotional intelligence enables nurse managers to lead effectively, manage interpersonal relationships, make sound decisions, and respond appropriately to workplace challenges. Previous evidence suggests that emotionally intelligent nurse leaders are more capable of achieving effective healthcare management and fostering positive work environments (Prezerakos, 2018).

In the researcher's workplace, some nurse managers appear to prioritize operational indicators over the emotional and psychological needs of nursing staff. Situations such as limited empathy toward staff experiencing emotional distress, inconsistent conflict management, inadequate responses to workplace

bullying, and unequal workload or scheduling practices have been observed to affect staff morale, teamwork, and psychological safety. These experiences emphasize that effective nursing leadership requires not only clinical and managerial competence but also strong emotional intelligence to support staff, encourage open communication, promote fairness, and maintain a healthy work environment. These observations provided the practical basis for conducting the present study.

Despite increasing recognition of emotional intelligence in nursing leadership, limited evidence exists regarding its relationship with nurse manager competency in Level 2 hospitals, where nurse managers often perform broader leadership responsibilities with fewer organizational resources than those in larger tertiary institutions. Existing competency models are largely derived from tertiary hospitals and may not fully reflect the realities of Level 2 healthcare settings, while many previous studies have focused on staff nurses rather than nurse managers. Therefore, this study aimed to determine the relationship between self-reported emotional intelligence and nurse manager competency in a Level 2 hospital. The findings are expected to guide leadership development, strengthen nurse manager competency, improve workplace relationships, and support quality patient care. Furthermore, the study contributes to Sustainable Development Goal (SDG) 3 (Good Health and Well-being) by promoting effective nursing leadership and SDG 8 (Decent Work and Economic Growth) by fostering supportive work environments that enhance workforce well-being and organizational sustainability.

Research Questions

This study was to assess the relationship of self-reported emotional intelligence and competencies among nurse managers in a level 2 government hospital in Mandaue City for the first half of August 2026.

The study specifically answered the following queries:

1. What was the self-reported emotional intelligence of the nurse managers in terms of:

1.1 appraisal of emotions (perceiving emotions);

1.2 managing self-relevant emotions;

1.3 managing others' emotions (social skills); and

1.4 utilization of emotions?

2. What were the competencies of the nurse mangers in terms of:

2.1 staff advocacy and development;

2.2 team communication and collaboration;

2.3 change and resource management;

2.4 quality monitoring and pursuance; and

2.5 personal mastery?

3. Was there a significant relationship between self-reported emotional intelligence and competencies of the nurse managers?

4. What competencies enhancement plan for nurse managers was proposed based on the findings of the study?

ISSN No. 2454-6194 | DOI: 10.51584/IJRIAS |Volume XI Issue VIII August 2026

Statement of Null Hypothesis

H_{o1}: There was no significant relationship between self-reported emotional intelligence and competencies of the nurse managers

REVIEW OF RELATED LITERATURE AND STUDIES

Self-Reported Emotional Intelligence. Emotional intelligence (EI) refers to an individual's ability to recognize, understand, regulate, and appropriately express emotions while effectively responding to the emotions of others. It is commonly described through four interrelated dimensions: self-awareness, self-management, social awareness, and relationship management, which collectively enable individuals to communicate effectively, build meaningful relationships, resolve conflicts, and make sound decisions in complex situations (Felician University, 2024). In the nursing profession, emotional intelligence has become increasingly recognized as an essential leadership competency because healthcare environments are emotionally demanding and require continuous interaction with patients, families, and multidisciplinary healthcare teams. Nurse managers are expected to balance administrative responsibilities with compassionate leadership while maintaining quality patient care and staff well-being. Emotional intelligence allows nurse managers to regulate their own emotions during stressful situations, demonstrate empathy toward staff members, and create a supportive workplace culture that encourages collaboration and professional growth. As healthcare systems continue to evolve, emotionally intelligent leadership has become indispensable in fostering resilient nursing teams capable of adapting to organizational changes and increasing healthcare demands.

Recent studies consistently demonstrate that emotional intelligence contributes positively to leadership effectiveness and organizational performance among nurse managers. Evidence suggests that nurse managers with higher emotional intelligence exhibit stronger self-leadership, more effective communication, better conflict management, and healthier interpersonal relationships, all of which contribute to improved staff engagement and patient care outcomes (Carlucci & Ma, 2025; David et al., 2025). Emotional intelligence has also been associated with enhanced communication skills, reduced workplace stress, and improved emotional regulation following structured educational interventions, highlighting that these competencies can be strengthened through leadership development programs (Kawashima et al., 2026). Furthermore, emotionally intelligent nurse managers are better able to establish healthy work environments characterized by trust, collaboration, psychological safety, and employee empowerment. Although the influence of emotional intelligence on specific leadership styles may vary across organizational settings, current evidence consistently supports its role in strengthening leadership performance and promoting positive workplace outcomes (Llego et al., 2025; Alanazy & Alzamil, 2026). Collectively, these findings suggest that emotional intelligence is not merely a personal attribute but a measurable and developable competency that enables nurse managers to effectively lead healthcare teams while supporting organizational excellence and quality patient care.

Competencies of Nurse Managers. Nurse manager competency refers to the integration of knowledge, technical expertise, leadership abilities, interpersonal skills, and professional judgment necessary to effectively manage nursing services and achieve organizational goals. As frontline leaders, nurse managers serve as the vital connection between hospital administration and clinical practice by translating organizational policies into safe, efficient, and patient-centered nursing care. Their responsibilities extend beyond administrative functions and include supervising nursing personnel, coordinating interdisciplinary collaboration, allocating resources, ensuring patient safety, promoting staff development, and monitoring quality improvement initiatives. To perform these responsibilities successfully, nurse managers must possess competencies in leadership, communication, decision-making, problem-solving, financial management, conflict resolution, and clinical governance. The increasingly complex healthcare environment further requires nurse managers to demonstrate adaptability, critical thinking, and strategic planning while responding to workforce shortages, technological advancements, and changing patient needs. Consequently, nurse manager competency has become one of the most important determinants of nursing workforce performance, organizational effectiveness, and healthcare quality.

Recent evidence consistently identifies nurse manager competency as a significant contributor to both employee outcomes and organizational performance. Studies have shown that competencies related to communication, staff advocacy, collaboration, leadership, and quality management are associated with higher job satisfaction, lower turnover intention, reduced missed nursing care, and improved quality of patient care (Choi et al., 2022; Warshawsky et al., 2022). Contemporary competency frameworks further emphasize that effective nurse managers require a balanced combination of managerial, clinical, technological, communicative, collaborative, and socio-emotional competencies to address the increasing complexity of healthcare delivery (Gunawan et al., 2023; Perez-Ramirez, 2025). In addition, conceptual leadership skills, including analytical thinking, strategic planning, and evidence-based decision-making, have been identified as significant predictors of managerial competency among nurse leaders (Chin et al., 2024). These findings demonstrate that competency is multidimensional and extends beyond technical expertise to include leadership behaviors that promote teamwork, innovation, and continuous quality improvement. Overall, developing competent nurse managers is essential for strengthening healthcare organizations because effective leadership directly influences nursing performance, patient outcomes, workforce retention, and the long-term sustainability of healthcare services.

Self-Reported Emotional Intelligence and Competencies of Nurse Managers. Emotional intelligence has increasingly been recognized as an important factor influencing nurses' competence and leadership effectiveness across various healthcare settings. As healthcare organizations become more complex, nurse managers are expected not only to possess technical and managerial expertise but also the emotional capacity to lead diverse teams, manage interpersonal relationships, and respond appropriately to workplace challenges. Emotional intelligence enables leaders to regulate their emotions, demonstrate empathy, communicate effectively, and make balanced decisions during stressful situations, all of which contribute to stronger managerial performance. These emotional competencies facilitate collaboration, build trust among healthcare professionals, and promote supportive work environments that encourage professional growth and high-quality patient care. Consequently, emotional intelligence is increasingly viewed as an essential leadership competency that complements clinical knowledge and administrative skills in achieving organizational effectiveness. Rather than functioning independently, emotional intelligence serves as a foundational capability that enhances the application of managerial competencies in everyday nursing practice.

Recent empirical evidence supports the positive relationship between emotional intelligence and various dimensions of nursing competence. Studies have demonstrated that higher emotional intelligence is associated with improved clinical competence, stronger job performance, enhanced cultural competence, effective communication, and better interpersonal relationships among nurses (Mehralian et al., 2025; Park et al., 2024; Casane & Bacarisas, 2025). Likewise, emotional intelligence has been shown to positively influence nurses' ability to provide patient-centered care, seek appropriate support, and perform effectively within multidisciplinary healthcare teams. Dehnavi et al. (2022) further reported a significant positive relationship between emotional intelligence and clinical competence, indicating that nurses with higher emotional intelligence demonstrate greater confidence and effectiveness in delivering nursing care. Collectively, these findings suggest that emotional intelligence contributes substantially to the development of professional competencies by strengthening decision-making, communication, adaptability, and leadership behaviors. Although existing studies have primarily examined staff nurses and clinical competence, limited evidence has explored this relationship among nurse managers, particularly within Level 2 hospitals, highlighting the need for further investigation in this specific leadership context.

RESEARCH METHODOLOGY

Design. This study employed a quantitative descriptive-correlational research design to examine the relationship between self-reported emotional intelligence and the competency of nurse managers. The descriptive component was used to determine the level of emotional intelligence and managerial competency of the respondents, while the correlational component examined the relationship between these two variables (McCombes, 2023; Putri et al., 2025).

Environment. The study was conducted in the Nursing Service Department of a Level 2 government hospital

ISSN No. 2454-6194 | DOI: 10.51584/IJRIAS |Volume XI Issue VIII August 2026

in Mandaue City, Philippines.

Respondents. The respondents of the study were all 40 nurse managers employed in the Level 2 government hospital.

Sampling Design. A complete enumeration approach was utilized, wherein all eligible nurse managers were invited to participate.

Inclusion Criteria and Exclusion Criteria. Eligible participants were registered nurses currently occupying managerial or supervisory positions, employed on a full-time basis, with at least one month of experience in their present managerial role to ensure familiarity with their leadership responsibilities and work environment. Participation in the study was entirely voluntary, and informed consent was obtained from all respondents prior to data collection. Nurse managers who were newly appointed, on extended leave, assigned to purely administrative positions without direct nursing supervision, or intending to resign or retire during the data collection period were excluded from the study. The use of complete enumeration minimized sampling bias and strengthened the representativeness of the findings within the study setting.

Instrument. Self-reported emotional intelligence was measured using the Schutte Self-Report Emotional Intelligence Test (SSEIT) developed by Schutte et al. (1998) based on the emotional intelligence framework of Salovey and Mayer (1990). The instrument consists of 33 self-report items measuring four dimensions of emotional intelligence: appraisal of emotions, managing self-relevant emotions, managing others' emotions, and utilization of emotions. Responses are rated using a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree), with three negatively worded items requiring reverse scoring. Total scores range from 33 to 165, with higher scores indicating higher perceived emotional intelligence. Scores above 140 indicate high emotional intelligence, scores between 110 and 140 indicate average emotional intelligence, and scores below 110 indicate low emotional intelligence. The SSEIT has demonstrated excellent internal consistency, with a reported Cronbach's alpha coefficient of 0.90, indicating that it is a reliable instrument for measuring emotional intelligence.

Nurse manager competency was assessed using the Nurse Manager Competency Scale developed by Choi et al. (2022). The instrument consists of 60 items distributed across five competency domains, namely staff advocacy and development (12 items), team communication and collaboration (15 items), change and resource management (10 items), quality monitoring and pursuance (11 items), and personal mastery (12 items). Responses are measured using a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree), with higher scores reflecting greater perceived competency. Mean scores were computed for each competency domain and for the overall scale, with higher mean scores indicating higher levels of competency. Interpretation of the scores ranged from very low competency (1.00–1.80) to very high competency (4.21–5.00). The instrument demonstrated excellent psychometric properties, with an overall Cronbach's alpha coefficient of 0.98 and domain reliability coefficients ranging from 0.92 to 0.98, indicating excellent internal consistency (Mirzaei et al., 2024.

Data Gathering Procedures. Following approval from the appropriate university and hospital ethics review committees, permission to conduct the study was obtained from the hospital administration before the commencement of data collection. Eligible nurse managers were informed about the objectives of the study, the voluntary nature of their participation, and their rights as research participants before obtaining written informed consent. Data were collected through face-to-face administration of the questionnaires at schedules convenient to the participants to minimize disruption of hospital operations and patient care activities. Completed questionnaires were immediately reviewed for completeness to minimize missing responses and ensure data quality before encoding. All collected data were entered into a secure electronic database and prepared for statistical analysis while maintaining participant anonymity and confidentiality. Upon completion of the study, all research records were handled and disposed of in accordance with institutional policies on data privacy and research ethics.

ISSN No. 2454-6194 | DOI: 10.51584/IJRIAS |Volume XI Issue VIII August 2026

Statistical Treatment of Data.

Summation of scores was used to determine the level of self-reported emotional intelligence among nurse managers, while mean and standard deviation were computed to describe the level of nurse manager competency. The relationship between self-reported emotional intelligence and nurse manager competency was examined using the Pearson product-moment correlation coefficient (Pearson's r). Pearson's correlation was considered appropriate because both study variables were measured on continuous scales and the study aimed to determine the strength and direction of their association. Statistical significance was established at the 0.05 level, and all analyses were performed to objectively address the study objectives. The results were subsequently presented in tables and interpreted in relation to existing literature and previous studies.

Ethical Considerations. Ethical approval was obtained from the ethics review boards of both the university and the participating hospital before data collection. Participation was voluntary, informed consent was obtained from all participants, and confidentiality and anonymity were maintained throughout the study in accordance with institutional ethical guidelines.

Presentation, Analysis, And Interpretation Of Data

Table 1 Profile of Self-Reported Emotional Intelligence of the Respondents

Appraisal of emotions	Average score	*f*	*%*
Low	0.00	0	0.00
Average	34.24	29	72.50
High	39.00	11	27.50
Average Score	35.55	Average	
Managing self-relevant emotions			
Low	0.00	0	0.00
Average	31.50	20	50.00
High	36.32	20	50.00
Average Score	33.85	Average	
Managing others' emotions			
Low	0.00	0	0.00
Average	27.29	7	50.00
High	30.64	33	50.00
Average Score	30.05	High	
Utilization of emotions			
Low	0.00	0	0.00
Average	20.17	12	30.00
High	23.71	28	70.00
Average Score	22.65	Average	
Overall emotional intelligence			
Low	103.00	2	5.00
Average	121.65	36	90.00

High	148.50	2	5.00
Average Score	122.10	Average	

Note. *n=40*.

Legend: Higher scores indicate greater perceived emotional intelligence. High EI is above 140, Average EI is 110–140, and Low EI is below 110.

The findings in table 1 revealed that nurse managers demonstrated an average level of self-reported emotional intelligence, indicating that they possess the fundamental emotional competencies needed to perform their leadership responsibilities and manage routine workplace interactions. This finding may reflect the realities of government hospitals, where nurse managers are commonly promoted based on clinical expertise, years of service, and technical competence rather than emotional intelligence and leadership capabilities. Although the respondents reported a high level of managing others' emotions, their ratings for appraisal of emotions, managing self-relevant emotions, and utilization of emotions remained at an average level, suggesting that while they can effectively support and interact with others, there is still room to strengthen emotional self-awareness, self-regulation, and the application of emotions in decision-making and problem-solving. These findings imply that the respondents possess sufficient emotional competencies to manage routine leadership responsibilities; however, additional emotional intelligence development may better prepare them to address complex interpersonal issues, workplace conflicts, and high-pressure situations commonly encountered in healthcare settings.

The present findings are consistent with previous studies reporting moderate levels of emotional intelligence among nurses and nurse managers. Casane and Bacarisas (2025) found that nurses demonstrated moderate emotional intelligence and cultural competence, while Llego et al. (2025) likewise reported that nurse managers exhibited moderate emotional intelligence that significantly predicted several leadership styles, particularly strategic leadership. In contrast, David et al. (2025) reported high emotional intelligence among nurse managers and emphasized its contribution to effective leadership, conflict management, teamwork, staff well-being, nurse retention, and organizational success. Taken together, these studies suggest that emotional intelligence is an important leadership competency that supports effective nurse management and reinforces the need for leadership development programs that strengthen emotional intelligence to improve managerial performance, workforce stability, and quality of patient care.

Table 2 Competencies of the Respondents

Dimensions	Mean score	SD	Interpretation
Domain 1: Staff Advocacy and Development			
1. Understands staff's unique needs.	3.98	0.733	Agree
2. Stands up and speaks for colleagues.	3.95	0.876	Agree
3. Offers prompt assistance to colleagues when needed.	4.03	0.733	Agree
4. Advocates for the interests of co-workers.	4.03	0.660	Agree
5. Develops staff potential.	4.13	0.723	Agree
6. Able to address the needs of staff.	4.20	0.648	Agree
7. Provides an accurate appraisal of staff performance.	3.80	0.723	Agree
8. Delegates work according to the individual's potential.	3.90	0.632	Agree
9. Provides advice to colleagues on their career development.	4.25	0.543	Strongly agree
10. Offers learning opportunities to colleagues.	4.15	0.427	Agree
11. Offers promotion opportunities to colleagues.	4.25	0.670	Strongly agree

12. Shares with others his/her own expertise.	3.95	0.783	Agree
Factor mean	4.05	0.339	High
Domain 2: Team Communication and Collaboration			
13. Respects others' views.	4.05	0.749	Agree
14. Is willing to accept others' opinions.	4.28	0.751	
15. Strives to listen to colleagues' voices.	4.05	0.677	Agree
16. Views issues from others' perspectives.	4.33	0.656	
17. Establishes trusting relationships.	3.88	0.686	Agree
18. Collaborates effectively with colleagues.	4.10	0.632	Agree
19. Incorporates multiple perspectives when managing incidents at work.	4.25	0.543	Strongly agree
20. Shows appreciation to others.	4.35	0.580	Strongly agree
21. Provides communication platforms.	3.83	0.447	Agree
22. Mediates conflicts among colleagues.	3.75	0.588	Agree
23. Bridges communication between hospital administrators and frontline work.	3.90	0.632	Agree
24. Cultivates team spirit.	3.75	0.742	Agree
25. Facilitates collaboration with other departments.	4.18	0.636	Agree
26. Maintains day-to-day communication with colleagues.	4.05	0.597	Agree
27. Leads the team effectively.	3.75	0.670	Agree
Factor mean	4.03	0.300	High
Domain 3: Change and Resource Management			
28. Is flexible enough to make changes.	3.68	0.616	Agree
29. Handles unexpected incidents efficiently.	3.53	0.599	Agree
30. Effectively responds to sudden increases in demand for resources.	3.68	0.526	Agree
31. Effectively responds to sudden increases in demand for manpower.	3.73	0.599	Agree
32. Is willing to adopt new technological innovations in healthcare.	4.03	0.620	Agree
33. Keeps abreast with changes in health technology.	4.10	0.632	Agree
34. Scrutinizes the use of resources during times of change.	3.83	0.675	Agree
35. Forecasts the resources needed during times of change.	3.80	0.648	Agree
36. Facilitates changes at work.	3.83	0.594	Agree
37. Transforms changes into opportunities for advancement.	3.95	0.504	Agree
Factor mean	3.93	0.526	High
Domain 4: Quality Monitoring and Pursuance			
38. Directs colleagues towards goal setting.	3.82	0.300	Agree
39. Incorporates professional values in goal setting.	3.95	0.639	Agree

40. Pursues quality of care.	4.15	0.533	Agree
41. Incorporates organizational values in goal setting.	4.15	0.483	Agree
42. Develops initiatives to promote quality of care.	4.00	0.679	Agree
43. Proactively identifies risks to safeguard quality of care.	4.08	0.616	Agree
44. Pursues advancements in nursing.	4.03	0.620	Agree
45. Monitors staff performance to ensure quality of care.	4.13	0.563	Agree
46. Cultivates a culture of quality.	3.73	0.599	Agree
47. Values evidence-based practices.	4.03	0.620	Agree
48. Direct the team towards achieving quality of care	3.80	0.564	Agree
Factor mean	4.00	0.302	High
Domain 5: Personal Mastery			
49. Manages his/her own emotions well.	3.83	0.675	Agree
50. Is open-minded.	4.08	0.694	Agree
51. Is caring.	4.03	0.577	Agree
52. Is fair.	4.08	0.730	Agree
53. Is genuine.	4.03	0.620	Agree
54. Is positive.	3.90	0.545	Agree
55. Is knowledgeable about generational diversity.	3.83	0.594	Agree
56. Is organized.	3.98	0.733	Agree
57. Is hard-working and efficient.	3.85	0.622	Agree
58. Is decisive.	3.90	0.496	Agree
59. Is passionate about work.	3.83	0.501	Agree
60. Is clinically knowledgeable and proficient.	4.00	0.506	Agree
Factor mean	3.94	0.315	High
Grand mean	3.97	0.246	High

Note. *n= 40*.

Legend: A score of 1.00 – 1.80 is very low, 1.81 – 2.60 is low, 2.61 – 3.40 is moderate, 3.41 – 4.20 is high, and 4.21 – 5.00 is very high.

The results in Table 2 showed that nurse managers demonstrated a high level of competency, suggesting that they possess the knowledge, leadership skills, and professional abilities necessary to effectively manage nursing services and achieve organizational goals. Although the competency assessment was self-reported, the findings may also reflect the actual leadership practices observed within the clinical setting. Across all competency domains, including staff advocacy and development, team communication and collaboration, change and resource management, quality monitoring and pursuance, and personal mastery, the respondents consistently reported high levels of competence. These findings indicate that the nurse managers are capable of supporting staff development, promoting collaboration, managing organizational changes, ensuring quality patient care, and demonstrating personal leadership qualities that contribute to effective nursing management. Such competencies are essential for maintaining safe clinical practice, fostering positive work environments, strengthening workforce stability, and improving overall organizational performance.

The present findings are consistent with previous studies highlighting the importance of nurse manager competency in achieving positive organizational and workforce outcomes. Ofei et al. (2020) emphasized that nurse managers possess the managerial competencies necessary to address healthcare challenges and improve the efficiency and responsiveness of healthcare systems. Similarly, Choi et al. (2022) identified team communication and collaboration, staff advocacy and development, and quality monitoring and pursuance as significant predictors of nurses' job satisfaction and turnover intention, underscoring the influence of competent leadership on workforce retention. Likewise, Perez-Ramirez (2025) reported that effective nurse managers demonstrate strengths in managerial, clinical, technological, communicative, collaborative, and specialized competencies, emphasizing that these integrated competencies are fundamental to leadership effectiveness and organizational success. Collectively, these findings reinforce the importance of continuously developing nurse manager competencies through leadership education, mentorship, and professional development to sustain quality patient care and organizational excellence.

Table 3 Relationship between Self-reported Emotional Intelligence and Competencies

Variables	r value	*p* value	Decision	Interpretation
Self-reported Emotional Intelligence vs. Competencies of nurse n=managers	.729	.000	Reject Ho	Significant

Legend: Significant if p value is < .05. Dependent Variable: Competencies. Pearson r interpretation: A value greater than .5 is strong (positive), between .3 and .5 is moderate (positive), between 0 and .3 is weak (positive), 0 is none, between 0 and –.3 is weak (negative), between –.3 and –.5 is moderate (negative), and less than –.5 is strong (negative).

The findings revealed a significant, strong, and positive relationship between self-reported emotional intelligence and nurse manager competency, leading to the rejection of the null hypothesis. This indicates that nurse managers with higher levels of self-reported emotional intelligence tend to demonstrate higher levels of managerial competency. Emotional intelligence appears to strengthen important leadership behaviors, including emotional regulation, communication, decision-making, conflict management, and interpersonal relationships, which are essential for effective nursing leadership. These findings suggest that emotional intelligence is an important factor influencing how nurse managers perform their managerial responsibilities and lead their teams. As emotional intelligence increases, managerial competency likewise improves, highlighting the importance of developing both emotional and leadership capabilities among nurse managers.

The positive relationship between emotional intelligence and competency has important implications for nursing leadership and healthcare organizations. Emotionally intelligent nurse managers are better able to manage workplace stress, maintain productive relationships, motivate staff, and create psychologically safe work environments that support teamwork and quality patient care. They are also more capable of balancing organizational goals with the emotional and professional needs of nursing staff, enabling them to respond effectively to workplace challenges and organizational change. These leadership behaviors contribute to improved workforce performance, higher staff satisfaction, and safer patient care, demonstrating that emotional intelligence complements clinical knowledge and managerial skills in achieving organizational effectiveness.

The present findings are consistent with previous studies demonstrating the positive influence of emotional intelligence on professional competency and leadership performance. Mehralian et al. (2025) found that emotional intelligence positively influences clinical competence and job performance, with clinical competence serving as a significant mediator of this relationship. Similarly, Park et al. (2024) reported that emotional intelligence significantly contributes to nurses' clinical competency, while Dehnavi et al. (2022) likewise demonstrated a significant positive relationship between emotional intelligence and clinical competence. Although Casane and Bacarisas (2025) reported only a weak to moderate association between emotional intelligence and cultural competence, their findings likewise support the role of emotional intelligence in enhancing professional competencies. Collectively, these studies reinforce the present findings

that emotional intelligence is a fundamental leadership competency that strengthens nurse manager performance and supports improved organizational and patient care outcomes.

CONCLUSION AND RECOMMENDATIONS

Conclusion. In conclusion, competencies of the nurse managers are influenced positively by self-reported emotional intelligence. This means that as the self-reported emotional intelligence becomes higher, the better the competencies of the nurse managers. The average level of self-reported emotional intelligence among nurse managers affirms Emotional Intelligence Model where their emotional intelligence serves as a subset of social intelligence that involves the ability to monitor one's own and others' feelings, discriminate among them, and use that information to guide thinking and actions. Further, the high levels of competencies among nurse managers The Adaptation Model where the different competencies are reflective of the nursing profession being a process of human interaction, communication, and transaction. As a result, a competency enhancement plan for nurse managers was proposed.

Recommendations

The findings of this study support the integration of emotional intelligence into nurse manager leadership development programs to strengthen managerial competency and improve nursing leadership outcomes. Healthcare institutions are encouraged to incorporate emotional intelligence into leadership training, mentoring programs, performance evaluation, succession planning, and continuing professional development to enhance communication, conflict management, staff engagement, and decision-making among nurse managers. Nursing education programs should likewise integrate emotional intelligence into leadership and healthcare management curricula to better prepare future nurse leaders for the interpersonal and organizational demands of management. Finally, further studies involving larger and more diverse healthcare settings are recommended to validate the present findings and explore additional organizational and individual factors that influence the relationship between emotional intelligence and nurse manager competency, thereby providing stronger evidence to guide leadership development and nursing management practices.

Competency Enhancement Plan For Nurse Managers

Rationale

Nurse managers play a critical role in bridging executive leadership and frontline clinical practice, with their competencies directly influencing patient care quality, staff performance, resource management, and organizational outcomes. Competent and emotionally intelligent nurse managers foster supportive work environments, promote effective communication, enhance staff development, and ensure adherence to evidence-based practices and healthcare standards. However, many nurse managers assume leadership positions with limited formal management preparation, highlighting the need for continuous competency development. The findings of the present study revealed that nurse managers demonstrated average self-reported emotional intelligence and high levels of competency, with emotional intelligence significantly influencing managerial competency. Therefore, this competency enhancement plan was developed to strengthen emotional intelligence and further enhance leadership competencies to support effective nursing management and quality healthcare delivery.

General Objective

To enhance self-reported emotional intelligence and further strengthen the competencies of nurse managers.

Concern	Objective	Key Activities	Persons Responsible	Time Frame	Success Indicator
Average self-reported emotional	Improve self-reported emotional	Conduct emotional intelligence training, reflective practice,	Nurse Managers, Nursing Administration,	Last Quarter of 2026	Improvement of self-reported emotional

intelligence	intelligence from average to high or very high	leadership coaching and mentoring, active listening workshops, and 360-degree feedback; reassess after six months.	Hospital Administration, HR Department		intelligence from average to high or very high
High competency among nurse managers	Enhance competency from high to very high	Conduct competency-based leadership training, coaching and mentoring, case discussions, simulation exercises, and professional development programs; reassess after six months.	Nurse Managers, Nursing Administration, Hospital Administration, HR Department	Last Quarter of 2026	Improvement of competency from high to very high
Emotional intelligence influences competency	Sustain high emotional intelligence and competency	Continue leadership development, mentoring, continuing professional education, and periodic competency and emotional intelligence assessments.	Nurse Managers, Nursing Administration, Hospital Administration, HR Department	Continuous	Sustained high or very high emotional intelligence and competency

REFERENCES

1. Alanazy, W., & Alzamil, S. K. S. (2026) The impact of emotional intelligence on conflict management styles used by Saudi nurse managers—a cross sectional, correlational study. Frontiers in Psychology, 16, 1630530. https://doi.org/10.3389/fpsyg.2025.1630530
2. Benner, P. (1983). From novice to expert: Excellence and power in clinical nursing practice. Addison-Wesley, 13-34
3. Brackett, M., Delaney, S., & Salovey, P. (2026). Emotional intelligence. In R. Biswas-Diener & E. Diener (Eds), Noba textbook series: Psychology. Champaign, IL: DEF publishers. http://noba.to/xzvpfun7
4. Carlucci, A. M., & Ma, H. (2025). Self-leadership and emotional intelligence in nurse managers: Insights from a cross-sectional study. Nursing Management, 56(10), 12-18. https://doi.org/10.1097/nmg.0000000000000310
5. Casane, C., & Bacarisas, J. P. (2025). Emotional Intelligence on Cultural Competence among Nurses in Selected Hospitals in Ormoc City. International Journal of Research and Scientific Innovation. https://doi.org/10.51244/IJRSI.2025.120600102
6. Chin, M., Balang, R., Wider, W., Tanucan, J., Sim, H., & Janjuy, C. (2024). Leadership competencies and managerial competencies of nurse managers in Kuala Lumpur Hospital, Malaysia. Jurnal Ners, 19, 292-301. https://doi.org/10.20473/jn.v19i3.49986
7. Choi, P. P., Lee, W. M., Wong, S. S., & Tiu, M. H. (2022). Competencies of nurse managers as predictors of staff nurses' Job Satisfaction and Turnover Intention. Int Journal of Environmental Research and Public Health, 19(18), 11461. https://doi.org.10.3390/ijerph191811461
8. David, R. D., Angeles, K. B., Barayuga, R. V., Escobar, C. A. J., & Mangada, M. E. (2025). Emotional intelligence in nursing leadership: Evaluating the core competencies of nurse managers in selected hospitals. Globus Journal of Progressive Education, 15(1).
9. Jackson, D (2026) The Paradox of Progress. Journal of Advanced Nursing. https://www.google.com/search?q=provide+a+background+on+the+current+nursing+landscape+and+p

resent-day+nursing+situations&sca_

10. Dehnavi M., Estebsari, F., Kandi, Z. R. K., Milani, A. S., Hemmati, M., Nasab, A. F., & Mostafaie, D. (2022). The correlation between emotional intelligence and clinical competence in nurses working in special care units: A cross-sectional study. Nurse Education Today, 116, 105453. https://doi.org/10.1016/j.nedt.2022.105453.
11. Felician University (2024). The importance of emotional intelligence in nursing. Felician University. https://absn.felician.edu/blog/emotional-intelligence-in-nursing/
12. Ghrayeb, F., Zaben, K., Haddad, R. H., Ghrayeb, N., Barhoush, M., Zuraikat, N., & Abuejheisheh, A. J. (2025). Exploring the relationship between emotional intelligence and communication skills in nurses: a cross-sectional study. BMC Nursing, 24(1), 002. https://doi.org/10.1186/s12912-025-03679-5
13. Gunawan, j., Aungsuroch, Y., Fisher,M. L., Marzilli, C., Nazliansyah, & Hastuti, E. (2023). Refining core competencies of first-line nurse managers in the hospital context: A qualitative study. International Journal of Nursing Sciences, 10(4), 492-502. https://doi.org/10.1016/j.ijnss.2023.08.001
14. Jun, M. H., & Noh, W. (2023). Training priority for ,anagerial competence of nurse managers in small and medium-sized hospitals: Focusing on the management level Sage Open Nursing. https://doi.org/10.1177/23779608231195660
15. Kawashima, T., Ota, y., Aikawa, G., Watanabe, M., Ashida, K., & Sakuramoto, H.(2026). Effectiveness of emotional intelligence training on nurses' and nursing students' emotional intelligence, resilience, stress, and communication skills: a systematic review and meta-analysis. Nurse Education Today, 151, 106743. https://doi.org/10.1016/j.nedt.2025.106743.
16. Kilpatricl, M. (2024). Novice to expert: The value of nursing expertise. Dr. Patricia Benner's five stages of clinical competence. Washinton State Nurses Association. https://www.wsna.org/news/2024/novice-to-expert-the-value-of-nursing-expertise#:~:text=Her%20article%20put%20forth%20the,and%20a%20novice%20in%20another.
17. Llego, J., Dayrit, R. D., Pacheco, H., Alboliteeh, M., & AlThubaity, D. (2025). Emotional intelligence and leadership styles of nurse managers in Ha'il, Saudi Arabia. International Journal of Advanced and Applied Sciences, 12(8), 110-117
18. McCombes, S. (2023). Descriptive research. Definition, types, methods and examples. https://www.scribbr.com/methodology/descriptive-research/
19. Mehralian, G., Bordbar, S., Bahmaei, J., & Yusefi A. R. (2025). Examining the impact of emotional intelligence on job performance with the mediating role of clinical competence in nurses: a structural equation approach. BMC Nursing, 24(1), 384. https://doi.org/10.1186/s12912-025-03002-2
20. Mirzaei, A., Imashi, R., Saghezchi, R. Y., Jafari, M. J., & Nemati-Vakilabad, R. (2024). The relationship of perceived nurse manager competence with job satisfaction and turnover intention among clinical nurses: an analytical cross-sectional study. Biomed Central Nursing, 23(1), 528. https://doi.org/10.1186/s12912-024-02203-5
21. Mohamed, T., & Abd-Elmoghith, N. G. (2021). Nurse managers' Competencies and its relation to their leadership styles. Assiut Scientific Nursing Journal, 0(0). https://doi.org//10.21608/asnj.2021.72316.1155.
22. Ofei, A, M, A., Paarima, Y., & Barnes, T. (2020). Exploring the management competencies of nurse managers in the Greater Accra Region, Ghana. International Journal of Africa Nursing Sciences, 13, 100248. https://doi.org/10.1016/j.ijans.2020.100248.
23. Park, J., Rajaguru, V., & Kim, J. (2024). The effect of emotional intelligence, caring efficacy, and social support on clinical competency of nursing students. The Open Nursing Journal. https://doi.org/10.2174/0118744346358099241126041753
24. Perez-Ramirez, A. A. (2025). Transforming healthcare leadership: A competency-based model for nurse managers using Straussian grounded theory. International Journal of Innovative Research and Scientific Studies, 8(3), 4625–4636. https://doi.org/10.53894/ijirss.v8i3.7574
25. Prezerakos, P. E. (2018). Nurse managers' emotional intelligence and effective leadership: A review of the current evidence. Open Nursing Journal, 12, 86-92. https://doi.org/10.2174/1874434601812010086
26. Putri, L., Rezani, M., & Hermina, D. (2025). Correlational research design. Jurnal Riset Multidisiplin Edukasi, 2, 306-317. https://doi.org/10.71282/jurmie.v2i6.456.
27. Salovey, P., & Mayer, J. D. (1990). Emotional Intelligence. Imagination, Cognition and Personality, 9(3), 185-211.

28. Schutte, N. S., Malouff, J. M., Hall, L. E., Haggerty, D. J., Cooper, J. T., Golden, C. J., et al. (1998). Development and validation of a measure of emotional intelligence. Personality and Individual Differences, 25, 167-177.
29. Segal, J., Smith, M., & Robinson, L. (2026). Improving emotional intelligence (EQ)Manage emotions to build better relationships and achieve success. HelpGuide.org. https://www.helpguide.org/mental-health/wellbeing/emotional-intelligence-eq
30. Warshawsky, N. E., Cramer, E., Grandfield, E. M., & Schlotzhauer, A. E. (2022). The influence of nurse manager competency on practice environment, missed nursing care, and patient care quality: A cross-sectional study of nurse managers in U.S. Hospitals. Journal of Nursing Management, 30(6), 1981-1989. Wiley.