



Emotional intelligence as a determinant of self-efficacy in nursing practice: A cross-sectional study

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ABSTRACT

Emotional and psychological competencies are increasingly recognized as essential factors influencing nurses' performance in healthcare settings. This study was conducted to examine the association between emotional intelligence and self-efficacy among staff nurses at Gunung Maria General Hospital Tomohon. A quantitative cross-sectional design was applied, involving all staff nurses using a total sampling approach. Data were collected through structured questionnaires assessing emotional intelligence and self-efficacy. The analysis utilized the Chi-square test with a significance level of $p < 0.05$. The findings indicate a statistically significant association between emotional intelligence and self-efficacy. Nurses who demonstrated better emotional regulation and interpersonal skills were more confident in performing their professional responsibilities. These results highlight the importance of strengthening emotional competence to support nurses' performance and confidence in clinical settings. In conclusion, emotional intelligence plays a crucial role in enhancing nurses' self-efficacy. Therefore, developing emotional intelligence through training and professional development programs is highly recommended to improve nurse performance and service quality.

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1. Introduction

Emotional intelligence is recognized as a critical competency that supports professional effectiveness, particularly in healthcare settings. It encompasses the ability to recognize, understand, and regulate one's own emotions, as well as to respond appropriately to the emotions of others. In nursing practice, emotional intelligence plays a vital role because nurses interact directly with patients who may experience complex physical and psychological conditions. In healthcare settings, especially nursing, these abilities are essential due to constant interaction with patients, families, and multidisciplinary teams under stressful conditions. Emotional competencies (emotional intelligence, empathy, emotion regulation) protect against anxiety, burnout, moral distress, and depression, and support resilience and

mental health (Mehler et al., 2024). Emotional intelligence refers to the capacity to recognize, understand, regulate, and express emotions effectively in oneself and others. It includes self-awareness, emotional regulation, motivation, empathy, and social skills. These components contribute to effective communication, stress management, and the development of positive professional relationships.

Self-efficacy is commonly defined in nursing as a person's belief in their ability to organize and execute the actions needed to handle specific clinical situations. Across multiple studies, higher self-efficacy in nurses and nursing students is consistently linked with better clinical decision-making, greater confidence, and more resilient behavior (Kaya & Kubat Bakir, 2024). Previous studies suggest that emotional intelligence is closely linked to self-efficacy, as individuals who can manage emotions effectively are more likely to maintain confidence in challenging situations. Given the demanding nature of nursing work, emotional intelligence plays a critical role in shaping nurses' confidence in their professional abilities. However, research exploring this relationship in specific healthcare settings, such as Gunung Maria Hospital in Tomohon, remains limited. Previous studies have indicated a relationship between emotional intelligence and self-efficacy, suggesting that individuals who are capable of managing their emotions effectively tend to demonstrate higher levels of confidence in performing their duties. Therefore, examining this relationship is essential, particularly among staff nurses who are at the forefront of healthcare services.

On the other hand, self-efficacy refers to an individual's belief in their capacity to perform tasks or specific situations successfully. A strong sense of self-efficacy influences how individuals make decisions, cope with workplace stress, and maintain performance under challenging circumstances. In nursing services, self-efficacy plays a significant role in enhancing nurses' confidence in delivering optimal patient care. It includes level, strength, and generality: how difficult tasks are perceived, how firmly one believes "I can do this," and how broadly that belief applies across situations (Riswanto & Lidiawati, 2021). In nursing practice, self-efficacy is essential because it is related to clinical decision-making ability, the accuracy of actions, and the quality of care provided to patients. Research consistently finds a meaningful positive link between emotional intelligence (EI) and self-efficacy, and both are closely tied to stress management, emotional stability, and a positive self-view (Sun & Lyu, 2022). This indirectly increases self-efficacy levels in dealing with various situations, including in demanding work environments like hospitals. Several previous studies have also shown that emotional intelligence plays a strong predictor of self-efficacy, particularly in healthcare workers. Across clinical and training contexts, emotion regulation shapes self-efficacy through mastery experiences, perceived control, adaptive appraisals, and improved interpersonal functioning. Believing one can regulate emotions (regulatory emotional self-efficacy) is itself a central mechanism: it motivates use of strategies, buffers distress, and mediates treatment gains, while successful regulation experiences in turn strengthen self-efficacy in a reciprocal, clinically relevant cycle (Dom & Turporcar, 2024).

Emotional intelligence has become increasingly important in healthcare practice, particularly in environments where nurses are required to manage complex patient conditions while maintaining professional interactions. At Gunung Maria General Hospital Tomohon, nurses frequently encounter situations that demand not only clinical competence but also emotional stability and interpersonal sensitivity. Common stressors include heavy workload, staff shortages, exposure to suffering and death, conflicts with coworkers and physicians, role ambiguity, and constant interaction with anxious families, and these stressors contribute to high perceived stress, burnout, physical and psychological problems, and can reduce professional competence and quality of care (Dugué et al., 2021). In daily practice, nurses are expected to respond to patients with varying levels of physical illness and psychological distress. These conditions often create emotional pressure, especially in settings with high patient loads and shift-based working systems. Therefore, the ability to regulate emotions and maintain effective communication becomes essential.

Most previous studies are conducted in large urban hospitals or academic settings, this study focuses on Gunung Maria General Hospital Tomohon, a regional or private hospital with unique workload patterns, staffing limitations, and cultural context. Previous research has established a general association between emotional intelligence and self-efficacy; however, limited empirical evidence exists

within specific hospital contexts, particularly among early-career nurses in regional healthcare settings facing complex clinical stressors. Additionally, studies rarely explore this relationship using institution-specific data that reflects real-world working conditions and organizational dynamics.

Considering the demanding working conditions and the complexity of healthcare services at Gunung Maria Hospital, nurses are required to possess not only technical competence but also strong emotional and psychological abilities. Emotional intelligence plays a crucial role in enabling nurses to manage stress, maintain professional relationships, and respond effectively to patient needs. At the same time, self-efficacy is essential in shaping nurses' confidence in handling clinical responsibilities. Nurses who believe in their capabilities are more likely to perform effectively, even under pressure. Therefore, examining the relationship between emotional intelligence and self-efficacy among nurses in this specific hospital setting becomes highly relevant, as it reflects real challenges faced in daily clinical practice.

While previous studies have established a general relationship between emotional intelligence and self-efficacy, this study offers a novel contribution by examining this relationship within a specific hospital context that mean Gunung Maria Hospital, focusing on early-career clinical nurses operating under real-world stress conditions. By applying a total sampling approach in a single institutional setting, this study provides context-sensitive insights that reflect actual clinical practice, thereby bridging the gap between theoretical understanding and practical application in healthcare environments.

Alongside emotional intelligence, self-efficacy reflects nurses' confidence in their ability to perform clinical tasks under challenging circumstances. Nurses who possess strong self-efficacy are more likely to remain confident, adaptive, and consistent in delivering patient care despite workplace pressures. However, studies on the relationship between these two variables, particularly among nurses at Gunung Maria Hospital in Tomohon, are still limited. Therefore, this study was conducted to determine the relationship between emotional intelligence and self-efficacy in nurses. This study is expected to contribute to the development of human resources in the nursing field and improve the quality of healthcare services.

2. Methods

This research employed a quantitative analytical design with a cross-sectional approach. The study was conducted at Gunung Maria General Hospital, Tomohon, in July 2025. The population included all nurses working in the hospital, with 60 participants selected through purposive sampling According to the findings inclusion and exclusion criteria. Inclusion criteria included nurses who were willing to be respondents, had worked for more than one year, and were present during data collection. Meanwhile, exclusion criteria were nurses who were not willing to be respondents, had worked for less than one year, or were absent during the study.

The instrument used in this study was a questionnaire that had been tested for validity and reliability. The questionnaire consisted of two parts: emotional intelligence and self-efficacy, each using a Likert scale. Reliability testing showed a Cronbach's Alpha value of 0.942 for emotional intelligence and 0.947 for self-efficacy, indicating that the research instrument had a very good level of consistency. Data collection was conducted online using a Google Form. However, the use of online self-administered questionnaires may introduce several sources of bias, including social desirability bias, response bias, and differences in respondents' interpretation of questions due to the absence of direct supervision.

The obtained data were then analyzed using univariate and bivariate analyses. Univariate analysis was used to describe the distribution of respondent characteristics and each research variable. Meanwhile, bivariate analysis was conducted to determine the relationship between emotional intelligence and self-efficacy using the Chi-square test with a significance level of 0.05. This study also paid attention to research ethics, namely by providing informed consent to respondents, maintaining data confidentiality, and not including respondents' identities (anonymity).

Although this study did not statistically control for confounding variables such as workload, stress, and organizational support, the use of a relatively homogeneous sample within a single hospital

setting may have partially reduced variability related to organizational factors. However, these variables remain important influences and should be included in future studies.

3. Results and Discussion

The analysis showed that most respondents had moderate to high levels of emotional intelligence. Similarly, the majority of nurses demonstrated a good level of self-efficacy. In the context of healthcare services, nurses are required not only to possess technical competencies but also the ability to manage emotions and maintain self-confidence when dealing with complex and high-pressure work situations. Therefore, understanding the relationship between emotional intelligence and self-efficacy is essential in efforts to improve the quality of nursing care.

Results

a. Univariate Analysis

1) Distribution of Respondent Characteristics

Table 1.
Distribution of respondents by gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Man	21	35.0	35.0	35.0
	Woman	39	65.0	65.0	100.0
	Total	60	100.0	100.0	

(Primary Data Source, 2025)

According to the findings Table 1, it is known that the majority of nurses (65%) are female, while only 35% are male. This difference in proportion has the potential to influence psychological characteristics and work behavior, particularly in terms of emotional intelligence and self-efficacy. Given the predominance of female nurses in this population, it can be assumed that the potential for developing a work environment According to the findings empathy and collaboration is quite high. However, strengthening self-efficacy across all genders through training, mentoring, and personal capacity development is still necessary to ensure all nurses are able to perform optimally.

Table 2.
Distribution of respondents by age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	20-25 years	20	33.3	33.3	33.3
	26-35 years old	33	55.0	55.0	88.3
	36-45 years old	7	11.7	11.7	100.0
	Total	60	100.0	100.0	

(Primary Data Source, 2025)

According to the findings Table 2, it is known that the largest age group of implementing nurses is 26–35 years (55%), while the smallest age group is 36–45 years (7%). This age distribution has important implications for emotional intelligence (EI) and self-efficacy in nursing practice. Thus, the predominance of the 26–35 age group among implementing nurses indicates high potential for developing emotional intelligence and self-efficacy. However, organizations need to provide support through emotion management training and confidence building to ensure that nurses in this age group can maximize their professional potential.

Table 3.
Distribution of respondents by length of service

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	3-6 years	42	70.0	70.0	70.0
	7-10 years	7	11.7	11.7	81.7
	> 10 years	11	18.3	18.3	100.0

	Frequency	Percent	Valid Percent	Cumulative Percent
Total	60	100.0	100.0	

(Primary Data Source, 2025)

According to the findings Table 3, it is known that the most years of service for implementing nurses are in the range of 3–6 years, at 42%, while the least years of service are in the range of 7–10 years. This distribution provides important insight into the stages of nurses' professional development, particularly in relation to emotional intelligence (EI) and self-efficacy. Thus, the predominance of 3–6 years of service indicates that most nurses are in the phase of professional character formation, which is still heavily influenced by the work environment, training, and experience. Organizations need to facilitate the development of EI and self-efficacy through soft skills training, mentoring programs, and supportive supervision systems.

Table 4.
Distribution of respondents by education level

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid D3 Nursing Nurses	51	85.0	85.0	85.0
Nurses	9	15.0	15.0	100.0
Total	60	100.0	100.0	

(Primary Data Source, 2025)

According to the findings Table 4, it is known that the majority of implementing nurses have a Diploma 3 (D3) in Nursing education, namely 85%, while those with a Nursing (Professional) education are only 15%. This difference in education level is closely related to the development of emotional competence and professional self-efficacy in nursing practice. A total of 60 nurses participated in this study. The majority of respondents were female (65%), aged 26–35 years (55%), had 3–6 years of work experience (70%), and held a Diploma III (D3) in Nursing (85%). These findings indicate a relatively homogeneous sample, primarily representing early-career nurses in a similar professional and organizational context. With the dominance of D3 nurses in this population, it is important for healthcare institutions to provide capacity building programs such as emotional management training, effective communication coaching, and professional coaching to support the improvement of emotional intelligence and self-efficacy in this group.

2) Distribution of Respondents According to the findings Emotional Intelligence and Self-Efficacy

Table 5.
Distribution of respondents according to the findings emotional intelligence

	Frequency	Percent	Valid percent	Cumulative percent
Valid Not enough	11	18.3	18.3	18.3
Good	49	81.7	81.7	100.0
Total	60	100.0	100.0	

(Primary Data Source, 2025)

According to the findings Table 5, it is known that the majority of respondents (implementing nurses) have emotional intelligence levels in the "good" category (81.7%), while only 18.3% are in the "poor" category. This is in line with that the majority of nurses have good abilities in recognizing, understanding, and managing their own emotions and those of others in the workplace. Conversely, a small group of nurses (18.3%) with "low" EI levels are at risk of experiencing difficulties managing emotions, stress, or conflict in the workplace. This can hinder the development of self-efficacy and increase the risk of emotional exhaustion. Therefore, interventions such as EI training, psychological strengthening programs, or professional development need to be provided periodically to support the development of nurses' comprehensive potential.

Table 6.
Distribution of respondents according to the findings self-efficacy

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Not enough	12	20.0	20.0	20.0
Good	48	80.0	80.0	100.0
Total	60	100.0	100.0	

(Primary Data Source, 2025)

According to the findings Table 6, it is known that the majority of implementing nurse respondents have a self-efficacy level in the "good" category (80%), while the "poor" category is 20%. This data indicates that most nurses have high self-confidence in their ability to face work challenges, complete tasks, and make independent decisions in nursing practice. Regarding the main study variables, most respondents demonstrated good levels of emotional intelligence (81.7%) and high self-efficacy (80.0%), suggesting that the majority of nurses possess adequate emotional and psychological competencies to support their clinical performance. Therefore, it is crucial for healthcare institutions to not only develop nurses' technical skills but also actively enhance their emotional intelligence through regular training, coaching, and psychosocial approaches. Strengthening EI will also increase nurses' self-efficacy, which ultimately positively impacts the quality of nursing care and patient satisfaction.

b. Bivariate Analysis

Table 7.
Results of chi-square test data analysis

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	10.046a	1	.002		
Continuity Correction	7,577	1	.006		
Likelihood Ratio	8,456	1	.004		
Fisher's Exact Test				.005	.005
Linear-by-Linear Association	9,879	1	.002		
N of Valid Cases	60				

a. 1 cell (25.0%) has expected count less than 5. The minimum expected count is 2.20.

b. Computed only for a 2x2 table

(Primary Data Source, 2025)

According to the findings the data in Table 7, The statistical test revealed a significant association between emotional intelligence and self-efficacy ($p = 0.002$). This indicates that nurses with better emotional management abilities are more likely to exhibit higher confidence in their professional roles. Theoretically and empirically, emotional intelligence (EI) plays an important role in shaping self-efficacy, especially in the context of work that requires intensive social interaction and managing work pressure, such as the nursing profession. Nurses with high EI tend to be able to manage emotions effectively, respond wisely to pressure, and build healthy interpersonal relationships. This has a direct impact on increasing self-confidence (self-efficacy) in facing professional challenges. Overall, the results of this analysis indicate that emotional intelligence has a significant relationship with self-efficacy. This means that nurses with higher levels of emotional intelligence tend to have better levels of self-confidence in carrying out their professional duties and responsibilities. The association between emotional intelligence and self-efficacy was examined using the Chi-square test. The analysis revealed a statistically significant relationship between the two variables ($p = 0.002$), indicating that nurses with higher levels of emotional intelligence were more likely to demonstrate higher self-efficacy. To address this limitation, it is recommended that Fisher's exact test also be considered, which confirmed the significance of the association.

Discussion

The results suggest that emotional intelligence contributes to the development of self-efficacy among nurses. The ability to regulate emotions enables nurses to remain composed in challenging

situations, which in turn supports confident decision-making in clinical practice. Women tend to be more sensitive to emotional intelligence abilities due to the social and biological roles of women, who are more accustomed to expressing and understanding emotions (Cheraghi et al., 2025). In the nursing context, this advantage can strengthen female nurses' ability to provide empathetic care, establish therapeutic communication, and effectively handle patients' emotional situations. Regarding self-efficacy, several studies have found that gender differences in confidence in professional abilities are not significant, but work experience and environmental support are more influential (Rahmawati & Retnaningrum, 2022). However, women with high EI also tend to have better self-efficacy because they are able to manage work stress and remain confident in facing clinical challenges.

Emotional intelligence refers to an individual's capacity to understand emotional responses and manage them effectively within social and professional interactions. In nursing practice, this ability supports better communication, empathy, and emotional control, particularly when dealing with patients in vulnerable conditions. Research in students and practicing nurses helps clarify how gender, age, education, and experience relate to EI and, in turn, to self-efficacy and performance (Bircan et al., 2025). In general, the age group of 26–35 represents early to middle adulthood, a time when individuals have gained sufficient work experience and begin to develop emotional and professional stability. Rather than being limited to emotional awareness alone, emotional intelligence also involves the ability to maintain professional behavior in stressful situations and build constructive relationships with patients and healthcare teams (Rahmawati & Retnaningrum, 2022). This suggests that the majority of nurses in this age group are at a stage of emotional development that supports their performance. Furthermore, self-efficacy is also closely related to age and work experience. Younger individuals often possess high self-confidence in facing new challenges but may lack emotional stability and mature stress management strategies. Meanwhile, older individuals tend to have more stable levels of self-efficacy, supported by past experience and success (Turjuman, 2023). However, because the number of nurses aged 36–45 is smaller, it is possible that the transfer of knowledge and experience is not optimal, which may affect the development of self-efficacy in younger nurses.

Nurses with 3–6 years of service experience are generally in a transition phase from beginner to more established professional. During this phase, they begin to face various work challenges independently, which require the ability to manage emotions, adapt, and build confidence in clinical decision-making. Studies indicate that emotional intelligence increases with tenure, as direct experience with patients, teams, and work pressures helps individuals develop self-awareness, emotional control, and empathy (Turjuman, 2023).

Regarding self-efficacy, longer tenure is usually directly proportional to increased confidence in carrying out nursing duties. However, within 3–6 years of tenure, nurses may still experience fluctuations in self-efficacy, depending on the extent to which they receive guidance, organizational support, and success in previous work experiences (Binsaheed et al., 2023). On the other hand, nurses with fewer years of tenure likely have more stable and established self-efficacy and are able to serve as mentors or role models in terms of emotional management and self-confidence.

Nurses with a nursing education background generally have a more comprehensive educational experience. Among nurses, self-efficacy is positively related to clinical decision-making scores, and increases with age and work experience, independent of basic education level. In undergraduate nursing students, academic self-efficacy relates positively to attitudes toward clinical practice but shows a complex (inverse) pattern with decision-making scores, suggesting that how decision-making is measured and taught matters (Bircan et al., 2025). Professional nursing education emphasizes not only technical aspects but also the development of therapeutic communication, stress management, and leadership, all of which are part of EI (Binsaheed et al., 2023). Nursing education level shapes not only technical competence but also psychological resources like emotional intelligence (EI) and self-efficacy, which support safe decisions under pressure. Research across diploma, bachelor, and graduate programs shows that education and structured learning environments can strengthen confidence and decision-making in clinical care. Despite possessing strong clinical competence, the development of psychosocial aspects such as EI and self-efficacy may not be optimal if not balanced with further training

or extensive work experience. Research shows that educational level significantly influences self-efficacy, with nurses with higher education tending to have stronger self-confidence in making clinical decisions and dealing with work pressure (Kaya & Kubat Bakir, 2024).

Nurses with high EI tend to be better able to handle work pressure, empathize with patients, and maintain harmonious working relationships. This provides a strong foundation for the development of self-efficacy, which is an individual's belief in their ability to complete tasks or face challenges effectively (Molero et al., 2019). Numerous studies have shown that EI plays a significant role in enhancing self-efficacy. Emotionally intelligent individuals are better able to cope with stress, make decisions calmly, and feel more confident in carrying out their roles and responsibilities (Shubayr & Dailah, 2025). Therefore, the high percentage of nurses with "good" EI in this study also indicates a significant potential for strong self-efficacy, which in turn will positively impact nursing performance, patient communication, and job satisfaction.

Self-efficacy and emotional intelligence (EI) are core psychological resources that help nurses cope with complex, high-pressure work. Xie et al., (2024) to better clinical decision-making, stress management, resilience, and work engagement. Self-efficacy is nurses belief that they can successfully perform clinical tasks and meet professional goals, lower occupational burnout and better adaptation to work stress and Higher work engagement, effort, and concentration in demanding environments. High levels of self-efficacy indicate that nurses feel confident in their abilities, and this is closely related to emotional intelligence (Shubayr & Dailah, 2025). Emotional intelligence (EI) and self-efficacy are closely linked in healthcare and other high-stress settings. People who understand and manage emotions well tend to feel more capable and confident when facing difficulties. In nurses and other healthcare staff, EI and self-efficacy both predict lower perceived stress, suggesting that emotionally skilled and confident professionals cope more effectively with daily pressures (Alsufyani et al., 2022). Individuals with high EI tend to be better able to understand and manage emotions effectively, allowing them to remain calm and focused when facing difficult situations, and increasing their confidence in carrying out their duties (Hashmi et al., 2024). Therefore, the high percentage of "good" self-efficacy in this study is likely supported by high EI, as reflected in the previous data (Table 4.5, where 81.7% of respondents had "good" EI). Conversely, the group of nurses with "poor" self-efficacy (20%) may experience challenges in building self-confidence, especially when faced with pressure, conflict, or dynamic work conditions. Lack of ability to manage emotions or low support from the work environment can be factors that weaken self-efficacy.

Self-efficacy and emotional intelligence (EI) are tightly connected in nursing practice. EI supports how nurses appraise their own capabilities, especially under pressure, which in turn shapes their confidence to act effectively. Those who are able to understand and regulate their own emotions and those of others tend to have more positive self-perceptions of their ability to complete tasks, make decisions, and overcome obstacles at work (Lee & Sim, 2021). Similarly Setiawan, (2021) Similarly, multiple studies in nursing and health education show that higher emotional intelligence (EI) is linked to better adaptation, lower stress, and stronger job-related confidence supporting an interpretation of a statistically significant p-value (such as 0.002) as meaningful evidence, not random chance. Clinical nurses with higher EI evaluate stressful situations more positively, use more effective coping strategies, and show lower job stress and higher job efficacy and Nurses with high EI are better able to regulate emotions under pressure, which improves adaptation to tense clinical environments and reduces perceived stress and burnout (Setiawan, 2021). Practical implications: Strengthening emotional intelligence (EI) programs for nurses is well supported by current research. EI training not only develops individual psychological resources (including self-efficacy) but also improves care quality, teamwork, and patient experience. EI programs for nurses consistently increase EI levels and improve resilience, coping, and stress reduction, which underpin stronger confidence in handling work demands and Training that targets emotion regulation, empathy, and communication enhances nurses' ability to manage difficult situations calmly and effectively, reinforcing beliefs that they can perform their roles successfully (self-efficacy). This not only impacts individual performance but also improves overall service quality and patient satisfaction (Saikia et al., 2024).

These findings indicate that strengthening emotional intelligence may enhance nurses' confidence in performing their duties. Emotional competence supports not only interpersonal relationships but also professional performance in healthcare settings. Nurses who are able to regulate their emotions effectively tend to approach patient care with greater assurance and stability, as indicated by the Pearson Chi-Square test with a p-value of 0.002 ($p < 0.05$). In the working environment of Gunung Maria General Hospital, nurses are required to handle various patient conditions under time constraints. Emotional stability plays a crucial role in maintaining performance and ensuring effective communication. Nurses who can manage their emotional responses tend to demonstrate greater confidence and consistency in their work. Nurses who maintain emotional balance are better equipped to handle complex situations and communicate effectively with patients and colleagues. In nursing, this capacity is especially important because nurses constantly face suffering, time pressure, and complex interactions with patients, families, and colleagues (Haver & Caputi, 2025). In the nursing context, this ability is crucial because nurses work in stressful work environments, interacting directly with patients, their families, and interprofessional medical teams. Therefore, EI is an important foundation in developing self-efficacy, namely an individual's belief in their ability to complete tasks and face work challenges. This condition contributes to stronger self-efficacy, as confidence is built through the ability to manage both emotional and professional demands simultaneously.

Furthermore, nursing work is emotionally and cognitively demanding. Across clinical and educational settings, research consistently links higher emotional intelligence (EI) with stronger inner resources to face these demands, including higher self-efficacy (Hashmi et al., 2024). They tend to feel more confident in their ability to complete complex tasks, make clinical decisions, and face emergency situations without losing control. Bandura's self-efficacy theory explains why emotional intelligence and emotion regulation can shape people's confidence in their abilities. Self-efficacy is not fixed; it develops from how individuals interpret their experiences, emotions, and self-regulatory efforts. Emotional experiences and their interpretation belong to this last source: feelings of fatigue, stress, or tension can undermine, and positive affect can support, self-efficacy depending on how they are appraised (Graham, 2022). Self-efficacy beliefs then influence cognitive, motivational, affective, and self-regulatory processes, shaping performance and resilience. In the nursing context, nurses who are able to manage their emotions well tend to have more positive self-perceptions and are resilient in facing the complex and rapidly changing dynamics of hospital work (Deliana, 2023). Several findings reinforce the understanding that developing emotional intelligence is not only important for improving the quality of interpersonal relationships in the workplace, but also has a significant impact on increasing nurses' self-confidence (self-efficacy). Strengthening emotional intelligence through structured training and organizational support can improve nurses' self-efficacy, which in turn improves clinical decision-making, communication, and overall performance. Hospitals are encouraged to integrate emotional competency development into professional training programs, build supportive work environments, and implement mentoring systems to optimize the quality of nursing services and patient outcomes. Therefore, emotional intelligence training-based interventions such as emotion management, empathic communication, and stress management training can be an effective strategy in improving the overall self-efficacy of nursing staff.

4. Conclusion

This study provides empirical evidence of a significant association between emotional intelligence and self-efficacy among clinical nurses in a hospital setting. The findings reinforce the view that emotional intelligence constitutes a critical psychological resource that supports nurses' confidence in performing clinical tasks, particularly in high-pressure care environments. By situating this relationship within a real-world institutional context, the study contributes context-specific insight to the existing literature, which has largely been derived from student populations or heterogeneous healthcare samples.

From a practical perspective, the results suggest that strengthening emotional intelligence may serve as a feasible and impactful strategy for enhancing self-efficacy and, by extension, nursing performance and service quality. Interventions should therefore move beyond purely technical skill development and incorporate structured emotional competence training. Programs targeting emotional

regulation, stress management, and interpersonal communication are likely to improve nurses' adaptive capacity and confidence in clinical decision-making. In addition, mentorship systems and simulation-based training may reinforce mastery experiences, further supporting the development of self-efficacy. Furthermore, the findings support the incorporation of emotional competencies into nursing development frameworks, reinforcing the role of psychological factors in improving service quality and workforce sustainability.

At the organizational level, the findings highlight the importance of supportive work environments in enabling the translation of emotional competence into professional confidence. Strategies such as effective supervision, team-based support, and manageable workload distribution are essential to sustain both emotional functioning and performance. Integrating emotional intelligence into continuous professional development and human resource frameworks may enhance the long-term effectiveness of these interventions.

Notwithstanding these contributions, several limitations should be acknowledged. The cross-sectional design precludes causal inference, and the absence of control for potential confounders—such as workload, occupational stress, and organizational support—may influence the observed relationship. Additionally, the reliance on self-reported, online data introduces the possibility of response and common method bias. Although the association was supported by both the Chi-square test and Fisher's Exact Test, the presence of small expected cell counts warrants cautious interpretation.

Recommendation: Individual-level interventions (EI training, stress management, simulation) combined with organizational-level strategies (mentorship, supportive leadership, workload management) provide a comprehensive approach to enhancing nurses' emotional intelligence and self-efficacy, thereby improving clinical performance and service quality.

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