RESEARCH ARTICLE: **Emotional Intelligence and Clinical Competence Among Staff Nurses in Sulu Sanitarium and General Hospital**

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*ABSTRACT***.** This study evaluated the emotional intelligence and clinical proficiency of staff nurses at Sulu Sanitarium and General Hospital employing a descriptive-correlational research methodology. A purposive sampling method was utilized to select 100 nurse participants. The data analysis employed frequency, percentage, weighted mean, standard deviation, t-test, ANOVA, and Pearson's r. The findings indicated that the majority of participants were aged 31 to 40, were female, possessed 1 to 5 years of service, and were primarily job order employees. The assessment of emotional intelligence, encompassing self-awareness, self-regulation, empathy, motivation, and social skills, alongside clinical proficiency in areas such as clinical care and decision-making, leadership and collaboration, and professional development and ethics, received high ratings and was consistently regarded as 'Strongly Agree.' The results revealed no significant variations in emotional intelligence and clinical competence when assessed by age, gender, length of service, and employment status. A moderately favorable significant connection was identified between emotional intelligence and clinical competence. The findings suggest that heightened emotional intelligence correlates with enhanced clinical competence in nurses, underscoring its significance in improving nursing performance and ensuring the provision of quality healthcare services.
KEYWORDS: Emotional Intelligence, Clinical Competence, Staff Nurses, Nursing Practice, Clinical Decision-Making, Quality Healthcare Services

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Introduction

Emotional Intelligence (EI) is crucial in healthcare provision, especially in nursing, where emotional labor, interpersonal engagement, and clinical decision-making are fundamental elements. Emotional Intelligence (EI) denotes the capacity to recognize, comprehend, manage, and employ emotions proficiently in oneself and others (Salovey & Mayer, 1990). Nurses in healthcare must exhibit technical expertise, great empathy, emotional resilience, and strong communication skills to provide exceptional, patient-centered care. This corresponds with Sustainable Development Goal (SDG) 3: Good Health and Well-being, highlighting the necessity to enhance healthcare quality and fortify the health workforce (United Nations, 2015).

Global studies consistently show the influence of EI on the clinical skills and effectiveness of nurses. In Iran, EI was identified as a predictor of clinical competence and effective nursing practice (Karimi et al., 2014). In critical care nursing, elevated EI correlated with enhanced communication, critical thinking, and patient management abilities (Codier et al., 2010). In Saudi Arabia, EI was recognized as a crucial element in improving clinical practice among nursing students (Alenezi et al., 2020). In the Philippines, EI has been associated with leadership behavior, decision-making, and organizational effectiveness among nurses (Abella & Galang, 2019; Reyes et al., 2021). Despite these findings, research directly investigating EI and clinical competence among staff nurses is still scarce, particularly in geographically and culturally diverse areas like Sulu, highlighting a significant empirical gap.

At Sulu Sanitarium and General Hospital, nurses face challenging conditions, such as constrained resources, heavy patient loads, and a diverse cultural environment. These challenges demand a high level of EI in addition to clinical skills to guarantee safe and effective care delivery. However, there is insufficient local evidence concerning the influence of EI on clinical competence in this context. Addressing this gap is essential for developing evidence-based training programs, interventions, and policies designed to improve nurse practice and healthcare quality in marginalized areas. This research aims to investigate the relationship between emotional intelligence and clinical competence among staff nurses at Sulu Sanitarium and General Hospital.

Research Questions

1. What is the demographic profile of the staff nurses in public hospitals in Jolo, in terms of:
    1.1. Age;
    1.2. Gender;
    1.3. Length of Service; and
    1.4. Status of Employment?
2. What is level of emotional intelligence among staff nurses in Sulu Sanitarium and General Hospital, in the context of:
    2.1. Self-Awareness;
    2.2. Self-Regulation;
    2.3. Empathy;
    2.4. Motivation; and
    2.5. Social Skills?
3. What is level of clinical competence among staff nurses in Sulu Sanitarium and General Hospital, in the context of:
    3.1. Clinical Care and Decision-making;
    3.2. Leadership and Collaboration; and
    3.3. Professional Development and Ethics?
4. Is there a significant difference in the level of emotional intelligence and clinical competence among the staff nurses in Sulu Sanitarium and General Hospital, when data are categorized according to their demographic profile, in terms of:
    1.1. Age;
    1.2. Gender;
    1.3. Length of Service; and
    1.4. Status of Employment?
5. Is there a significant correlation among the sub-categories subsumed under the level of emotional intelligence and Clinical Competence among staff nurses in Sulu Sanitarium and General Hospital?

Literature

Foreign Studies and Literature

Foundational Concepts of Emotional Intelligence and Clinical Competence. EI was first defined by Salovey and Mayer in 1990 as the ability to identify, understand, and regulate emotions to affect thoughts and behaviors. Core components were identified—emotional perception, understanding, and regulation—as the theoretical foundation in professional contexts. Goleman (1995) expanded on this by emphasizing its importance in professional settings and identifying key components: self-awareness, self-regulation, motivation, empathy, and social skills. These are crucial in nursing, as emotional regulation and interpersonal skills impact patient care and clinical decision-making.

Emotional Intelligence and Nursing Performance. Studies reveal a consistent positive relationship between emotional intelligence and the clinical skills of nurses. Codier et al. (2010) found that increased emotional intelligence improves communication, teamwork, and patient outcomes. Karimi et al. (2014) showed that emotional intelligence significantly predicts job performance, with clinical competence acting as a mediating factor, indicating that nurses with higher emotional intelligence are more effective in applying clinical knowledge in practice.

EI Domains and Clinical Competence. Research emphasizes particular elements of EI that improve nursing skills. Alenezi et al. (2020) found a significant link between EI and competencies like communication, patient care, and decision-making in nursing students. Aghabarary and Khedmatizare (2015) highlighted that self-awareness and empathy enhance patient interaction, while self-regulation improves stress management. These skills promote safe and patient-focused care.

Stress Management and Professional Performance. EI is closely linked to managing stress and adjusting to workplace environments. Por et al. (2011) discovered that elevated EI diminishes stress and enhances coping strategies in nursing students, leading to improved clinical performance. McQueen (2004) observed that nurses with EI handle stress more efficiently and maintain professional relationships, both of which are crucial for clinical competence.

Local Studies and Literature

Emotional Intelligence in Philippine Nursing Practice. Local studies highlight the importance of EI in nursing performance. Vecino and Pizzara (2022) discovered that nurse managers with high EI in Cebu exhibited enhanced leadership, communication, and conflict resolution skills. Santos and Villanueva (2023) found a notable connection between EI and performance among nurses in Metro Manila, particularly in areas of patient care and teamwork. Chavez et al. (2024) emphasized empathy, responsiveness, and communication as essential dimensions of EI in public service, particularly applicable to nursing. Entong et al. (2024) observed that emotional communication enhances understanding, engagement, and retention of learning in practical fields.

Clinical Competence-Related Outcomes. Factors related to EI are also associated with clinical competence. Bucoy et al. (2024) found that low professional awareness may diminish confidence and decision-making, highlighting the necessity for enhanced professional literacy. Torres and Fernandez (2021) observed that EI enhances nurses' communication skills, which are essential for clinical practice. Navarro and Bautista (2024) discovered that nurses with EI are more effective at managing stress and sustaining performance in demanding environments. Support from institutions is crucial: guidance and skill development boost motivation and effectiveness (Ang et al., 2025), while hands-on experience improves ability and decision-making (Carpio et al.,

2025). However, discrepancies between theoretical knowledge and practical application underscore the necessity for hands-on training (Barahan et al., 2025). Flores and Mendoza (2023) discovered that EI enhances the quality of patient care and satisfaction.

Synthesis and Research Gap. Overall, research consistently shows a positive link between EI and clinical competence in both international and domestic studies. EI improves communication, decision-making, stress management, leadership, and patient-centered care. However, few studies concentrate on staff nurses in rural, resource-limited environments like Sulu Sanitarium and General Hospital, underscoring the necessity for localized evidence.

Methodology

1. Research Design

This study employed a quantitative descriptive-correlational design. The objective was to evaluate the levels of emotional intelligence and clinical competence among staff nurses and to investigate the correlation between these two variables. This methodology enabled the systematic collection of quantitative data and the analysis of patterns, disparities, and correlations among the nursing staff at Sulu Sanitarium and General Hospital (SSGH).

2. Research Participants and Sampling

The research encompassed 100 staff nurses employed at SSGH during Fiscal Year 2025, chosen through purposive selection techniques. The inclusion criteria required participants to be currently working at SSGH, directly involved in nursing services, have at least six months of work experience, and provide informed permission. Ethical precautions included voluntary involvement, secrecy, anonymity, and the freedom to withdraw without consequence.

Distribution Table of Respondents According to Ward Assignment

Ward Assignment	No. of Respondents
Medical Ward	15
Surgical Ward	15
OB-Gyne Ward	14
Pediatrics Ward	14
Out-Patient Department	14
Emergency Room	15
Non-Basic Ward	14
Total:	**100**

3. Research Instruments

Data were gathered using a structured survey questionnaire adapted from the Emotional Intelligence Scale created by Schutte et al. (1998) and clinical competency evaluations from studies by Aiken and Wong. The instrument comprised three sections: a demographic profile, emotional intelligence (encompassing self-awareness, self-regulation, empathy, motivation, and social skills), and clinical competence (addressing clinical care and decision-making, leadership and collaboration, and professional development and ethics). A 5-point Likert scale was employed to evaluate replies. The instrument was validated by two academic specialists and underwent pilot testing to ascertain its reliability.

4. Data Gathering Procedure

Formal authorization was secured from the Hospital Administration of SSGH prior to the initiation of the data gathering process. Subsequent to approval, the researcher personally disseminated the questionnaires to the selected respondents. Participants were provided sufficient time to finalize the survey, guaranteeing both precision and thoroughness. The collected surveys were verified for completeness and sorted for encoding and analysis.

5. Data Analysis

Data were analyzed using appropriate statistical methods. Frequency and percentage were utilized to determine the demographic profiles of respondents. Mean and standard deviation were utilized to evaluate the degrees of emotional intelligence and clinical competence. The independent samples t-test and one-way ANOVA were utilized to analyze differences in variables among demographic profiles. The Pearson Product-Moment Correlation Coefficient (Pearson r) was utilized to evaluate the relationship between emotional intelligence and clinical competence among staff nurses.

Results and Discussion

Question 1. What is the demographic profile of nurse-respondents in terms of: Age, Gender, Civil Status, Highest educational attainment, Length of service, and Status of employment?

In terms of age

Table 1.1 Demographic profiles of the nurse-respondents in terms of age

Age	Number of Respondents	Percent
20 to 30 years old	43	43%
31 to 40 years old	49	49%
41 to 50 years old	8	8%
51 years old and above	0	0%
Total	**100**	**100%**

Table 1.1 shows the demographic profile of nurses in Sulu Sanitarium and General Hospital, organized by age. According to the table, 43% of the 100 nurses who responded were between the ages of 20 and 30, 49% were between the ages of 31 and 40, and 8% were between the ages of 41 and 50. This suggests that the majority of the nurse responses are between the ages of 31 and 40.

In terms of gender

Table 1.2 Demographic profiles of the nurse-respondents in terms of gender

Gender	Number of Respondents	Percent
Male	23	23%
Female	77	77%
Total	**100**	**100%**

Table 1.2 indicates the demographic profile of nurse-respondents at Sulu Sanitarium and General Hospital, classified by gender. This table reveals that, of 100 nurse responders, 23% identified as male and 77% as female. This signifies that the majority of the nurse responders were female.

In terms of length of service

Table 1.3 Demographic profiles of the nurse-respondents in terms of length of service

Length of service	Number of Respondents	Percent
1 to 5 years	59	59%
6 to 10 years	29	29%
11 to 20 years	12	12%
21 to 30 years	0	0%
31 years and above	0	0%
Total	**100**	**100%**

Table 1.3 demonstrates the demographic profile of nurse-respondents at Sulu Sanitarium and General Hospital, classified by duration of service. The figure reveals that out of 100 nurse responders, 59% had been employed for 1 to 5 years, 29% for 6 to 10 years, and 12% for 11 to 20 years. This signifies that most of the nurse respondents had served for a period of 1 to 5 years.

In terms of status of employment

Table 1.4 Demographic profiles of the nurse-respondents in terms of status of employment

Status of employment	Number of Respondents	Percent
Permanent	37	37%
Contractual	2	2%
Job Order	61	61%
Total	**100**	**100%**

Table 1.4 shows the demographic profile of nurse-respondents at Sulu Sanitarium and General Hospital, classified by employment status. The data reveals that out of 100 nurse-respondents, 37% were permanent nurses, 2% were contracted, and 61% were job order nurses. This signifies that most of the nurse participants were employed as job order nurses at SSGH.

Question 2. What is the level of emotional intelligence among staff nurses in Sulu Sanitarium and General Hospital in each of the following dimensions: Self-awareness, Self-regulation, Empathy, Motivation, and Social skills?

In terms of self-awareness

Table 2.1 Level of emotional intelligence among staff nurses in Sulu Sanitarium and General Hospital in terms of self-awareness

Statements	Mean	S.D.	Description
1. I am aware of my emotions as I experience them.	4.69	.48607	Strongly Agree
2. I recognize how my emotions affect my decision-making.	4.55	.59246	Strongly Agree
3. I can identify my strengths and weaknesses in my professional role.	4.56	.59152	Strongly Agree
Weighted Mean	**4.600**	**.44947**	**Strongly Agree**

Legend: (5) 4.50 – 5.00= Strongly Agree; (4) 3.50 – 4.49= Agree; (3) 2.50 – 3.49=Moderately Agree; (2)1.50 – 2.49=Disagree; (1)1.00 – 1.49=Strongly Disagree

Table 2.1 displays the level of emotional intelligence among staff nurses at Sulu Sanitarium and General Hospital, focusing on self-awareness. The respondents achieved a composite mean score of 4.600, accompanied by a standard deviation of 0.44947, categorized as "Strongly Agree." This suggests that the nurses typically exhibit a strong degree of self-awareness in both their emotional and professional roles. These results indicate that the nursing staff shows a high level of self-awareness regarding their emotions and professional skills. This is consistent with the findings of Aghabarary and Khedmatizare (2025), who indicated that self-awareness significantly predicts effective patient care.

In terms of self-regulation

Table 2.2 Level of emotional intelligence among staff nurses in Sulu Sanitarium and General Hospital in terms of self-regulation

Statements	Mean	S.D.	Description
1. I can control my emotions in stressful situations.	4.34	.58981	Agree
2. I remain calm and composed even under pressure.	4.35	.64157	Agree
3. I think before I act or respond to difficult situations.	4.53	.57656	Strongly Agree
Weighted Mean	**4.406**	**.49141**	**Agree**

Legend: (5) 4.50 – 5.00= Strongly Agree; (4) 3.50 – 4.49= Agree; (3) 2.50 – 3.49=Moderately Agree; (2)1.50 – 2.49=Disagree; (1)1.00 – 1.49=Strongly Disagree

Table 2.2 displays the level of emotional intelligence regarding self-regulation among staff nurses at Sulu Sanitarium and General Hospital. The respondents achieved a composite mean score of 4.406, accompanied by a standard deviation of 0.49141, categorized as "Agree," reflecting a generally positive level of emotional self-regulation. These findings indicate that nurses exhibit strong emotional regulation, yet handling emotions in high-stress scenarios continues to pose a moderate challenge. This is supported by Aghabarary and Khedmatizare (2025), who noted that self-regulation helps manage stress in clinical settings, and Reyes et al. (2021), who emphasized its role in effective clinical and administrative decision-making.

In terms of empathy

Table 2.3 Level of emotional intelligence among staff nurses in Sulu Sanitarium and General Hospital in terms of empathy

Statements	Mean	S.D.	Description
1. I can understand and respond to patients' emotional needs effectively.	4.65	.55732	Strongly Agree
2. I consider the feelings and perspectives of my colleagues when working in teams.	4.63	.56237	Strongly Agree
3. I adjust my communication style to meet the emotional needs of patients.	4.63	.50562	Strongly Agree
Weighted Mean	**4.636**	**.43447**	**Strongly Agree**

Legend: (5) 4.50 – 5.00= Strongly Agree; (4) 3.50 – 4.49= Agree; (3) 2.50 – 3.49=Moderately Agree; (2)1.50 – 2.49=Disagree; (1)1.00 – 1.49=Strongly Disagree

Table 2.3 shows the level of emotional intelligence related to empathy among staff nurses at Sulu Sanitarium and General Hospital. The respondents achieved a composite mean score of 4.636, accompanied by a standard deviation of 0.43447, categorized as "Strongly Agree," reflecting a notably high level of empathy among the nurses. These findings indicate a robust culture of empathy in both patient care and collaboration within the hospital environment. This is supported by Torres and Fernandez (2021), who found that increased empathy and social skills correlate with improved patient communication and enhanced collaboration among healthcare teams.

In terms of motivation

Table 2.4 Level of emotional intelligence among staff nurses in Sulu Sanitarium and General Hospital in terms of motivation

Statements	Mean	S.D.	Description
1. I am committed to improving my nursing skills and knowledge.	4.44	.57419	Agree
2. I am persistent in achieving goals despite obstacles.	4.58	.55377	Strongly Agree
3. I am enthusiastic about providing quality patient care.	4.59	.51434	Strongly Agree
Weighted Mean	**4.536**	**.45170**	**Strongly Agree**

Legend: (5) 4.50 – 5.00= Strongly Agree; (4) 3.50 – 4.49= Agree; (3) 2.50 – 3.49=Moderately Agree; (2)1.50 – 2.49=Disagree; (1)1.00 – 1.49=Strongly Disagree

Table 2.4 displays the emotional intelligence levels of staff nurses at Sulu Sanitarium and General Hospital, specifically regarding motivation. The respondents achieved a composite mean score of 4.536, accompanied by a standard deviation of 0.45170, categorized as "Strongly Agree," reflecting a significant level of motivation among the nurses. These findings indicate that nurses are mainly motivated by internal factors, especially their passion for providing high-quality patient care. This is supported by Alenezi et al. (2020), who found that emotional intelligence enhances clinical competence, particularly in enhancing the quality of patient care.

In terms of social skills

Table 2.5 Level of emotional intelligence among staff nurses in Sulu Sanitarium and General Hospital in terms of social skills

Statements	Mean	S.D.	Description
1. I communicate effectively with patients, colleagues, and supervisors.	4.56	.49889	Strongly Agree
2. I can resolve conflicts with others professionally.	4.43	.53664	Agree
3. I build positive and collaborative relationships in the workplace.	4.56	.55632	Strongly Agree
Weighted Mean	**4.516**	**.42475**	**Strongly Agree**

Legend: (5) 4.50 – 5.00= Strongly Agree; (4) 3.50 – 4.49= Agree; (3) 2.50 – 3.49=Moderately Agree; (2)1.50 – 2.49=Disagree; (1)1.00 – 1.49=Strongly Disagree

Table 2.5 shows the level of emotional intelligence among staff nurses at Sulu Sanitarium and General Hospital, focusing on social skills. The respondents achieved a composite mean score of 4.636, with a standard deviation of 0.43447, categorized as "Strongly Agree," reflecting a significant level of social skills among the nurses. These results indicate that the nursing staff demonstrate a strong ability to manage interpersonal relationships within the healthcare

environment. This is supported by Vecino and Pizzara (2022), who discovered that social skills play a crucial role in enhancing managerial effectiveness and the overall performance of healthcare teams.

Question 3. What is the level of clinical competence among staff nurses in Sulu Sanitarium and General Hospital in each of the following dimensions: Clinical care and decision-making, Leadership and collaboration, and Professional development and ethics?

In terms of clinical care and decision-making

Table 3.1 Level of clinical competence among staff nurses in Sulu Sanitarium and General Hospital in terms of clinical care and decision-making

Statements	Mean	S.D.	Description
1. I perform patient assessments accurately and thoroughly.	4.45	.60927	Agree
2. I make informed and timely clinical decisions.	4.47	.57656	Agree
3. I prioritize patient safety in all clinical procedures.	4.66	.53598	Strongly Agree
Weighted Mean	**4.526**	**.49278**	**Strongly Agree**

Legend: (5) 4.50 – 5.00= Strongly Agree; (4) 3.50 – 4.49= Agree; (3) 2.50 – 3.49=Moderately Agree; (2)1.50 – 2.49=Disagree; (1)1.00 – 1.49=Strongly Disagree

Table 3.1 displays the level of clinical competence among staff nurses at Sulu Sanitarium and General Hospital, focusing on clinical care and decision-making. The respondents achieved a composite mean score of 4.526, with a standard deviation of 0.49278, categorized as "Strongly Agree," reflecting a significant level of proficiency in clinical care and decision-making. These findings indicate that the nursing staff demonstrate strong technical skills and a significant commitment to ensuring patient safety during clinical interventions. This is supported by Navarro and Bautista (2024), who reported that individuals with higher emotional intelligence perform effectively in demanding situations and maintain competence under stressful clinical conditions.

In terms of leadership and collaboration

Table 3.2 Level of clinical competence among staff nurses in Sulu Sanitarium and General Hospital in terms of leadership and collaboration

Statements	Mean	S.D.	Description
1. I effectively coordinate with colleagues to provide patient-centered care.	4.59	.51434	Strongly Agree
2. I demonstrate leadership when managing patient care situations.	4.52	.59425	Strongly Agree
3. I contribute to a positive and professional work environment.	4.66	.53598	Strongly Agree
Weighted Mean	**4.590**	**.46386**	**Strongly Agree**

Legend: (5) 4.50 – 5.00= Strongly Agree; (4) 3.50 – 4.49= Agree; (3) 2.50 – 3.49=Moderately Agree; (2)1.50 – 2.49=Disagree; (1)1.00 – 1.49=Strongly Disagree

Table 3.2 displays the clinical competence levels of staff nurses at Sulu Sanitarium and General Hospital, focusing on leadership and collaboration. The respondents achieved a composite mean score of 4.590, with a standard deviation of 0.46386, categorized as "Strongly Agree," reflecting a significant level of proficiency in leadership and collaboration. These findings indicate that the hospital fosters effective communication and collaboration among healthcare professionals, leading to improved patient care outcomes. This is supported by Torres and Fernandez (2021), who indicated that communication is a crucial aspect of clinical competence in healthcare service delivery.

In terms of professional development and ethics

Table 3.3 Level of clinical competence among staff nurses in Sulu Sanitarium and General Hospital in terms of professional development and ethics

Statements	Mean	S.D.	Description
1. I adhere to ethical standards in nursing practice.	4.60	.53182	Strongly Agree
2. I actively seek opportunities for professional development.	4.64	.52262	Strongly Agree
3. I maintain professional behavior and accountability in all nursing tasks.	4.67	.51355	Strongly Agree
Weighted Mean	**4.636**	**.44720**	**Strongly Agree**

Legend: (5) 4.50 – 5.00= Strongly Agree; (4) 3.50 – 4.49= Agree; (3) 2.50 – 3.49=Moderately Agree; (2)1.50 – 2.49=Disagree; (1)1.00 – 1.49=Strongly Disagree

Table 3.3 illustrates the clinical competence levels of staff nurses at Sulu Sanitarium and General Hospital, focusing on professional development and ethics. The respondents achieved a composite mean score of 4.636, with a standard deviation of 0.44720, categorized as "Strongly Agree," reflecting a significant level of professionalism and ethical practice among the nurses. These findings indicate that the nursing staff shows a solid ethical responsibility and dedication to professional development. This aligns with the findings of Casane and Bacarisas (2025), who discovered that nurses possessing higher emotional intelligence deliver more effective patient-centered care and exhibit enhanced clinical competence.

Question 4. Is there a significant difference in the level of emotional intelligence and clinical competence among staff nurses in Sulu Sanitarium and General Hospital when the data are grouped according to the respondents' profile in terms of: Age; Gender; Length of service; and Status of employment?

In terms of age

Table 4.1 Differences in the level of emotional intelligence and clinical competence among staff nurses in Sulu Sanitarium and General Hospital in terms of age

SOURCES OF VARIATION		Sum of Squares	df	Mean Square	F	Sig.	Description
Emotional Intelligence							
Self-awareness	Between Groups	.463	2	.231	1.148	.321	Not Significant
	Within Groups	19.537	97	.201			
	Total	20.000	99				
Self-regulation	Between Groups	.014	2	.007	.029	.972	Not Significant
	Within Groups	23.893	97	.246			
	Total	23.907	99				
Empathy	Between Groups	.151	2	.075	.394	.675	Not Significant
	Within Groups	18.537	97	.191			
	Total	18.688	99				
Motivation	Between Groups	.155	2	.077	.375	.688	Not Significant
	Within Groups	20.044	97	.207			
	Total	20.199	99				
Social skills	Between Groups	.252	2	.126	.695	.502	Not Significant
	Within Groups	17.609	97	.182			
	Total	17.861	99				
Clinical Competence							
Clinical care and decision-making	Between Groups	.042	2	.021	.085	.919	Not Significant
	Within Groups	23.998	97	.247			
	Total	24.040	99				
Leadership and collaboration	Between Groups	.343	2	.172	.795	.455	Not Significant
	Within Groups	20.958	97	.216			
	Total	21.301	99				
Professional development and ethics	Between Groups	.372	2	.186	.928	.399	Not Significant
	Within Groups	19.427	97	.200			
	Total	19.799	99				

Significance at alpha 0.05

Table 4.1 illustrates the variation in emotional intelligence and clinical competence levels among staff nurses at Sulu Sanitarium and General Hospital based on age. The F-ratios and p-values obtained ($p > .05$) showed no significant differences among age groups, suggesting that younger, mature, and older nurses have comparable perceptions of emotional intelligence and

clinical competence. Therefore, the hypothesis indicating that there is no significant difference based on age grouping is accepted.

In terms of gender

Table 4.2 Differences in the level of emotional intelligence and clinical competence among staff nurses in Sulu Sanitarium and General Hospital in terms of gender

VARIABLES	Grouping Gender	Mean	S.D.	Mean Difference	t	Sig.	Description
Emotional Intelligence							
Self-awareness	Male	4.710	.38012	.14305	1.345	.182	Not Significant
	Female	4.567	.46536				
Self-regulation	Male	4.550	.45626	.18709	1.615	.109	Not Significant
	Female	4.363	.49613				
Empathy	Male	4.710	.39318	.09543	.924	.358	Not Significant
	Female	4.614	.44612				
Motivation	Male	4.637	.41333	.13119	1.225	.223	Not Significant
	Female	4.506	.46077				
Social skills	Male	4.623	.38012	.13834	1.377	.172	Not Significant
	Female	4.484	.43443				
Clinical Competence							
Clinical care and decision-making	Male	4.579	.37896	.06889	.586	.559	Not Significant
	Female	4.510	.52310				
Leadership and collaboration	Male	4.695	.37488	.13721	1.248	.215	Not Significant
	Female	4.558	.48498				
Professional development and ethics	Male	4.753	.32126	.15189	1.437	.154	Not Significant
	Female	4.601	.47462				

Significance at alpha 0.05

Table 4.2 shows the differences in emotional intelligence and clinical competence levels among staff nurses at Sulu Sanitarium and General Hospital, categorized by gender. The results indicate that the overall mean differences and t-values reveal no significant difference. This indicates that there is no difference between male and female nurse-respondents in their views on emotional intelligence and clinical competence. Both genders thus hold a comparable viewpoint on these variables. As a result, the hypothesis suggesting that there is no significant difference based on gender is accepted.

In terms of length of service

Table 4.3 Differences in the level of emotional intelligence and clinical competence among staff nurses in Sulu Sanitarium and General Hospital in terms of length of service

SOURCES OF VARIATION		Sum of Squares	df	Mean Square	F	Sig.	Description
Emotional Intelligence							
Self-awareness	Between Groups	.072	2	.036	.175	.840	Not
	Within Groups	19.928	97	.205			Significant
	Total	20.000	99				
Self-regulation	Between Groups	.026	2	.013	.053	.949	Not
	Within Groups	23.881	97	.246			Significant
	Total	23.907	99				
Empathy	Between Groups	.696	2	.348	1.877	.159	Not
	Within Groups	17.992	97	.185			Significant
	Total	18.688	99				
Motivation	Between Groups	.474	2	.237	1.165	.316	Not
	Within Groups	19.725	97	.203			Significant
	Total	20.199	99				
Social skills	Between Groups	.057	2	.028	.154	.857	Not

	Within Groups	17.804	97	.184			Significant
	Total	17.861	99				
Clinical Competence							
Clinical care and decision-making	Between Groups	.178	2	.089	.362	.697	Not Significant
	Within Groups	23.862	97	.246			
	Total	24.040	99				
Leadership and collaboration	Between Groups	.190	2	.095	.437	.647	Not Significant
	Within Groups	21.111	97	.218			
	Total	21.301	99				
Professional development and ethics	Between Groups	.032	2	.016	.079	.925	Not Significant
	Within Groups	19.767	97	.204			
	Total	19.799	99				

Significance at alpha 0.05

Table 4.3 indicates that there is no significant difference in emotional intelligence and clinical competence among staff nurses at Sulu Sanitarium and General Hospital based on length of service ($p > .05$), suggesting that years of service do not have a substantial impact on these variables. This indicates that perceptions stay stable regardless of whether nurses are new to their positions or have been in the field for a longer time. Therefore, the hypothesis indicating no significant difference related to length of service is accepted.

In terms of status of employment

Table 4.4 Differences in the level of emotional intelligence and clinical competence among staff nurses in Sulu Sanitarium and General Hospital in terms of status of employment

SOURCES OF VARIATION		**Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**	**Description**
Emotional Intelligence							
Self-awareness	Between Groups	.024	2	.012	.058	.944	Not Significant
	Within Groups	19.976	97	.206			
	Total	20.000	99				
Self-regulation	Between Groups	.700	2	.350	1.462	.237	Not Significant
	Within Groups	23.207	97	.239			
	Total	23.907	99				
Empathy	Between Groups	.160	2	.080	.418	.659	Not Significant
	Within Groups	18.528	97	.191			
	Total	18.688	99				
Motivation	Between Groups	.535	2	.267	1.319	.272	Not Significant
	Within Groups	19.664	97	.203			
	Total	20.199	99				
Social skills	Between Groups	.028	2	.014	.076	.927	Not Significant
	Within Groups	17.833	97	.184			
	Total	17.861	99				
Clinical Competence							
Clinical care and decision-making	Between Groups	.271	2	.136	.554	.577	Not Significant
	Within Groups	23.769	97	.245			
	Total	24.040	99				
Leadership and collaboration	Between Groups	.519	2	.260	1.211	.302	Not Significant
	Within Groups	20.782	97	.214			
	Total	21.301	99				
Professional development and ethics	Between Groups	.095	2	.048	.234	.792	Not Significant
	Within Groups	19.704	97	.203			
	Total	19.799	99				

Significance at alpha 0.05

Table 4.4 indicates that there is no significant difference in emotional intelligence and clinical competence among staff nurses at Sulu Sanitarium and General Hospital based on

employment status ($p > .05$), suggesting that employment status does not significantly influence these variables. This indicates that views are stable across permanent, contractual, and job order nurses. Therefore, the hypothesis indicating no significant difference related to employment status is accepted.

Question 5. Is there a significant correlation among the sub-categories subsumed under the level of emotional intelligence and clinical competence among staff nurses in Sulu Sanitarium and General Hospital in the context of self-awareness, self-regulation, and empathy?

Table 5 Correlation among the sub-categories subsumed under the level of emotional intelligence and clinical competence among staff nurses in Sulu Sanitarium and General Hospital

Variables	Pearson r	Sig.	N	Description
Self-awareness				
Self-regulation	.439**	.000	100	Moderate Correlation
Empathy	.501**	.000	100	High Correlation
Motivation	.521**	.000	100	High Correlation
Social skills	.412**	.000	100	Moderate Correlation
Clinical care and decision-making	.353**	.000	100	Moderate Correlation
Leadership and collaboration	.357**	.000	100	Moderate Correlation
Professional development and ethics	.347**	.000	100	Moderate Correlation
Self-regulation				
Empathy	.210*	.036	100	Low Correlation
Motivation	.483**	.000	100	Moderate Correlation
Social skills	.403**	.000	100	Moderate Correlation
Clinical care and decision-making	.455**	.000	100	Moderate Correlation
Leadership and collaboration	.384**	.000	100	Moderate Correlation
Professional development and ethics	.342**	.000	100	Moderate Correlation
Empathy				
Motivation	.512**	.000	100	High Correlation
Social skills	.462**	.000	100	Moderate Correlation
Clinical care and decision-making	.368**	.000	100	Moderate Correlation
Leadership and collaboration	.345**	.000	100	Moderate Correlation
Professional development and ethics	.388**	.000	100	Moderate Correlation
Motivation				
Social skills	.623**	.000	100	High Correlation
Clinical care and decision-making	.326**	.000	100	Moderate Correlation
Leadership and collaboration	.418**	.000	100	Moderate Correlation
Professional development and ethics	.303**	.000	100	Moderate Correlation
Social skills				
Clinical care and decision-making	.510**	.000	100	High Correlation
Leadership and collaboration	.539**	.000	100	High Correlation
Professional development and ethics	.526**	.000	100	High Correlation
Clinical care and decision-making				
Leadership and collaboration	.537**	.000	100	High Correlation
Professional development and ethics	.633**	.000	100	High Correlation
Leadership and collaboration				
Professional development and ethics	.551**	.000	100	High Correlation

Legend: ** Correlation Coefficient is significant at alpha .01 level,
* Correlation Coefficient is significant at alpha .05 level,
Correlation Coefficient Scales Adopted from Hopkins, Will (2002): 0.0-0.1=Nearly Zero; 0.1-0.30=Low; 0.3-0.5=Moderate; 0.5-0.7-0=High; 0.7-0.9= Very High; 0.9-1=Nearly Perfect

Table 5.1 illustrates the correlation between the sub-categories of emotional intelligence (self-awareness, self-regulation, empathy, motivation, and social skills) and clinical competence (clinical care and decision-making, leadership and collaboration, and professional development

and ethics) among staff nurses in Sulu Sanitarium and General Hospital. The Pearson Correlation Coefficients (Pearson r) reveal significant positive correlations at $\alpha = 0.05$.

Results show generally high to moderate positive and significant relationships among the variables. The strongest correlations are between clinical care and decision-making and professional development and ethics ($r = .633$; $p = .000$), and motivation and social skills ($r = .623$; $p = .000$). Other high correlations include leadership and collaboration with professional development and ethics, social skills with leadership and collaboration, clinical care and decision-making, social skills with professional development and ethics, self-awareness with motivation, empathy with motivation, and self-awareness with empathy. Moderate correlations were also observed across most remaining variable pairs, while a low but significant correlation was found between self-regulation and empathy ($r = .210$; $p = .036$).

Overall, the findings indicate that emotional intelligence sub-categories are positively and significantly associated with clinical competence, particularly emphasizing the role of motivation, social skills, and ethical practice in strengthening clinical performance. This implies that higher emotional intelligence is consistently linked with higher clinical competence among staff nurses. Therefore, the hypothesis asserting that there is no significant correlation among the sub-categories related to emotional intelligence and clinical competence among staff nurses in Sulu Sanitarium and General Hospital is rejected.

Conclusion

The study reveals that most nurses assessed at Sulu Sanitarium and General Hospital are young professionals at the onset of their careers, aged between 31 and 40, with less than five years of experience, and predominantly hold job order status. This underscores a workforce at a pivotal stage in its professional advancement. EI and clinical competence received consistent ratings of "Agree" across all dimensions, indicating a supportive and collaborative nursing environment that fosters quality patient care. No notable differences emerged in either variable when categorized by age, gender, length of service, and employment status, suggesting consistent perceptions among the respondent profiles.

These findings correspond with Salovey and Mayer's Emotional Intelligence Theory, Goleman's Emotional Competence Framework, and Benner's Novice to Expert Theory, emphasizing the relationship between emotional awareness, empathy, motivation, clinical care, decision-making, professional development, and ethics. EI and clinical competence are closely connected and together enhance the growth of advanced nursing practice. The study emphasizes the significance of enhancing career development, mentorship, and continuous professional growth, alongside the integration of emotional intelligence in nursing education and practice to improve clinical competence and healthcare delivery.

(Disclaimer: While artificial intelligence (AI) was used for language enhancement, all concepts that were generated are entirely original.)

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