

▪ **Basic Research**

Inclusive Leadership and Emotional Intelligence among Nurses at Alzahraa University Hospital

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Abstract

Background: It takes both inclusive leadership and emotional intelligence for nurses to advance their careers and guarantee productivity and quality.

Aim: This study aimed at investigating the relationship between inclusive leadership by nurse managers and emotional intelligence of staff nurses. **Design:** A descriptive correlational research design was utilized, and the study was conducted at Alzahraa

University Hospital. **Sample:** 440 nurses were participated in the study including (55) Nursing managers and (385) staff nurses. **Tools:** Inclusive Leadership Scale and Wong and

Law Emotional Intelligences Scale were used to achieve the study aim. **Results:** Slightly more than two-fifths (41.8% and 40%) of nurse managers had low and moderate levels, respectively. Furthermore, more than half (54.3%) of staff nurses had excellent emotional

intelligence. **Conclusion:** Among nursing staff at Alzahraa University Hospital, there was a very statistically significant positive association between emotional intelligence and all-inclusive leadership dimensions. **Recommendations:** It is recommended that healthcare

organizations promote emotional intelligence training programs for nurses and support inclusive leadership practices with necessary financial resources while ensuring managerial support to promote high-quality healthcare services. Additional research: Loyalty,

organizational commitment, and emotional intelligence are all mediated by inclusive leadership.

Keywords: emotional intelligence, inclusive leadership, staff nurses.

Introduction

More and more people are realizing how important inclusion is to effective leadership. In today's globalized healthcare industry, the word "inclusion" is becoming more and more common. Experts and practitioners alike concur that an organization's capacity to preserve a competitive advantage and the health and happiness of its personnel depend on inclusivity. Inclusive leadership is defined as "The leader's ability to lead a diverse group of people while demonstrating respect for each person's unique characteristics without bias". The goal of inclusive leadership is to aggressively seek out the opinions and contributions of every team member, particularly those who belong to underrepresented or marginalized groups (*Aimee, et al., 2022*). This strategy is built on three main corners: empathy, respect, and knowledge of diversity, including not only gender, sexual orientation, and race, but also different experiences, ideas, and perspectives. The desired goal of inclusive leadership is helping organizations adapt to diverse customers, markets, ideas, and talent to create a work environment where each individual feels valued and understood, and is free to do their best. "Leadership that assures that all team members feel they are treated respectfully and fairly, are valued, and sense that they belong, are confident and inspired" is one definition of inclusive leadership (*Aikaterini, et al., 2023*).

Nurse managers are essential in ensuring the implementation of inclusivity. The clinical application of inclusive leadership necessitates taking into account how staff nurses can perceive nurse managers' leadership practice as an equitable collective process rather than in terms of individuals who are hierarchically distinct from others; nurse managers include staff nurses in the decision-making process; they advocate for their inclusion; they foster an environment that is open to dialogue with staff nurses; they emphasize staff nurses' equal opportunities for learning and development; they adopt inclusive policies and procedures; and they incorporate the resources of the entire healthcare organization to promote inclusion. This is necessary in order to support the clinical application of inclusive leadership (*Aimee, et al., 2022; Zafar et al., 2024 & Gürbüz, et al., 2024*).

Examining the advantages of inclusive leadership, it was noted that it may lead to higher levels of emotional intelligence, psychological safety, the ability to learn from mistakes, and engagement at work. Increased trust between leaders and their teams, more engaged nurses who feel empowered, motivated, and loyal, increased innovation among nurses due to a wider range of knowledge and experience, two-way communication where nurses' voices are heard and appreciated, and the potential for the healthcare organization to be competitive in the market are just a few benefits that inclusive leadership can bring to the healthcare industry (*Emil, et al., 2022*).

To be inclusive leaders, nurse managers should possess the following qualities: working together, making decisions that benefit the majority rather than just a select few, exhibiting empathy, curiosity, and understanding without passing judgment, standing up for others, being devoted to inclusivity, having the capacity to question the status quo, conferring with others, and enabling everyone to participate (*Simmons, et al., 2022*).

According to (*Li et al., 2023*), emotional intelligence is the capacity to accurately assess emotions and to apply emotional knowledge and feelings to improve reasoning. According to (*Abualruz et al., 2024*), nurses who possess higher emotional intelligence have enhanced interpersonal cognitive abilities, have better interpersonal communication skills, higher self-confidence levels, better intellectual development, superior job quality, and higher productivity. Workplace outcomes such as nursing staff job satisfaction, intention to leave, and

actual turnover are impacted by emotional intelligence (*Lo et al., 2023*). According to (*Jawabreh, 2024*), emotional intelligence is a measure of success and productivity that can affect the actions that lead to high-quality healthcare.

In a hospital context, inclusive leadership and emotional intelligence are necessary for fostering better collaboration and communication between nurse supervisors and staff nurses. Nonetheless, a number of studies have demonstrated a strong correlation between inclusive leadership and emotional intelligence. To improve their knowledge and leadership, nursing leaders should think about applying emotional intelligence (*Ping Bao, et al., 2021; Shakil, et al., 2021; Simmons et al., 2022; Nguyen, et al., 2022; & Gürbüz, et al., 2024*). Thus, the purpose of this study was to investigate the relationship between the inclusive leadership of nursing managers and the emotional intelligence among staff nurses.

Significance of the Study

Healthcare businesses with nurse managers adopting inclusive leadership and strengthening staff nurses' emotional intelligence are reaping the advantages. According to statistics, (40%) of healthcare organizations with inclusive policies generated up to (30%) higher revenue per person than those without (*Shore et al., 2021; Mansoor et al., 2022; Zhao et al., 2023 & Alves et al., 2024*). (85%) of these organizations claim that inclusive leadership drives the most innovative work.

Additionally, according to other studies, health care teams led by inclusive leaders have higher performance ratings (17%), higher decision-making quality ratings (20%), and higher collaborative behavior ratings (29%) (*Ping Bao, et al., 2021; Shakil, et al., 2021; Simmons et al., 2022; Nguyen, et al., 2022; & Gürbüz, et al., 2024*).

Furthermore, fostering emotional intelligence in staff nurses, attracting and keeping them, and encouraging greater job engagement are all made possible by inclusive leaders in healthcare organizations. Transformational leadership establishes a connection between emotional intelligence and organizational success (*Jawabreh, 2024*). In order to integrate and increase their potential to promote professionalism, leaders ought to consider using emotional intelligence (*Abualruz, et al., 2024*).

Aim of the Study:

The purpose of this study is to investigate the relationship between the inclusive leadership of nursing managers and the emotional intelligence among staff nurses through the following measures:

1. Evaluate nurse managers' level of inclusive leadership.
2. Find out emotional intelligence level among staff nurses.
3. Investigate the relationship between nurse managers' inclusive leadership and staff nurses' emotional intelligence.

Research Questions:

1. what is the level of studied nurse managers' inclusive leadership?
2. What is the emotional intelligence level among studied staff nurses?
3. Is there a relationship between inclusive leadership of nurse managers and emotional intelligence among staff nurses?

Subjects and Methods:

Research design

This study was carried out using a descriptive-correlational design. Descriptive research is research that is used to provide a picture of the existing situation. When attempting to forecast future occurrences based on current information, correlational study and research are often utilized (Walters, 2019).

Setting

The study was performed in " Alzahraa University Hospital" that is an education hospital and is one of Al-Azhar University hospitals, that is operated by " Faculty of Medicine- female Branch, Al-Azhar University" that serves all citizens across the country, with a daily average of clients. The hospital includes (911) beds. The study was performed at all(n=13) hospital units including; outpatient clinics (n =12), emergency unit (n = 20), medical unit (n =69), surgical unit(n=30), operative rooms(n=35) intensive care units (n =200), cardiology unit (n=18), neurology unit (n=10), kidney dialysis units(n=20), obstetric unit (n=20), pediatric unit (n=18), ophthalmology unit (n=22), and urinary unit(n=30).

Subjects of the study:

Sample size: (440) nurses were participated in the study including (55) nursing managers (nursing director, nursing supervisors, head nurses) and (385) staff nurses out of (500).

Subjects of this study were composed of two group:

First group: Nursing managers

Included in the study were all nursing managers who presented at the time of data collection, including head nurses, supervisors, and nursing director, regardless of gender.

Inclusion criteria: Nurse managers who have held their current position for at least a year. Those who had less than a year of experience in the current role and hadn't previously attended training on inclusive leadership. There were (N=55) nursing managers in all.

Second group: staff nurses

Out of the 500 staff nurses in the chosen hospital, 385 of them made up the group;

Inclusion criteria: staff nurses were composed of both genders of staff nurses with at least one year of experience working in the present setting. This excludes anyone who has already participated in inclusive leadership or emotional intelligence training.

A total of 115 staff nurses with less than a year of experience were excluded by the researchers. There was no dropout rate and all staff nurses who satisfied the inclusion criteria were given the chance to participate in the study. All staff nurses who met the necessary inclusion criteria were invited to participate in the study.

Data collection tools:

Inclusive Leadership scale and Wong and Law Emotional Intelligences Scale (WLEIS) were used to collect data for this study.

First tool: Inclusive Leadership Scale (ILS): It was aimed to assess inclusive leadership level among nurse managers. It is a two dimensional, thirteen-item scale developed by (*Ashikali, 2019*); and it consisted of two parts:

Part I: In this part, data were collected on nurse managers' personal and professional characteristics, such as their age, gender, marital status, number of years of nursing experience, degree of nursing education, and hospital work unit.

Part II: Inclusive leadership was measured using 13 items, divided into 8 dimensions; humility(1 item), purpose (why)(2 items), feedback(2 items), differences(1 item), failure(1 item), collaboration(3 items), vulnerability(1 item), and awareness of bias(2 items) (*Ashikali, 2019*).

Scoring system: The answers from the subject were graded and scored on a five-point Likert scale from one to five: "1= Strongly disagree, 2= disagree, 3= neutral, 4= agree, and 5= strongly agree". These ratings were added up and transformed into percent rating. If the final score was less than 60%, the nurse managers' inclusive leadership level was deemed poor. While it was deemed moderate if the overall score fell between 60 and 75%, and high if it exceeded 75%. No modifications were done (*Bashir, 2021*)

Second tool:

It consisted of two parts:

Part I: demographic characteristics of staff nurses: This part contained age, gender, work unit within the hospital, years of working experience, level of nursing education, and participation in previous training on emotional intelligence.

Part II: Staff nurses' Wong and Law Emotional Intelligences Scale (WLEIS). It was developed by (*Wong and Law, 2002*) and adopted by researchers. It consisted of 16 items to measure staff nurses' emotional intelligence and assessed four aspects of self-emotion appraisal (4 items), emotion regulation (4 items), emotion utilization (4 items), and staff nurses' others appraisal of emotions (4items) (*Park et al., 2021*).

Scoring system:

Staff nurses' responses were measured on a 5-point Likert scale ranging from "1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree". All points were tallied and the mean was calculated. The overall average emotional intelligence was between (16-80). Study subjects had low emotional intelligence level if total score ranged from (16-36), or was less than (60%), While it was moderate if score ranged from (<36-58), or ranged from (60-75%), and it was high if total score ranged from (<58-80), or was more than (75%).

Tools validity: A juror group panel examined the instruments' validity in terms of their face and substance. This committee was composed of three academics from the Ain Shams University, Tanta University, and Banha Nursing Faculty. They were specialists in mental health nursing and nursing management. The jury group examined the instruments in-depth in order to assess their clarity, precision, and comprehensiveness. We asked them for their opinions on the instrument's elements, design, and scoring system.

Tools Reliability: The reliability of the data collection tools was assessed by computing their internal consistency using the Cronbach's Alpha Coefficient test. The Wong and Law

Emotional Intelligences Scale and the Inclusive Leadership Scale yielded scores of (0.99) and (0.88), respectively.

Pilot study: Fifty staff nurses representing 10% of the total research population participated in a pilot study. Examining the tools' application, language clarity, practicality, and appropriateness was the goal of the pilot study. It also estimates how long each subject will have to spend completing the forms and enumerates any difficulties that might occur when collecting the data. Filling the tools took about twenty to thirty minutes. September 2023 marked the completion of the pilot research. The pilot study participants were carried over into the full research group without any modifications.

Fieldwork: The study's data collection began from September 2023 to February 2024. The researchers introduce themselves to the nursing personnel at work, describe the purpose of the study and the elements of the questionnaires, distribute the sheets to the nurse managers and the staff nurses in their work settings at various times, and remain present while the study participants fill out the questionnaires to address any questions and clarify any ambiguity. Data were gathered twice a week throughout various shifts. Each completed document was reviewed by researchers to guarantee accuracy.

Administrative design and ethical considerations: The necessary authorities' approval was obtained before the study was carried out. In order to get their permission and ask for their help, the researchers briefed the hospital's medical and nursing directors on the goal of the study and its implications before to starting it. The director of the hospital also gave his approval. The chief nurses of each unit were then consulted by the researchers to gain their support and consent, as well as to explain the goals of the study and its expected results. The goal of the study and the subjects' freedom to participate, refuse, or withdraw at any moment and without explanation were communicated to them. The data collected was kept confidential and used just for study.

Statistical Design: The statistical software for social sciences (SPSS) version 24.0 was used to analyze the data for this study. For parametric numerical data, means, standard deviations (+ SD), and range were used, and for non-numerical data, frequencies and percentages. The Cronbach's Alpha coefficient test was calculated to assess the internal consistency of the instruments and ascertain their reliability. The best-fitting multiple linear regression model was used when the anticipated count was less than 5 in more than 20% of the cells, however the chi square test was still used to examine the relationship between two variables. The Pearson's correlation coefficient test (r) was used to create the correlation matrix. Statistical significance was assessed at P-values 0.05 and 0.001, with P-value 0.001 being considered very statistically significant.

Results:

Table (1) Shows nurse managers' personal and professional characteristics. High percent (90.9%) of them were female, and 36.3 percent of them were in the age range of 40 to less than 50, with a mean age of (25.48 \pm 4.67). Indicating their level of education, slightly less than three quarters of studied nurse managers (72.8%) were graduated from Faculty of Nursing. In addition, about the years of experience held by nurse managers, less than half (47.3%) had ten to fewer than twenty years, with a mean (4.92 \pm 3.10). As far as job titles go, head nurses made up the majority of nursing managers (87.3%).

Table (2) Shows that just 16.9% of the staff nurses in the study were male, whereas a large percentage (83.1%) were female. In terms of age, the majority (54.5%) fell between the 30 and under 40-year-old range, with a mean \pm SD of (23.48 \pm 3.67). In terms of nursing education, almost one-third of them (38.9%) held a bachelor's degree in the field. In addition, about the years of experience of staff nurses, the mean \pm SD (8.92 \pm 2.10) of them represented less than half (43.6%) of those with 2 to less than 10 years of experience. Moreover, none of them had received any prior emotional intelligence training.

Table (3) and Figure (1) Indicate that approximately half of nurse managers (41.8%) and 40% had moderate and low levels of inclusive leadership, respectively, while fewer than one-fifth (18.4%) had high levels with a mean \pm SD (15.04 \pm 3.90).

Table (4) and Figure (2) Verifies that, with a mean \pm SD (1.86 \pm 0.88) for emotional intelligence, more than half (54.3%) of staff nurses had a high level, less than one third (27.3%) had low level, and only 18.4% had a moderate level.

Table (5) Confirms that among the nursing staff under study, there was a very statistically significant strong positive association ($r = 0.889$ & $P = 0.000$) between all-inclusive leadership dimensions and all emotional intelligence dimensions.

Table (6) and Figure (3) Show that among the nursing staff under study, there was a highly statistically significant positive strong link between emotional intelligence and overall inclusive leadership style.

Part I: Personal data of nursing personnel

Table (1): nurse managers' personal and professional characteristics (n1= 55).

Demographic characteristics items	No.	%
Age \ year		
21<30	5	9.1
30<40	15	27.3
40<50	20	36.3
50<60	15	27.3
Mean \pm SD	25.48 \pm 4.67	
Gender		
Male	5	9.1
Female	50	90.9
Level of education in nursing		
Technical secondary nursing school	3	5.4
Technical nursing institute	2	3.6
Bachelor degree	40	72.8
Masters' degree	5	9.1
Doctorate degree (Ph.D.)	5	9.1
Years of experience in nursing		
1<10	5	9.1
10 \leq 20	26	47.3
>20	24	43.6
Mean \pm SD	4.92 \pm 3.10	
Job title		
Nursing director	2	3.6
Nursing supervisor	5	9.1
Head nurse	48	87.3

Table (2): Personal data of studied staff nurses (n2= 385).

Personal data items	No.	%
Age \ year		
20<30	123	31.9
30<40	210	54.5
40<50	48	12.5
50<60	4	1.1
Mean±SD	23.48±3.67	
Gender		
Male	65	16.9
Female	320	83.1
Level of education in nursing		
Technical secondary nursing school	95	24.7
Technical nursing institute	133	34.5
Bachelor degree	150	38.9
Masters' degree	6	1.6
Doctorate degree (Ph.D.)	1	0.3
Years of experience		
2<10	168	43.6
10≤20	165	42.9
>20	52	13.5
Mean±SD	8.92 ± 2.10	

Part II: Nurse managers' inclusive leadership levels.**Table (3):** Total score of inclusive leadership among nurse managers (N1= 55)

Inclusive leadership style items	Poor <60%		Moderate 60-75 %		High > 75%		Mean	SD
	No.	%	No.	%	No.	%		
1.I motivate staff nurses to engage in conversations about different viewpoints and perspectives when addressing problems with their colleagues.	8	14.5	38	69.1	9	16.4	13.71	4.25
2.I ensure that all staff nurses have the chance to share their varied opinions.	7	12.7	23	41.8	25	54.5	11.11	3.79
3.I encourage staff nurses to share various ideas with their peers.	7	12.7	29	52.7	19	34.5	14.11	3.79
4. I urge staff nurses to leverage the diverse ethnic and cultural backgrounds of their colleagues for effective problem solving.	6	10.9	22	40	27	49.1	13.87	2.99
5.I ensure that staff nurses leverage the diverse ethnic and cultural backgrounds of their colleagues to foster creativity and innovation.	37	67.3	8	14.5	9	16.4	15.87	1.99
6.I encourage staff nurses to gain knowledge from the ethnic and cultural backgrounds of their peers.	8	14.5	9	16.4	38	69.1	15.82	2.95
7.I encourage strong team participation from the staff nurses.	5	9.1	20	36.4	30	54.5	16.38	3.93
8.I ensure that staff nurses receive the same treatment as other healthcare team members.	5	9.1	10	18.2	40	72.7	15.55	1.97
9.I try to prevent staff nurses from developing negative perceptions about their colleagues.	8	14.5	38	69.1	9	16.4	15.71	4.25
10.I make an effort to stop staff nurses from organizing into groups that would alienate their peers.	6	10.9	22	40	27	49.1	15.87	3.99
11. I ensure that staff nurses have the necessary skills to be effective members within the healthcare team.	5	9.1	20	36.4	30	54.5	16.38	3.93
12.I explain to staff nurses the advantages of ethnic and cultural diversity for the team.	5	9.1	10	18.2	40	72.7	15.55	3.97
13. I ensure that staff nurses are given the chance to speak up on the team.	8	14.5	38	69.1	9	16.4	15.71	4.25
Total	10	18.2	22	40	23	41.8	15.04	3.90

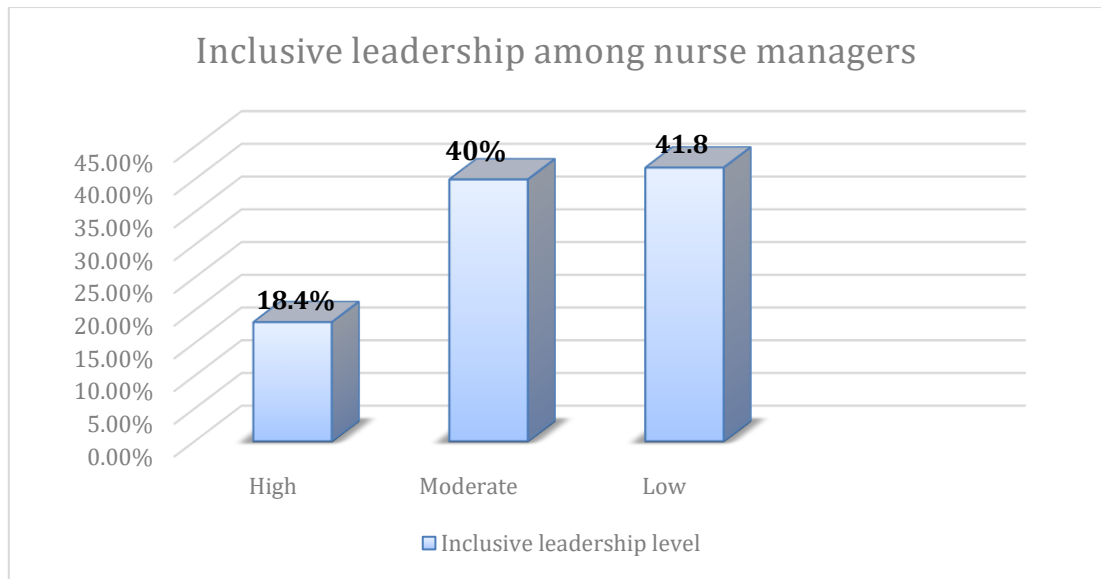


Figure (1): Total inclusive leadership level among nurse managers (n1=55).

Part III: Staff nurses' emotional intelligence levels.

Table (4): Total level of emotional intelligence among staff nurses (n2= 385)

Emotional intelligence dimensions	Low <60%		Moderate 60-75 %		High > 75%		Mean	SD
	No.	%	No.	%	No.	%		
1. Self-emotional appraisal.	251	65.2	74	19.2	60	15.6	1.77	0.83
2. Regulation of emotions.	64	16.6	72	18.7	249	64.7	2.04	0.99
3. Use of emotions.	60	15.6	74	19.2	251	65.2	1.77	0.83
4. Others' emotional appraisal.	46	11.9	64	16.6	275	71.5	1.86	0.88
Total	105	27.3	71	18.4	209	54.3	1.86	0.88

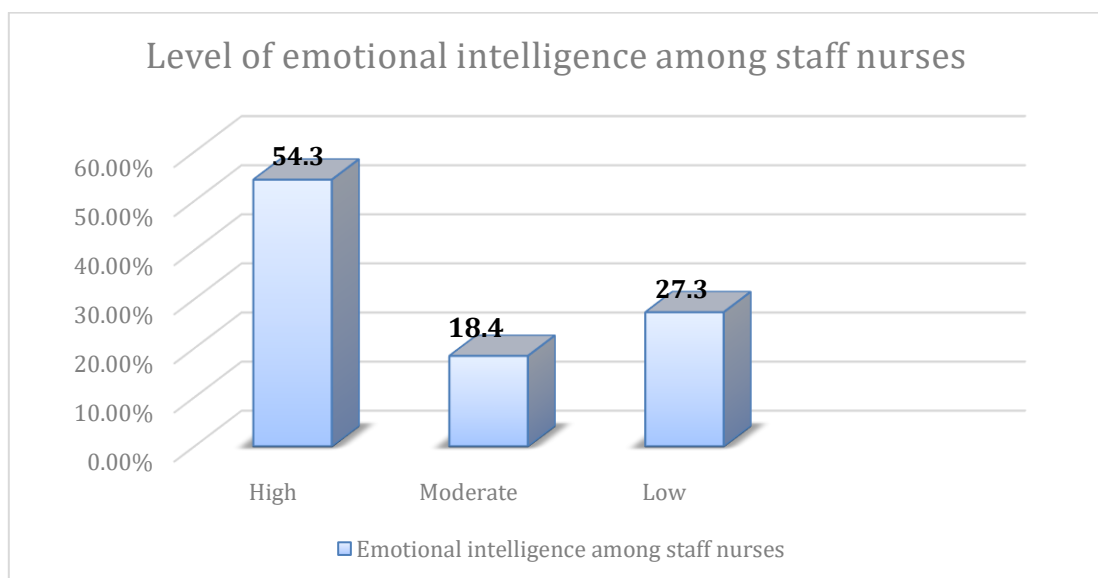


Figure (2): Total emotional intelligence level among staff nurses (n2=385).

Part III: Correlation between studied variables:**Table (5):** Correlation between inclusive leadership and emotional intelligence among nursing personnel (n=440).

Inclusive leadership dimensions	Emotional intelligence dimensions					
		Self-emotional appraisal	Regulation of emotions	Use of emotions	Others' emotional appraisal	Total
1. Humility.	R	0.749	0.751	0.761	0.851	0.757
	P	0.000**	0.000**	0.000**	0.000**	0.000**
2. Purpose.	R	0.890	0.532	0.842	0.848	0.821
	P	0.000**	0.000**	0.000**	0.000**	0.000**
3. Feedback.	R	0.761	0.709	0.853	0.829	0.783
	P	0.000**	0.000**	0.000**	0.000**	0.000**
4. Differences.	R	0.816	0.806	0.787	0.801	0.700
	P	0.000**	0.000**	0.000**	0.000**	0.000**
5. Failure.	R	0.891	0.791	0.761	0.785	0.894
	P	0.000**	0.000**	0.000**	0.000**	0.000**
6. Collaboration.	R	0.754	0.854	0.888	0.727	0.802
	P	0.000**	0.000**	0.000**	0.000**	0.000**
7. Vulnerability.	R	0.749	0.751	0.761	0.851	0.757
	P	0.000**	0.000**	0.000**	0.000**	0.000**
8. awareness of bias.	R	0.890	0.532	0.842	0.848	0.821
	P	0.000**	0.000**	0.000**	0.000**	0.000**

r Pearson Correlation

* Statistically significant at $P \leq 0.05$ ** Highly statistically significant at $P \leq 0.01$.**Table (6):** Correlation between total inclusive leadership of studied nursing personnel and their total emotional intelligence (n = 440).

	Total emotional intelligence	
	R	P
Total inclusive leadership	0.891	0.000**

r: Pearson coefficient (**) Highly significant at $p < 0.01$.

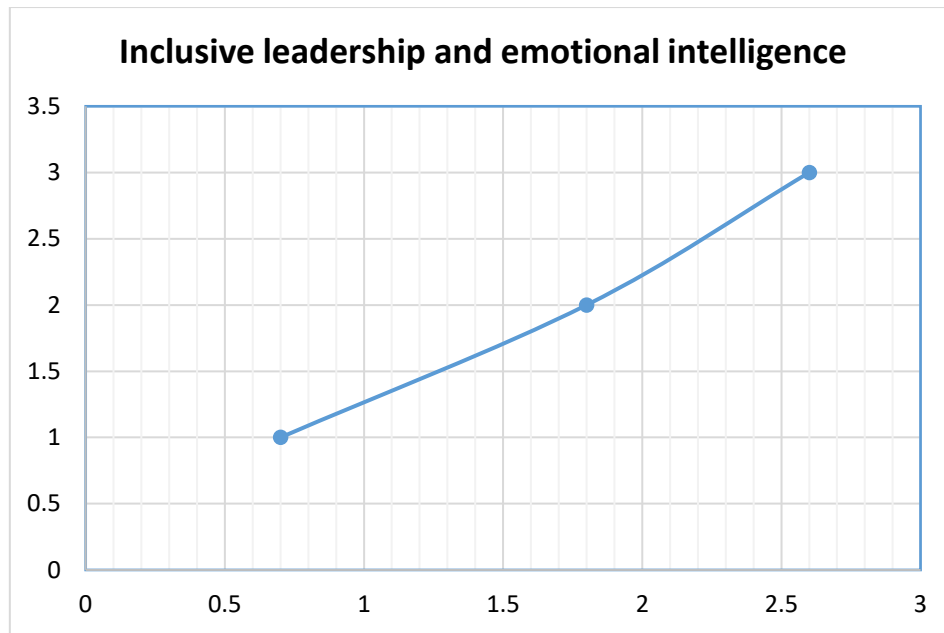


Figure (3): Scatter plot correlation between inclusive leadership of studied nurse managers and staff nurses' emotional intelligence (n= 440).

Discussion:

The sample for this study consisted of 385 staff nurses and 55 nurse managers. According to study findings, female participants made up the majority of nurse managers (90.9%), with only 9.1% being male. In line with the findings of the current study, (*Gon et al.'s 2021*) study, "Inclusive leadership, ambidextrous innovation, and organizational performance: The moderating role of environment uncertainty," discovered that a significant proportion of nurse managers 96% were female, with only 4% being male.

The present study's findings were corroborated by a study by (*Abualruz et al., 2024*) titled "The relationship between emotional intelligence, resilience, and psychological distress among nurses in Jordan," which found that the majority of them (33.1%) were between the ages of 41 and 50, while only 16.6% were between the ages of 20 and 30. Researchers (*Bünyamin., 2022*) who examined "Examining the Effect of Principals' Inclusive Leadership Practices on Organizational Hypocrisy through the Mediating Role of Trust in Principle" expressed disagreement with the current study's findings, stating that 31.9 percent of participants were between the ages of 30 and less than 39, and 2 percent were between the ages of 40 and less than 50.

In terms of nursing educational level, less than three quarters of the investigated nurse managers (72.8%) held a bachelor's degree, while the same percentage (9.1%) held a master's or doctoral degree. Only 5.4% of those who attended technical secondary nursing school graduated. In line with the findings of the current study, (*Shafaei et al., 2023*) examined "Inclusive Leadership and Workplace Bullying: A Model of Psychological Safety, Self-Esteem, and Embeddedness" and discovered that most participants held a bachelor's degree, with only 2.9% holding a master's degree or higher.

Additionally, when it came to the years of experience of nurse managers, the majority (47.3%) had between 10 and fewer than 20 years. In contrast, the mean \pm SD (4.92 ± 3.10) of over two fifths (43.6%) had over twenty years of expertise. The results of the current study were corroborated by a study by (*Canlas et al., 2022*) titled "Meeting Belongingness Needs:

An Inclusive Leadership Practitioner's Approach," which also revealed that half of nurse managers had between 10 and 20 years of nursing experience.

As far as job titles go, head nurses made up the majority of nursing supervisors (87.3%). However, just a small percentage of them 9.1% and 3.6%, respectively were nursing directors and supervisors. Moreover, none of them had received any prior instruction in inclusive leadership. Supporting the findings of the current study, more than half (60%) of the participants in the study by (*Grimani et al. 2023*) titled "Embracing Inclusive Leadership for Collaborative Healthcare Work Environments: Fostering Wellness in Ambivalent Situations" were head nurses.

The study's findings showed that only 16.9% of staff nurses were male, and 83.1 percent of them were female. In line with the findings of the current investigation, the study carried out by (*Bünyamin ,2022*) who discovered that 96.5 percent of staff nurses were female.

In terms of staff nurses' ages, the majority (54.5%) fell between 30 and under 40 years old, while the smallest percentage (1.1%) fell between 50 and under 60 years old. Their mean age \pm standard deviation was (23.48 ± 3.67). In line with the current study's findings, (*Li et al., 2021*) investigation on the "Relationship between Emotional Intelligence and Job Well-Being in Chinese Registered Nurses" revealed that 83% of the participants were under 40 years old.

About the educational level of the staff nurses under study, the majority (38.9%) held a bachelor's degree in nursing, while only 3.3% held a PhD. Supporting present study results, the study titled "Adaptation of the Inclusive Leadership Scale and The Mediating Role of Psychological Safety in the Impact of Inclusive Leadership on Job Performance" performed by (*Emre et al., 2021*) discovered that less than half (40%) of staff nurses had a bachelor's degree in nursing.

Furthermore, the current study's results on the years of experience of staff nurses showed that fewer than half (43.6%) of them had between one and ten years of experience. In the meantime, the mean \pm SD (8.92 ± 2.10) of those with more than twenty years of expertise was only 13.5%. This was consistent with the findings of (*Gong, et al., 2021*), who discovered that, less than half (49%) of staff nurses had less than ten years of experience with mean \pm SD (11.12 ± 4.10).

The current study found that, with a mean \pm SD of 15.04 ± 3.90), less than one fifth (18.4%) of nurse managers showed high levels of inclusive leadership, while around two fifths (41.8% & 40%) had low and moderate levels, respectively. This was in line with the findings of an earlier study by (*Abualruz et al. ,2024*), in which around half of registered staff nurses (40%) and 42%, respectively, thought their nurse managers' inclusive leadership was at a moderate and low level.

The findings, however, differed from those of a prior study by (*Shakil et al. ,2021*) titled "Inclusive leadership and innovative work behavior: the mediating role of job autonomy," which demonstrated the excellent degree of inclusive leadership exhibited by nurse managers. According to the study, these variations can be linked to various contexts, cultural and ethnic makeup, demographic traits, organizational roles, and the political and social climate.

With a mean \pm SD of 1.86 ± 0.88 , the results of this study show that only 18.4% of staff nurses had moderate emotional intelligence, fewer than one-third (27.3%) had low emotional

intelligence, and more than half (54.3%) had high emotional intelligence. In contrast to the current study's findings, a study by Shokry et al. (2023) discovered that only 19% of study participants had high emotional intelligence, while 60% of them had intermediate emotional intelligence and required care.

The results of the current study, which showed that less than half (43.8%) of studied staff nurses had high emotional intelligence level were corroborated by a study conducted by (*Jawabreh et al. ,2024*) titled "The Relationship Between Emotional Intelligence and Coping Behaviors among Nurses in the Intensive Care Unit." The study by (*Li et al. ,2021*) contrasted the findings of the current investigation with their evaluation of emotional intelligence. With a mean \pm SD of 123.99 ± 26.32 , it was shown that more than half (56.6%) of the study sample had low emotional intelligence, (31.6%) had moderate emotional intelligence, and (11.9%) had high emotional intelligence.

The current study's findings confirm that among the nursing staff under investigation, there was a highly statistically significant positive correlation between all-inclusive leadership items and all emotional intelligence items ($r = 0.889$ & $P = 0.000$). Emre et al.'s (2021) study concurred with the current findings and asserted a positive correlation between emotional intelligence and inclusive leadership.

The study entitled "Diversity and Inclusion Practices as a Booster for Firm Sustainability: Evidence from the Czech Automotive Sector" by (*Grimani et al. ,2023*) corroborated the findings of the current study and added that leaders should play a facilitative role, emphasizing the importance of nurturing teams, developing others' talent, and providing coaching that is enhanced by emotional intelligence. They should also expand the environmental context/settings of leadership, such as human resource development and education.

Furthermore, the investigation was conducted by (*Roberson et al., 2021*). Rightful A thematic analysis validated the current study's conclusions that inclusive leaders influence their subordinates' knowledge, awareness, confidence, engagement, and communication, as well as emotional intelligence and interpersonal skills. This improved the crew.

The study findings clarified the level of nurse managers' inclusive leadership, the level of staff nurses' emotional intelligence, and determined the relationship between nurse managers' inclusive leadership and staff nurses' emotional intelligence. The study results answered research questions and achieved aim of the study.

Conclusion:

According to the study's findings, over two-fifths (41.8% and 40%) of nurse managers had low and moderate levels, respectively. Furthermore, more than half (54.3%) of staff nurses had excellent emotional intelligence. Finally, the study found a highly statistically significant beneficial relationship between nurse managers' inclusive leadership and staff nurses' emotional intelligence.

Recommendations

The following recommendations were suggested based on the current study results,

- ✓ **Healthcare organizations can:** assist the professional growth of nursing staff, offer training programs on inclusive leadership and emotional intelligence. Additionally, give nurses access to financial aid and educational opportunities to raise their educational

attainment.

- ✓ **Nurse managers** have the ability to guarantee nurses receive fair treatment and consistency, which can enhance their emotional intelligence and commitment.
- To ensure nurses' loyalty and inclusion, provide them with opportunities to participate in the development of policies that affect nursing work.
- ✓ **Staff nurses** possess the ability to:
 - Ascertain their duties, functions, and job description, to enhance their competencies.
 - Take part in conferences, seminars, and training sessions.
- ✓ **Academic institutions** have the ability to integrate inclusive leadership and emotional intelligence into nursing undergraduate curricula.

Further studies:

- The effect of nurse managers' inclusive leadership on occupational stress of staff nurses.
- Inclusive leadership educational program effect on organizational commitment and loyalty.

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الملخص العربي

القيادة الشاملة والذكاء العاطفي بين افراد هيئة التمريض في مستشفى الزهراء الجامعي

مقدمه: يجب على الممرضين الذين يسعون للتقدم في حياتهم المهنية وضمان الإنتاجية والجودة، إدراك أهمية القيادة الشاملة والذكاء العاطفي.

الهدف: تقييم العلاقة بين القيادة الشاملة لمديري الممرضات والذكاء العاطفي للممرضين.

التصميم: تم استخدام تصميم البحث الارتباطي الوصفي، وأجريت الدراسة في مستشفى الزهراء الجامعي.

العينة: مكونة من مجموعتين: (55) مدير تمريض و (385) ممرض.

الأدوات: تم استخدام أداتين: مقياس القيادة الشاملة، ومقياس الذكاء العاطفي.

النتائج: كان إجمالي مستوى القيادة الشاملة لمديري التمريض متوسطاً (43.5%) وكان (27.4%) فقط ذو مستوى مرتفع. بالإضافة إلى ذلك، كان الذكاء العاطفي الإجمالي لدى الممرضين مرتفعاً (54.3%) وكان (18.4%) فقط متوسطاً.

الخلاصة: توجد علاقة إيجابية قوية ذات دلالة إحصائية عالية بين أبعاد القيادة الشاملة وجميع عناصر الذكاء العاطفي لدى الممرضين المشاركين في الدراسة.

التوصيات: من المستحسن أن تعمل مؤسسات الرعاية الصحية على تعزيز برامج تدريب الذكاء العاطفي للممرضات ودعم ممارسات القيادة الشاملة بالموارد المالية اللازمة مع ضمان الدعم الإداري لتعزيز خدمات الرعاية الصحية عالية الجودة..

بحث إضافي: الولاء والالتزام التنظيمي والذكاء العاطفي كلها عوامل تتوسطها القيادة الشاملة.

الكلمات المفتاحية: الذكاء العاطفي، القيادة الشاملة، الممرضين.