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The Level of Emotional Intelligence and Its Association With Self-Efficacy among Jordanian Nurses in Public Hospitals

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Abstract: Background: Emotional intelligence (EI) and self-efficacy are important psychological factors affecting nurses' performance and well-being in health care settings This study examined the relationship between EI and self-efficacy in Jordanian nurses working in public hospitals.

Methods: A cross-sectional study was conducted among 181 nurses at Princess Basma Educational Hospital and King Abdullah University Hospital in Jordan. Participants completed a self-report measure of emotional intelligence using the Schutte Self-Report Emotional Intelligence Test (SSEIT) and self-administered the General Self-Efficacy Scale (GSE). Descriptive statistics, Pearson correlation analysis and review of relevant literature were used for data analysis. **Results:** The findings revealed a significant positive correlation between emotional intelligence and selfefficacy among Jordanian nurses ($r = 0.567$, $p < 0.05$). Nurses with greater emotional intelligence were more likely to report greater confidence in their ability to manage difficult situations and provide quality care to patients.

Conclusion: The findings of this study highlight the link between emotional intelligence and self-efficacy among Jordanian nurses, highlighting the importance of developing emotional intelligence skills to enhance nurses' ability to practice emphasis on increasing efficiency and improving their overall well-being and productivity in health care settings.

Keywords: Emotional Intelligence, self-efficacy, nurses, public hospitals, Jordan

I. Introduction

Research on emotional intelligence (EI) and self-efficacy among healthcare professionals, especially nurses, has received considerable attention due to its impact on clinical practice and patient care Emotional intelligence, the ability to discern , using, understanding, and dealing with emotions is increasingly recognized as essential competencies in health care settings (Sa et al., 2019; Wu et al., 2022). Understanding the level of emotional intelligence of nurses in public hospitals in Jordan may provide insights into how these strengths influence their work performance and coping strategies during acute stress in the circumstances.

Self-efficacy, or the belief that one can succeed in a particular situation, is another important factor affecting nursing outcomes. Research has shown a significant relationship between nurses' selfefficacy, productivity, problem-solving ability, and overall job satisfaction (Kim & Sohn, 2019; Molero Jurado et al., 2019). By examining the relationship between emotional intelligence and self-efficacy, this study aims to identify potential areas for improving nurse practice and education, thereby moving patient outcomes and nurse well-being effectiveness

The relationship between emotional intelligence and self-efficacy has been examined in a variety of contexts, suggesting that higher emotional intelligence tends to indicate stronger self-efficacy beliefs e.g., Perez-Fuentes et al. (2019) found that emotional intelligence is a key indicator of selfesteem that is significantly associated with self-efficacy in nursing experiences This suggests that emotional intelligence skills can be a it is essential for optimal self-efficacy, especially in complex and emotional health conditions .

By focusing on Jordanian nurses, this study aims to contribute to the growing literature by examining how emotional intelligence is directly related to self-efficacy in this cultural and professional context . The practical implications of this research are important. The findings may provide nurse educators and practitioners with valuable insights in designing targeted interventions that enhance these conceptualizations. Ultimately, this can improve health care delivery and nurse satisfaction, making it a valuable effort to enhance nurse well-being and patient outcomes

II. Importance of Research

This study is important because it examines the relationship between emotional intelligence and self-efficacy among nurses working in public hospitals in Jordan. Understanding this relationship is important because it can have a profound effect on how nurses manage their daily tasks and care for their patients. Emotional intelligence requires awareness and management of one's own and others' emotions, which is incredibly valuable in high-stress environments like the hospital. Selfefficacy is a nurse's belief that they have the ability to manage situations effectively. When nurses have high levels of emotional intelligence and self-efficacy, they are generally better prepared to handle stress, make quicker and more effective decisions, and maintain positive attitudes, contributing to better patient care and work environment which is very helpful

By examining how these two factors interact, this study can provide insights to help clinical administrators and educational leaders design programs that foster these skills in nurses. This can lead to improvements in how nurses cope with their job stress, potentially reducing burnout and increasing job satisfaction when nurses are more flexible and confident in their abilities, patients receive better care . Thus, this study can significantly improve overall health care in Jordanian public hospitals, making it a valuable effort to improve nurse quality and patient outcomes The potential beneficiaries of this study are not nurses not just individuals, but the entire healthcare system in Jordan.

Problem

Nurses in public hospitals in Jordan often face high stress and harsh work environments, which can affect their performance and quality of patient care although emotional intelligence and selfefficacy are recognized as important factors and these challenges have been adequately addressed although few studies examine the relationship between these variables. This knowledge gap hinders the development of targeted interventions and training programs that can enhance these cognitive skills, potentially improving nurses' well-being and patient outcomes . . Thus, this study seeks to explore the relationship between emotional intelligence and self-efficacy in nurses in this specific context with the aim of providing actionable insights for health professionals and professionals. The urgency and relevance of this research problem cannot be overstated, and the findings of this study may contribute to addressing these issues in the Jordanian health system

Objectives

1. To assess the levels of emotional Intelligence among nurses working in Jordanian public hospitals.
2. To evaluate the levels of self-efficacy among nurses in Jordanian public hospitals.
3. To explore the relationship between emotional Intelligence and self-efficacy among nurses.

Variables Independent Variables

1. **Emotional Intelligence** refers to the ability of nurses to recognize, understand, manage, and manage their own and others' emotions. It has been measured with standardized scales designed to assess aspects of emotional intelligence.
2. **Demographic Factors:** These include age, gender, years of experience and education of the nurses. These variables will be considered to examine their effects on the relationship between emotional intelligence and self-efficacy. **Dependent Variables**

    1. **Efficacy**: Efficacy, in the context of feeling efficient, can be defined as the individual's sense of their ability to effectively perform tasks and achieve desired outcomes.
    2. **Self-Efficacy:** This is the primary dependent variable in the study. This is the main basis of the research. It refers to confidence in one's ability to succeed or to accomplish a task in

        a particular situation. Self-efficacy has also been measured with standardized scales assessing nurses' perceived ability to manage their daily responsibilities and challenges in the clinical setting.

Hypotheses

1. **Hypothesis 1:** • *Nurses working in Jordanian public hospitals exhibit varying levels of emotional Intelligence, which are influenced by demographic factors such as age, gender, years of experience, and educational background.*
2. **Hypothesis 2:**

- *The levels of self-efficacy among nurses in Jordanian public hospitals are significantly associated with their levels of emotional Intelligence.*

3. **Hypothesis 3:**

- *A positive correlation exists between emotional Intelligence and self-efficacy among nurses working in Jordanian public hospitals, indicating that higher emotional Intelligence is associated with higher self-efficacy.*

III. Literature review

Albert Bandura's self-efficacy theory posits that individuals' beliefs in their ability to execute tasks and achieve goals play a crucial role in determining their motivation, behavior, and overall well-being. Self-efficacy refers to the confidence individuals have in their ability to perform specific tasks or behaviors. Bandura argues that self-efficacy is not a fixed trait, but rather a dynamic construct that can be developed and strengthened through experiences, learning, and social interactions. According to Bandura, self-efficacy influences an individual's choice of activities, effort expenditure, persistence, and resilience in the face of obstacles. Individuals with high self-efficacy tend to set challenging goals, develop effective strategies, and maintain a positive outlook, even in the face of adversity. (Bandura's 1997)

Peter Salovey and John D. Mayer's emotional intelligence model defines EI as the ability to recognize and understand emotions in oneself and others, and to use this awareness to guide thought and behavior. Their model comprises four branches of EI: perceiving emotions, facilitating thought, understanding emotions, and managing emotions. The first branch, perceiving emotions, involves recognizing and identifying emotions in oneself and others. The second branch, facilitating thought, refers to the ability to use emotions to facilitate cognitive processes, such as reasoning and problem-solving. The third branch, understanding emotions, involves comprehending the causes and consequences of emotions. The fourth branch, managing emotions, refers to the ability to regulate and modulate one's own emotions and those of others. Mayer and Salovey argue that EI is an essential component of social and emotional competence, influencing an individual's relationships, academic and professional performance, and overall well-being. (Mayer and Salovey's 1997)

Daniel Goleman's emotional intelligence framework builds upon the work of Mayer and Salovey, and defines EI as the ability to recognize and understand emotions in oneself and others, and to use this awareness to guide thought and behavior. Goleman's framework consists of five components of EI: self-awareness, self-regulation, motivation, empathy, and social skills. Self-awareness involves recognizing and understanding one's own emotions and motivations. Self-regulation refers to the ability to control and modulate one's own emotions and impulses. Motivation involves using emotions to drive motivation and achieve goals. Empathy refers to the ability to recognize and understand emotions in others. Social skills involve using EI to effectively communicate and interact with others. Goleman argues that EI is essential for effective leadership, teamwork, and communication, and that it can be developed and strengthened through practice and training. (Goleman 1998).

Coladarci (1992) suggested that general and personal self-efficacy are strong predictors of teacher engagement, with teachers who demonstrate both higher general and personal efficacy tending to demonstrate greater teacher engagement. Tsai et al. (2011) found that self- efficacy has a significant positive influence on organizational commitment among employees in the banking sector. This finding is also recently confirmed by Syabarrudin et al. (2020) that self-efficacy has a significant influence on employees' organizational commitment. Consequently, employees who have a sense of certainty that they can perform a task are more likely to stay within the organization. Liu and Huang (2019) have shown that occupational self-efficacy has a direct impact on organizational commitment. Theodoraki (1996) examined the relationship between the influence of goals, commitment, self-efficacy and self-satisfaction on motor performance. The results proved that there is a direct and indirect effect of self-efficacy on performance. Rathi and Rastogi (2009) demonstrated a significant relationship, albeit weak, between self-efficacy and organizational commitment. The relationship between these two variables is also supported in the literature by other studies focusing on nursing (Kang and Kim, 2014; Oh and Wee, 2016; Orgambıdez et al., 2019). Based on these findings, we believe in a positive relationship between self-efficacy and organizational commitment. This is because when employees are confident in performing a particular task, they are more committed to their job. Mortan et al. (2014) showed that self-efficacy successfully mediates the relationship between emotional intelligence and intention to become an entrepreneur. Wong and Law (2002) found that the relationship between emotional intelligence and organizational commitment is significantly moderated by the amount of emotional labor the job requires, but there is no direct relationship between them. Abraham (1999) indicated that emotional intelligence was a strong predictor of organizational commitment. 15% of the variance was explained by emotional intelligence alone. Villegas-Puyod and Charoensukmongkol (2019) demonstrated that call center representatives with higher emotional intelligence tended to have higher interaction involvement with customers. Emotional intelligence can also contribute to job performance by enabling people to regulate their emotions to effectively manage stress, perform well under pressure and adapt to organizational change (Kushwaha, 2012). Given these findings, we hypothesize that emotional intelligence and organizational commitment are related in the way that a third variable mediates this relationship. Self-efficacy acts as a mediator variable in many different situations, linking an independent and dependent variable.

Empathy is "an individual's ability to understand and share the feelings of others" (Jolliffe and Farrington, 2006, p. 589). It consists of two dimensions, Affective Empathy, which involves an emotional response and Cognitive Empathy, which consists of a rational understanding of the emotions (Villadangos et al., 2016; Slavny and Moore, 2018). In the field of healthcare, it is considered an essential quality for professionals in relating to patients (Petrucci et al., 2016). Thus, individuals who react empathically to others tend to increase their feeling of self-esteem (Cameron and Fredrickson, 2015). Although empathy is a major component of healthcare work, excessive identification with the emotions of patients and family members can generate anxiety and exhaustion in the professional (Kompanje et al., 2015; Schwan, 2018). Thus, increasing cognitive empathy, and thereby, diminishing the affective component, generates benefits in the care, dedication and effectiveness of healthcare workers (Navarro-Abal et al., 2018; Shao et al., 2018).

Several studies have revealed that EI is related to a positive emotional state and high self-esteem (Carvalho et al., 2018). The relationship between dimensions of EI and self-esteem, positiveness and optimism ("Mood," Bar-On, 2006), for example, which strengthen self-concept by effectively managing stressful situations, has also been explored (Mäkikangas et al., 2004); adequate coping strategies and conflict resolution ("Adaptability"; Bar-On, 2006) are related to good self-esteem (Yildirim et al., 2017); the ability to be aware of one's own thoughts and feelings ("Intrapersonal"; Bar-On, 2006) keeps individuals from becoming absorbed in negative or critical beliefs, thereby improving their self-esteem (Bajaj et al., 2016); likewise, emotional regulation helps counteract the negative impact of stressful situations ("Stress management"; Bar-On, 2006), promoting positive affect in emotional self-evaluation (Park and Dhandra, 2017).

Recent studies have indicated a significant prediction of emotional intelligence on creative self-efficacy (Sánchez-Ruiz et al. 2011; Ferdowsi and Razmi 2022). Xu et al. (2019) used a meta-analysis that summarized 75 studies with a total sample of 18,130 to assess the relationship between emotional intelligence and creativity, and the results showed that there was a statistically significant moderate correlation ($r = 0.32$, $p < .01$) between these two constructs, and the link was stronger when emotional intelligence and creativity were measured using subjective reports, such as trait emotional intelligence and creative personality. In addition, some studies have found that emotional intelligence significantly predicted general self-efficacy (Chan 2004; Yang et al. 2022), and general self-efficacy is close to creative self-efficacy. Meantime, some studies showed that openness, extraversion, and conscientiousness of the big five personality traits had a significant association with creative self-efficacy (Fino and Sun 2022; Karwowski and Lebuda 2016), and that personality is highly correlated with emotional intelligence (Van der Linden et al. 2012). All of these results suggest that emotional intelligence is positively related to creative self-efficacy.

Moreover, based on the investment theory of creativity constructed by Sternberg and Lubart (1991), thinking style and personality traits are important individual factors that affect creativity. Self-esteem, as a noncognitive factor that cannot be ignored, has an important impact on creative performance (Sternberg and Lubart 1991; Zhang et al. 2018). Although fewer studies have explored the relationship between self-esteem and creative self-efficacy directly, many empirical studies have shown the predictive effect of self-esteem on creativity, as well as on self-efficacy. A meta-analysis summarized 24 studies with 3956 participants and pointed out that there was a positive correlation between self-esteem and creativity, and especially a significant positive correlation between self-esteem and creative personality (Deng and Zhang 2011). In addition, there have also been many empirical studies supporting that self-esteem can predict an individual's self-efficacy (Luo et al. 2022; Yang et al. 2019). Marcionetti and Rossier (2021) conducted a longitudinal study to examine the relationship between self-esteem and self-efficacy by using cross-lagged analysis. The results showed that students' self-esteem significantly predicted their future general self-efficacy. There is a high correlation between creative self-efficacy and creativity, as well as creative self-efficacy and general self-efficacy. The creative self-efficacy derives from general self-efficacy and further predicts individual creativity (Karwowski et al. 2019; Beghetto 2006). According to this, the relationship between self-esteem and creative self-efficacy can be inferred, that is, self-esteem will positively predict an individual's creative self-efficacy.

Data Source

The primary data for this study was gathered through a structured questionnaire to evaluate emotional Intelligence and self-efficacy levels among nurses in Jordanian public hospitals. Established scales such as the Schutte Self-Report Emotional Intelligence Test (SSEIT) for emotional Intelligence and the General Self-Efficacy Scale (GSES) for self-efficacy were used. The questionnaire was distributed anonymously in paper and digital formats to encourage honest responses and increase participation.

Secondary data was derived from existing literature and previous studies on emotional Intelligence and healthcare self-efficacy. This included articles, databases, and reports that provided insights into these constructs within the healthcare environment. These sources supported the primary data analysis and offered a broader perspective on the variables being studied.

Population and Sampling

The population for this study consisted of nurses employed at public Jordanian hospitals, specifically Princess Basma Educational Hospital and King Abdullah University Hospital. These hospitals were selected due to their significant role

in healthcare delivery within the region and their diverse nursing staff, which provides a representative sample for examining emotional Intelligence and self-efficacy in a challenging healthcare environment.

A convenience sampling method was employed to select participants for this study. This method was chosen due to its practicality and efficiency in accessing a significant number of participants within the constraints of time and resources available for this research. The sample size was calculated using the Raosoft sample size calculator, ensuring an adequate representation of the nursing population for statistical analysis. Based on the calculations provided by Raosoft, the final sample consisted of (181) nurses.

Analysis

1. Demographic Characteristics of the Enrolled Nurses

Table (1). Nurses' demographic characteristics

Characteristic	Category	Frequency	Percentage (%)
Age	< 25	20	11.05
	25-35	70	38.67
	35-45	50	27.62
	> 45	41	22.65
Gender	Male	50	27.62
	Female	131	72.38
Educational Qualification	Diploma	40	22.10
	Bachelor	100	55.25
	Master	30	16.57
	PhD	11	6.08
Years of Experience	< 5 years	60	33.15
	5-10 years	80	44.20
	> 10 years	41	22.65

The age distribution of the nurses showed a predominance of younger and middle-aged adults, with 38.67% between the ages of 25 and 35 (n = 70), followed by 27.62% between 35 and 45 years old (n = 50). Nurses older than 45 accounted for 22.65% (n = 41), and those younger than 25 made up 11.05% (n = 20).

Regarding gender, the sample was predominantly female, comprising 72.38% (n = 131) of the participants, compared to 27.62% (n = 50) who were male. Educational qualifications varied, with the majority holding a Bachelor's degree (55.25%, n = 100). Diploma holders represented 22.10% (n = 40), those with a Master's degree constituted 16.57% (n = 30), and PhD holders were the least, at 6.08% (n = 11). In terms of years of experience, the largest group was those with 5-10 years (44.20%, n = 80), followed by those with less than five years (33.15%, n = 60), and those with more than ten years (22.65%, n = 41).

2. Level of Emotional Intelligence

Table (2). Means and Standard Deviations for the Nurses' Responses to the Schutte Self-Report Emotional Intelligence Test (SSEIT)

Item	Mean	Standard Deviation	Rank

I know when to speak about my problems to others	3.25	1.45	6
When I am faced with obstacles, I remember times I faced similar obstacles and overcame them	4.40	1.47	14
I expect that I will do well on most things I try	3.96	1.31	20
Other people find it easy to confide in me	3.70	0.80	32
I find it hard to understand the non-verbal messages of other people*	2.81	0.60	21
Some of the significant events of my life have led me to re-evaluate what is important and not important	2.81	1.18	2
When my mood changes, I see new possibilities	2.62	0.94	4
Emotions are one of the things that make my life worth living	4.23	0.62	16
I am aware of my emotions as I experience them	3.70	1.00	26
I expect good things to happen	3.92	0.53	27
I like to share my emotions with others	2.54	1.41	31
When I experience a positive emotion, I know how to make it last	4.44	0.76	28
I arrange events that others enjoy	4.16	1.16	10
I seek out activities that make me happy	2.92	0.81	5
I am aware of the non-verbal messages I send to others	2.86	1.02	22
I present myself in a way that makes a good impression on others	2.87	1.05	33
When I am in a positive mood, solving problems is easy for me	3.11	0.68	18
By looking at their facial expressions, I recognize the emotions people are experiencing	3.55	1.47	3
I know why my emotions change	3.36	1.28	23
When I am in a positive mood, I am able to come up with new ideas	3.08	1.44	17
I have control over my emotions	3.72	1.39	19
I easily recognize my emotions as I experience them	2.78	1.10	11
I motivate myself by imagining a good outcome to tasks I take on	3.08	1.42	8
I compliment others when they have done something well	3.23	0.59	12
I am aware of the non-verbal messages other people send	3.41	0.70	30
When another person tells me about an important event in his or her life, I almost feel as though I have experienced this event myself	4.07	0.55	24
When I feel a change in emotions, I tend to come up with new ideas	2.90	0.83	9

When I am faced with a challenge, I give up because I believe I will fail*	3.53	0.89	7
I know what other people are feeling just by looking at them	3.68	0.77	25
I help other people feel better when they are down	2.59	1.33	1
I use good moods to help myself keep trying in the face of obstacles	3.72	0.86	13
I can tell how people are feeling by listening to the tone of their voice	2.84	0.78	15
It is difficult for me to understand why people feel the way they do*	2.63	1.04	29
Total Mean Score	**3.35**	**0.71 (Moderate)**	

As shown in Table 2, the highest average score was reported for the item "When I experience a positive emotion, I know how to make it last," with a mean of 4.44 (SD = 0.76), suggesting that nurses feel proficient in sustaining positive emotions. Another high score was observed in "I arrange events others enjoy," with a mean of 4.16 (SD = 1.16), indicating a strong sense of social responsibility and engagement. Conversely, the lowest scores were reported for "I help other people feel better when they are down" and "I like to share my emotions with others," with means of 2.59 (SD = 1.33) and 2.54 (SD = 1.41), respectively, highlighting potential areas for development in interpersonal emotional skills.

Table (3). Means and Standard Deviations for the Nurses' Responses to General Self-Efficacy Scale.

Item	**Mean**	**Standard Deviation**
I can always manage to solve complex problems if I try hard enough	2.62	0.70
If someone opposes me, I can find the means and ways to get what I want	3.11	0.90
It is easy for me to stick to my aims and accomplish my goals	2.63	0.63
I am confident that I can deal efficiently with unexpected events	2.74	0.53
Thanks to my resourcefulness, I know how to handle unforeseen situations	2.83	0.93
I can solve most problems if I invest the necessary effort	3.36	0.61
I can remain calm when facing difficulties because I can rely on my coping abilities	3.17	0.70
When I am confronted with a problem, I can usually find several solutions	3.04	0.66
If I am in trouble, I can usually think of a solution	2.53	0.54
I can usually handle whatever comes my way	3.23	0.92
Total Mean Score	29.25	0.73

As shown in Table 3, the responses from nurses to the General Self-Efficacy Scale (GSE) reveal varied perceptions of their self-efficacy. The mean scores ranged from a low of 2.53 for the item "If I am in trouble, I can usually think of a solution" (SD = 0.54) to a high of 3.36 for "I can solve most problems if I invest the necessary effort" (SD = 0.61). Other notable scores include a mean of 3.23 for "I can usually handle whatever comes my way" (SD = 0.92) and 3.11 for "If someone opposes me, I can find the means and ways to get what I want" (SD = 0.90). The total mean score for the scale was 29.25, with a standard deviation of 0.73, indicating a generally positive selfefficacy level among the nurses surveyed.

Table (4). Pearson's Correlation Coefficient Between General Self-Efficacy and Emotional Intelligence

	SSEIT	GSE
SSEIT	1.000	0.567*
GSE	0.567*	1.000

The Pearson correlation coefficient between the responses to the Schutte Self-Report Emotional Intelligence Test (SSEIT) and the General Self-Efficacy Scale (GSE) was found to be significant at the 0.05 level ($r = 0.567$, $p < 0.05$). This indicates a moderate positive correlation between emotional Intelligence and self-efficacy among the nurses surveyed.

IV. Discussion

Understanding the relationship between emotional intelligence and self-efficacy among nurses is important to promote their well-being and enhance their performance in healthcare settings. Emotional intelligence, which includes the ability to recognize, understand, and regulate emotions, plays an important role in how individuals develop their potential and effectiveness in various life domains while self-efficacy refers to individuals' beliefs about their ability to perform a variety of job-specific tasks and cope effectively with challenges. In this study, we examined the relationship between emotional intelligence and self-efficacy among Jordanian nurses working in public hospitals, noting the implications of these findings for nurses' performance and professional development.

Given the significant relationship between emotional intelligence and self-efficacy in nurses, it is important to discuss these results in the broader context of the existing literature. Perez-Fuentes et al. (2019) examined the predictors of mutual esteem in nursing using years of experience, highlighting the links between emotional intelligence, self-efficacy and empathy and their findings highlight the importance of these factors have in nurses perceptions of their skills and value at work . Similarly, Molero Jurado et al. (2019) examined self-efficacy and emotional intelligence as predictors of perceived stress among nursing staff. Their study found that higher self-efficacy and emotional intelligence were associated with lower perceived stress, highlighting the role of these psychological factors in protecting against common encounters in the nursing setting

Furthermore, Kim and Sohn (2019) used a structural equation model to investigate the relationship between emotional intelligence, problem-solving ability, self-efficacy, and clinical performance among nursing students. Their study showed that emotional intelligence and self-efficacy positively influenced problem-solving abilities and clinical performance, emphasizing the importance of these skills in facilitating effective nursing practice plant. Findings from these studies are consistent with the results of the current study, highlighting the important role of emotional intelligence in strengthening nurses' overall self-efficacy and performance in health care settings.

The observed relationship between emotional intelligence and self-efficacy suggests that interventions aimed at increasing emotional intelligence may support nurses' self-efficacy levels. Developing emotional intelligence, organization, and empathy gives nurses greater confidence in their ability to manage challenging situations and provide quality care to patients In addition, developing emotional intelligence skills through training programs and workshops can help create a more resilient nursing workforce that is better prepared to go through the demands of the job . Findings highlight the importance of integrating emotional intelligence development programs into nurse education and professional development to support nurse effectiveness and resilience in the health care setting.

V. Conclusion and Recommendations

In conclusion, this study reveals a significant relationship between emotional intelligence and selfefficacy among Jordanian nurses in public hospitals. The findings contribute to our understanding of the psychological factors that influence nurses' perceptions of competence and effectiveness in health care delivery. Identifying the link between emotional intelligence and self-efficacy enables healthcare organizations to design targeted interventions to help nurses increase this skill and enhance their overall well-being development Equipped with skills.

Based on the findings of this study, it is recommended that healthcare organizations prioritize the implementation of emotional intelligence training programs to enhance nurses' emotional, organizational, and interpersonal skills. Additionally, efforts should be made to create a supportive working environment that fosters open communication, cooperation, and mutual respect among health professionals. In addition, continued research is needed to examine the long-term effects of emotional intelligence training on nurses' self-efficacy, job satisfaction, and patient outcomes By investing in nurses' emotional intelligence, healthcare organizations can have a more resilient and effective nursing workforce They can.

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