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Linking Emotional Intelligence and Locus of Control to Decision Making Styles of Nursing Managers

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Abstract: **Background: Effective decisions prevent and solve problems in health care organizations. Emotional intelligence and locus of control assist managers to utilize a competent style of decision making in a different situations. Aim of the study: The present study aims to assess emotional intelligence, locus of control, and decision-making style of nursing managers. Besides, investigating linking emotional intelligence, and locus of control to decision making style of nursing managers. Subjects and Methods: A descriptive correlational design was utilized. The study included all nursing managers who were responsible for making decisions related to nursing services at the main Mansoura university hospital and its medical centers. Data were collected through using three scales; emotional intelligence scale, locus of control scale, and general decision-making styles scale. Results: Nursing managers had a high level of emotional intelligence and a moderate level of locus of control. There was a statistically significant correlation between the emotional intelligence of nursing managers and their decision making styles. Also, there was a significant correlation between decision-making styles of nursing managers (intuitive, dependent, and spontaneous), and their locus of control. Conclusion: Emotional intelligence, and locus of control correlated with styles of decision making of nursing managers. Recommendations: Emotional intelligence training program should be implemented for nursing staff who are prepared for managerial positions. Conducting orientation workshops about decision-making styles and their influences on patients, organizations, and nursing staff.**

Keywords: **Emotional intelligence, decision making styles, locus of control, nursing managers.**

1. INTRODUCTION

Health organizations are currently facing various challenges created byglobalization, technological innovation, a diversity of employees, demographic vulnerabilities, and unstable economies. It also has to deal with frequent changes, arising from degree of availability of resources, governmental policies, customers' needs, relations with suppliers, behavior of the market and competitors to achieve their goals. Under these circumstances, the decisions of managers significantly influence organizational efficiency and well-being (Dumitriu et al., 2014).

Decisions represent the core of organizational transactions. Successful organizations make better, fast and more effective decisions to overcome their competitors. Decision making is a vital and strategic issue because it critically influences organizations' survival (Grušovnik et al .,2017; Dumitriu et al., 2014). Making decision often requires the assessment and selection of a single solution from several solutions, which under some circumstances tend to be reasonable. Decision-making style defined as "The learned habitual response pattern that a person exhibits when faced with a decision situation. This is not a characteristic of personality but a habit-based tendency to respond in a certain way" (Kashaninia et al., 2015; Atwood, 2012).

Nursing managers have different styles of decision-making depending on the amount of information managers use, the number of alternatives they consider, and the degree to which they attempt to integrate and coordinate multiple sources of

feedback. The decision making styles include five styles; (1) Rational style includes assessing, and prioritizing current approaches by peers to choose the best and most efficient option. (2) Intuitive style described as the process by which nursing managers unconsciously gather information from their long term memory to form the basis of their judgemet and decision. In reality, nursing managers rely on their personal stored information to make decision. (3) Dependent style, nursing managers seek assistance, guidance and support from others to make decisions based on their expectations and recommendations. (4) Avoidant style refers to nursing managers utilize methods to escape from situations or needs for decision making. (5) Spontaneous style, nursing managers want to reach a decision quickly, they make "snap" or "spur of the moment" decisions. Nursing managers generally have different levels of all five styles, although one style is usually dominant. (Grušovnik et al., 2017; Bahrami et al., 2016).

There are many factors affecting decision making styles of nursing managers as emotional intelligence and locus of control. For instance, the feeling of anger influences the quality of decisions as it causes fast decision-making. Knowing emotional states, valence, and appraisal dimensions are important factors to consider when examining the relationships between thoughts and feelings. The constructs of emotional intelligence concentrate on the specific harmonization of thoughts and feelings that particularly important in decision- making (Wu et al., 2014; Atwood, 2012).

Emotional intelligence is a very important element for making decisions. The managers can make effective decisions if they identify and distinguish among their feelings, therefore they able to control the possible biases induced by these feelings. Also, emotional intelligence helps the managers to make the right decisions which are beneficial for the welfare of the organization. The nurse managers with high emotional intelligence will make more rational decisions as compared to others with low emotional intelligence, (Bhardwaj and Kumar, 2017).

Emotional intelligence helps nursing managers to maintain a state of equilibrium to be more comfortable in overcoming the challenges at the workplace. Emotional Intelligence defined as "ability to monitor one's own and others feelings and emotions to discriminate among them, and to use this information to guide one's thinking and actions". Emotional intelligence comprises evaluation of emotion in the self and others, expression of emotion, regulation of emotion in the self and others, and utilization of emotion in solving problems (Chiang et al, 2019; Daodu et al, 2015).

Locus of control also plays an important role in the decision-making of nursing managers. Nursing managers who had ahigh level of locus of control will have ahigh level of self-efficacy. The locus of control is the effort of a person to control the beliefs, skills and abilities as well as events in the life. Locus of control reflects the belief towards the behaviors that have an impact on the events in life. In other words, the locus of control means the internal or external search of an individual about the reasons of positive and negative events in life (Abraham, 2018; Akyürek et al., 2018; Wu et al., 2014). Locus of control can either be internal (meaning the person believes that they control themselves and their life or external (meaning they believe that their environment, some higher power, or other people control their decisions and their life) (Daodu et al., 2015).

Locus of control refers to the managers' perception of responsibility and accountability of the events. Managers with a strong internal locus of control feel they have control over their lives and thus assign the results of events to their own actions in self-regulation. Furthermore, they consider that the outcome of an action is the outcome of their own accomplishment, which is achieved through their own efforts (Fabio and Saklofske, 2019; April et al.,2012). Such managers are more likely to assume that an outcome arises from their own self-control, and they tend to assign praise or blame to their own ability. In contrast, managers who attribute responsibility to external factors tend to believe that their outcomes in life are determined by uncontrollable chances, fate, or environmental features. Managers with a strong external locus of control do not attempt to implement changes on the basis of their own expectations. Instead, they tend to believe that life events are beyond their control (Chiang et al., 2019).

Significance of the study

Emotional intelligence does not only being conscious of one's feelings but also making effective use of those feelings. Firstly, emotions can help direct attention to critical issues and indicate what the object of attention will be. Second, emotions can be used for selecting choices and making decisions, being able to predict how one will feel when such events arise will help decision-makers to select between different options. Third, motions can be used to relieve other forms of cognitive processes. Positive moods can encourage imagination, integrative thought, and inductive reasoning,

and negative moods can promote attention to thorough identifying error and problem, and diligent analysis of information. Emotional changes can lead to more flexible planning, multiple solutions and an expanded perspective on problems (Dua, 2015).

Nursing managers should have emotional intelligence to make decisions based on a combination of self-management, relationship skills, and awareness of their behavior's effects on others in health care organizations. Emotional intelligence is essential for making managerial decisions with specific elements. Decision making also associated with locus of control. Locus of control illustrates the degree to which nursing managers feel, they have power and control over the outcomes and events in their work life. Locus of control is the system of beliefs based on which nursing managers evaluate their achievements, shortcomings, and taking into account their strengths and weaknesses (Ahanjian and Asaroudi, 2015). Therefore, conducting the current study will assist nursing managers to identify their decision making styles and their relationship with their emotional intelligence and locus of control.

2. AIM OF THE STUDY

The present study aims to assess emotional intelligence, locus of control, and decision making style of nursing managers and investigate linking emotional intelligence, and locus of control to decision making style of nursing managers.

Research questions

1. What is emotional intelligence level of nursing managers?
2. What is locus of control level of nursing managers?
3. What is decision making style of nursing managers?
4. Is there a link between emotional intelligence, locus of control and decision making styles of nursing managers and their personal characteristics?
5. Is there a link between emotional intelligence and decision making styles of nursing managers?
6. Is there a link between work locus of control and decision making styles of nursing managers?

3. SUBJECTS AND METHODS

The study design

The present study utilized a descriptive correlational design.

The study setting

The study was carried out at all inpatients and outpatients units of Main Mansoura University Hospital (MMUH) and its three medical centers namely; convalescence center, specialized medical center, and center of plastic and burn surgery. MMUH has five floors for providing medical care for patients with a different medical problem in the delta region; it includes different specialized departments as neurosurgery, general surgical, medical, obstetric, intensive care, and emergency department. The convalescence center consists of six floors and includes departments for neurology, intensive care, hematemesis, and surgery. The specialized medical center consists of five floors for providing medical care for the patient with chest, neurological, ear, nose, and throat diseases. The center of plastic and burn surgery considers the first specialized medical center in the delta region for providing medical care for burns, plastic surgery.

The study Subjects

The subjects of this study included all categories of nursing managers who were responsible for making decisions related to nursing services at the predetermined setting during the time of data collection.

Tools of data collection:

The researchers used a self-administered questionnaire to gather the data of the present study. It was included four sections; (I) Personal characteristics of nursing managers such as age, gender, marital status, educational qualification,

workplace, managerial levels, and experience as a nursing manager. (II) Emotional intelligence scale, it was developed by Schutte et al., (1998) to assess typical emotional intelligence. It includes 33 items that categorized into four subscales; (1) perception of emotions (10 items), (2) managing own emotions (9 items), (3) managing others' emotions (8 items), and (4) utilization of emotions (6items) . To make the items in the same direction, three items were scored in the reverse order; "(1) I find hard to understand non-verbal messages of other people. (2)When I face the challenge, I give it up, because I think I cannot do it. (3) It's hard to understand why people think on their own". Therefore, higher scores indicate more emotional intelligence. The response was rated on a 5-point Likert scale, ranging from 1 (never) to 5 (always). The total score was classified into three levels; low <50 (33-82); moderate 50%-75% (83-123), and high >75% (124-165).

(III) Locus of control scale: It was adopted from Olaronke and Sunday (2015) and includes 21 statements to assess locus of control. The items were measured on a 5-point likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The total score was classified into three levels; low <50 (21-52); moderate 50%-75% (53-78), and high>75% (79-105). (IV) General decision making style scale: It was developed by Scott and Bruce (1995) and includes 25 items to assess five styles of decision making namely; rational, intuitive, dependent, avoidant and spontaneous styles. Each style assessed through five items. The responses were rated on a 5-point likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The higher score indicates the styles that nurse managers were utilized for making decisions.

Pilot study

Pilot study was included (10%) of the nursing managers from the total study sample, after the development of the tools and before starting data collection to determine the applicability and clarity of the designed tool. It served to estimate the time needed to fill the questionnaire (20-25 minutes needed to be filled), identify potential obstacles and problems that may be encountered during data collection. Nursing managers included in the pilot study were excluded from the main study sample. Data obtained from pilot study were analyzed.

Validity and reliability

The data collection tools were reviewed by five professors of nursing administration to test face and content validity of these tools. The reliability of the tools was tested through using Cronbach's alpha test; it was 0.78, 0.86, 0.90, 0.88, 0.85, 0.89, and 0.83 for emotional intelligence, locus of control, rational, intuitive, dependent, avoidant and spontaneous styles respectively.

Ethical considerations and data collection

The purpose of this study was explained to directors of the MMUH, medical centers, and nursing managers. Written permission was obtained from the faculty of nursing, Mansoura University to the hospital director to carry out this study. Ethical approval was attained from ethical research committee – nursing faculty, Mansoura University. All subjects were informed that participation in the study is voluntary and oral consent was obtained from each participant in the study. Confidentiality of the collected data maintained. Subjects were informed that the content of the tools will be used for the research purpose only. Participants had the right to withdraw from the study at any time was ascertained. The actual fieldwork started from the beginning of August 2019 to the end of September 2019 for data collection.

Statistical analysis

The collected data were organized, tabulated and analyzed statistically by SPSS software, version 23. To find the best statistical inference for analyzing our data and testing our hypothesis in this study, first, the normality of score variables checked with Kolmogorov-Smirnov and Shapiro-Wilk tests considering p-value <0.05. The assumption of normality of data rejected as the p-value was smaller than 0.05. Therefore, data were presented using descriptive statistics in form of frequencies and percentages for qualitative data, median (min-max) for quantitative data. The non-parametric tests (Mann-Whitney U test and Kruskal-Wallis test) conducted to examine categorical independent variables relationships (demographics: age, marital status, education, and experience years) with dependent variables (total variables score). Correlation between variables was evaluated using Spearman's Rho test (r). P-value considered as statistically significant at ≤ 0.05 and 0.01.

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4. RESULTS

Table (1): Personal data of the nursing managers (n=86)

Variables	No	%
Age (years)		
▪ 25-35	6	7.0
▪ 36 -45	63	73.3
▪ >45	17	19.8
Mean ±SD	41.67±5.43	
Gender		
▪ Female	86	100.0
Marital status		
▪ Married	86	100.0
Educational qualification		
▪ Bachelor degree	83	96.5
▪ Master degree	3	3.5
Workplace		
▪ Main Mansoura university hospital	60	69.8
▪ Convalescence center	7	8.1
▪ Specialized medical center	10	11.6
▪ Plastic and burn surgery center	9	10.5
Managerial levels		
▪ Nursing director (top level)	2	2.3
▪ Nursing supervisors (middle level)	18	20.9
▪ Head nurse (first level)	66	76.7
Experience years as a manager		
▪ 1-5	4	4.7
▪ 6-10	2	2.3
▪ >10	80	93.0
Mean±SD	17.56±4.88	

Table (1) showed that all the studied nursing managers were female, married, their age and experience mean was 41.67±5.43 and 17.56±4.88 respectively. The majority of them were head nurses, working at main Mansoura university hospital, and having a bachelor degree in nursing science.

Table (2): Median scores of emotional intelligence, locus of control, and decision making styles of the studied nursing managers (n =86).

Variables	No of questions	Median (min-max)
1.Emotional intelligence	33	136.0 (124.0-145.0)
1.1.Perception of emotions	10	40.0 (35.0-44.0)
1.2.Managing own emotions	9	39.0 (33.0 -42.0)
1.3.Managing others' emotions	8	35.0 (28.0-36.0)
1.4.Utilization of emotions	6	22.0 (21.0-28.0)
2.Locus of control	21	62.0 (61.0-82.0)
3. Decision making styles	25	78.0 (76.0- 86.0)
3.1. Rational	5	22.0 (19.0 -25.0)
3.2. Intuitive	5	15.0 (14.0-18.0)
3.3. Dependent	5	16.0 (13.0-24.0)
3.4. Avoidant	5	10.0 (9.0-12.0)
3.5. Spontaneous	5	15.0 (14.0-17.0)

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Table (2) illustrates that the median score of emotional intelligence, locus of control, and decision making styles of the studied nursing managers was 136.0, 62.0, and 78.0 respectively. The highest median score of emotional intelligence domains was for perception emotions (40.0), while the lowest was for utilization of emotions (22.0). The rational style was the highest style (22.0), and avoidant style was the lowest style (10.0).

Table (3): Levels of emotional intelligence and locus of control of the studied nursing managers (n=86).

Variables levels	Score	No	%
Emotional intelligence levels			
High (>75%)	124-165	86	100.0
Locus of control levels			
Moderate (50-75%)	53-78	83	96.5
High (>75%)	79-105	3	3.5

Table (3) shows that all of the nursing managers had a high level of emotional intelligence, while the majority of them had a moderate level of locus of control.

Table (4): Relationship between emotional intelligence, locus of control, and decision making styles of nursing managers and their personal characteristics (n=86).

Characteristics	Total emotional intelligence score	Total locus of control score	Total decision making styles score
	Median (Min-Max)	Median (Min-Max)	Median (Min-Max)
Age (years)			
25-35	135.50 (125.0-136.0)	63.50 (62.0-81.0)	78.0 (78.0-84.0)
36 -45	136.0(124.0-142.0)	62.0 (61.0-79.0)	78.0 (77.0-86.0)
>45	136.0 (129.0-145.0)	66.0 (62.0-73.0)	82.0 (76.0-85.0)
p value	**0.02***	**0.05***	**0.03***
Educational qualification			
Bachelor degree	136.0(124.0-145.0)	62.0 (61.0-81.0)	78.0 (76.0-86.0)
Master degree	136.0(128.0-142.0)	62.0 (61.0-63.0)	78.0 (77.0-78.0)
p value	0.65	0.24	0.07
Workplace			
Main Mansoura university hospital	136.0(124.0-145.0)	64.0 (61.0-81.0)	78.0 (76.0-86.0)
Convalescence center	136.0(128.0-136.0)	62.0 (61.0-66.0)	78.0 (78.0-82.0)
Specialized medical center	128.0 (128.0-136.0)	64.0(62.0-66.0)	77.0 (77.0-83.0)
Plastic and burn surgery center	127.0 (124.0-133.0)	61.0 (61.0-62.0)	80.0 (78.0-82.0)
p value	**0.01****	**0.000****	0.20
Managerial levels			
▪ Nursing director (top level)	141.50 (139.0-144.0)	62.0 (61.0-81.0)	81.50 (79.0-84.0)
▪ Nursing supervisors (middle level)	136.0(132.0-145.0)	66.0 (62.0-73.0)	82.0 (76.0-84.0)
▪ Head nurse (first level)	136.0(124.0-139.0)	70.50 (68.0-73.0)	78.0 (77.0-86.0)
p value	**0.000****	**0.000***	**0.001****
Experience years as a manager			
1-5	130.50 (125.0-136.0)	71.50 (62.0-81.0)	81.0 (78.0-84.0)
6-10	139.0 (136.0-142.0)	62.50 (62.0-63.0)	77.50 (77.0-78.0)
>10	136.0 (124.0-145.0)	62.0 (61.0-79.0)	86.0 (76.0-86.0)
p value	0.10	0.48	0.09

*Statistically significant at P≤0.05 / ** highly statistically significant at P≤0.01

Table (4) illustrates emotional intelligence, locus of control and decision making styles were statistically significant correlated with nurse managers' age, and managerial levels. Emotional intelligence and locus of control were statistically significant correlated with nurse managers' age, and managerial levels.

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Table (5): Correlation between emotional intelligence, locus of control, and decision making styles of the studied nursing managers (n=86).

Variables	Decision making styles									
	Rational		Intuitive		Dependent		Avoidant		Spontaneous	
	r	p	r	p	r	p	r	p	r	p
1.Emotional intelligence	0.63	**0.000****	0.45	**0.000****	-0.62	**0.000****	-0.59	**0.000****	0.40	**0.000****
1.1.Perception of emotions	0.61	**0.000****	0.46	**0.000****	-0.62	**0.000****	-0.50	**0.000****	0.39	**0.000****
1.2.Managing their own emotions	0.65	**0.000****	0.43	**0.000****	-0.64	**0.000****	-0.61	**0.000****	0.41	**0.000****
1.3.Managing others' emotions	0.41	**0.000****	-0.04	0.65	-0.61	**0.000****	-0.60	**0.000****	0.14	0.20
1.4.Utilization of emotions	-0.50	**0.000****	0.07	0.52	0.54	**0.000****	0.35	**0.001****	-0.24	**0.02***
2.Locus of control	0.11	0.28	0.44	**0.000****	0.38	**0.000****	0.04	0.65	0.26	**0.01****

*Statistically significant at P≤0.05 / ** highly statistically significant at P≤0.01

Table (5) illustrates there was a statistically significant positive relationship between emotional intelligence of nursing managers and rational, intuitive, and spontaneous styles of decision making. While dependent, and avoidant styles of decision making among the studied nursing managers were statistically significant correlated negatively with their emotional intelligence. There was a statistically significant positive relationship between all decision making styles of nursing managers and their locus of control, except rational and avoidant styles of decision making.

5. DISCUSSION

The present study aims to assess emotional intelligence, locus of control, and decision-making style of nursing managers, and investigate linking emotional intelligence, and locus of control to decision making style of nursing managers. Therefore, the findings of the present study will be present trough four sections to achieve the aim of the study and answer the research questions.

I: Assessment emotional intelligence, locus of control, and decision making styles of nurse managers.

Regarding emotional intelligence of nursing mangers, the findings showed that nursing managers had a high level of emotional intelligence, especially for their ability toward the perception of emotions. This may be related to attending emotional intelligence program\ or workshops, therefore they have abilities and skills to recognize and manage their own emotions, and those around them. These findings agreed with Tyczkowski et al (2015) who reported that a convenience sample of nursing managers employed in six large Midwestern health systems had a high level of emotional intelligence. It disagreed with Prufeta (2017) who reported that nursing managers at a large, urban academic medical center in the Northeast region of the United States had a low level of emotional intelligence and need development or improvement. Also Sulo (2014) who reported that nurse managers who were working at inpatient units of advocate Health Care (AHC) hospitals had low emotional intelligence level.

Regarding nursing mangers' locus of control, the findings of the study showed that the majority of nursing manager had a moderate locus of control level. This may be related to nursing managers assume responsibility and control over what happens to them. Besides, they may trust their ability to face a new and unpredictable situation, provide more effort to control their environment, exhibit learning, seek new information more actively and to use information better, moreover control over interpersonal relationships. This result agreed with the result of Hsieh (1991) among 234 Canadian hospital nurses manager, who reported that a moderated level locus of control helps them to develop their confidence in oneself as competent to cope effectively with the environment. These findings disagreed with the study of EL-sayed and Abdel-aleem (2014) reported that the head-nurses in three hospitals in Port-Said governorate have a high locus of control level with self-confidence in their ability to control what happens to him or her in a hospital.

Regarding decision making style of nursing managers, the study showed that rational style was the highest style that nurse managers used for making their decisions, while the lowest was the avoidant style. This may be due to nursing managers search for information widely, list of options and evaluate alternatives logically. In another word, the nursing managers use reasoning, structured and logical approaches to make decisions of patients' care that consider appropriate for patients' care. While avoidant style characterized by attempts to avoid decision making whenever possible. Therefore it is incompetent for making decisions related to patients' care.

These findings in the same line with the study of Bahrami et al., (2016) that was conducted among nursing managers at three teaching hospitals of Yazd, Iran and reported rational style was dominant style of nursing managers for making decision and the spontaneous was the lowest style of nursing managers for decision making. In the same line, the study of Ravangard et al., (2013) reported that 106 administrative, financial, internal and nursing managers were selected from 28 public and private hospitals use rational style and the intuitive style has the lowest use in their decision-making. These findings disagreed with the study of Mohamed and Elrais (2017) concluded that nursing managers of a seven public hospitals at Port Said city utilized avoidant style of decision making and it was the highest while, rational style was the lowest style of decision-making.

II: Relationship between of nursing managers' emotional intelligence, locus of control, and decision making styles and personal character tics.

Regarding personal characteristics of nursing managers and their emotional intelligence, the study revealed nursing managers' emotional intelligence correlated significantly to their age, workplace, and managerial levels. There was no relation between nurse managers' emotional intelligence and other character tics (educational level, experience years as manager). These findings in the same line with Sulo,(2014) who reported that there was no correlation between emotional intelligence of nurse managers and their educational level and experience years as a nursing manager. It disagreed with Prufeta (2017) and Sulo, (2014**)** who reported there was no significant association between emotional intelligence of nurse managers and their age.

Regarding personal characteristics of nursing managers and their locus of control, the current study revealed that there was significant difference in nurse managers' locus of control associated with their age, workplace, and managerial levels and there was no relation with other character tics (educational level, experience years as manger). These findings in the same line with Sahraian et al., (2014) who reported that the locus of control has a significant relation with the workplace, and other personal characteristics (educational level, years of manager experience) of nursing managers were not significantly correlated with their locus of control. These findings also agreed with Thompson (2010) reported that locus of control of managers was significantly correlated with their age and not correlated with their educational level, experience.

Regarding personal characteristics of nursing managers and their decision-making styles, the present study revealed that there was a statistically significant difference in decision-making styles of nurse managers related to their age, and managerial levels. There was no relation with other character tics (workplace, educational level, experience years as a nursing manager). These findings may be due to nursing managers with age, and high managerial levels are more competent in decision making, due to having background information and enthusiasm that make them tolerate, responsible, and have cognitive skills to promote their work through managing decision making. These findings agreed with Thompson (2010) reported that there was a relationship between decision making of managers and their age. Also noted that there was no relation between decision making styles of manages and their education level, experience, managerial level. Also, Zaki et al., (2018) reported that emotional intelligence and decision making styles of head nurses associated with their age, experience, and educational qualification.

III: linking between emotional intelligence and decision making styles of nursing managers.

There was a statistically significant positive relationship between emotional intelligence of nursing managers and rational, intuitive and spontaneous styles of decision making. While dependent and avoidant styles of decision making among the studied nurse managers was statistically significant correlated negatively with their emotional intelligence.

This result agreed with Ahmadi and Hendijani (2018) who reported that emotional intelligence is effective for decision-making styles of manager; it increases the application of rational decision-making style and decreases the application of

avoidant decision-making style. Also these findings agreed with Avsec (2012) who predicted that trait emotional intelligence should be a positive predictor of intuitive and rational decision making styles and a negative predictor of dependent, and avoidant decision making styles. These findings disagreed with Atwood (2012) found that there was no significant relationships between emotional intelligence of the health care leaders in the state of Iowa and the five different decision-making style.

IV: linking between locus of control and decision making styles of nurse managers.

There was a statistically significant positive relationship between all decision making styles of nurse managers and their locus of control, except rational and avoidant styles of decision making. This result may be due to locus of control may influence the way nurse manager solve problems when performing their job duties, deal with promotions, change job characteristics, respond to leadership and exercise it themselves, experience job satisfaction, and feel motivated to work. Nursing Managers with internal locus of control is careful, alert, dominant, focused on success, self-confident and ingenious. And also, Nursing Manager with internal locus of control mostly uses logical decision-making strategies (Akyürek and Guney,2018).

These findings congruent with agreed with the study of Akyürek and Guney (2018) conduct on a total number of 365 managers in İzmir reported that the locus of control has a significant effect on the decision-making styles". Also in the same line with the study of Ahmadi and Hendijani (2018) noted that there was no relationship between locus of control and decision making styles of managers. Also in the same line with the study of Fagbola and Popoola (2015) that was included 945 mangers from five aviation parastatals in Nigeria and reported that locus of control influences quality of decision making. Favasuli (2012) also revealed that intuitive and rational styles were not significantly correlated with locus of control.

6. CONCLUSION

Nursing managers had a high level of emotional intelligence, locus of control was at a moderate level, and their dominant decision-making style was rational style. There was a significant relationship between nursing managers' emotional intelligence, locus of control and their decision-making styles.

7. RECOMMENDATIONS

1. Emotional intelligence training program should be implemented for nursing staff who are prepared for managerial positions.

2. Nursing curricula should include decision-making style, emotional intelligence, and locus of control for enhancing nursing students' success.

3. Conducting orientation workshops about decision-making styles and their influences on patients, organizations, and nursing staff.

4. Emotional intelligence, locus of control, and decision making should be assessed for other groups as staff nurses, and nursing student and explore its effect.

5. Further research should explore the effect of decision making style on performance of nursing staff nurses.

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