

# Emotional Quotient and Leadership Behaviors Among Nurse Managers in a Government Hospital

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## Abstract

Improving the integration of safe, effective, and high-quality care requires good nursing leadership. On the other hand, emotional intelligence enhances communication so that nurses can manage conflict more successfully. This quantitative research utilized the descriptive correlational research design to assess the interrelationship among profile, emotional quotient, and leadership behaviors of nurse managers of a government hospital in Cebu Province for the first quarter of 2022. Findings of the study revealed that most of the respondents were aged 31 to 40 years old and majority of the respondents were females. Most of the respondents were single and majority of them have a bachelor's degree. Most of the respondents were assigned in the OB-Gyne Ward and most of them served as a nurse manager for 4 to 7 years already. Lastly, most of them have 201 to 250 hours of related seminars and trainings attended.

The emotional quotient of the respondents was good. There was a good level of personal and social competence among the respondents. Overall, the leadership behavior of the nurse managers was low. Specifically, the leadership behaviors of tolerance of uncertainty, persuasiveness, and production emphasis were moderate while representation, demand reconciliation, initiation of structure, tolerance and freedom, role assumption, consideration, predictive accuracy, integration, and superior orientation were low. The profile of the respondents was not significantly correlated with the emotional quotient and leadership behavior. Emotional quotient was significantly correlated with leadership behavior.

**Keywords:** Descriptive correlational design; Emotional quotient; Leadership behaviors; Nurse managers.

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## **1. Introduction**

Nursing is a tough career. Patients, their significant others, and families, as well as other healthcare team members and hospital personnel, all have unique personalities. To deal with a diversity of personalities requires emotional maturity. Emotional quotient or intelligence can help maintain equilibrium.

According to [1], emotional quotient or intelligence is primarily defined as a person's capacity to comprehend other people and their motivations, as well as their own motivations and emotional quotient. Additionally, the ability to monitor and manage one's own emotions is related to a person's emotional quotient level. It is critical to assess one's emotional quotient because it affects almost everything a person does and says on a daily basis. Self-awareness enables a person to more accurately assess his or her own strengths and weaknesses, and it enables them to better handle and learn from constructive criticism than those who are not. Individuals with a high EQ are capable of self-control. Self-motivation is a quality shared by emotionally intelligent individuals. They are not easily depressed when confronted with failure. Rather than that, they are motivated by an inner desire to overcome these setbacks. Empathy enables individuals to develop compassion and emotional connections with others. Thus, emotionally intelligent individuals are able to respond authentically to the concerns of others. Individuals who are emotionally intelligent can easily establish rapport and trust with their team members. They avoid power struggles and backstabbing in order to advance within the organization. They are actually more well-liked and respected by those around them.

The emotional quotient of nurse managers is crucial since teams dislike working with those who lack empathy or emotional quotient. Their actions simply blind them to their own preconceptions. In fact, their teams are discouraged from performing at their best. Managers should help their teams overcome hurdles. They even support their teams on occasion. Nurse supervisors need more than just a strong emotional quotient to be effective and efficient in their units. Nurse supervisors must also demonstrate leadership qualities. A good nurse manager may lead a team. A nurse manager's job is difficult. Management and leadership skills are critical to organizational performance since nurse managers are the management level individual that nurses and other employees interact with every day. Leadership requires a wide range of skills and knowledge. The productivity of a nurse manager's work unit is utilized to determine success or failure.

Indeed [2] defines leadership behavior as the attributes and activities that make a leader effective. This is the process of guiding, directing, and influencing others' efforts to achieve certain goals. These activities and tactics can be learned to help others. These behaviors are used to inspire action in an organization, a product, or a group of people. Good leadership behaviors are essential to inspiring and leading individuals to enhance efficiency and achieve organizational goals. Consistent leadership can encourage a team to improved performance. Employees are less likely to leave if they receive exceptional leadership and mentorship in their existing roles.

In a previous research, [22] find significant relationship between emotional quotient and transformational leadership. According to [17] an information package by Multi-Health systems claims that emotional quotient is synonymous with good leadership. [39] who popularized the concept and science of emotional quotient and brought it to its academic zenith posits that emotional quotient is highly positively correlated with effective

leadership. [11] also assert that about 90 percent of leadership success is accounted for by emotional quotient. A foremost advocate of the relationship between emotional quotient and transformational leadership, [8] in a classic study finds reasonable positive correlation between the two variables. Other studies on the relationship between emotional quotient and transformational leadership include studies made by [4, 5, 7]. While many studies into the relationship between emotional and transformational leadership find high levels of positive correlation others have come out with marginal or low levels of association. For example, [17] in their meta – analysis find the relationship between emotional quotient and transformational leadership to be “quite low”.

Several instances have been personally observed by the researcher in terms of how nurse managers are in the hospital. There had been instances where nurse managers get into conflict with doctors about patient care. At some point, nurse managers are also seen in conflict with the patient’s family members that are reflective of low social skills. Even nurses during indorsements engage in conflicts especially when some of the doctor’s orders are not carried out. Further, issues in leadership were also noticed as a common scenario in government organizations to include government hospitals where at some points promotions are politically-motivated and not based on qualifications. With such being a deviation from the idealism, reflecting the reality of situations, there had been no concrete programs that were introduced in the hospital to assess the areas of leadership of the nurse managers and supplement with innovative actions such as seminars, trainings, and workshops.

Furthermore, the hospital is currently on its goal to increase the bed capacity. This would mean that new management positions or new nurses will be hired to fill-in the vacancies. With this study, this will also help the nursing service identify nurse managers fitted for higher positions once the hospital is in full swing already. All these events led the researcher to conduct this study. Establishing localized information about emotional quotient being linked to leadership behaviors initially in the hospital is something that has not been done before. The descriptive determination of the emotional quotient and leadership behaviors along with finding their association serves as the gap of the study. There had been no studies conducted in the hospital about the association of both variables. The researcher intends to address this gap by way of producing an output that will further enhance both emotional quotient and leadership behaviors of nurse managers. The achievement of this work will be able to provide practical value into the nursing management in general as this allow improvement in the nursing service in bringing about positive changes among nurse management that will in turn have an effect among staff nurses and the patients later on. With good nurse managers managing the units, staff nurses will be able to achieve quality care for their patients and eventually patients will gain quality care with high levels of customer satisfaction. If indeed, management and leadership are the key links to productivity, this study will endeavor to find out how important are emotional quotient (EQ) and leadership behaviors of nursing managers in ensuring their workforce to perform consistent with the desired objectives of the organization in general and their work unit in particular. Lastly, the researcher is persistent, honest and confident about completing the thesis study. As one of the staff, she believes that this study will enhance her learning about the nature of a nurse manager, the responsibilities and the challenges she faces every day. The findings of this research will also enhance the nurse managers’ self-awareness of their own capabilities and implications of his actions and decisions and also knowing how all of those can affect the staff nurses as well. And ultimately, it will benefit the patient in terms of quality and immediate care.

## **2. Theoretical Background**

This study is anchored on two theories, namely: Emotional Intelligence Theory by Daniel Goleman (1995) and Behavioral Leadership Theory by Likert (1950s).

The variable on emotional quotient is anchored on the Emotional Intelligence Theory by Daniel Goleman (1995). According to the theory, emotional quotient is defined as the ability to understand and manage one's own emotions and feelings, as well those of others. The theory outlines five components of EQ: self-awareness, self-regulation, motivation, empathy, and social skills. Emotional self-awareness is about knowing what one is feeling at any given time and understanding the impact those moods have on others. Self-regulation is about controlling or redirecting one's emotions; anticipating consequences before acting on impulse. Motivation is about utilizing emotional factors to achieve goals, enjoy the learning process and persevere in the face of obstacles. Empathy is sensing the emotions of others. Social skill is managing relationships, inspiring others and inducing desired responses from them [40]

And in application to the study, emotional self-awareness is one of the sub-dimensions of personal competence in the study where it pertains to the ability to manage one's own emotions and tendencies. The achievement of self-awareness is dependent on emotional awareness, accurate self-assessment, and self-confidence. The concept of self-regulation is similar to the concept used in the study where it pertains to the ability of the nurse managers to stay focused and think clearly even when experiencing powerful emotions. This is also dependent on self-control, trustworthiness, conscientiousness, adaptability, and innovativeness. Motivation is the concept applied to self-motivation in the study which refers to the ability of the nurse managers to use their deepest emotions to move and guide a person towards his or her goals. This ability enables one to take the initiative and to persevere in the face of obstacles and setbacks. This is dependent on achievement drive, commitment, initiative, and optimism. Empathy and social skills are encompassed in the second competence which is the social competence.

Empathy pertains to the concept of social awareness where it talks about the ability of the nurse managers to sense, understand and respond to what other people are feeling. This is dependent on empathy, service orientation, developing others, leveraging diversity, and political awareness. Social skills on the other hand, is the same concept as used in the theory. It refers to the ability to of the nurse managers to manage, influence and inspire emotions in others. Being able to handle emotions in relationships and being able to influence and inspire others are essential foundation skills for successful teamwork and leadership. This is dependent on influence, communication, leadership, change catalyst, conflict management, building bonds, collaboration and cooperation, and team capabilities.

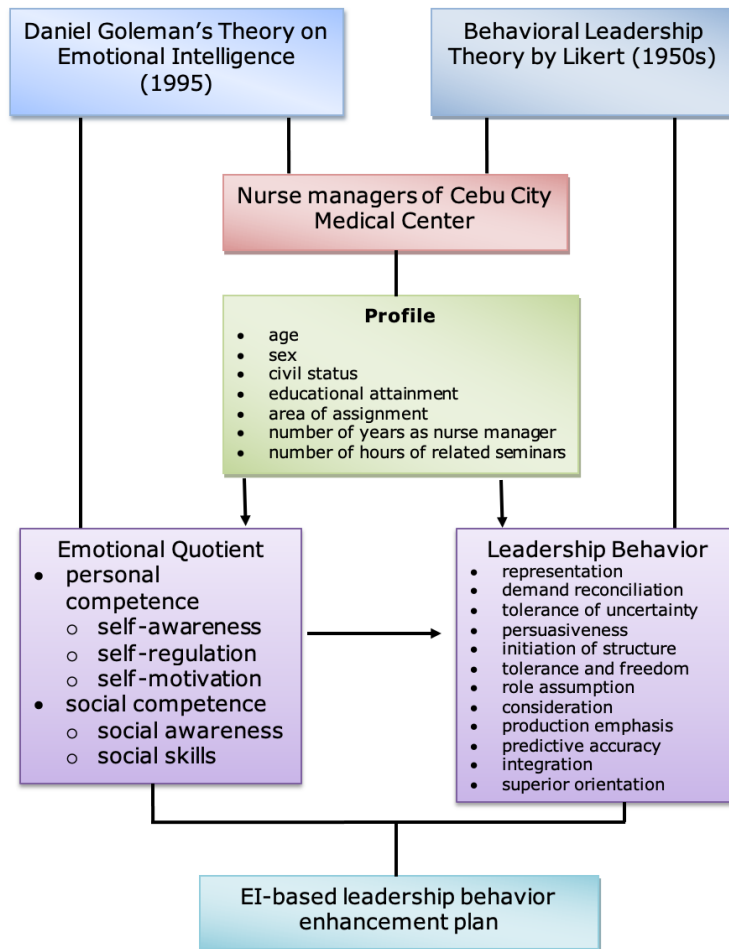
Since the concept of emotional quotient or intelligence is being determined among nurse managers, it can be applied to achieve self-awareness, objectivity and equality, all in the name of improving results, workplace culture and employee fulfillment among staff nurses. The determination of the concept of emotional quotient is exactly the same concepts being determined in the study. The study will also determine the different five components as exactly described by the theory. Applying the theory in the concept of nursing management, the theory supports that nurse managers with emotional quotient (EQ) achieve objectiveness through their self-

awareness, which promotes productive, motivated, and equal workplaces. Emotional quotient can be applied to meet goals and targets, as well as create a happier and healthier working culture.

The study is further anchored on Behavioral Leadership Theory by Likert (1950s). In the 1950s Dr. Rensis Likert lead a study at the University of Michigan attempting to find characteristics (behaviors) of effective leadership. He found three common behaviors. The first two backed up the Leadership Behavior Description Questionnaire findings to show that task-oriented and people-oriented leaders are common effective examples. The third they identified was that of participative (also known as “democratic”) [25].

The theory is a management philosophy that evaluates leaders according to the actions they display in the workplace. Behavioral leadership theory argues that the success of a leader is based on their behavior rather than their natural attributes. Behavioral leadership theory involves observing and evaluating a leader's actions and behaviors when they are responding to a specific situation. This theory believes that leaders are made, not born. Proponents of this theory suggest that anyone can become an effective leader if they can learn and implement certain behaviors. Behavioral leadership theory is highly relevant in several fields. This theory promotes the idea that all leaders are capable of learning and developing through adopting beneficial behaviors and performing them in their workplace. Behavioral leadership theory also encourages leaders to be self-aware of their behavior and to recognize how it affects the productivity and morale of their team [25].

As applied in the study, leadership behaviors are determined based on the identified behaviors of representation, demand reconciliation, tolerance of uncertainty, persuasiveness, initiation of structure, tolerance and freedom, role assumption, consideration, production emphasis, predictive accuracy, integration, and superior orientation. These are the specific leadership behaviors that the study will look into in the study is exhibited or not by the nurse managers. The determination of these leadership behaviors is a test of whether the nurse managers in the organizations possess these leadership behaviors as grounded on the assumption that leaders are not born but are made.



**Figure 1:** Schematic diagram of the study utilizing Daniel Goleman's Theory on Emotional Intelligence (1995) and Behavioral Leadership Theory by Likert (1950s).

Looking at the schematic diagram, it shows that the variable on emotional quotient is anchored on Daniel Goleman's Theory on Emotional Intelligence (1995) while the variable on leadership behavior is anchored on Behavioral Leadership Theory by Likert (1950s). These variables will be determined descriptively in terms of their specific dimensions based on the perceptions of the nurse managers coming from the government hospital. Profiling will also be done to determine the nurse managers' age, sex, civil status, educational attainment, area of assignment, number of years as nurse manager, and number of hours of related seminars. The study will then proceed with the assessment of the significant correlation of emotional quotient and leadership behavior. As an output of the study, an EI-based leadership behavior plan will be proposed.

### 2.1 Emotional Quotient/Intelligence

Emotional quotient is defined as an individual's capacity for recognizing their own feelings and the feelings of others, and the process of regulating feelings and expressions in response to situations [23]. Other definitions include characteristics such as self-awareness, self-regulation, motivation, empathy, and social skills [40, 23], considered to be among the original researchers of EI, define it as "the ability to perceive and express emotion, assimilate emotion in thought, understand, and reason with emotion, and regulate emotions in self and

others.”(p.396). The use of a tool to measure an individual’s EI provides a measure by which to compare research results. The measurement of EI using tools such as the Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT) may provide organizations with information about their workforce that may give them the ability to improve outcomes [23].

[1] it is a scientific fact that emotions precede thoughts. When emotions run high, they change the way the brains function, including diminishing cognitive abilities, decision-making powers, and even interpersonal skills. Understanding and managing one’s emotions (and the emotions of others) help a person to be more successful in both personal and professional lives. At a personal level, emotional quotient helps a person to have uncomfortable conversations without hurting feelings, manage emotions when stressed or feeling overwhelmed, improve relationships with the people that people care about, and at work, emotional quotient can help resolve conflicts, coach and motivate others, create a culture of collaboration, and build psychological safety within teams.

## ***2.2 Emotional Quotient of Nurse Managers***

Findings in the study of [28] showed no significant relationship between emotional quotient and nurse job satisfaction and/or retention, one revealed a positive correlation, and one revealed both positive and negative correlations. Limited research exists to determine whether nurse manager emotional quotient plays a role in staff nurse job satisfaction and/or retention. All studies reported a need for further research, as well as the use of differing methodologies and a more diverse nursing population. This review may raise awareness among nurse managers as well as health care organizations about understanding and developing emotional quotient.

The results in the study of [30] suggested that Emotional quotient is a useful tool for nurse leaders and contributes decisively to the achievement of effective management in healthcare. It is necessary for nurses to improve their social and emotional skills because of the particular nature of the nursing profession, which places the healthy or weak person at its center.

Mean emotional quotient scores among nurse managers were average. Nurse managers with less than 2 years of experience had statistically significant lower "using emotions" branch score and strategic emotional quotient. Nurse managers with a masters' degree in nursing scored significantly higher in using emotions branch score than did those with a masters' degree in a related field. Opportunities exist to enhance the emotional quotient of nurse managers [31].

Emotional Quotient is a concept which is used to describe the ability of an individual to be aware of their feelings, moods and emotions, and to be able to manage them in a positive way. It also includes the ability to be aware of the feelings and emotions of others, and the ability to provide empathy, and skill in managing relationships and building foundations for rapport and communication. The study showed that the nurse managers evaluated themselves at a similar level as each other, with self-management being the emotional quotient competency of most variation. Results from the rater portion of the survey indicated that the direct report staffs were in agreement with the nurse manager results and they too reported a wide variation in the self-

management competency. The results from the employee opinion survey comparison indicated that the nurse managers were rated with low scores in the following sections: Encourage involvement, staff recognition and caring scores. The study identified that nurse managers showed deficiencies in the emotional quotient competency of relationship management. It also identified that in most circumstances, nurse managers effectively exhibit self-awareness, self-management and social awareness [38].

Four domains related to Emotional quotient were identified, namely, burnout, nursing leadership, workplace environment and quality of care. Most studies showed a positive effect of Emotional quotient on the nursing profession by protecting against burnout while improving leadership, workplace environment and quality of care. Emotional quotient positively affects the nursing profession by militating against four domains of the nursing field. A standardized approach to evaluating it in the nursing field is needed as are rigorous longitudinal and experimental designs to further delineate the benefits. Emotional quotient should become incorporated into the education of nurses and nurse leaders [27].

In the study of [20], it was found out that there was a significant positive correlation between job well-being and communication satisfaction, emotional quotient, and empathy ability. Empathy and communication satisfaction partially mediated the relationship between emotional quotient and job well-being. The chain mediating effect of empathy and communication satisfaction had a value of 0.045. It is recommended that hospital managers take actions to improve nurses' emotional quotient level, and conduct professional psychological training to improve nurses' empathy and communication satisfaction, and ultimately improve their job well-being.

### ***2.3 Leadership Behaviors of Nurse Managers***

According to the study of [33], subordinates with a manager perceived as 'super' have the highest rates on job satisfaction. The correlation between leadership and creative work climate is stronger than between leadership and job satisfaction. Between job satisfaction and work climate the correlation is strong. The study showed that the relationship between a creative work climate and job satisfaction is strong. A managers' ability to lead has a major effect on work climate. Nurse managers must work on developing their leadership behaviour towards being an all-round leader that cares about people, is concerned about productivity and can handle changes. Support of ideas and initiatives are important in order to enable subordinates to perceive their work as challenging.

In the study of [19], it revealed that active management by exception as perceived by staff nurses was the only managerial leadership style associated with staff nurse turnover. Compared with the perceptions among their staff nurses, nurse managers consistently perceived that they demonstrated a higher mean frequency of transformational leadership behaviors. The transactional leadership style of active management by exception not only appeared to be a deterrent to staff nurse retention but also reflected leadership perceptions among staff nurses who work evening and night shifts. This study also provides further evidence regarding a trend in which nurse managers and staff nurses do not concur on the frequency of transformational leadership behaviors but do demonstrate agreement on the frequency of transactional leadership behaviors. The effects of nursing leaders' leadership styles or behaviors were examined in studies on patient mortality, QNC from the perspective of



nurses, patient satisfaction, unwanted/adverse events, health-care-associated infections, pressure ulcers, falls, unwanted weight loss, hospital readmissions, mismanagement of feeding tubes, and inadequacies in daily nursing care. Relationship-focused leadership behaviors directly or indirectly improved patient outcomes and raised the QNC compared with task-focused leadership behaviors [2].

In the study of [15] it was found out that twelve leadership behaviors were extracted from the data for point-of-care managers and ten for senior managers. Findings indicated that managers performed a diverse range of leadership behaviors that encompassed change-oriented, relation-oriented and task-oriented behaviors. The most commonly described behavior was support for the change, which involved demonstrating conceptual and operational commitment to research-based practices. It was determined [14] that over half of the nurses have voluntarily chosen their profession, majority liked their job and almost all were affected by the leadership behaviors of the nurse managers. For the qualities a nurse manager should obtain, almost all of the nurses stated that they should value the thoughts of the employees in the team and almost all of the nurses claimed that they should direct the team and should treat everyone equally. It was found that the mean scores of leadership behavior and work motivation perceived by the nurses participating in the study from the nurse managers were high. There is a moderate, significant and positive relationship between managers' leadership behavior and nurses' work motivation. According to the results of this study, leadership behaviors and work motivation levels of nurse managers are quite high. A positive increasing in managers' leadership behaviors increases the work motivation of the nurses.

#### ***2.4 Emotional Quotient and Leadership Behaviors***

Recent theories emphasize that effective leadership is affected by the personality of the leader, the general conditions in the workplace and the quality characteristics of employees [16]. More specifically, [34] note that health leadership involves understanding and communicating with a wide variety of individuals in a number of different situations and not just focusing on work results and rational processes. From this perspective, the fact that the EI has made a significant contribution to effective leadership becomes one of the key characteristics of leaders. [13] support, emotionally intelligent nurses with an administrative position inspire emotions, passion and motivation helping thus to achieve goals that might otherwise have not been conquered. Results in the study of [10] revealed that nursing managers had emotional quotient mean score was at appropriate level. Moreover, majority of nurse managers had people-oriented leadership style. Emotional quotient of nursing managers had a positive and significant correlation with people-oriented leadership style and in contrast had not correlation with task-oriented leadership style. The findings in the study of [26] suggested that leaders' emotional quotient, as measured by the self-assessed Emotional Intelligence Appraisal (EIA) questionnaires, has no significant relationship with the perceived level of leadership effectiveness, as measured by the 360-degree Leadership Assessment Program (LAP) surveys. The research also showed that four emotional quotient dimensions, as predictors, are not conclusive indicators of leadership effectiveness ratings, the desired leadership outcome. Statistically significant positive relationships were noted between emotional quotient and transformational leadership and the outcomes of leadership (extra effort, effectiveness, and satisfaction). No statistically significant relationships were noted between emotional quotient and transactional or laissez-faire leadership styles [37].

### **2.5 Profile and Emotional Quotient**

The results of the study of [41] did not show significant relationship between EQ and teacher success in general, but significant relationships were observed for subject, age and experience.

The results of the study of [6] revealed that the faculty members of the sample select universities perceived the emotional intelligence of their academic leaders at an above-average level; presently, they are fairly satisfied with their academic leader's emotional intelligence. The results also revealed that the perception of the respondent faculty members towards their head's emotional intelligence from different universities and states is more or less the same and also the demographic variables have a significant impact on emotional intelligence.

Age and level of current employment were identified as predictors of global emotional intelligence. Gender and level of education were significant predictors of the emotional intelligence emotionality dimension. Levels of employment along with level of education were both significant predictors of the sociability dimension of emotional intelligence [35].

The results in the study of [29] showed that demographic variables have an impact over emotional intelligence. Organizations can take a cue from the study and adhere to diversity management practices to ensure financial gains and growth.

#### **Profile and Leadership Behavior**

Results in the study of [3] identified that educational level had the greatest influence on leadership behaviour than any other demographic characteristics. In addition, the occupational category had a negative correlation with leadership behaviour.

In the research of [12], executives' leadership styles had positive correlation with their working title, years of working in the company, years of leading in the company, and years of total leadership in all companies. However, leadership styles had a negative correlation with executives' educational level.

The demographic profile of business leaders was found to have no influence on the leadership styles of the respondents. This suggests that, leaders' demographic profiles are not differentiating factors in determining transformational and transactional leadership styles [18].

### **2.6 Synthesis**

The health care system has gotten increasingly sophisticated and dynamic, as can be seen. Nurse managers' abilities, knowledge, and actions must also align with this change. This evolution has been accompanied by an increase in the level of stress experienced by nurse managers. The many literatures and studies were able to demonstrate the critical nature of emotional quotient as a technique of increasing resiliency and lowering stress levels. Additionally, studies have demonstrated how a high emotional quotient leads to the supply and support of a good and successful work environment, which ultimately results in positive patient outcomes. Numerous

pieces of literature and studies have been able to establish the critical role of nurse managers in the healthcare system. Nurse managers are crucial in achieving favorable health outcomes for patients and communities. It is critical for nurse managers or leaders to be able to demonstrate leadership behaviors in addition to their own, as these actions provide as living proof of how a unit is handled. Effective leadership combines inspiration, communication, insight, and direction with effective management of organizations. These characteristics are very valuable in the nursing industry. The constant need to improve the quality of care in health care systems necessitates competent nursing leadership. Nursing leadership is critical for enhancing both individual patient care and the health care system as a whole. However, it appears as though there are few studies examining the emotional quotient's influence on leadership behaviors. As a result, there is a need for this study to evaluate the relationship between these two critical variables in nurse management.

### **3. Statement of the Problem**

The main purpose of the study was to assess the interrelationship among profile, emotional quotient, and leadership behaviors of nurse managers of a government hospital in the Province of Cebu for the first quarter of 2022.

Specifically, this study answered the following queries:

- a. What is the profile of the nurse managers in terms of:
  - a.1 age;
  - a.2 sex;
  - a.3 civil status;
  - a.4 educational attainment;
  - a.5 area of assignment;
  - a.6 number of years as nurse manager; and
  - a.7 number of hours of related seminars and trainings attended?
- b. What is the emotional quotient of the nurse managers in terms of:
  - b.1 personal competence in terms of:
    - b.1.1 self-awareness;
    - b.1.2 self-regulation; and

b.1.3 self-motivation;

b.2 social competence in terms of

b.2.1 social awareness; and

b.2.2 social skills?

c. What is the leadership behavior of the nurse managers in terms of:

c.1 representation;

c.2 demand reconciliation;

c.3 tolerance of uncertainty;

c.4 persuasiveness;

c.5 initiation of structure;

c.6 tolerance and freedom;

c.7 role assumption;

c.8 consideration;

c.9 production emphasis;

c.10 predictive accuracy;

c.11 integration; and

c.12 superior orientation?

d. Is there a significant relationship between:

d.1 Profile and level of emotional quotient;

d.2 Profile and level of leadership behavior; and

d.3 Levels of emotional quotient and leadership behavior?

#### **4. Statement of Null Hypotheses**

Ho1: There is no significant relationship between the profile and the emotional quotient of nurse managers.

Ho2: There is no significant relationship between the profile and the leadership behavior of nurse managers.

Ho3: There is no significant relationship between emotional quotient and leadership behavior of nurse managers.

#### **5. Significance of the Study**

The emotional quotient and leadership behavior of nurse managers are important for effective functioning. Thus, this must be given emphasis. With this important information being taken into consideration, the researcher hopes that the findings of this study will provide worthwhile contributions to the following group of people:

Clients. As recipients of services, they would know that the nurse managers handling the unit where they are admitted will be able to manage the unit effectively and efficiently. The nurses assigned in the area or unit will be guided or managed by a nurse manager with emotional maturity and good leadership behaviors that will allow staff nurses to execute their duties and responsibilities efficiently and effectively as well. With this, they will be able to receive patient care that meets their expectations on quality of care which will bring about a higher level of customer satisfaction.

Nurse Managers. As respondents of this study, outcomes can guide them in the assessment of their own emotional quotient and leadership behavior in connection with dealing with different people in different situations, especially in handling their staff nurses, patients and collaborating with other health care team members. This will enhance their capabilities in handling any given situation in their assigned units. Consequently, they will have significant impact on team performance and patient outcomes which are geared toward achievement of the hospital mission, vision, objectives, core values, and quality policy statements.

Staff Nurses. They will benefit from being managed by nurse managers who are emotionally matured and good levels of leadership behaviors. They will gain better support from their nurse managers which will allow them to execute their independent, dependent, and collaborative functions. They will also experience good working relationship with the other staff nurses and other health team members and even non healthcare members of the hospital.

Nursing Service Administrators. As the specialty organization, they will be able to plan activities or programs that will promote the improvement in emotional quotient and leadership behaviors for nurse managers. The Chief Nurses may also be ignited to bring changes in the already available operational plan of the department to include these variables as part of the key performance indicators and introduce innovative actions.

Hospital Administrators. This study will pave way for hospital administrators to provide appropriate support, activities, and programs that will help develop emotional quotient and leadership behaviors of the nurse managers to best managed their assigned units and to best prepare them for higher positions in the hospital when necessary.

Policy-makers. The following policy-makers will be benefited from the study, to wit:

Department of Health. The study's findings will enable such regulatory agency to issue orders, memos, and rules that will ensure protection of the welfare of nursing leaders for them to carry out their managerial functions and protect their emotional quotients.

Local Government Units. The findings can serve as a reference to support introduction of new laws governing emotional quotient and nursing management making sure that the welfare of the patients and the nurse leaders are safeguarded.

The Researcher. This study will serve as a means of gaining personal and professional growth as an aspiring nurse leader or manager. This study will enrich her knowledge on the emotional quotient and leadership behaviors which she can use in the practice of her profession.

Future Researchers. This study can be a good citation and can be a benchmark for future researchers. Data gathered will serve as guiding map in reference to the answers of the queries to be raised that are related to this study. They could further develop concepts and ideas relating to emotional quotient and leadership behavior of the nurse managers in the coming years. They can validate the findings in a wider environment covering not just public hospitals but also private hospitals and not just one but two or more hospitals to also include more respondents.

## **6. Design**

This quantitative research utilized the descriptive correlational research design. According to [24] descriptive research aims to accurately and systematically describe a population, situation or phenomenon. It can answer what, where, when and how questions, but not why questions. A descriptive research design can use a wide variety of research methods to investigate one or more variables. Unlike in experimental research, the researcher does not control or manipulate any of the variables, but only observes and measures them. The descriptive design was used in determining the nurse managers' profile, the emotional quotient, and the leadership behavior.

Further, according to [9], A correlational research design investigates relationships between variables without the researcher controlling or manipulating any of them. A correlation reflects the strength and/or direction of the relationship between two (or more) variables. The direction of a correlation can be either positive or negative. A positive correlation means that both variables change in the same direction. A negative correlation means the variables change in opposite directions. A zero correlation means that there is no relationship between the variables. The correlational design was used in assessing the interrelationship among profile, emotional quotient, and leadership behavior of the nurse managers.

## **7. Environment**

This study was conducted in Cebu Provincial Hospital – Carcar City. It is located in the southern part of Cebu, approximately 43 kms away from Cebu City. It was formerly known as Carcar District Hospital (Minglanilla Extension), Established in March 1981 through the initiative of the Municipal Government of Carcar. Temporarily occupied the former Club House of Carcar, situated near its Municipal Hall. It was a 10-bed primary care facility providing basic health services for the people of Carcar and its neighboring municipalities. On May 30, 2011, the Department of Health granted the hospital a License to Operate as a Level 1 Hospital with an authorized and implementing bed capacity of 50. On August 08, 2011, the Provincial Government of Cebu formulated Ordinance No. 2011-10 known as the “Cebu Provincial Hospital – Carcar City Ordinance”, upgrading the Jesus M. Paras Memorial District Hospital into a one hundred (100) bed capacity tertiary care hospital and shall be renamed Cebu Provincial Hospital – Carcar City.

At present, Cebu Provincial Hospital – Carcar City operates as a Level 1 Health Care Facility and Philhealth Accredited with an authorized bed capacity of fifty (50), but implementing to over a hundred. It is now the referral hospital for the entire southern part of Cebu. The hospital departmentalization is fully implemented and hospital services is gearing towards becoming a Level 2 Health Care Facility. It is the vision of the hospital to become a world-class center of excellence for accessible, quality and sustainable health care for the province of Cebu. Its mission is to provide high quality, affordable and accessible patient and family-centered healthcare with professional, competent, ethical and compassionate healthcare providers towards an effective, efficient , responsive and sustainable health for the populace of Cebu and be a partner in nation- building.

Hospital services includes Outpatient Services catering to consultations, animal bite Treatment center (ABTC), Mental Health (MHGAP), TB-DOTS, Dental Services, Maternal, Newborn, Child Health and Nutrition (MNCHN). It also has emergency services, inpatient services (Internal Medicine, Pediatric, Obstetrics-Gynecology, Surgery, Major Operations, and Labor Room-Delivery Room), ancillary services and administrative services. Specifically, the services in the ER Department includes specific outpatient department services on Pediatrics, OB, Surgery and Internal Medicine. Currently there are staffs assigned in the ER Department with an average census of 44 to 50 patients in a day or 1,300 to 1,500 patients in a month. On a per shift basis the ER is manned by 5 Doctors (24 hours duty) composed of 1 Triage Doctor who is a general practitioner, 1 ObGyne, 1 Surgeon, 1 Pediatrician, 1 Internist, 2 nurses (per shift), 1 nursing Attendant (per shift), 1 Midwife (per shift), and 1 IW (per shift).

## **8. Participants**

This study included nurse managers of the hospitals. By nurse managers, this would mean that head nurses and nurse supervisors will serve as the respondents of the study. Currently, there are 30 nurse managers in the hospital.

Sampling Design. This study employed a complete enumeration of the nurse managers (head nurses and nurse supervisors). This would mean that all head nurses and nurse supervisors were invited to participate.

Inclusion and Exclusion Criteria. Included in the study were the nurse managers who are: (a) currently connected with the hospital as head nurses and nurse supervisors regardless of their age, sex, educational attainment, employment status (regular or not regular), and economic status; (b) able to serve as a head nurse or nurse supervisor for at least 3 months already; (c) willing to give voluntary consent to participate in the study.

Excluded were those nurse managers who have submitted their resignation letters and are just waiting for the effective date of resignation. Excluded also are those nurse managers on the verge of retiring, who despite serving the hospital are already serving with the retirement notice. The study also excluded the Chief Nurse who despite holding a managerial position belongs to the upper management level.

## **9. Instrument**

This study made use of a three-part questionnaire. Part one of the instrument determines the profile of the respondents in terms of age, sex, civil status, highest educational attainment, area of assignment, number of years as nurse manager and number of hours of related trainings and seminars attended.

Part two of the instrument determines the emotional quotient of the nurse manager. The framework used for this assessment is based on Daniel Goleman's Emotional quotient Framework, prepared and adapted by The Consortium for Research on Emotional quotient; adapted into a questionnaire by Belinda Davies. The instrument was pilot tested in the study of [36] which revealed a Cronbach alpha value 0.969 for emotional quotient instrument.

The tool is subdivided into two subparts, namely: Personal competence (43 items) and social competence (50 items). The personal competence includes (a) self-awareness and its three sub-dimensions of emotional awareness (4 items), accurate self-assessment (4 items), and self-confidence (3 items); (b) self-regulation and its five sub-dimensions of self-control (3 items), trustworthiness (4 items), conscientiousness (3 items), adaptability (3 items), and innovativeness (4 items); (c) self-motivation and its four sub-dimensions of achievement drive (4 items), commitment (4 items), initiative (4 items), and optimism (3 items). The social competence component includes (a) social awareness and its five sub-dimensions of empathy (3 items), service orientation (4 items), developing others (3 items), leveraging diversity (4 items), and political awareness (4 items); (b) social skills and its eight sub-dimensions of influence: Wielding effective tactics for persuasion. (4 items), communication (4 items), leadership (4 items), change catalyst (4 items), conflict management (4 items), building bonds (4 items), collaboration and cooperation (4 items), and team capabilities (4 items).

The questionnaire is answered using a five-point Likert scale where 1 is underdeveloped, 2 needs improvement, 3 is adequate, 4 is good, and 5 is excellent. Parametric interpretation and scores are as follows: 1.00 – 1.80 is underdeveloped, 1.81 – 2.60 is needs improvement, 2.61 – 3.40 is adequate, 3.41 – 4.20 is good, and 4.21 – 5.00 is excellent.

Part three of the instrument is The Leader Behavior Description Questionnaire, often referred to as LBDQ, was developed for use in obtaining descriptions of a supervisor by the group members whom he supervises as originally created by Stogdill (1963) . The instrument is composed of 100 items with the following specific



behaviors of Representation (5 items), Demand Reconciliation (5 items), Tolerance of Uncertainty (10 items), Persuasiveness (10 items), Initiation of Structure (10 items), Tolerance and Freedom (10 items), Role Assumption (10 items), Consideration (10 items), Production Emphasis (10 items), Predictive Accuracy (5 items), Integration (5 items), and Superior Orientation (10 items). It is answered using a five-point Likert scale where A (always) is 5, B (often) is 4, C (occasionally) is 3, D (seldom) is 2, and E (never) is 1. Items 6, 12, 16, 26, 36, 42, 46, 53, 56, 57, 61, 62, 65, 66, 68, 71, 87, 91, 92, and 97 are reversely scored. In terms of the validity of the instrument, in the study of [21], the findings indicate that the LBDQXII has construct validity for assessing preferred leader behavior dimensions across national cultures. The LBDQXII is a useful, reliable, and valid survey instrument that can be employed to assess and prioritize leader behavior dimensions in a society or organization.

To score each subscales, summation will be done. The following are the specific items for the subscales: Representation (items 1, 11, 21, 31, and 41). Reconciliation (items 51, 61, 71, 81, and 91), Tolerance of Uncertainty (items 2, 12, 22, 32, 42, 52, 62, 72, 82, and 92), Persuasion (items 3, 13, 23, 33, 43, 53, 63, 73, 83, and 93), Structure (items 4, 14, 24, 34, 44, 54, 64, 74, 84, and 94), Tolerance and Freedom (items 5, 15, 25, 35, 45, 55, 65, 75, 85, and 95), Role Assumption (items 6, 16, 26, 36, 46, 56, 66, 76, 86, and 96), Consideration (items 7, 17, 27, 37, 47, 57, 67, 77, 87, and 97), Production Emphasis (items 8, 18, 28, 38, 48, 58, 68, 78, 88, and 98), Predictive Accuracy (items 9, 29, 49, 59, 89), Integration (items 19, 39, 69, 79, and 99), and Superior Orientation (items 10, 20, 30, 40, 50, 60, 70, 80, 90, and 100). Parametric scores and interpretations are as follows: For 5 items, a score of 5 – 9 is very low, 10 – 13 is low, 14 – 17 is moderate, 18 – 21 is high, and 22 – 25 is very high. For 10 items, a score of 10 – 18 is very low, 19 – 26 is low, 27 – 34 is average, 35 – 42 is high, and 43 – 50 is very high.

## **10. Research Procedure**

Needed permissions were sought to proceed with the conduct of the study. Approval from the Dean of the College of Nursing and the Medical Director of the hospital were obtained. Once, the manuscript was ready it was submitted for a design hearing over a panel of experts. After which, the study was submitted to both the ethics committee of the university and the hospital. When approved, only then that recruitment of respondents started. The help of an enumerator was sought in order to assist the researcher in the actual data gathering and to avoid conflict of interest. The responsibility of the enumerator was limited to the giving and retrieval of the questionnaires only. He was also briefed about the study so that if respondents had questions, he answered them. If by any chance, he was unable to answer the queries of the respondents, the enumerator called the researcher and referred the queries of the respondents.

It was noted that the recruitment method was through the face-to-face intercept method. The researcher made use of this method as this was the most fitting for the study as the researcher works in the hospital where the study was conducted. With the advent of the COVID-19, strict measures were observed during the data gathering process. While following the strict implementations of the protocols in the hospital. The enumerator and the respondents were reminded of strict compliance with social distancing, wearing of face masks and face shield, limiting the time of contact, and hand washing or use of sanitizing agents. Further, the questionnaire was

placed in a plastic envelope which were sanitized prior to handing it to the respondent and during the retrieval of the completed questionnaire. Once the sample size was achieved, all completed questionnaires were collated and tallied. Data were then subjected to appropriate statistical treatments to answer the research problems. Data were presented in tables with the corresponding interpretations, implications and supporting literature and studies. Lastly, all answered questionnaires were shredded at the end of the study.

## **11. Statistical Treatment of Data**

This study made use of the following descriptive and inferential statistics to analyze the data gathered:

Frequency and Simple Percentage was used to present the data on the profile of the of nurse managers.

Summation was used to determine the leadership behavior of nurse managers including its dimensions.

Weighted Mean was used to determine the means scores on the emotional quotient and leadership behavior of nurse managers.

Eta Squared Statistics with ANOVA was used to determine the relationship between the profile to the emotional quotient and to the level of leadership behavior of nurse managers.

Pearson Product Moment Correlation was used to assess the significant relationship between the emotional quotient and leadership behavior of the nurse managers.

## **12. Ethical Considerations**

The following were observed in the conduct of the study:

Protection of Human Rights. Ethical principles were strictly involved in the conduct of the study. The first principle that was observed was the respect for persons. This was observed in the study by treating the respondents as autonomous agents where they decided freely to participate in the study or not. As a proof of their voluntary participation they were made to sign an informed consent. The second principle that was observed was beneficence. The researcher made sure that respondents were not harmed. This was done by only using a questionnaire as the means of data gathering. Lastly, the principle of justice was also observed by making sure that respondents were recruited through the inclusion and exclusion criteria and that all respondents were subjected to the same manner of data gathering which was answering a questionnaire only.

Risk-Benefit Ratio Determination. The study only involved minimal risks. With this, the researcher made sure that benefits outweighed the risks involved in the study.

Risks. The researcher avoided physical harm as this study was non-experimental and only used answering of a questionnaire. Psychological or emotional harm was avoided as the items in the questionnaire did not cause recall of stressful events and the tools used are validated. Social harm was avoided as the items in the questionnaire did not result to social stigma as it was limited to the determination only of EQ and leadership

behavior. Economic harm was avoided as respondents were not made to pay any fee when participating in the study.

**Benefits.** This study will be able to provide benefits to clients or patients, as recipients of services, they would know that the nurse managers handling the unit where they are admitted will be able to manage the unit effectively and efficiently. The nurses assigned in the area or unit will be guided or managed by a nurse manager with emotional maturity and good leadership behaviors that will allow staff nurses to execute their duties and responsibilities efficiently and effectively as well. With this, they will be able to receive patient care that meets their expectations on quality of care which will bring about a higher level of customer satisfaction. Nurse managers, as respondents of this study, outcomes can guide them in the assessment of their own emotional quotient and leadership behavior in connection with dealing with different people in different situations, especially in handling their staff nurses, patients and collaborating with other health care team members. This will enhance their capabilities in handling any given situation in their assigned units. Consequently, they will have significant impact on team performance and patient outcomes which are geared toward achievement of the hospital mission, vision, objectives, core values, and quality policy statements.

Staff nurses will benefit from being managed by nurse managers who are emotionally matured and good levels of leadership behaviors. They will gain better support from their nurse managers which will allow them to execute their independent, dependent, and collaborative functions. They will also experience good working relationship with the other staff nurses and other health team members and even non healthcare members of the hospital. Nursing Service Administrators, as the specialty organization, they will be able to plan activities or programs that will promote the improvement in emotional quotient and leadership behaviors for nurse managers. The Chief Nurses may also be ignited to bring changes in the already available operational plan of the department to include these variables as part of the key performance indicators and introduce innovative actions. This study will pave way for hospital administrators to provide appropriate support, activities, and programs that will help develop emotional quotient and leadership behaviors of the nurse managers to best manage their assigned units and to best prepare them for higher positions in the hospital when necessary. This study can be a good citation and can be a benchmark for future researchers. Data gathered will serve as guiding map in reference to the answers of the queries to be raised that are related to this study. They could further develop concepts and ideas relating to emotional quotient and leadership behavior of the nurse managers in the coming years. They can validate the findings in a wider environment covering not just public hospitals but also private hospitals and not just one but two or more hospitals to also include more respondents.

**Informed Consent.** An informed consent was attached in the questionnaire for signing by the respondents prior to answering the questionnaire to signify voluntary participation in the study. The form contained the following elements:

**Status of the Respondents.** Respondents were informed that this study was totally academic in nature and was being conducted solely to fulfill the researcher's master's degree requirements.

**Study Goals.** The main purpose of the study was to assess the interrelationship among profile, emotional

quotient, and leadership behaviors of nurse managers of a government hospital in the first quarter of 2022.

**Type of Data to be Collected.** This study collected quantitative data as responses to the likert scale questionnaire.

**Research Procedures.** Transmittal letters were submitted for approval, and the study was then subjected to a design hearing and evaluation by the university and hospital's Ethics Committees. Throughout the data gathering process, specific precautions were taken to adhere to the COVID-19 prevention protocols stated in the Data Gathering Procedure section. Once approval was granted, data collection and statistical treatment and analysis were done. The data were presented in tables along with the interpretations, implications and supporting literature and studies. All answered questionnaires were shredded at the end of the study.

**Nature of the Commitment.** Respondents were only required 15 -20 minutes of their free time to answer the questionnaire. In fact, they were given the option to bring the instrument at their respective homes if they wish to do so in order to have more time and privacy in answering the instrument.

**Sponsorship.** There were no sponsors for this study. All expenses were shouldered by the researcher as this was an academic requirement for the researcher's master's degree program.

**Selection.** Participants were invited to participate if they comply with the study's inclusion and exclusion criteria. A face-to-face intercept was used in recruiting the study..

**Potential Risks.** Respondents were only exposed to minimal risks. Discussions on how risks were prevented or minimized are discussed in the Risk-Benefit Ratio Determination.

**Potential Benefits.** Discussions on the different benefits are prevented or minimized are discussed in the Risk-Benefit Ratio Determination.

**Alternatives.** The study was non-experimental which did not involved interventions and therefore there were also no alternatives.

**Compensation.** Respondents were not compensated for their participation in the study instead they were thanked personally by the researcher for their participation.

**Pledge of Confidentiality.** Measures to comply with privacy and confidentiality of information gathered in the study are discussed in the Privacy and Confidentiality section.

**Voluntary Consent.** The researcher made sure that consent obtained was voluntarily. The voluntary participation meant that the researcher during the recruitment process avoided coercion or undue influence.

**Right to Withdraw and Withhold Information.** Respondents were not sanctioned or penalized if they withdrew from participating in the study or if they withheld information or withdrawing.

Contact Information. The researcher provided respondents with her contact information and that of the ethics committee of the university in order to address any issues or concerns. They emailed at the ethics committee of SWU-PHINMA at [stsarza.swu@phinmaed.com](mailto:stsarza.swu@phinmaed.com) if they had any issues.

Authorization to Access Private Information. This research work did not access private personal information of the respondents.

Privacy and Confidentiality.

Privacy was observed as provisions of Data Privacy Act were strictly observed in the conduct of the study. Also, answering of the instrument was in a place where respondents had privacy depending on their choice.

The following confidentiality measures were observed: (a) no personal private information were obtained (i.e. name, address); (b) respondents were assigned with an identification number, which were added to the actual data rather than other identification; (c) answered questionnaires were placed in a locked file; (d) soft copies were saved in a password-protected computer; and (e) access to identifying information was restricted; (f) deleting the identification of information as soon as possible, and (i) presenting the data as a whole through tables.

Communication, Debriefing, and Referrals. Participants were treated with respect and courtesy. If there were any problems with the conduct of the study, the researcher gladly answered all inquiries. All communications used were verbal.

Conflict of Interest. The researcher declared no conflict of interest.

Incentives and Compensation. The respondents were not given any incentives or compensations for participating in the study. Their involvement was entirely voluntary. Respondents were thanked through words of gratitude.

Collaborative Terms of Reference. This study was non-collaborative in nature. It was not in collaboration with any person or entity. The researcher retained all intellectual property rights, publication rights, and the freedom to share information and responsibility. As a result, the study's term of reference was not applicable.

Recruitment. The researcher made use of the inclusion and exclusion criteria in the recruitment of respondents. A face-to-face intercept was utilized in the recruitment process.

Recruitment was done while the respondents were reporting and this was done during their free time (break periods or after or before the shift). The respondents may have opted to bring the instrument at home for them to answer and returned the following day.

Vulnerability Assessment. The researcher carefully assessed all the respondents, making sure that none of them was a vulnerable subject. If by any chance a respondent was identified to be vulnerable, he or she was excluded from the study.

### **13. Results and Discussion**

#### ***13.1. Profile of the Nurse Managers***

Table 1 is the presentation of the data on the profile of the nurse managers in terms of age, sex, civil status, educational attainment, area of assignment, number of years as nurse manager, and number of hours of related seminars and trainings attended.

The table shows that most (46.70%) of the respondents are aged 31 to 40 years old, followed by an almost similar number of respondents from the 20 to 40 years old (33.30%). For the rest of the respondents, an equal number of coming from 41 to 59 and 51 to 60 years old with 10 percent. Further, majority of the respondents are females (80.00%) while the remaining 20 percent are males. Also, most of the respondents are single (46.70%) which is followed by married at 40 percent. The remaining few of the respondents are distributed from being a widow or widower (10.00%) and separated (3.30%).

The profile also shows that over half of the respondents had a bachelor's degree and over one third are with master's units. Few are master's degree holder and one is with doctorate units. It can also be seen the respondents are well-distributed from the different areas in the hospital with an almost equal number of respondents coming from OB-Gyne (20.00%), Operating Room (16.70%), Outpatient Department (13.30%), Emergency Department (13.30%), Medical Ward (10.00%), Surgical Ward (10.00%), Intensive Care Unit (10.00%), and Pediatrics Ward (6.70%).

Furthermore, the table shows that almost half of the respondents had 4 to 7 years of experience as a nurse manager while over a quarter of them had 8 to 11 years. Also, almost a quarter of them had 6 months to 3 years of experience as a nurse manager and the remaining one with 12 years to 15 years. Lastly, the table shows that over one third of the respondents had 201 to 250 hours of related seminars and trainings attended while almost a quarter had 151 to 200 hours of related seminars and trainings attended.

There were a few of them who had 51 to 100 hours, 101 to 150 hours, and 251 to 300 hours of related seminars and trainings attended. There was one who has 1 to 50 hours and also one who had 351 to 400 hours of related seminars and trainings attended.

**Table 1:** Profile of the Nurse Managers.

Profile	f	%
<b>Age</b>		
20 to 30 years old	10	33.30
31 to 40 years old	14	46.70
41 to 50 years old	3	10.00
51 to 60 years old	3	10.00
<b>Sex</b>		
Male	6	20.00
Female	24	80.00
<b>Civil status</b>		
Single	14	46.70
Widow/er	3	10.00
Married	12	40.00
Separated	1	3.30
<b>Educational attainment</b>		
Bachelor's degree	16	53.30
With Masteral units	10	33.30
Master's Degree holder	3	10.00
With Doctoral units	1	3.30
<b>Area of assignment</b>		
Out Patient Department	4	13.30
Emergency Department	4	13.30
Operating Room	5	16.70
Medical ward	3	10.00
Pediatrics Ward	2	6.70
Surgical Ward	3	10.00
OB-Gyne Ward	6	20.00
Intensive Care Unit (ICU)	3	10.00
<b>Number of years as nurse manager</b>		
6 months to 3 years	7	23.30
4 years to 7 years	13	43.30
8 years to 11 years	9	30.00
12 years to 15 years	1	3.30
<b>Number of hours of related seminars and trainings attended</b>		
1 to 50 hours	1	3.30
51 to 100 hours	4	13.30
101 to 150 hours	4	13.30
151 to 200 hours	6	20.00
201 to 250 hours	10	33.30
251 to 300 hours	4	13.30
301 to 350 hours	1	3.30
351 to 400 hours	1	3.30

Note: n=30.

### ***13.2. Emotional Quotient of the Nurse Managers***

Table 2 presents the data on the emotional quotient of the nurse managers in terms of personal competence (self-awareness, self-regulation, and self-motivation), social competence (social awareness and social skills).

The table shows that for the component of personal competence on self-awareness, this was interpreted as good. This was supported by a good interpretation on emotional awareness which means that the respondents are good

at recognizing their emotions and their effects. This also implies that they are good at always knowing which emotions they are feeling and why, on realizing the links between their feelings and what they think, do, and say; on recognizing how their feelings affect their performance; and on having a guiding awareness of their values and goals. The finding was further supported by a good interpretation on accurate self-assessment which means that respondents are good at knowing their strengths and limits. This also implies that they are aware of their strengths and weaknesses; they are reflective and they try to learn from experience; they are open to candid feedback, new perspectives, continuous learning, and self-development; and they are able to show a sense of humor and perspective about themselves. Lastly, the finding on self-awareness is also supported by the good level of self-confidence which implies that they are sure about their self-worth and capabilities. With this, this means that the respondents are good at presenting themselves with self-assurance as they have "presence", being able to voice views that are unpopular and go out on a limb for what is right, and at being decisive, and able to make sound decisions despite uncertainties and pressures.

For the dimension of personal competence on self-regulation, this was interpreted as good. This is supported by a good interpretation on self-control which indicated that they are good at managing disruptive emotions and impulses. This also means that they are good at managing their impulsive feelings and distressing emotions well, at staying composed, positive, and unflappable even in trying moments, and at thinking clearly and staying focused under pressure. Trustworthiness was also rated as good which means that they are good at maintaining standards of honesty and integrity. This implies that they are good in consistently acting ethically and are considered to be above reproach, in building trust by being reliable and authentic, in admitting their own mistakes and confront unethical actions in others, and in taking tough, principled stands even if they are unpopular. Conscientiousness was also rated as good which means that they are good at taking responsibility for personal performance. This implies that they are good in terms of meeting commitments and keep promises, hold themselves accountable for meeting their objectives, and on being organized and careful in their work. Adaptability was also rated good which means that they are good at being flexible in handling change. They are good in terms of smoothly handling multiple demands, shifting priorities, and rapid change; adapting their responses and tactics to fit fluid circumstances, and in being flexible in how they see events. Innovativeness was also rated as good which means that they are good at being comfortable with and open to novel ideas and new information. This implies that the respondents are good in seeking out fresh ideas from a wide variety of sources, entertaining original solutions to problems, generating new ideas, and in taking fresh perspectives and risks in their thinking. The dimension of self-motivation personal competence was interpreted as good. In support to this finding, the achievement drive was interpreted as very good which means that the respondents were very good at striving to improve or meet a standard of excellence. This is supported by the fact that the respondents are very good at being results-oriented, with a high drive to meet objectives and standards, at setting challenging goals and taking calculated risks, at pursuing information to reduce uncertainty and find ways to do better, and at continuously learning in order to improve their performance. Commitment was interpreted as good which means that they are good at aligning with the goals of the group or organization. They are good at being willing to make personal or group sacrifices to meet a larger organizational goal, the larger mission giving them a sense of purpose, in using the group's core values in making decisions and clarifying choices, and in actively seeking out opportunities to fulfill the group's mission. Initiative was also rated as good which means that they



are good in terms of readiness to act on opportunities. They are good at being always ready to seize opportunities, at pursuing goals beyond what's required or expected of them, cutting through red tape and bend the rules when necessary to get the job done, and in mobilizing others through unusual, enterprising efforts. Optimism was also interpreted as good which indicates that they are good in term of persistence in pursuing goals despite obstacles and setbacks. They are good at being persistent in seeking goals despite obstacles and setbacks, at operating from hope of success rather than fear of failure, and in seeing setbacks as due to manageable circumstance rather than a personal flaw. Overall, personal competence was interpreted as good. The dimension of social awareness of social competence was interpreted as good. The sub-dimension of empathy was interpreted as good which indicates that they are good at sensing others' feelings and perspective, and taking an active interest in their concerns. They are also good at being attentive to emotional cues and being a good listener; showing sensitivity and understanding others' perspectives; and helping out based on understanding other people's needs and feelings. Service orientation was also rated as good which indicates that they are good at anticipating, recognizing, and meeting customers' needs. This further means that they are good at understanding customers' needs and match them to services or products; seeking ways to increase customers' satisfaction and loyalty; gladly offering appropriate assistance; and grasping a customer's perspective, acting as a trusted advisor. Developing others was also good which means that they are good at sensing what others need in order to develop, and bolstering their abilities. This is also an indication that they are good at acknowledging and rewarding people's strengths, accomplishments, and development; offering useful feedback and identify people's needs for development; mentoring, giving timely coaching, and offering assignments that challenge and grow a person's skill. Leveraging diversity was also good which means that they are good at cultivating opportunities through diverse people. They are also good at respecting and relating well to people from varied backgrounds; trying to understand diverse worldviews and be sensitive to group differences; seeing diversity as opportunity, creating an environment where diverse people can thrive; and consistently challenging bias and intolerance. Political awareness was also interpreted as good which means that they are good at reading a group's emotional currents and power relationships. This further means that they are good at being good at accurately reading key power relationships; in usually detecting crucial social networks; having a good understanding of the forces that shape the views and actions of clients, customers, or competitors; and accurately reading situations and organizational and external realities. The dimension of social skills of social competence was interpreted as good. This finding is supported by a good interpretation on influence which means that the respondents are good in wielding effective tactics for persuasion. This further means that they are good in being skilled at the art of persuasion; making sure they fine-tune presentations to appeal to the listener; being able to use complex strategies like indirect influence to build consensus and support; and in orchestrating dramatic events to effectively make a point. Communication was interpreted also as good which means that they are good at sending clear and convincing messages. This also means that they are good at being good at give-and-take, and being able to attune their message according to the emotional cues they pick up; in dealing with difficult issues straightforwardly; in listening well, seeking mutual understanding, and fully welcoming sharing of information; and in fostering open communication and staying receptive to bad news as well as good.

Leadership was interpreted as good where it indicates that the respondents are good at inspiring and guiding groups and people. This means that they are good at being articulate and being able to arouse enthusiasm for a

shared vision and mission, on stepping forward to lead as needed, regardless of position, in guiding the performance of others while holding them accountable, and in leading by example. There was also a good interpretation on being a change catalyst which means that they are good at initiating or managing change. This also means that they are good at recognizing the need for change and remove barriers to it, at acknowledging the need for change and challenge the status quo, in championing the change and enlist others in its pursuit, and in modelling the change expected of others. Conflict management was also rated as good which means that they are good at negotiating and resolving disagreements. This also means that they are good at handling difficult people and tense situations with diplomacy and tact, spotting potential conflict, bringing disagreements into the open, and helping deescalate the conflict, encouraging debate and open discussion, and orchestrating win-win solutions. Building bonds was also interpreted as good where it means that they are also good at nurturing instrumental relationships which further means that they are good at cultivating and maintain extensive informal networks, at seeking out relationships that are mutually beneficial, at building rapport and keep others in the loop, and at making and maintaining personal friendships among work associates. Collaboration and cooperation was also interpreted as good which means that they are good at working with others toward shared goals. They are good at balancing a focus on task with attention to relationships, collaborating, sharing plans, information, and resources; promoting a friendly, cooperative climate; and spotting and nurturing opportunities for collaboration. Lastly, team capabilities was interpreted as good which means that they are good in creating group synergy in pursuing collective goals. They are also good in terms of modelling team qualities like respect, helpfulness, and cooperation; drawing all members into active and enthusiastic participation; building team identity, esprit de corps, and commitment; and protecting the group and its reputation, and sharing credit with the group. Overall, social competence was interpreted as good. Both the personal and social competencies were rated as good. This could also be a result of the fact that the study involves self-evaluation of one's emotional quotient. One disadvantage of a self-evaluation or assessment is that nobody would really rate himself or herself low. Perhaps, this also explained the reason why their emotional quotient was good.

It cannot be denied that EQ is an important component when becoming a nurse manager. According to The results in the study of [30] suggested that emotional quotient is a useful tool for nurse leaders and contributes decisively to the achievement of effective management in healthcare. It is necessary for nurses to improve their social and emotional skills because of the particular nature of the nursing profession, which places the healthy or weak person at its center. Contrary to the findings, the mean emotional quotient scores among nurse managers were average. Nurse managers with less than 2 years of experience had statistically significant lower "using emotions" branch score and strategic emotional quotient. Nurse managers with a masters' degree in nursing scored significantly higher in using emotions branch score than did those with a masters' degree in a related field. Opportunities exist to enhance the emotional quotient of nurse managers [31]. Findings in the study of [28] showed no significant relationship between emotional quotient and nurse job satisfaction and/or retention, one revealed a positive correlation, and one revealed both positive and negative correlations. Limited research exists to determine whether nurse manager emotional quotient plays a role in staff nurse job satisfaction and/or retention. All studies reported a need for further research, as well as the use of differing methodologies and a more diverse nursing population. This review may raise awareness among nurse managers as well as health care organizations about understanding and developing emotional quotient. Similarly, the study showed that the

nurse managers evaluated themselves at a similar level as each other, with self-management being the emotional quotient competency of most variation. Results from the rater portion of the survey indicated that the direct report staffs were in agreement with the nurse manager results and they too reported a wide variation in the self-management competency. The results from the employee opinion survey comparison indicated that the nurse managers were rated with low scores in the following sections: Encourage involvement, staff recognition and caring scores. The study identified that nurse managers showed deficiencies in the emotional quotient competency of relationship management. It also identified that in most circumstances, nurse managers effectively exhibit self-awareness, self-management and social awareness [38].

**Table 2:** Emotional Quotient of the Nurse Managers.

Dimensions	Mean scores	SD	Interpretation
<b>A. Personal Competence</b>			
<b>a. Self-Awareness</b>			
Emotional awareness	3.96	0.421	Good
Accurate self-assessment	4.06	0.532	Good
Self-confidence	3.69	0.470	Good
Factor mean	3.90	0.397	Good
<b>b. Self-regulation</b>			
Self-control	3.82	0.453	Good
Trustworthiness	4.00	0.469	Good
Conscientiousness	4.02	0.510	Good
Adaptability	3.89	0.513	Good
Innovativeness	3.76	0.489	Good
Factor mean	3.90	0.413	Good
<b>c. Self-motivation</b>			
Achievement	4.28	1.906	Very good
Commitment	3.97	0.458	Good
Initiative	3.73	0.517	Good
Optimism	3.77	0.488	Good
Factor mean	3.94	0.638	Good
Overall mean	3.91	0.401	Good
<b>B. Social competence</b>			
<b>a. Social Awareness</b>			
Empathy	3.98	0.524	Good
Service orientation	3.93	0.565	Good
Developing others	3.99	0.491	Good
Leveraging diversity	3.89	0.532	Good
Political awareness	3.68	0.542	Good
Factor mean	3.89	0.443	Good
<b>b. Social Skills</b>			
Influence	3.66	0.600	Good
Communication	3.84	0.539	Good
Leadership	3.88	0.590	Good
Change catalyst	3.74	0.523	Good
Conflict management	3.72	0.586	Good
Building bond	3.86	0.494	Good
Collaboration and cooperation	3.93	0.504	Good
Team capacity	3.94	0.552	Good
Factor mean	3.82	0.449	Good
Overall mean score	3.86	0.434	Good
Grand mean	3.88	0.399	Good

Note: n=30.

Legend: A score of 1.00 – 1.80 is underdeveloped, 1.81 – 2.60 is needs improvement, 2.61 – 3.40 is adequate, 3.41 – 4.20 is good, and 4.21 – 5.00 is excellent.

### ***13.3. Leadership Behavior of the Nurse Managers***

Table 3 is the presentation of the data on the leadership behavior of the nurse managers in terms of representation, demand reconciliation, tolerance of uncertainty, persuasiveness, initiation of structure, tolerance and freedom, role assumption, consideration, production emphasis, predictive accuracy, integration, and superior orientation.

The table shows that majority of the respondents believed that they possess the leadership behavior of representation moderately. An almost similar number of respondents also believed that this behavior was exhibited both low and very low with the remaining of the respondents rating it as high and very high. Overall, representation was moderate which means that this behavior is exhibited occasionally only in terms of acting as the spokesman and publicizing activities of the group, speaking as a representative and speaking for the group when visitors are present, and representing the group at outside meetings. Majority of the respondents believed that they possessed or exhibited the behavior of reconciliation moderately while the remaining respondents exhibited it from low to very low. Overall, there was a low level of reconciliation which means that this leadership behavior was exhibited seldom in terms of handling complex problems efficiently, getting swamped by details, getting things all tangled up, being able to reduce a madhouse to system and order, and getting confused when too many demands are made of them.

Majority of the respondents believed that they possessed or exhibited the behavior of tolerance of uncertainty moderately while the remaining respondents exhibited it low. Overall, tolerance of uncertainty was moderate which means that the respondents were able to exhibit occasionally only on waiting patiently for the results of a decision, becoming anxious when they cannot find out what is coming next, accepting defeat in stride and delays without becoming upset, and becoming anxious when waiting for new developments. Also, occasionally, they are able to tolerate postponement and uncertainty, waiting just so long, then blowing up, remaining calm when uncertain about coming events, being able to delay action until the proper time occurs, and worrying about the outcome of any new procedure. Half of the respondents believed that they possessed or exhibited the behavior of persuasion while one third of them exhibited it low and the remaining few are divided between very low and high. Overall, persuasion was moderate which means that the respondents were able to exhibit occasionally behaviors such as making pep talks to stimulate the group, providing arguments that are convincing, arguing persuasively for their points of view, being very persuasive talker, being very skillful in an argument, being not a very convincing talker, speaking from a strong inner conviction, being an inspiring talker, persuading others that their ideas are to their advantage, and inspiring enthusiasm for a project.

An equal number of respondents rated the leadership behavior of structure of about one third as very low and low. Also, almost a quarter of the respondents rated it as moderate, while there rest rated it as high. Overall, structure was low which means that they seldom exhibited letting group members know what is expected of them, encouraging the use of uniform procedures, trying out their ideas in the group, making their attitudes clear

to the group, deciding what shall be done and how it shall be done, assigning group members to particular tasks, making sure that their part in the group is understood by the group members, scheduling the work to be done, maintaining definite standards of performance, and asking that group members to follow standard rules and regulations. Most of the respondents believed that they possessed or exhibited the behavior of tolerance and freedom low while over a quarter rated it as high followed by almost a quarter who rated it very low and the remaining few rated it as very high. Overall, tolerance and freedom was low which means that they seldom exhibit the behaviors of allowing the members complete freedom in their work, permitting the members to use their own judgment in solving problems, encouraging initiative in the group members, letting the members do their work the way they think best, assigning a task, then lets the members handle it, turning the members loose on a job, and lets them go to it, being reluctant to allow the members any freedom of action, allowing the group a high degree of initiative, trusting the members to exercise good judgment, permitting the group to set its own pace.

Majority of the respondents believed that they possessed or exhibited the behavior of role assumption low while almost half rated it as moderate followed by one rating it as very low and one as high. Overall, role assumption was low which means that they seldom exhibit the behaviors of being hesitant about taking initiative in the group, failing to take necessary actions, letting others persons take away their leadership in the group, letting some members take advantage of me, being the leader of the group in name only, backing down when they ought to stand firm, letting some members have authority that they should keep, I take full charge when emergencies arise, overcoming attempts made to challenge their leadership, and being easily recognized as the leader of the group. Half of the respondents believed that they possessed or exhibited the behavior of consideration low while one third rated it as moderate followed by a few with very low and a very few one rating it as very low. Overall, role consideration was low which means that they seldom exhibit being friendly and approachable, doing little things to make it pleasant to be a member of the group, putting suggestions made by the group into operation, treating all group members as their equals, giving advance notice of changes, keeping to myself, looking out for the personal welfare of group members, and being willing to make changes, refusing to explain their actions, acting without consulting the group.

Most of the respondents believed that they possessed or exhibited the behavior of production emphasis low while the almost the same number of respondents exhibited it moderate and the remaining respondents exhibited it high. Overall, production emphasis was moderate which means that the respondents were able to exhibit occasionally only in terms of encouraging overtime work, being stressed when ahead of competing groups, needling members for greater effort, keeping the work moving at a rapid pace, and pushing for increased production. Also, they seldom ask the members to work harder, permit the members to take it easy in their work, drive hard when here is a job to be done, urge the group to beat its previous record, and keep the group working up to capacity. Half of the respondents believed that they possessed or exhibited the behavior of predictive accuracy low followed by almost one third of them rating it as moderate. A few of them rated it high while very few rated it very low. Overall, predictive accuracy was low which means that the respondents were able to seldom exhibit making accurate decisions, being able to predict what is coming next, allowing things usually turn out as they predict, being accurate in predicting the trend of events, and anticipating problems and plans for them.

Most of the respondents believed that they possessed or exhibited the behavior of integration while the almost a quarter rated it as low and a few of them rated it as moderate followed by high and one rated it as very high. Overall, integration was low which means that the respondents were able to exhibit seldom in terms of keeping the group working together as a team, settling conflicts when they occur in the group, seeing to it that the work of the group is coordinated, helping group members settle their differences, and maintaining a closely knit group. Most of the respondents believed that they possessed or exhibited the behavior of superior orientation low followed by almost a quarter of them rating it as moderate. A few of them rated it to be very low while the very few rated it high and one rated it very high. Overall, superior orientation was low which means that the respondents were able to exhibit seldom only in terms of getting along well with the people above them, keeping the group in good standing with higher authority, and working hard for a promotion. This also means that they seldom experience that their superiors act favorably on most of their suggestions, they enjoy the privileges of their position, getting their superiors to act for the welfare of the group members, their word carrying weight with their superiors, getting what they ask for from their superiors, being working their way to the top, and maintaining cordial relationship with superiors.

Overall, there was a low level of leadership behaviors among the respondents with over half of them rating it as low, one third of them rating is moderate, with few of them rating is very low, and very few rating it as high. Of all the leadership behaviors, the leadership behaviors of tolerance of uncertainty, persuasiveness, and production emphasis were moderate while representation, demand reconciliation, initiation of structure, tolerance and freedom, role assumption, consideration, predictive accuracy, integration, and superior orientation were low. These findings are clear indications that the nurse managers still have to improve their leadership behaviors. It should be noted that the hospital is a government institution. Issues relating to the congruence of the position and qualification remains to be resolved in government institutions. The role of politics may influence the placement of non-qualified individuals to managerial positions in the organization. To become a seasoned leader possessing these leadership behaviors, experience is not enough. This should be paired with continuing professional education either personally- or institutionally-initiated trainings, seminars, enrolling in post graduate programs and the likes. To fully develop the skills on leadership, these mechanisms should be in- placed. As inquired by the researcher in the hospital, the nursing service only provides a generic staff development plan which is very focused on maintaining competency in the field of patient care. Trainings for the managers had not been initiated and sustained for a long period of time which perhaps explains the findings of the study. Not everything is learned in the clinical setting in terms of leadership and management, before a staff is being elevated into a managerial position, there should be a process that would capacitate the individual to best prepare for the managerial position before being thrown into the field.

According to the study of [33], nurse managers must work on developing their leadership behaviour towards being an all-round leader that cares about people, is concerned about productivity and can handle changes. Support of ideas and initiatives are important in order to enable subordinates to perceive their work as challenging. Contrary to the findings, in the study of [19], it revealed that active management by exception as perceived by staff nurses was the only managerial leadership style associated with staff nurse turnover. Compared with the perceptions among their staff nurses, nurse managers consistently perceived that they demonstrated a higher mean frequency of transformational leadership behaviors. The transactional leadership

style of active management by exception not only appeared to be a deterrent to staff nurse retention but also reflected leadership perceptions among staff nurses who work evening and night shifts. This study also provides further evidence regarding a trend in which nurse managers and staff nurses do not concur on the frequency of transformational leadership behaviors but do demonstrate agreement on the frequency of transactional leadership behaviors. Contrary also to the findings, in the study of [15] it was found out that twelve leadership behaviors were extracted from the data for point-of-care managers and ten for senior managers. Findings indicated that managers performed a diverse range of leadership behaviors that encompassed change-oriented, relation-oriented and task-oriented behaviors. The most commonly described behavior was support for the change, which involved demonstrating conceptual and operational commitment to research-based practices. Also it was determined [14] that over half of the nurses have voluntarily chosen their profession, majority liked their job and almost all were affected by the leadership behaviors of the nurse managers. For the qualities a nurse manager should obtain, almost all of the nurses stated that they should value the thoughts of the employees in the team and almost all of the nurses claimed that they should direct the team and should treat everyone equally. It was found that the mean scores of leadership behavior and work motivation perceived by the nurses participating in the study from the nurse managers were high. There is a moderate, significant and positive relationship between managers' leadership behavior and nurses' work motivation. According to the results of this study, leadership behaviors and work motivation levels of nurse managers are quite high. A positive increasing in managers' leadership behaviors increases the work motivation of the nurses.

**Table 3:** Leadership Behavior of the Nurse Managers.

Dimensions	Very low		Low		Moderate		High		Very high		Average	
	f	%	f	%	f	%	f	%	f	%	Score	Int
Representation	8	26.67	8	26.67	9	30.00	4	13.33	1	3.33	13.20	L
Reconciliation	2	6.67	10	33.33	18	60.00	0	0.00	0	0.00	13.57	L
Tolerance of Uncertainty	0	0.00	10	33.33	20	66.67	0	0.00	0	0.00	27.53	M
Persuasion	1	3.33	10	33.33	15	50.00	4	13.33	0	0.00	27.83	M
Structure	1	3.33	10	33.33	6	20.00	4	13.33	0	0.00	24.03	L
Tolerance and Freedom	6	20.00	12	40.00	9	30.00	3	10.00	0	0.00	25.20	L
Role Assumption	1	3.33	16	53.33	12	40.00	1	3.33	0	0.00	26.07	L
Consideration	4	13.33	15	50.00	9	30.00	2	6.67	0	0.00	24.47	L
Production emphasis	0	0.00	14	46.67	13	43.33	3	10.00	0	0.00	27.67	M
Predictive Accuracy	2	6.67	15	50.00	9	30.00	4	13.33	0	0.00	13.73	L
Integration	1	3.33	7	23.33	5	16.67	4	13.33	1	3.33	11.37	L
Superior Orientation	6	20.00	12	40.00	7	23.33	4	13.33	1	3.33	25.93	L
Overall Leadership Behavior	3	10.00	16	53.33	9	30.00	2	6.67	0	0.00	247.03	L

Note: n=30.

Legend: For 5 items, a score of 5 – 9 is very low, 10 – 13 is low, 14 – 17 is moderate, 18 – 21 is high, and 22 – 25 is very high. For 10 items, a score of 10 – 18 is very low, 19 – 26 is low, 27 – 34 is average, 35 – 42 is high, and 43 – 50 is very high. For overall, a score of 100 – 180 is very low, 181 – 260 is low, 261 – 340 is average, 341 – 420 is high, and 421 – 500 is very high.

#### ***13.4. Relationship between Profile and Emotional Quotient of the Nurse Managers***

Table 4 is the presentation of the data on whether the profile is significantly correlated with the emotional quotient. The table shows that the p values for the profile of age, sex, civil status, educational attainment, area of assignment, number of years as manager, and number of related trainings and seminars were less than .05. These values were interpreted as not significant which led to the decision of failing to reject the null hypothesis. These imply that there was no significant relationship between the profile and the emotional quotient. It also means that age, sex, civil status, educational attainment, area of assignment, number of years as manager, and number of related trainings and seminars do not influence emotional quotient. No matter what age, sex, civil status, educational attainment, area of assignment, number of years as manager, and number of related trainings and seminars, the level of emotional quotient is not affected or dependent on any of the profile.

Relating it to the findings on Table 2, the nurse managers have a good level of emotional quotient. The findings on the lack of association between the profile and emotional quotient could be attributed to the fact that these groups of nurse managers may have already developed their emotional quotient at this level as they are molded by their experience. Experience may have played a very important role in developing their emotional quotient. Also, they are managers and leaders, and they did not hold such position upon entry to the hospital. To become a nurse manager there are qualifications that need to be complied and experience can also be considered as supported by the profiling where majority are already experience nurse managers in Table 1. And for these reasons, that is why the nurse managers possess the same level of emotional quotient regardless of whether young or old, male or female, single or married, with different educational attainment, coming from different areas of assignment, years of experience as a nurse manager, or the number of related seminars or trainings attended.

Supporting the findings of the study, the results of the study of [41] did not show significant relationship between EQ and teacher success in general, but significant relationships were observed for subject, age and experience.

Similarly, the results of the study of [6] revealed that the faculty members of the sample select universities perceived the emotional intelligence of their academic leaders at an above-average level; presently, they are fairly satisfied with their academic leader's emotional intelligence. The results also revealed that the perception of the respondent faculty members towards their head's emotional intelligence from different universities and states is more or less the same and also the demographic variables have a significant impact on emotional intelligence.

Contrary to the findings, age and level of current employment were identified as predictors of global emotional



intelligence. Gender and level of education were significant predictors of the emotional intelligence emotionality dimension. Levels of employment along with level of education were both significant predictors of the sociability dimension of emotional intelligence [35].

Also, the results in the study of [29] showed that demographic variables have an impact over emotional intelligence. Organizations can take a cue from the study and adhere to diversity management practices to ensure financial gains and growth.

**Table 4:** Relationship between Profile and Emotional Quotient of the Nurse Managers.

Profile variable) vs. Quotient variable)	(independent Emotional (Dependent variable)	eta value	eta squared value	p value	Decision	Interpretation
Age		.179	.032	.834	Failed to reject the Ho	Not significant
Sex		.012	.000	.950	Failed to reject the Ho	Not significant
Civil Status		.469	.220	.087	Failed to reject the Ho	Not significant
Educational attainment		.195	.038	.794	Failed to reject the Ho	Not significant
Area of Assignment		.282	.079	.959	Failed to reject the Ho	Not significant
Number of Years as Manager		.319	.102	.415	Failed to reject the Ho	Not significant
Number of related seminars and Trainings		.442	.195	.492	Failed to reject the Ho	Not significant

Note: Significant if p value is  $\leq .05$ . Details of the complete tables on the correlation with the specific dimensions are attached in the appendices.

**13.5. Relationship between Profile and Leadership Behavior of the Nurse Managers**

Table 5 is the presentation of the data on whether the profile is significantly correlated with the leadership behavior of the nurse managers.

As seen in the table, the p values for the profile of age, sex, civil status, educational attainment, area of assignment, number of years as manager, and number of related trainings and seminars were less than .05. These values were interpreted as not significant which led to the decision of failing to reject the null hypothesis. These imply that there was no significant relationship between the profile and the leadership behaviors.

It also means that age, sex, civil status, educational attainment, area of assignment, number of years as manager, and number of related trainings and seminars do not influence leadership. No matter what age, sex, civil status, educational attainment, area of assignment, number of years as manager, and number of related trainings and seminars, the level of leadership behaviors is not affected or dependent on any of the profile.

Relating it to the findings on Table 2, the nurse managers have a good level of emotional quotient. The findings

on the lack of association between the profile and emotional quotient could be attributed to the fact that these groups of nurse managers may have already developed their emotional quotient at this level as they are molded by their experience. Experience may have played a very important role in developing their emotional quotient. Also, they are managers and leaders, and they did not hold such position upon entry to the hospital.

To become a nurse manager there are qualifications that need to be complied and experience can also be considered as supported by the profiling where majority are already experience nurse managers in Table 1. For these reasons, nurse managers have the same emotional quotient regardless of their age, gender, marital status, educational background, area of assignment, number of years of experience as a nurse management, or number of related seminars or trainings.

Contrary to the findings, results in the study of [3] identified that educational level had the greatest influence on leadership behavior than any other demographic characteristics.

In addition, the occupational category had a negative correlation with leadership behavior.

Also, in the research of [12], executives' leadership styles had positive correlation with their working title, years of working in the company, years of leading in the company, and years of total leadership in all companies. However, leadership styles had a negative correlation with executives' educational level.

Supporting the findings of the study, it was revealed that the demographic profile of business leaders was found to have no influence on the leadership styles of the respondents. This suggests that, leaders' demographic profiles are not differentiating factors in determining transformational and transactional leadership styles [18].

**Table 5:** Relationship between Profile and Leadership Behavior of the Nurse Managers.

Profile variable) vs. behavior variable)	(independent Leadership (Dependent variable)	eta value	eta squared value	p value	Decision	Interpretation
Age		.140	.020	.914	Failed to reject the Ho	Not significant
Sex		.335	.112	.070	Failed to reject the Ho	Not significant
Civil Status		.298	.089	.481	Failed to reject the Ho	Not significant
Educational attainment		.223	.050	.718	Failed to reject the Ho	Not significant
Area of Assignment		.190	.036	.996	Failed to reject the Ho	Not significant
Number of Years as Manager		.307	.094	.455	Failed to reject the Ho	Not significant
Number of related seminars and trainings		.367	.135	.730	Failed to reject the Ho	Not significant

Note: Significant if p value is  $\leq .05$ . Details of the complete tables on the correlation with the specific dimensions are attached in the appendices.

### ***13.6. Relationship between Emotional Quotient and Leadership Behaviors of the Nurse Managers***

Table 6 is the presentation of the data on whether emotional quotient is significantly correlated with leadership behaviors. Specifically, looking at the table, the p value for personal competence was greater than the significant value of .05. This is a finding which is considered as not significant which resulted to the decision of failing to reject the null hypothesis. Thus, there was no correlation between the personal competence of emotional quotient and the leadership behavior. However, looking further at the table, the dimensions of personal competence that showed a correlation with leadership behaviors were self-awareness and self-regulation while self-motivation did not. The p values for self-awareness and self-regulation were lesser than the significant value of .05 while for self-motivation was greater than .05. Based on the r values, there was a negative moderate or medium correlation. This means that a decrease in the self-awareness and self-regulation can lead to an increase in the leadership behaviors.

This finding is unexpected as the researcher assumed that if there exists a correlation between the variable, the direction of the relationship is positive. Decreasing self-awareness and self-regulation would mean that the manager's focused is on the staff and not on self which reflects the use of leadership behaviors. Sacrificing, self-awareness and self-regulation for the purpose of exhibiting leadership behaviors to manage the staff effectively and efficiently.

Also, the p value for social competence was lesser than the significant value of .05. This is a finding which is considered as significant which resulted to the decision of rejecting the null hypothesis. Thus, social competence was significantly correlated with leadership behavior and based on the r value there was a negative moderate or medium correlation. This means that a decrease in the social competence can lead to an increase in the leadership behaviors. Looking further, the dimension of social competence that showed a correlation with leadership behaviors was social awareness while social skills did not. The p value for social awareness was lesser than the significant value of .05 while for social skills was greater than .05. Based on the r value, there was a negative moderate or medium correlation. This means that a decrease in the social competence can lead to an increase in the leadership behaviors. This is again another unexpected finding as the researcher assumes that social competence would positively influence leadership behavior. The researcher believes that the more the person is able to socialize effectively with other people, this would allow him or her to exhibit the appropriate leadership behaviors. Nevertheless, the decrease in social competence can increase leadership behaviors as found in the study. Overall, the p value for emotional quotient and leadership behavior was less than the significant value of .05. This means that the finding is significant leading to the decision of rejecting the null hypothesis. There is a significant relationship between emotional quotient and leadership behavior. Based on the r value of  $-0.378$ , emotional quotient had a medium negative correlation with leadership behavior. A negative correlation explains that the decrease in the independent variable of emotional quotient can result to an increase in the dependent variable of leadership behaviors. The negative correlation is something which the researcher did not expect to find in the study. In fact, it was assumed that leadership behaviors are influenced by emotional quotient. Such that, when a person has a high level of emotional quotient, the person will be able to exhibit also a high level of leadership behavior. This is because with high emotional quotient there is better regulation of emotions which can regulate as well behaviors. When there is emotional maturity, positive and good behaviors

can flow. One factor that could have led to the negative correlation is the fact there were minimal number of respondents in the study. Had there been more respondents, a different finding may have been derived. Thus, the need to validate the findings in another study where more number of respondents will be obtained.

Supporting the findings of the study, statistically significant positive relationships were noted between emotional quotient and transformational leadership and the outcomes of leadership (extra effort, effectiveness, and satisfaction). No statistically significant relationships were noted between emotional quotient and transactional or laissez-faire leadership styles [37].

Also, recent theories emphasize that effective leadership is affected by the personality of the leader, the general conditions in the workplace and the quality characteristics of employees [16]. More specifically, [34] note that health leadership involves understanding and communicating with a wide variety of individuals in a number of different situations and not just focusing on work results and rational processes. From this perspective, the fact that the EI has made a significant contribution to effective leadership becomes one of the key characteristics of leaders. [13] support, emotionally intelligent nurses with an administrative position inspire emotions, passion and motivation helping thus to achieve goals that might otherwise have not been conquered.

Also, results in the study of [10] revealed that nursing managers had emotional quotient mean score was at appropriate level. Moreover, majority of nurse managers had people-oriented leadership style. Emotional quotient of nursing managers had a positive and significant correlation with people-oriented leadership style and in contrast had not correlation with task-oriented leadership style.

Contrary to the findings, the findings in the study of [26] suggested that leaders' emotional quotient, as measured by the self-assessed Emotional Intelligence Appraisal (EIA) questionnaires, has no significant relationship with the perceived level of leadership effectiveness, as measured by the 360-degree Leadership Assessment Program (LAP) surveys. The research also showed that four emotional quotient dimensions, as predictors, are not conclusive indicators of leadership effectiveness ratings, the desired leadership outcome.

**Table 6:** Relationship between Emotional Quotient and Leadership Behaviors of the Nurse Managers.

Overall Leadership Behavior (Dependent variable)	r value	p value	Decision	Interpretation
A. Personal Competence	-0.351	0.057	Failed to reject the Ho	Not significant
a. Self-Awareness	-0.452	0.012	Reject null Ho	Significant
b. Self-regulation	-0.372	0.043	Reject null Ho	Significant
c. Self-motivation	-0.143	0.450	Failed to reject the Ho	Not significant
B. Social competence	-0.370	0.044	Reject null Ho	Significant
a. Social Awareness	-0.388	0.034	Reject null Ho	Significant
b. Social Skills	-0.335	0.070	Failed to reject the Ho	Not significant
Overall emotional quotient	-0.378	0.039	Reject null Ho	Significant

Legend: Significant if p value is  $\leq .05$ . Degree of correlation: Perfect: If the value is near  $\pm 1$ , then it said to be a perfect correlation: as one variable increases, the other variable tends to also increase (if positive) or decrease (if negative). High degree: If the coefficient value lies between  $\pm 0.50$  and  $\pm 1$ , then it is said to be a strong

correlation. Moderate degree: If the value lies between  $\pm 0.30$  and  $\pm 0.49$ , then it is said to be a medium correlation. Low degree: When the value lies below  $+ .29$ , then it is said to be a small correlation. No correlation: When the value is zero.

#### **14. Summary of Findings**

The findings of the study revealed that:

Most of the respondents were aged 31 to 40 years old and majority of the respondents were females. Most of the respondents were single and majority of them have a bachelor's degree. Most of the respondents were assigned in the OB-Gyne Ward and most of them served as a nurse manager for 4 to 7 years already. Lastly, most of them have 201 to 250 hours of related seminars and trainings attended.

The emotional quotient of the respondents was good. There was a good level of personal and social competence among the respondents. Overall, the leadership behavior of the nurse managers was low. Specifically, the leadership behaviors of tolerance of uncertainty, persuasiveness, and production emphasis were moderate while representation, demand reconciliation, initiation of structure, tolerance and freedom, role assumption, consideration, predictive accuracy, integration, and superior orientation were low. The profile of the respondents was not significantly correlated with the emotional quotient and leadership behavior. Emotional quotient had a medium negative correlation with leadership behavior.

#### **15. Conclusion**

In conclusion, the leadership behaviors and emotional quotient are not influenced by profile. Age, sex, civil status, educational attainment, area of assignment, number of years as nurse manager, and number of hours of related seminars and trainings attended do not influence leadership behavior and emotional quotient. Further, emotional quotient is influenced by the leadership behaviors. A low level of emotional quotient can facilitate a high level of leadership behaviors. As an affirmation of the Emotional Intelligence Theory by Daniel Goleman (1995), the nurses have good abilities to understand and manage one's own emotions and feelings, as well those of others. Also, the leaders were able to affirm the Behavioral Leadership Theory by Likert (1950s) were they were able display in the workplace a high level of leadership behaviors that are reflective of being task-oriented, people-oriented and being participative. As an output of the study an EQ-based leadership behavior plan was created to address the findings of the study.

#### **16. Recommendations**

The following are recommended based on the findings of the study:

Practice or Profession. As part of research utilization, the EI-based leadership behavior enhancement plan will be suggested for adoption or use in the hospital where the study was conducted. The study findings will also be discussed to the department heads and the hospital administrators through a special meeting. Education. The study can utilized as an example in the discussion of research designs. It can also be used in the field of nursing

management for both undergraduate and graduate programs as well as in allied health programs like psychology. It can also serve as a good reference when studying the same variables in different disciplines using the same variables. Policy. Policies relating to assessment of emotional quotients and leadership behaviors forming part as a qualification for the nurse managers prior to being appointed. Internal policies on development of emotional quotient and leadership behaviors be made to not only apply to nurse managers but to all managerial positions in the hospital. Research. As part of research dissemination, the study will be submitted for either oral or poster presentation in any of the local or international research congress. Additionally, the study will be submitted for possible publication in any local or international refereed journals.

The following research titles are also suggested:

- a. A replication study is suggested where more number of participants are included where both public and private institutions are included;
- b. A study validating the correlation of the variables on EQ and leadership behavior using a predictive design for the creation of regression model (especially the negative predictions); and
- c. A phenomenological inquiry on the lived experiences on the leadership behaviors of the nurse managers among staff nurses.

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