Scientific Reports

https://doi.org/10.1038/s41598-026-35463-z

Article in Press

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Received: 19 October 2025

Accepted: 6 January 2026

Published online: 13 January 2026

Cite this article as: Eqtait F.A., Ayed A.J., Anabtawi R. *et al.* The relationship between emotional intelligence and work performance among palestinians' midwives in obstetrics and gynecology departments. *Sci Rep* (2026). https://doi.org/10.1038/s41598-026-35463-z

Faeda A. Eqtait, Ahmad J. Ayed, Rasmieh Anabtawi, Moath abu Ejheisheh, Imad H. Fashafsheh, Ahmad Batran & Bahaaeddin M. Hammad

# The Relationship between Emotional Intelligence and Work Performance among Palestinians' Midwives in Obstetrics and Gynecology Departments

**Author names and affiliations:**
Faeda A. Eqtait [1]
[1] Faculty of Nursing, Arab American University, Jenin City 240, Palestine
Email: faeda.eqtait@aaup.edu

Ahmad J. Ayed [1]
[1] Faculty of Nursing, Arab American University, Jenin City 240, Palestine
Email: ahmad.juma@aaup.edu
ORCID: 0000-0003-2164-8183

Rasmieh Anabtawi [1]
[1] Faculty of Nursing, Arab American University, Jenin City 240, Palestine
Email: Rasmieh.anabtawy@aaup.edu

Moath abu Ejheisheh, RN, PhD. [2]
[2] *Faculty of Allied Medical Sciences, Department of Nursing, Palestine Ahliya University, Bethlehem, Palestine*
*Email: moath@paluniv.edu.ps*

Imad H. Fashafsheh [1]
[1] Faculty of Nursing, Arab American University, Jenin City 240, Palestine.
Email: Imad.Fashafshi@aaup.edu,

Ahmad Batran, RN, PhD. [2]
[2] *Faculty of Allied Medical Sciences, Department of Nursing, Palestine Ahliya University, Bethlehem, Palestine*
*Email: a.batran@paluniv.edu.ps*

Bahaaeddin M. Hammad [1*]
[1] Faculty of Nursing, Arab American University, Jenin City 240, Palestine
[*] Corresponding author:
Email: Bahaa.Hammad@aaup.edu, Telephone: 00970-4-2418888 ext.: 1280, Fax: 00970-4-2510-813
ORCID: 0000-0001-6698-0476

## Abstract

**Background**: Midwives employed in obstetrics and gynecology (O&G) departments encounter emotionally intense and high-stress environments that necessitate both clinical expertise and emotional management. Emotional intelligence (EI), which is defined as the capacity to recognize, comprehend, regulate, and effectively utilize emotions, is increasingly acknowledged as a crucial element in improving healthcare performance, resilience, and patient outcomes. Although well-documented in broader healthcare literature, this relationship is underexplored among midwives in Palestine. This study provides needed context-specific evidence.

**Objective**: To investigate the relationship between emotional intelligence and job performance among midwives in O&G departments in Palestine.

**Methods**: A cross-sectional study was carried out from February 15 to April 15, 2025, involving 167 midwives from nine hospitals throughout Palestine. Data collection utilized three validated tools: a demographic questionnaire, the Schutte Self-Report Emotional Intelligence Test, and the Employee Job Performance Scale.

**Results:** The participants exhibited high levels of both emotional intelligence (M=151.8, SD=1.8) and job performance (M=4.3, SD=0.4). A strong positive correlation was identified between EI and job performance ($r=0.533$, $p < 0.001$). Regression analysis revealed that EI was a significant predictor of job performance ($\beta=0.093$, $p < 0.01$), while age and work experience also demonstrated positive correlations. Educational level and work shift were not significantly linked to job performance.

**Conclusion:** The results highlight the essential role of emotional intelligence in improving the job performance of midwives in O&G departments. Incorporating EI development into midwifery education and professional training programs may enhance clinical outcomes, promote staff well-being, and contribute to maternal and neonatal health. Future studies should investigate longitudinal and qualitative methods to gain a deeper understanding of the application of EI in midwifery practice.


**Key words:** Emotional intelligence, job performance, midwives, obstetrics and gynecology, Palestine

## Introduction

Nursing and midwifery are fundamentally human-centered professions, with obstetrics and gynecology (O&G) presenting some of the most emotionally intense and personal challenges [1]. Midwives working in O&G departments are required to uphold high standards of care while navigating complex clinical scenarios that involve continuous decision-making, communication, and emotional support. Working in such environments requires not only clinical proficiency but also effective emotional regulation.

Emotional intelligence (EI) is characterized as the capacity to recognize, comprehend, manage, and effectively apply emotions in oneself and in others [2]. In the realm of healthcare, EI plays a crucial role in facilitating effective decision-making, resolving conflicts, managing stress, fostering empathy, and promoting teamwork [3,4]. For midwives, these competencies are essential when delivering care throughout the antenatal, intrapartum, and postnatal phases. Research shows that midwives with higher EI are better able to manage work-related stress, communicate effectively, and build therapeutic relationships, all of which contribute to improved clinical performance and patient well-being [5,6].

A deeper understanding of EI necessitates the recognition of its various components. EI consists of several interconnected skills: perceiving emotions, which entails the ability to identify emotions as they occur; understanding emotions, which demonstrates empathy and emotional insight; managing emotions, which pertains to the regulation of one's own feelings; and utilizing emotions to enhance thought and behavior [14]. These competencies are central to the daily responsibilities of midwives and maternity nurses, who safeguard maternal and neonatal well-being, provide immediate postpartum care, assist in different birthing positions, administer medications, and offer vital emotional support to families during highly sensitive moments [13].

Emotional intelligence also strengthens teamwork and enhances the workplace environment. Fundamental emotional competencies such as self-awareness, empathy, and effective social communication are essential for establishing trust within interdisciplinary healthcare teams. This collaboration is particularly vital in obstetrics and

gynecology departments, where synchronized efforts among obstetricians, midwives, pediatricians, and anesthetists are crucial for the safe and efficient delivery of care [8,9,10]. As a result, EI acts as a protective factor against burnout, compassion fatigue, and professional disengagement—challenges that are increasingly observed among midwifery professionals worldwide [11].Fostering a culture of EI in midwifery can aid in creating a responsive and respectful care environment that promotes gender equity and improves reproductive health outcomes [12].

Evidence from the broader healthcare field reinforces the significance of EI. A meta-analysis by Miao et al. [7] demonstrated that EI is positively associated with job satisfaction, organizational commitment, and overall job performance across various healthcare roles. In the field of nursing and midwifery, these attributes enhance resilience and support safer, higher-quality care delivery. More specifically, Zolfaghary et al. [15] found that midwives with higher EI exhibit stronger emotional regulation and develop more positive relationships with their patients, contributing to better care experiences for mothers and newborns.

Despite the growing evidence on the value of EI in healthcare, limited research specifically examines EI and job performance among midwives working in O&G - an area where emotional demands and critical decision-making are especially prominent. Considering the essential role midwives play in protecting maternal and neonatal health, understanding how EI influences their job performance is vital.

Therefore, this study aims to investigate the relationship between emotional intelligence and job performance among midwives in obstetrics and gynecology departments. The findings are expected to inform evidence-based educational, clinical, and organizational strategies that support emotional development, strengthen the midwifery workforce, and enhance the resilience of healthcare systems.

## Methods

### Design, Setting, Population, and Sample

This study adopted a descriptive, analytical, cross-sectional design and focused on midwives working in obstetrics and gynecology wards throughout Palestine. In Palestine, midwives play a central role in providing maternal and neonatal care across obstetrics and gynecology departments. They are typically trained through accredited

midwifery or nursing-midwifery programs, holding diplomas, bachelor's degrees, or postgraduate qualifications in midwifery. Their responsibilities include antenatal assessment, intrapartum and postpartum care, health education, and early newborn management. Midwives are employed in governmental, private, and NGO-operated hospitals, often working in high-demand environments that require strong clinical skills, effective communication, and the ability to manage emotionally complex situations.

Data collection took place from February 15 to April 15, 2025. Using Raosoft® Sample Size Calculator (Raosoft, Inc., Seattle, WA, USA; online version: http://www.raosoft.com/samplesize.html), the required sample size was calculated based on a total population of 270 midwives, with assumptions of a 50% response distribution, a 5% margin of error, and a 95% confidence level, resulting in a target sample of 159 participants. To accommodate potential non-responses, a convenience sample of 200 midwives was initially recruited from nine hospitals across the country. In total, 167 midwives completed and returned the survey.

Eligible participants were full-time midwives with at least six months of experience in labor or gynecology wards, proficient in reading and writing English, and willing to participate in the study. Those who were on leave or absent during the data collection period were excluded.



**Instrumentation**

Data were collected using three distinct tools, each designed to capture relevant variables. The instruments included the following:

**Demographic Data**

A demographic questionnaire, developed by the researchers based on a comprehensive review of relevant literature, was used to collect participants' background information. This included age (in years), educational level (diploma, bachelor's, or master's and above), years of experience in obstetric or gynecology wards, and work shift patterns.

**Emotional Intelligence Scale**

Emotional intelligence was assessed using the Schutte Self-Report Emotional Intelligence Test (SSEIT), originally developed by Schutte et al. [16]. The SSEIT comprises 33 items rated on a five-point Likert scale ranging from 1 ("strongly

disagree") to 5 ("strongly agree") and evaluates four domains: emotion perception, social skills, emotional self-management, and emotion utilization. Total scores range from 33 to 165, with higher scores indicating higher levels of EI. The SSEIT has demonstrated strong psychometric properties, with reported Cronbach's alpha values between 0.84 and 0.90 [16,17,18]. In the current study, the Cronbach's alpha was 0.84. The scale has also been validated in the Palestinian context, with reliability coefficients of 0.84 and 0.86 reported in previous studies [19,20]. The SSEIT was chosen due to its strong validity and suitability for assessing EI in healthcare professionals.

**Job Performance Scale**

Nurses' job performance was measured using the Employee Job Performance Scale developed by Na-Nan et al. [21]. This scale includes 13 items grouped into three dimensions: job quantity (4 items), job quality (5 items), and job timeliness (4 items). Each item is rated on a five-point Likert scale, with higher scores reflecting better job performance. The original study by Na-Nan et al. [21] reported a Cronbach's alpha of 0.894, while the present study found a reliability coefficient of 0.86. This tool has been employed in various studies [22,23]. In this study, the Cronbach's alpha was 0.87.

Both the SSEIT and the Employee Job Performance Scale have been previously validated within the Palestinian nursing context, confirming their cultural appropriateness and reliability. Their use in prior local studies supports their effectiveness in evaluating EI and job performance among nurses [4,19,24,25].

**Data collection**

Following approval from the relevant institutional review board, the researchers visited the selected hospitals and met with the head midwives responsible for the obstetrics and gynecology wards. During these initial meetings, the study's purpose was explained, and permission was requested to access staff lists and work schedules to facilitate participant recruitment.

Subsequently, the researchers held face-to-face sessions with potential participants, during which the study's objectives, procedures, and ethical considerations were clearly outlined. Informed consent was obtained from those who agreed to participate, with each individual signing a consent form to confirm their voluntary involvement.

Questionnaires were distributed in person during these sessions. As English is the official language of instruction in nursing and midwifery education in Palestine, the survey was administered in English using a paper-based format.

**Ethical consideration**

Ethical approval for this study was obtained from the Ethics Committee at Palestine Ahliya University (IRB: CAMS/BSN/15/2025), and administrative authorization for data collection was secured from the Palestinian Ministry of Health. Prior to distributing consent forms, the researchers provided a detailed explanation of the study's objectives and emphasized the voluntary nature of participation, including the right to withdraw at any point without consequence. Midwives who agreed to participate signed a written informed consent form. To ensure confidentiality, no names, personal identifiers, or individual medical histories were collected or disclosed. All data were treated with strict confidentiality and used solely for research purposes.

**Data Analysis**

Data were analyzed using the Statistical Package for the Social Sciences (SPSS), version 28. The Kolmogorov–Smirnov test was employed to assess the normality of the data, confirming that the variables were normally distributed and suitable for parametric analysis. Descriptive statistics—frequencies, percentages, means, and standard deviations were used to summarize participants' demographic characteristics and overall responses. To examine the relationship between midwives' EI and job performance, the Pearson correlation coefficient was applied. Furthermore, multiple linear regression analysis was performed to identify significant predictors of work engagement. A p-value of less than 0.05 was considered indicative of statistical significance.

**Results**

**Participants' Characteristics**

Out of the initial sample of 200 midwives, 167 completed the study, yielding a response rate of 83.5%. The analysis revealed that the mean age of participants was 31.2 ± 5.5 years, and the average years of work experience was 6.5 ± 5.4 years. The majority of participants held a bachelor's degree 115 (68.9%), and 119 (71.3%) worked rotational shifts (Table 1).

**Table 1. Demographic characteristics of the participants (N= 167)**

| Characteristics | | N | % | M(SD) |
|---|---|---|---|---|
| Age | | | | 31.2(5.5) |
| Educational level | Diploma | 27 | 16.2 | |
| | Bachelor | 115 | 68.9 | |
| | Master and above | 25 | 15.0 | |
| Experience | | | | 6.5(5.4) |
| Work shift | Day shift | 48 | 28.7 | |
| | Rotation shift | 119 | 71.3 | |

The findings indicated that participants had a high average EI score of 151.8 ± 1.8 (out of 165). Among the EI subscales, "perception of emotions" had the highest average score (47.1 ± 1.2), while "utilizing emotions" scored the lowest (27.6 ± 0.7). In terms of job performance, the overall mean score was also high, at 4.3 ± 0.4. The subscales, "job quality" and "job quantity" achieved the highest scores (4.4 ± 0.5), while "job time" had the lowest score (4.2 ± 0.4), as shown in Table 2.



**Table 2. Distribution of EI and** job **performance (N=167)**

| Variable | M | SD |
|---|---|---|
| **Total "emotional intelligence"** | 151.8 | 1.8 |
| "Perception of emotions" | 47.1 | 1.2 |
| "Social skills or managing others' emotions" | 41.2 | 1.2 |
| "Managing emotions in the self" | 36.2 | 1.0 |
| "Utilizing emotions" | 27.6 | 0.7 |
| **Job performance** | 4.3 | 0.4 |
| Job time | 4.2 | 0.4 |
| Job quality | 4.4 | 0.5 |
| Job quantity | 4.4 | 0.5 |

Pearson's correlation analysis revealed several significant associations with job performance. Age was positively correlated with job performance ($r = 0.377$, $p < 0.001$), as was work experience ($r = 0.342$, $p = 0.001$). EI demonstrated the strongest positive correlation with job performance ($r = 0.533$, $p < 0.001$), as seen in Table 3.

Table 3. Factors correlating job Performance among study sample **(N=167)**

| Variable | Job performance |
|---|---|
| Age | .377**<br>.000 |
| Educational level | .008<br>.919 |
| Work experience | .342**<br>.000 |
| Work shift | 0.025<br>0.745 |
| Total emotional intelligence | .533**<br>.000 |

***"***Correlation is significant at level of 0.05"*

A multiple linear regression analysis was conducted to identify predictors of job performance among midwives. Independent variables included age, work experience, and emotional intelligence (EI). The overall model was statistically significant ($p < 0.001$), with $R^2 = 0.341$ and adjusted $R^2 = 0.329$, indicating that 34.1% of the variance in job performance was explained by the variables. EI emerged as the only significant predictor of job performance ($B = 0.093$, $\beta = 0.474$, $p < 0.001$). This means that for every one-point increase in EI (measured on a 33–165 scale), job performance increased by 0.093 points on a 1–5 scale—an effect that is statistically significant but modest in practical magnitude. In contrast, age and work experience were not significant predictors in the regression model ($p = 0.687$ and $p = 0.582$, respectively), despite showing positive correlations with job performance in the bivariate analysis. This suggests that their relationship with performance is explained by their shared association with EI rather than by independent predictive effects, as shown in Table 4.



**Table 4. Predictors of job performance: Multiple Linear Regression**

| | | | | | **95.0% Confidence Interval** | |
|---|---|---|---|---|---|---|
| **Predictor** | **B** | **Beta** | **t** | **p. Value** | **Lower Bound** | **Upper Bound** |
| Emotional intelligence | .093 | .474 | 6.891 | .000 | .066 | .119 |
| Age | .007 | .106 | .404 | .687 | -.027 | .040 |
| Work experience | .009 | .142 | .552 | .582 | -.024 | .043 |
| $R^2 = 0.341$, adjusted $R^2 = 0.329$ | | | | | | |

## Discussion

The current research sought to investigate the connection between EI and job performance among midwives employed in obstetrics and gynecology departments. The results indicated that both EI and job performance levels were elevated among the participants, with a significant and positive correlation between EI and job performance. These findings are consistent with prior research showing a positive association between emotional skills and the performance of healthcare professionals..

The elevated average EI score observed among midwives aligns with the research conducted by Abdul-halim [26], which indicated that over three-quarters of the maternity nursing students examined exhibited a high level of EI. These results are consistent with earlier studies highlighting the crucial importance of EI in the performance of healthcare professionals, particularly in high-pressure settings like obstetrics and gynecology wards [4].

In addition , a significant correlation between EI and job performance was identified by Zaman et al. [27] and Sanchez-Gomez & Breso [28], indicating that EI serves as a positive predictor of job performance. The highest subscale score identified in this study—perception of emotions—indicates that midwives have a significant capability to identify emotional cues, which is an essential skill in both patient care and teamwork. Previous studies have found a positive association between EI and performance in clinical practice, as well as between EI and academic success [29]. This element is particularly vital in maternity wards, where emotional awareness and timely decision-making are critically important. Conversely, the comparatively lower score in "utilizing emotions" may imply that although midwives excel at recognizing emotions, they might encounter difficulties in strategically applying emotional information for problem-solving or motivation. The high ratings for job quality and quantity may signify a dedication to efficiency and proficiency, even in the face of work-related stressors.

The finding that midwives with higher emotional intelligence demonstrated better job performance can be explained by the direct influence of EI on communication, emotional regulation, and teamwork—skills essential in obstetric settings. Emotional intelligence enables midwives to manage stressful clinical situations, respond empathetically to women in labor, and maintain effective collaboration within

multidisciplinary teams, which is consistent with the foundational EI framework by Salovey and Mayer [2] and with evidence from clinical practice settings [3]. Studies in similar cultural environments, including Palestine and Jordan, also report that higher EI enhances work performance, coping behaviors, and interprofessional collaboration among nurses and midwives [4,13,27]. These parallels suggest that EI is a robust predictor of performance in Middle Eastern maternal care settings, where emotional demands and family involvement are particularly high [1].

Not all emotional intelligence dimensions appear to influence performance equally. Consistent with findings from Zolfaghary et al. [15] and Cheraghi et al. [11], components related to emotional regulation and empathy showed stronger associations with performance than emotional utilization, likely because obstetric emergencies require composure and patient-centered communication. Research in midwifery education further supports the importance of these core EI competencies for improving care quality and professional confidence [5,6]. Overall, the similarity between our results and those reported in Iran, Palestine, and Jordan strengthens the argument that investing in EI development—particularly emotional regulation and interpersonal skills—may enhance midwives' effectiveness, reduce stress, and improve the delivery of maternal health services.

The study findings indicated a statistically significant and moderately strong positive correlation between EI and job performance, suggesting that increased levels of EI are linked to improved job performance. This conclusion aligns with prior studies reporting a positive association between EI and job performance in healthcare environments, particularly among nurses and midwives who often face high-stress, emotionally intense situations [30]. Higher EI was associated with a greater capacity to recognize, comprehend, and regulate emotions, which may support effective patient interactions during sensitive periods.. Miao et al. [14] noted that EI is positively correlated with job performance across different fields, with a particularly pronounced impact in health-related professions. Likewise, research conducted by Belay & Kassie [31] reported that higher EI in midwives was associated with better clinical performance, with EI emerging as the strongest predictor in their model. In addition to EI, both age and work experience showed a positive correlation with job performance. These results

suggest that older and more experienced midwives tend to report higher job performance. This may be due to greater professional maturity, improved coping mechanisms, and the accumulation of clinical knowledge and skills over time [32].

The notable link between work experience and performance has also been emphasized in earlier research, which claims that seasoned healthcare providers typically demonstrate higher competence and confidence in patient care [33]. Interestingly, the study found no significant association between educational level and work shift with job performance. This finding contradicts some prior research that suggests higher education levels may enhance critical thinking and decision-making abilities in clinical practice [34]. However, it is conceivable that within a group of midwives who possess similar training and job responsibilities, variations in educational attainment may not have a substantial effect on their daily job performance. Likewise, the absence of a relationship between work shifts and performance could indicate a successful adjustment to shift work schedules by seasoned midwives, in addition to organizational elements like staffing assistance and collaboration.

The current study sought to identify the factors that predict job performance among midwives, with a particular emphasis on age, work experience, and EI. Among these predictors, EI was found to be the only statistically significant factor contributing to job performance. This result suggests that higher levels of EI correlate with improved job performance among midwives. These findings align with prior research that underscores the vital role of EI in enhancing professional performance within healthcare environments. Hashmi et al. [35] revealed a strong positive correlation between EI and job performance, as well as resilience, indicating that elevated levels of EI are positively associated with effective professional outcomes and increased resilience. The implications of these findings are significant for workforce development in maternity care. ncorporating EI training into education and professional development initiatives may support improved job performance and job satisfaction among midwives. Additionally, EI assessments could be considered in recruitment and evaluation processes to help foster effective healthcare teams [36,37].

## Implications for Practice

The results highlight the importance of integrating EI training into the professional development programs for midwives. Enhancing emotional skills - especially in the area of emotion utilization - has the potential to improve job performance. Hospital administrators and nurse educators ought to explore organized interventions, including EI workshops, reflective practice groups, and mentoring models, to strengthen emotional skills in high-pressure environments such as obstetrics.

## Limitations and Future Research

Although this study provides valuable insights, several limitations should be considered. The cross-sectional design prevents causal inferences, and the use of self-reported measures may be influenced by social desirability bias. Additionally, convenience sampling limits the generalizability of the findings to all midwives in Palestine. The study may also be affected by common method variance, as both predictor and outcome variables were collected through the same survey instrument. Future research could employ longitudinal or interventional designs to better examine causal relationships, incorporate probability sampling to enhance representativeness, and use mixed-methods approaches to provide a richer understanding of how emotional intelligence is applied in daily midwifery practice.



## List of abbreviations

| | |
|---|---|
| EI | Emotional Intelligence |
| SPSS | Statistical Package for the Social Sciences |
| SSEIT | Schutte Self-Report Emotional Intelligence Test (SSEIT) |

## Acknowledgements

We would like to express our gratitude to the midwives who participated in this study.

## Clinical trial number:

Not applicable.

## Authors' contributions

I. F and F.E, designed and conducted the study. BE.H, A.A, performed the analysis and drafted the manuscript. A.A, I.F, R.A and M.A advised on the study design, facilitated data collection and revised the manuscript. F.E, BE.H, and I.F helped in data collection.

A.B, A.A, I.F, and M.A interpretation of data and revised the manuscript. All authors reviewed and approved the manuscript.

**Funding**

The authors have not received any funding.

**Data Availability**

The datasets used and/or analyzed during the current study are available from the corresponding author upon reasonable request.

**Declarations**

**Ethics approval and consent to participate**

The study was reviewed by the Research Ethics Committee at Palestine Ahliya University (IRB: CAMS/BSN/15/2025), and administrative authorization for data collection was secured from the Palestinian Ministry of Health. The study followed the ethical guidelines, protocol, and regulations stated in the Declaration of Helsinki. Informed consent was obtained from all participants.

**Consent for publication**

Not applicable.

**Competing interests**

A. A, F. E, M. A, R. A, A. B, E. F and BE. H declare no competing interests.

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