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Emotional Intelligence of Staff Nurses in a Private Tertiary Hospital in Metro Manila: Basis for a Sustain and Develop Training Program

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A B S T R A C T

Emotional intelligence (EI) has been consistently associated with nurse performance, patient safety, and workforce retention, yet institution-specific baselines remain scarce in Philippine hospital settings. This study assessed the level of emotional intelligence of staff nurses at a private tertiary medical centre in Metro Manila and used the resulting competency profile as the basis for a targeted training programme. A descriptive-developmental design was employed with 135 staff nurses selected through stratified random sampling. Data were gathered using a validated Filipino-developed instrument measuring the five EI domains of Goleman's Emotional Competency Model, and were analysed using means, standard deviations, and verbal interpretation. Results showed an overall EI mean of 4.14 (SD=0.77), interpreted as Agree. Motivation (M=4.23) and Empathy (M=4.22) reached the Strongly Agree level, while Social Skills (M=4.19), Self-Awareness (M=4.05), and Self-Regulation (M=4.02) were at the Agree level. The lowest-rated items were remaining calm during stressful situations (M=3.83) and identifying personal emotional triggers (M=3.90). The findings reveal a consistent asymmetry in which outward-facing competencies directed at others are more developed than inward-facing competencies directed at the self. Because the workforce already demonstrates a favourable baseline, the study proposes an EI Sustain and Develop Training Program comprising three modules targeting Self-Awareness, Self-Regulation, and Social Skills, while sustaining Motivation and Empathy as facilitative strengths. The programme is intended to preserve competencies already attained rather than remediate deficiency, and includes periodic reassessment to support continuous development.

Keywords: emotional intelligence; staff nurses; nursing education; competency assessment; training programme; Philippines

1. Introduction

Nursing is emotionally demanding work. Beyond technical competence, nurses are required to regulate their own emotional responses, interpret the emotional states of patients and families, and sustain collaborative relationships under conditions of time pressure and clinical uncertainty. Emotional intelligence (EI), defined by Goleman (1995) as the capacity to recognise, understand, and manage emotions in oneself and in others, has therefore become a competency of direct operational relevance to hospital nursing services.

A growing body of evidence links EI to outcomes that hospital administrators monitor directly. Galanis et al. (2024) found that emotional intelligence protects nurses against quiet quitting, turnover intention, and job burnout, while Gao et al. (2024) reported that nurses with stronger EI experience lower burnout and greater resilience. Cheraghi et al. (2025) demonstrated an effect of EI on nurse job performance mediated by occupational stress, and Oweidat et al. (2024) connected emotional intelligence to the overall quality of healthcare delivered by nurses. Fashafsheh et al. (2025) further associated lower EI with poor communication and difficulty managing emotionally charged clinical situations.

Philippine hospital nurses operate under conditions that make these competencies particularly salient. Jawabreh (2024) noted high patient-to-nurse ratios, cultural diversity, and complex family dynamics as specific stressors, while Entrata and Nicomedes (2024) found among nurses in Metro Manila hospitals that those able to perceive, understand, and manage their emotions reported better psychological well-being, but that the specific skill of recognising one's own emotional triggers still required deliberate nurturing.

Despite this evidence, institution-specific EI baselines remain uncommon in Philippine practice. Hospitals seeking to develop emotional competence are frequently obliged to adopt generic curricula that are not calibrated to the actual competency profile of their own workforce. Where a baseline is absent, training risks addressing competencies that are already strong while leaving genuine gaps untouched. This study was undertaken to close that gap for one private tertiary medical centre by establishing a measured EI profile of its staff nurses and using that profile as the direct basis for programme design.

Specifically, the study sought to determine the demographic profile of the staff nurses; to assess their level of emotional intelligence across the domains of self-awareness, self-regulation, motivation, empathy, and social skills; and to determine what training programme may be developed to sustain and further develop their EI competencies.

2. Theoretical Framework

The study is anchored on three complementary frameworks. Mayer and Salovey (1997) define emotional intelligence as a hierarchy of abilities in which the perception and accurate labelling of emotion forms the most basic branch, and the regulation of emotion the most advanced and cognitively demanding. Goleman (1995) operationalises these capacities into five workplace-relevant domains, which provide the measurement structure used here. The Job Demands-Resources model of Bakker and Demerouti (2007) situates emotional intelligence as a personal resource that shapes how occupational demands translate into performance and wellbeing outcomes, which supplies the institutional rationale for treating EI as a trainable workforce competency rather than a fixed personal trait.

3. Methodology

3.1 Research Design

A descriptive-developmental design was employed. The descriptive component established the measured level of emotional intelligence of the respondents, while the developmental component used those results to construct a structured, evidence-based training programme calibrated to the competency profile obtained.

3.2 Respondents and Sampling

The respondents were 135 staff nurses employed at a private tertiary medical centre in Metro Manila at the time of data collection. The sample size was determined using Slovin's formula at a 5% margin of error, and respondents were selected through stratified random sampling across clinical areas to ensure proportionate representation of the nursing units.

3.3 Research Instrument

Emotional intelligence was measured using the instrument developed and validated by David et al. (2025) for Filipino nursing populations. The tool comprises fifteen items distributed equally across the five domains of Goleman's Emotional Competency Model, rated on a five-point Likert scale. Use of a locally developed and validated instrument was intended to preserve cultural appropriateness of item wording within the Philippine nursing context.

3.4 Data Analysis

Item-level, domain-level, and overall scores were computed as means with corresponding standard deviations and converted into verbal interpretations using the five-point Likert range. Consistent with the descriptive-developmental design, no inferential or hypothesis-testing procedures were undertaken; the analysis was directed at establishing the competency profile of the respondents rather than at testing relationships between variables.

3.5 Ethical Considerations

Institutional approval was secured prior to data collection. Participation was voluntary and informed consent was obtained from all respondents. Responses were treated in confidence, no personally identifying information was retained in the analysis dataset, and respondents were advised of their right to withdraw at any stage without consequence.

4. Results and Discussion

4.1 Demographic Profile of the Respondents

Table 1 presents the demographic profile of the 135 respondents. The workforce is young, predominantly female, largely single, and concentrated at the early-career stage, with 77.0% holding five years or less of clinical experience and 88.1% educated to baccalaureate level.

Table 1 - Demographic profile of the respondents (n=135).

Variable	Category	f	%
Age	20–29 years	75	55.6
	30–39 years	47	34.8
	40–49 years	13	9.6
Gender	Female	107	79.3
	Male	28	20.7

Variable	Category	f	%
Civil status	Single	118	87.4
	Married	16	11.9
	Separated	1	0.7
Educational attainment	Bachelor of Science in Nursing	119	88.1
	With master's units	14	10.4
	Master's degree holder	2	1.5
Years of experience	Less than 1 year	22	16.3
	1–5 years	82	60.7
	6–10 years	13	9.6
	More than 10 years	18	13.3
Area of assignment	General Nursing Unit	34	25.2
	Operating Room / Surgical Services	24	17.8
	Delivery Room	23	17.0
	Emergency Department	22	16.3
	Intensive Care Unit	20	14.8
	Neonatal ICU	10	7.4
	Other special units	2	1.5

4.2 Level of Emotional Intelligence

Table 2 presents item-level and domain-level results. All five domains fall within the Agree to Strongly Agree range, indicating a workforce already operating at a favourable level of emotional competence. Within that generally positive picture, however, a consistent internal pattern is evident.

Table 2 - Level of emotional intelligence by item and domain (n=135).

Item	M	SD	VI
Self-Awareness	4.05	0.80	Agree
1. Recognises how own emotions influence interactions with colleagues	4.19	0.87	Agree
2. Understands own strengths and weaknesses as a leader	4.07	0.79	Agree
3. Identifies own emotional triggers and manages them effectively	3.90	0.70	Agree
Self-Regulation	4.02	0.79	Agree
4. Remains calm and composed during stressful situations at work	3.83	0.84	Agree
5. Handles workplace conflicts professionally without reacting impulsively	4.08	0.74	Agree
6. Controls emotions to maintain a positive work environment	4.14	0.76	Agree
Motivation	4.23	0.75	Strongly Agree
7. Stays motivated to achieve personal and organisational goals	4.19	0.73	Agree
8. Takes initiative to improve own and team performance	4.32	0.72	Strongly Agree
9. Remains optimistic and committed even in difficult situations	4.19	0.78	Agree

Item	M	SD	VI
Empathy	4.22	0.74	Strongly Agree
10. Takes time to understand emotions and concerns of team members	4.21	0.76	Strongly Agree
11. Adjusts approach to support emotional needs of colleagues	4.21	0.70	Strongly Agree
12. Shows genuine concern for the wellbeing of co-workers	4.25	0.77	Strongly Agree
Social Skills	4.19	0.75	Agree
13. Communicates effectively to foster teamwork and collaboration	4.20	0.72	Strongly Agree
14. Builds strong relationships with colleagues and subordinates	4.19	0.81	Agree
15. Handles disagreements constructively	4.18	0.73	Agree

Self-Awareness obtained a domain mean of 4.05 (Agree), with the identification of personal emotional triggers recording the lowest score in the domain (M=3.90). Interpreted through the study's theoretical anchors, this is the foundational branch of the Mayer and Salovey (1997) hierarchy and the base domain of Goleman's (1995) model; an Agree-level result therefore indicates that the foundation is present but not yet fully mastered. This corresponds closely to the finding of Entrata and Nicomedes (2024) that Filipino nurses are broadly aware of the emotional dimension of their profession while trigger recognition specifically requires deliberate cultivation. Li et al. (2022) associate self-awareness with communication and caring ability, indicating that the gap carries practical consequence.

Self-Regulation obtained the lowest domain mean at 4.02, and the item on remaining calm during stressful situations recorded the lowest score in the entire instrument (M=3.83). This result is theoretically coherent rather than anomalous: managing emotion is the highest-order and most cognitively demanding branch in the Mayer and Salovey (1997) hierarchy, and therefore the last to mature. Its practical significance is nonetheless considerable. Galanis et al. (2024) linked underdeveloped emotional control to higher burnout, occupational stress, and turnover intention, and Pan et al. (2026) identified the sustained emotional demands of hospital nursing as among the most significant factors associated with decreased self-regulation. Mehralian et al. (2024) further associate these self-directed competencies with job satisfaction and clinical outcomes.

Motivation obtained the highest domain mean (M=4.23, Strongly Agree), with initiative-taking recording the highest single item in the study (M=4.32). Liu et al. (2026) similarly found that nurses with higher EI are more engaged, resilient, and adaptable, positioning motivation as a resource supporting performance across the remaining domains. Notably, this strength was sustained despite the predominantly single civil status of the sample, suggesting that intrinsic professional drive in this workforce is not contingent on domestic support structures.

Empathy was the only domain in which all three items reached the Strongly Agree level (M=4.22). Within Goleman's (1995) model, empathy is the domain that turns emotional skill outward toward awareness of others, and this outward orientation appears to be the most developed competency in the workforce. The result aligns with the predominantly female composition of the sample, consistent with Awe et al. (2023), and with Casane and Bacarisas (2025) on empathy as a culturally reinforced disposition among Filipino nurses. Its clinical value is well established: Atta et al. (2024) associate empathic relationships with effective patient care, and Khademi et al. (2021) found EI positively correlated with quality of care as perceived by both nurses and patients.

Social Skills obtained a domain mean of 4.19, with constructive handling of disagreements the lowest item within the domain (M=4.18). In Goleman's (1995) framework, social skills represent the culminating domain in which the preceding competencies converge to manage relationships; a comparative dip in conflict handling therefore suggests that the underlying self-regulation gap becomes most visible in interpersonal situations. Turjuman and Alilyyani (2023) identify constructive conflict handling as the practical expression of EI within nursing teams, and Soriano-Vázquez et al. (2023) found conflict management to mediate the relationship between EI and nurse job satisfaction.

4.3 Overall Pattern

Table 3 consolidates the domain results. The overall mean of 4.14 (SD=0.77) is interpreted as Agree.

Table 3 - Summary of emotional intelligence domain means (n=135).

Domain	M	SD	VI	Rank
Motivation	4.23	0.75	Strongly Agree	1
Empathy	4.22	0.74	Strongly Agree	2
Social Skills	4.19	0.75	Agree	3
Self-Awareness	4.05	0.80	Agree	4

Domain	M	SD	VI	Rank
Self-Regulation	4.02	0.79	Agree	5
Overall Emotional Intelligence	4.14	0.77	Agree	—

The ordering reveals a consistent asymmetry. The two highest-scoring domains, Motivation and Empathy, are outward-facing and culturally reinforced, directed toward goals and toward the emotional states of others. The two lowest-scoring domains, Self-Awareness and Self-Regulation, are inward-facing and directed at the self. This asymmetry is theoretically meaningful: within the Mayer and Salovey (1997) hierarchy the regulation of one's own emotions is the most advanced branch, and within Goleman's (1995) model the inward-facing domains form the foundation on which the outward-facing domains ultimately depend. The workforce, in short, attends to others more readily than it attends to itself.

It should be emphasised that these are relative rather than absolute deficits. The five domain means span a narrow range of 0.21 on a five-point scale, and no domain falls below the Agree level. The competency profile is therefore one of a workforce performing well overall, with identifiable internal variation, rather than one requiring remediation. This distinction directly shaped the orientation of the proposed programme.

4.4 Basis for the Proposed Training Program

The programme design rests on two converging bases: the specific competency gaps demonstrated by the data, and intervention strategies established in the literature for closing those gaps. Module 1 targets Self-Awareness through reflective practice and trigger mapping, addressing the lowest item in that domain. Module 2 targets Self-Regulation through mindfulness-based training and high-stress scenario role-play, building regulation under conditions resembling those in which the deficit was measured rather than through instruction removed from clinical reality. Module 3 targets Social Skills through conflict-resolution role-play and assertive communication workshops, supported by Turjuman and Alilyyani (2023) and Soriano-Vázquez et al. (2023).

Motivation and Empathy are not assigned standalone remediation modules. Consistent with Cheraghi et al. (2025), who established that measured EI competencies provide a valid foundation for training design linked to performance outcomes, these domains are treated as facilitative strengths carried throughout all three modules. The feasibility of the approach is supported by Kawashima et al. (2025), who found that structured EI training produces significant increases in emotional intelligence among nurses together with decreased stress and improved communication.

Table 4 - Proposed EI Sustain and Develop Training Program.

Module	Target domain	Key objectives	Strategies
1	Self-Awareness	Recognise personal emotional patterns and identify individual triggers	Personal EI assessment feedback; reflective journaling; trigger mapping
2	Self-Regulation	Sustain composure and professional conduct under clinical pressure	Mindfulness-based training; high-stress scenario role-play; debriefing
3	Social Skills	Handle disagreement constructively and communicate assertively	Conflict-resolution role-play; assertive communication workshop
Integration	All five domains	Sustain and develop EI competencies in daily clinical practice	Monthly peer reflection circles; periodic EI reassessment

5. Conclusion

Staff nurses at the participating institution demonstrate a favourable baseline of emotional intelligence, with an overall mean of 4.14 interpreted as Agree. The profile is not uniform: Motivation and Empathy are established strengths at the Strongly Agree level, while Self-Regulation and Self-Awareness represent the domains most in need of development. The pattern indicates that outward-facing emotional competencies are more developed than inward-facing ones, and that the foundational and highest-order branches of emotional intelligence are precisely those still maturing in this workforce.

Because the measured level is already favourable, the appropriate institutional response is to sustain and develop rather than to remediate. The proposed EI Sustain and Develop Training Program responds to this by preserving the domains already performing well while deliberately strengthening those still developing, and by embedding periodic reassessment so that emotional intelligence is treated as a continuously monitored competency rather than the object of a single intervention.

6. Recommendations

Nursing administration is encouraged to implement the three-module programme, prioritising Self-Regulation given that it recorded both the lowest domain mean and the lowest single item. EI training may be integrated into new employee orientation, given that the workforce is concentrated at the

early-career stage at which foundational competencies are still being formed, consistent with Benner (1982). Periodic reassessment using the same instrument would permit longitudinal tracking of whether the identified gaps close over time. Nursing educators may consider incorporating structured EI training as explicit and assessed learning outcomes in the undergraduate curriculum, consistent with Teixeira et al. (2024). Finally, longitudinal and multi-site studies examining the pre- and post-training effects of EI interventions on burnout, patient satisfaction, and clinical performance in Philippine hospital settings are recommended.

7. Limitations

Several limitations qualify these findings. The data are self-reported and may be subject to social desirability bias, which is particularly relevant to items concerning empathy and concern for colleagues. The cross-sectional design captures emotional intelligence at a single point in time and cannot establish how these competencies develop across a nursing career. The study was conducted at a single institution, which constrains generalisability. Response patterns were not screened for undifferentiated responding, and future administrations would benefit from an embedded attention-check or reverse-worded item. Finally, the five domain means span a narrow range, so the relative ordering of domains should be read as indicating comparative standing within this workforce rather than as evidence of statistically established differences between domains, which the present design did not test.

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