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# The impact of emotional intelligence on work performance among ICU nurses in Palestine: a cross-sectional study

Imad H. Fashafsheh<sup>1\*</sup>, Faeda A. Eqtaït<sup>1</sup>, Bahaaeddin M. Hammad<sup>1\*</sup> , Ahmad J. Ayed<sup>1</sup>  and Basma S. Salameh<sup>1</sup> 

## Abstract

**Background** Emotional intelligence plays a crucial role in work performance, especially in high-stress ICU settings. Understanding emotional intelligence's role can inform targeted interventions to support nurse well-being, enhance resilience, and improve patient outcomes.

**Methods** This descriptive cross-sectional study involved 226 ICU nurses in Palestine, recruited through a convenience sampling method. Data were collected using self-administered questionnaires, including the Schutte Emotional Intelligence Test and a job performance scale. Descriptive statistics, correlation analyses, and regression models were used to analyze predictors of job performance.

**Results** The study included 226 nurses, mostly male (74.3%), aged 21–30 years (71.2%), with a bachelor's degree (68.1%) and less than five years of ICU experience (59.3%). Emotional intelligence scores were high, with an average of  $151.9 \pm 1.9$ , and perception of emotions had the highest subscale score. Work performance was also high, averaging  $4.3 \pm 0.7$ , with job quality and job quantity scoring the highest. A strong positive correlation ( $r = 0.611$ ,  $P < 0.05$ ) was found between EI and work performance. EI and educational level were significant predictors of work performance ( $\beta = 0.123$ ,  $p < 0.01$ ), explaining 39.3% of the variance.

**Conclusion** the study highlights the critical role of emotional intelligence in improving ICU nurses' work performance, particularly in job quality and quantity. Higher emotional intelligence helps nurses meet ICU demands, while educational level serves as a key predictor of performance. These findings highlight the need for EI training in nursing education, professional development, and workplace policies. Structured programs can enhance nurses' decision-making, communication, and stress management, ultimately improving performance, patient care quality, and safety. Future research should adopt longitudinal or experimental designs to establish causality and evaluate the impact of EI training on nursing performance.

**Clinical trial number** Not applicable.

**Keywords** Emotional intelligence, Work performance, Nurses, Intensive care units

\*Correspondence:

Imad H. Fashafsheh  
Imad.Fashafshi@aaup.edu

Bahaaeddin M. Hammad  
Bahaa.Hammad@aaup.edu

<sup>1</sup>Faculty of Nursing, Arab American University, Jenin City 240, Palestine



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## Introduction

Work performance refers to actions or behaviors pertinent to the organization's objectives, particularly in healthcare, where it encompasses the efficient execution of duties related to direct patient care [1, 2]. Research suggests that high emotional intelligence (EI) is closely associated with most favorable performance among professionals [3]. Effective work performance involves a combination of cognitive and emotional skills, that enable individuals to make optimal decisions and navigate complex work environments [4]. As an essential psychological construct, EI plays a vital role in understanding individual outcomes and workplace success [5]. EI defined as the ability to recognize, regulate, and integrate emotions alongside cognitive functions, EI facilitates both short and long-term goals achievement [6]. In professional settings, technical skills alone are inadequate for best performance; rather, individuals with higher EI levels are better prepared to apply new skills effectively, adapt to challenges, and maintain productivity [7].

Although emotions are a normal aspect of human life, they significantly influence work performance [8, 9]. Employees with higher EI levels are prone to experiencing greater professional success [10] and productivity [11]. In the healthcare sector, EI is particularly vital for nurses, as it influences their ability to manage stress, communicate effectively, and deliver high-quality care [12]. This is especially true in high-stress environments such as intensive care units (ICUs), where nurses are frequently exposed to emotionally demanding situations, resource constraints, and time-sensitive decision-making [13]. ICU nurses with strong EI skills can better regulate stress, maintain composure, and provide compassionate care to patients and their families [13, 14]. Their ability to understand and control emotions not only improves their well-being but also enhances patient outcomes and overall care quality [15].

Although prior studies have examined the relationship between EI and work performance, limited research has explored this association among ICU nurses in Palestine, particularly during the October 7th crisis. This crisis placed unprecedented strain on ICU nurses, intensifying existing workplace challenges and underscoring the critical role of EI in navigating extreme stress. During this period, nurses faced overwhelming patient loads, resource shortages, extended working hours, and heightened emotional distress due to the severity of cases and ongoing instability. These compounded stressors increased the psychological and physical demands on nurses, making EI a crucial factor in stress management, effective communication, and optimal patient care. In crisis situations, decision-making often becomes unpredictable, creating ethical dilemmas between individual and collective well-being [16]. Moreover, nursing is a

demanding profession, particularly in resource-limited settings like Palestine, where systemic challenges further complicate care delivery [17].

Understanding how EI affects work performance among ICU nurses in Palestine can provide valuable insights into developing targeted interventions that support nurse well-being and enhance patient outcomes. Therefore, this study aims to assess the relationship between EI and work performance among ICU nurses, contributing to the growing body of literature on emotional intelligence in healthcare.

## Methods

### Study design

This study employed a descriptive cross-sectional design.

### Participants and setting

The study targeted nurses working in ICUs in Palestine, with data collection took place between July 10 and September 10, 2024. The sample size was computed using Raosoft software based on an estimated population of 500 ICU nurses, resulting in a required sample size of 218 at a 95% confidence level. To account for potential non-responses, an initial sample of 240 nurses was conveniently selected. Ultimately, 226 nurses completed the questionnaires, yielding a 94.2% response rate.

A convenience sampling method was utilized due to practical constraints, including the challenging working conditions in ICUs, and limited accessibility to nurses. Additionally, convenience sampling allowed for a more efficient recruitment process, ensuring the inclusion of nurses with firsthand experience of the crisis under study. Despite its limitations, this approach provided valuable insights into the relationship between emotional intelligence and work performance in a high-stress clinical environment.

### Inclusion and exclusion criteria

The study involved full-time ICU nurses with a minimum of six months of experience who were literate in reading and writing and willing to participate. Nurses who were on extended leave or unavailable during the data collection period were excluded.

### Instruments

The first part of the questionnaire collected demographic data, such as age, gender, education level, and ICU experience.

To assess EI, the study utilized the Schutte Self-Report Emotional Intelligence Test (SSEIT) [18], a 33-items covering four domains: "perception of emotions", "social skills", "self-management of emotions", and "emotion utilization". Responses were rated on a five-point Likert scale, with higher scores indicating greater EI, total scores

range from 33 to 165. The SSEIT has demonstrated high validity and reliability across various populations, including previous validation in the Palestinian context [19]. Reported Cronbach's alpha values ranged from 0.84 to 0.90 [18–20]. In this study, the SSEIT showed good internal consistency, with a Cronbach's alpha of 0.84.

Nurses' Job Performance was measured using the employee job performance scale developed by Na-Nan et al. [21]. This 13-items scale evaluates three key elements of job performance: job quantity (4 items), job quality (5 items), and job time (4 items). Each item is rated on a five-point Likert scale, with higher scores indicating better job performance. The scale has been widely used in various studies [22, 23] and demonstrated strong reliability, with a reported Cronbach's alpha of 0.894 in the original study by Na-Nan et al. [21]. In the present study, the scale showed good internal consistency, with a Cronbach's alpha of 0.82.

#### Data collection procedure

After securing institutional review board approval, the researcher approached hospitals and met with the ICU head nurses to explain the study's objectives and obtain lists of nurses along with their schedules to facilitate recruitment.

Face-to-face meetings were held with the nurses to explain the study's purpose and procedures. Nurses willing to participate signed consent forms, confirming their voluntary involvement. Since all participants were proficient in English, the questionnaires were administered in English.

#### Ethical considerations

Permission to conduct this study was obtained from the Faculty of Nursing at Arab American University-Palestine, and ethical approval was granted by the Institutional Review Board at the Ministry of Health (2024/1029/162). Nurses were fully informed of the study's purpose and their right to withdraw at any time without consequences. Participation was voluntary, and nurses signed consent forms to confirm their understanding. They were assured that participation would not affect their employment or professional standing.

#### Data analysis

Data were entered and analyzed using SPSS version 26. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarize study variables. Pearson correlation and multiple linear regression analyses were conducted to assess the relationships between variables and identify predictors of work performance.

**Table 1** Demographic characteristics of the participants (N = 226)

Characteristics		N	%
Age	21–30 year	161	71.2
	31–40 year	45	19.9
	41–60 year	20	8.8
Gender	Male	168	74.3
	Female	58	25.7
Educational level	Diploma	36	15.9
	Bachelor	154	68.1
	Master and above	36	15.9
Work experience in ICU	Less than 5 years	134	59.3
	5–10 years	51	22.6
	more than 10 years	41	18.1

**Table 2** Distribution of EI and work performance (N = 226)

Variable	M	SD
<b>Total "emotional intelligence"</b>	151.9	1.9
"Perception of emotions"	47.2	1.2
"Social skills or managing others' emotions"	41.2	1.2
"Managing emotions in the self"	36.2	1.0
"Utilizing emotions"	27.7	0.7
<b>Work performance</b>	4.3	0.4
Job time	4.2	0.5
Job quality	4.4	0.5
Job quantity	4.4	0.5

## Results

### Participants' characteristics

Out of the initial sample of 240 nurses, 226 completed the study, resulting in 94.2% response rate. The analysis showed that the majority of participants, 161 nurses (71.2%), were aged between 21 and 30 years, with 168 (74.3%) being male. Additionally, 154 nurses (68.1%) held a bachelor's degree. More than half of the respondents, 134 nurses (59.3%), had less than five years of ICU experience (Table 1).

The findings indicated that participants had a high average emotional intelligence score of  $151.9 \pm 1.9$  (out of 165). Among the EI subscales, "perception of emotions" had the highest average score ( $47.2 \pm 1.2$ ), while "utilizing emotions" scored the lowest ( $27.7 \pm 0.7$ ). In terms of work performance, the overall mean score was also high, at  $4.3 \pm 0.7$ . Of the subscales, "job quality" and "job quantity" achieved the highest scores ( $4.4 \pm 0.5$ ), while "job time" had the lowest score ( $4.2 \pm 0.5$ ), as shown in Table 2.

A Pearson correlation analysis was performed to explore the association between EI and work performance among the nurses. The findings revealed a strong positive correlation between EI and work performance ( $r = 0.611$ ,  $P < 0.05$ ), with a medium to large effect size. Moreover, the domains of EI showed similarly significant positive relationship with work performance ( $P < 0.05$ ), as outlined in Table 3.

**Table 3** The relationship between EI and work performance (N = 226)

Variable	Job time	Job quality	Job quantity	Work performance
Perception of emotions	0.120	0.324**	0.289**	0.339**
Social skills or managing others' emotions	0.014	0.176**	0.136**	0.156**
Managing emotions in the self	0.003	0.031	0.018	0.025
Utilizing emotions	0.145*	0.285**	0.243**	0.308**
Total emotional intelligence	0.141*	0.606**	0.565**	0.611**

\*\*Correlation is significant at level of 0.05" ( $p < 0.05$ )

\*\*\*Correlation is significant at the 0.01" ( $p < 0.01$ )

A multiple linear regression analysis was conducted to identify predictors of work performance among ICU nurses. The Independent variables in the model included age, gender, educational level, work experience, and EI. The overall model was statistically significant ( $p < 0.001$ ,  $R = 0.627$ ,  $R^2 = 0.393$ , adjusted  $R^2 = 0.379$ ), indicating that these variables collectively explained 39.3% of the variance in work performance. Among the predictors, EI had the strongest influence ( $\beta = 0.640$ ,  $p < 0.001$ ), with each one-point increase in EI associated with a 12.3-point increase in work performance. Notably, EI uniquely accounted for a substantial proportion of the explained variance, reinforcing its critical role in shaping work performance. In contrast, educational level, while also a significant predictor ( $\beta = 0.117$ ,  $p = 0.035$ ), contributed less to the explained variance, as shown in Table 4.

## Discussion

The present study aimed to evaluate the relationship between EI and work performance among ICU nurses. The study's results showed that the mean EI scores of ICU nurse were higher than those found in other studies [19, 24, 25]. Moreover, these scores were similar to another study among ICU nurses conducted in Palestine [19]. These differences in EI mean scores across studies can be explained in view of differences in the assessment instruments used, sample sizes, and cultural context. Despite these differences, the findings consistently indicate the significant role of EI in nursing practice, particularly in

high-stress environments like ICUs. According to our study, the high EI mean score among ICU nurses reveals their ability to effectively control stress and emotions while working in a complex healthcare setting such as ICU. This high level of EI may positively influence their professional roles, enriching both their interpersonal skills and workplace performance. In addition, it possibly contributes to improve the overall efficacy of the team and patient outcomes [19, 26, 27]. The cultural and contextual factors in Palestine significantly shape ICU nurses' EI. Challenged by political instability and limited resources, these stressors may enhance EI as a coping tool, improving emotional and professional management. The collectivist culture also strengthens interpersonal skills and team cohesion, making EI a key asset in both nurse performance and patient care.

In line with prior research on EI [19, 28], nurses demonstrated a high level of skill in recognizing and understanding both their own and others' emotions, as reflected by the "perception of emotions" subscale having the highest mean score. This indicates a strong capability to accurately perceiving nuanced emotional landscape of the ICU environment. This proficiency, however, was coupled with a lower rating on the "utilizing emotions" subscale, pointing to a considerable gap between recognizing emotions and effectively utilizing them to improve cognitive processes, critical thinking, problem-solving, and decision-making in the high-stress ICU environment. The low score in the "utilizing emotions" subscale may be attributed to the high-pressure ICU environment, where nurses must prioritize rapid decision-making and adherence to protocols over emotional processing. The cultural and contextual challenges faced by Palestinian ICU nurses contribute to the gap in utilizing emotions. Working under high stress, political instability, and resource shortages, nurses often suppress emotional responses to focus on task completion, limiting their ability to use emotions in decision-making. Cultural norms emphasizing resilience over emotional processing may also play a role.

Additionally, traditional nursing education and training often emphasize technical and clinical skills rather than emotional intelligence development, which may limit nurses' ability to consciously integrate emotions into cognitive functions [27]. This inconsistency highlights the

**Table 4** Predictors of work performance: multiple linear regression

Predictor					95.0% Confidence Interval	
	B	Beta	t	p. Value	Lower Bound	Upper Bound
Emotional intelligence	0.123	0.640	11.731	0.000	0.102	0.144
Age	-0.067	-0.118	-1.299	0.195	-0.170	0.035
gender	-0.063	-0.075	-1.415	0.159	-0.150	0.025
Educational level	0.076	0.117	2.120	0.035	0.005	0.146
Work experience	0.044	0.093	1.024	0.307	-0.040	0.128

need for targeted interventions, such as emotional intelligence training, mindfulness programs, and simulation-based learning, to help nurses apply emotional awareness in improving decision-making, communication, and patient care in critical settings, ultimately enhancing critical thinking and patient outcomes [29].

Regarding work performance, we found that ICU nurses scored highly on the job quality and job quantity subscales, while their scores on the job time subscale was lower. This suggests that although ICU nurses maintain high standards of care and productivity, they may face challenges related to time management or efficiency. These findings consist with earlier research that studied the stressful environment like ICU settings, indicating how high stress levels can impact different aspects of performance [30], and highlight the importance of time management as an important dimension of nursing performance [31]. Existing study also shows that effective time management can lead to decreased stress, improved psychological health and overall work performance [31]. To further enhance efficiency and job satisfaction, targeted interventions such as time management training, process optimization, and maintaining adequate staffing levels could help address the lower scores observed in the “job time” subscale.

Study results supported early study findings, showing a positive correlation between EI and job performance among ICU nurses; higher EI levels are associated with better work performance and increased work engagement [32]. Additionally, the findings show that EI predicts job satisfaction, while job satisfaction subsequently moderates the relationship between EI and job performance. Consequently, the nurses with high levels of EI report high job satisfaction and, thereby, improved performance [5, 33, 34].

This study suggests that the “perception of emotions” domain of EI is positively correlated to job quality ( $r=0.324$ ,  $P<0.01$ ) and overall work performance ( $r=0.339$ ,  $P<0.01$ ) among ICU nurses. They suggest that such ability to recognizing and understanding emotion; both their own and others’ emotions; may be associated with better performance of nursing duties and quality of care. This is consistent with previous studies which emphasize the value of EI in healthcare settings, noting that EI is a vital component of job satisfaction, which in turn affects job performance [35, 36]. Moreover, another aspect of EI involves the capacity to identify the emotions of others, using this awareness to understand social relations and regulation of stress.

This study shows that EI domains are correlated with both job quality and overall work performance among ICU nurses, indicating that nurses who are highly skilled at regulating their emotions and in interpersonal interactions tend to provide higher-quality care and perform

better in their roles. This finding is in agreement with previous studies, which shows that EI has a significant positive correlation with organizational commitment, organizational citizenship behavior, job satisfaction, and job performance, and is negatively correlated with job stress [35]. Furthermore, the ability to manage others’ emotions is important, particularly in high-stress environments like the ICU, where effective communication and teamwork are vital. Nurses with higher levels of social skills are more capable of handling interpersonal relations in their workplace contributes to improved patient outcomes and nurses’ satisfaction [37–40]. To advance job quality and performance in healthcare institutions, it is possible to introduce EI training programs. These programs can help nurses enhance their ability to deal with their emotions appropriately, thereby improving their patient interactions, communications, and fostering a supportive work environment. Therefore, the results emphasize how social skills within EI influence ICU nurses’ job quality and overall work performance. Developing these competencies not only enhances the role of a nurse in patient management but also contributes to a more effective healthcare team.

The current study revealed that both the level of EI and educational attainment predict work performance among the ICU nurses. Specifically, every improvement in EI was tied to 12.3 point gain in work performance and better education levels yielded better performance. Previous studies have supported the idea that EI enhances work performance of nurses. For instance, it has been documented those relations of higher EI among nurses with increased work productivity, and better patient results [41]. Additionally, another work established a significant relationship between EI and work engagement indicating that nurses with high EI are more engaged and better performers in their roles [32]. In a similar vein, our results confirmed that the work performance tends to improve with increased levels of education. For example, Nurses with higher education typically possess higher clinical competencies, which leads to the implementation of higher quality care [42]. Furthermore, a study on critical care nurses showed that holding a master’s degree was a significant of higher levels of caring behaviors, which are associated with work performance [43]. Potentiating these factors could therefore improve performance and better patient outcomes.

In our study, gender was not identified as a significant factor influencing emotional intelligence and work performance, despite the majority of participants being male. This finding aligns with previous studies [25, 38, 39, 44] that found no significant differences in emotional intelligence based on gender. Our results suggest that emotional intelligence may be more influenced by other factors, such as educational level and unit type, rather

than demographic characteristics like gender, age, or years of experience. In contrast, Turjuman and Alilyyani [32] found that being female was associated with higher emotional intelligence. However, in our study, gender did not show a similar correlation. This discrepancy may stem from the unique demands of the ICU environment, underscoring the complexity and variability of findings across different populations and settings.

### Strength and limitation

This is the first study to assess the relationship between the EI and the Work performance among ICU nurses in Palestine. However, it is essential to acknowledge the limitations of this study. As a cross-sectional study, this study cannot establish causality between EI and work performance, and the directionality of the relationship remains unclear. Future longitudinal or experimental research are needed to explore causality. Additionally, this study utilized a convenience sampling method, which, while appropriate given the specific working conditions in the ICU, may limit the generalizability of the findings. This approach increases the risk of selection bias, as participants who chose to participate may differ systematically from those who did not, potentially influencing the results. Future research should consider employing random or stratified sampling techniques to enhance representativeness and minimize bias. Additionally, multi-center studies with diverse ICU settings could further validate and extend the applicability of these findings.

The reliance on self-reported data introduces potential biases, such as social desirability bias and common method variance. Future studies should incorporate multiple data sources, such as supervisor or peer evaluations, to mitigate these biases. Furthermore, The higher proportion of male nurses (74.3%) limits generalizability to predominantly female populations. Additionally, factors like marital status, dependents, and socioeconomic status were not considered and may impact EI and work performance. Future research should include a more diverse demographic profile.

Finally, this study did not address factors like nurse-patient ratio, workload, or income, which require further investigation. A qualitative study could provide deeper insights into these relationships. Additionally, cultural differences and healthcare system structures may influence EI and work performance, so future research should explore these factors in diverse healthcare settings to assess the broader applicability of our findings.

### Nursing implications

The findings of this study have significant implications for nursing practice, education, and administration, particularly in high-stress environments such as ICUs.

The strong relationship between EI and work performance necessitates the integration of the EI training in nursing education and professional development programs. Training that enhances skills such as emotional awareness, regulation, and utilization can improve decision-making, teamwork dynamic, and stress control capabilities among nurses. Moreover, it is advisable to implement interventions such as time management training, workload optimization, and adequate staffing, which can improve both efficiency and the quality of care provided by nurses.

A systematic review and meta-analysis highlight the effectiveness of EI training for healthcare workers, demonstrating a moderate positive impact on emotional regulation, decision-making, patient care, and job satisfaction. These findings confirm that EI is a trainable skill, emphasizing the importance of structured training programs in nursing education and professional development. Notably, longer-duration interventions and those incorporating multiple methodologies yield the most significant improvements. Integrating evidence-based EI training into nursing curricula and workplace initiatives can enhance nurses' ability to manage stress, collaborate effectively, and deliver high-quality patient care, ultimately leading to better healthcare outcomes [45]. The study also highlights that work performance benefits from higher education, suggesting that healthcare institutions should support nurses in pursuing advanced degrees through offering scholarships, reimbursement of tuition fees, or flexible working schedule. Applying of EI in organizational polices of recruitment and performance assessments can help develop better teams and improve patient care. Moreover, enhancing work environment through interdisciplinary collaboration and peer support programs can enhance the satisfaction and productivity of the ICU nurses. Collectively, these approaches can empower nurses to excel in their roles, enhancing both individual and team effectiveness while improving patient care outcomes.

To address specific challenges in Palestine, we recommend targeted EI training programs focused on improving the "utilizing emotions" subscale, helping nurses manage stress, make informed decisions, and enhance patient communication. These programs should be culturally sensitive and consider the resource constraints and high-pressure environments of Palestinian ICUs. Future research should assess the impact of such interventions on work performance and patient outcomes to determine their effectiveness in improving healthcare delivery.

## Conclusion

The findings of this study emphasize the critical role of emotional intelligence (EI) in enhancing the work performance of ICU nurses. The positive relationship between EI and work performance, particularly in job quality and quantity, underscores the importance of equipping nurses with high EI to better manage the demands of the ICU environment. Additionally, the study revealed that educational level is a significant predictor of work performance, highlighting the need for ongoing educational initiatives to provide nurses with advanced skills and knowledge. Given these findings, there is a clear call for integrating EI training into nursing education and practice. Hospitals should consider implementing EI screening for new nurses and make EI training mandatory for ICU staff to improve clinical outcomes, work efficiency, and patient care. Furthermore, focusing on improving emotional utilization and time management can further enhance nursing practice. By prioritizing EI development and professional growth, healthcare organizations can boost ICU nurse performance, patient satisfaction, and overall healthcare system outcomes.

## Abbreviations

EI	Emotional Intelligence
ICU	Intensive Care units
SPSS	Statistical Package for the Social Sciences
SSEIT	Schutte Self-Report Emotional Intelligence Test (SSEIT)

## Acknowledgements

We would like to express our gratitude to the nurses who participated in this study.

## Author contributions

I. Fand F.E, designed and conducted the study. BE.H, A.A, performed the analysis and drafted the manuscript. A.A, I.F, and B.S advised on the study design, facilitated data collection and revised the manuscript. F.E, BE.H, and I.F helped in data collection. BE.H, A.A, I.F, and B.S interpretation of data and revised the manuscript. All authors reviewed and approved the manuscript.

## Funding

The authors have not received any funding.

## Data availability

The datasets used and/or analyzed during the current study are available from the corresponding author upon reasonable request.

## Declarations

### Ethics approval and consent to participate

Permission to conduct this study was obtained from the Faculty of Nursing at Arab American University-Palestine, and ethical approval was granted by the Institutional Review Board at the Ministry of Health (2024/1029/162). The study followed the ethical guidelines, protocol, and regulations stated in the Declaration of Helsinki. Informed consent was obtained from all participants.

### Consent for publication

Not applicable.

### Competing interests

The authors declare no competing interests.

Received: 5 January 2025 / Accepted: 7 April 2025

Published online: 12 April 2025

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