

Emotional Intelligence, Self-Efficacy, and Clinical Decision-Making of Perioperative Nurses

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ABSTRACT

Background: Clinical decision-making is an important aspect of perioperative practice because it determines patient safety and quality of care. Current phenomena show that nurses are still not sensitive to the complexity of patients' emotions, so that emotional aspects are not fully integrated into treatment considerations. Emotional intelligence helps nurses understand and manage their own emotions and those of their patients so that they can assess situations more accurately, while self-efficacy strengthens their confidence in choosing and implementing the right actions. These two factors contribute to the accuracy and consistency of clinical decision-making.

Purpose: The purpose of this study was to analyze the relationship between emotional intelligence and self-efficacy with the clinical decision-making of perioperative nurses.

Methods: The research method was observational with a cross-sectional approach. The sample was taken using total sampling and consisted of 31 perioperative nurses at a hospital in Batu City. Data analysis used Spearman's rank correlation test and ordinal logistic regression test.

Results: The bivariate test results showed a significant relationship between emotional intelligence (p-value = 0.002; $r = 0.536$) and self-efficacy (p-value = < 0.001 ; $r = 0.568$) with the clinical decision-making of perioperative nurses. The correlation coefficient showed a moderate positive correlation, indicating that the higher the emotional intelligence and self-efficacy, the higher the clinical decision-making of perioperative nurses. In the multivariate test, both variables simultaneously had a significant effect on clinical decision-making (p-value = $0.002 < \alpha 0.05$).

Conclusion: The results of this study contribute significantly to maintaining the quality of nursing services and care provided by nurses through the improvement of emotional intelligence and self-efficacy.

Keywords: Clinical Decision-Making, Emotional Intelligence, Perioperative Nurses, Self-Efficacy

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BACKGROUND

Perioperative nursing involves working in dynamic and high-pressure clinical settings where nurses are expected to make rapid, accurate clinical decisions to promote patient safety and high-quality care. Poor decision-making by nurses in patient care can increase the likelihood of patient mortality by 5%. Although 37-52% of these adverse effects can be prevented, they remain a common problem in various healthcare facilities (Abate et al., 2022). A study by Ghazali revealed that 34% of medical complications occurring in British hospitals stem from errors in clinical decision-making by nurses, even though half of these could be prevented with timely intervention (Ghodsi Astan et al., 2022). These findings are in line with research conducted by Rababa and Al-Rawashdeh, which found that low critical thinking skills correlate directly with suboptimal clinical decisions (Rababa & Al-Rawashdeh, 2021).

This suboptimal clinical decision-making can have a detrimental impact on various aspects of healthcare, ranging from patient safety to hospital operational inefficiencies. Patient protection is a top priority in healthcare delivery, and suboptimal decision-making can increase the risk of medical errors, perioperative complications, and adverse events that can threaten patient safety (Sudarko, 2022).

Clinical decision-making is influenced by various factors, one of which is the ability of nurses to manage emotional stress arising in critical situations, which is directly related to their level of emotional intelligence. Recent evidence further highlights the critical role of emotional intelligence in clinical decision-making. A study by Jawabreh (2024) demonstrated a significant positive relationship between emotional intelligence and decision-making ability among nursing students (Jawabreh, 2024).

In addition to emotional intelligence, self-efficacy has also been recognized as a key determinant of effective clinical decision-making. Self-efficacy reflects an individual's belief in their ability to complete tasks and face clinical challenges. Research by Salsabila and Kristinawati shows that high self-efficacy is significantly associated with more effective self-care behavior, indicating the important role of self-confidence in health-related decision-making (Salsabila & Kristinawati, 2025). In the perioperative context, high levels of self-efficacy can increase nurses' confidence when facing critical situations in the operating room. Research by Kaya and Bakir identified a strong and significant positive correlation between self-efficacy levels and the ability of perioperative nurses to make clinical decisions (Kaya & Bakir, 2024).

Emotional intelligence and self-efficacy work synergistically to influence clinical decision-making. Emotional intelligence enables nurses to effectively regulate their emotions, maintain objectivity, and communicate effectively in high-pressure situations, while self-efficacy enhances nurses' confidence in their ability to analyze patients' conditions, determine appropriate actions, and take responsibility for the decisions they make. The combination of these two abilities enables nurses to provide faster, more accurate, and safer clinical responses in perioperative nursing practice.

The importance of clinical decision-making in nursing has been widely recognized, but there has been no research specifically examining the relationship between emotional intelligence, self-efficacy, and clinical decision-making simultaneously, especially among perioperative nurses in Indonesia. Furthermore, most studies on emotional intelligence in nursing have been conducted in general contexts or in different care settings, limiting the applicability of these findings to the perioperative context. Existing studies have examined each variable separately or in different contexts, so understanding of how these two psychological factors interact and influence clinical decision-making remains limited.

Based on this, this study aims to analyze the relationship between emotional intelligence and self-efficacy with clinical decision-making of perioperative nurses at a hospital in Batu City. This study is anticipated to serve as an for the development of competency improvement programs for perioperative nurses, especially in terms of clinical decision-making. This study is also important because it provides scientific evidence regarding the contribution of emotional intelligence and self-efficacy to clinical decision-making; thus, the results can be used as a basis for developing training programs, enhancing competencies, and formulating strategies to improve the quality of perioperative nursing practice and patient safety in Indonesia.

OBJECTIVE

This study aims to examine the relationship between emotional intelligence, self-efficacy, and the clinical decision-making ability of perioperative nurses at a hospital in Batu City.

METHODS

This study is observational with a correlational design. The purpose of this study is to analyze the relationship between emotional intelligence and self-efficacy with clinical decision-making of perioperative nurses. The sample size in this study was 31 perioperative nurses selected using total sampling technique.

The instruments consisted of three, namely the Schutte Self-Report Emotional Intelligence Test (SSEIT) to measure emotional intelligence (Schutte et al., 1998), the General Self-Efficacy Scale (GSE) to measure self-efficacy (Schwarzer & Jerusalem, 1995), and the Nursing Clinical Reasoning Scale (NCRS) to measure clinical decision-making (Liou et al., 2016). SSEIT, GSE, and NCRS are international standard instruments that have good validity and reliability in their original studies in English. The SSEIT instrument showed a Cronbach's Alpha value of 0.90 (Schutte et al., 1998), the GSE instrument had a Cronbach's Alpha value between 0.76–0.90 based on validation in 23 countries (Schwarzer & Jerusalem, 1995), and the NCRS instrument showed high reliability with a Cronbach's Alpha value of 0.90 (Liou et al., 2016).

The data were collected only after the researcher received ethical clearance from the Ethics Committee and official authorization to conduct the study from the hospital. The researcher coordinated with the head of the Central Surgical Unit (IBS) to determine the data collection schedule in accordance with the nurses' work schedules. Next, participants were given an explanation of the study's objectives, benefits, procedures, and their rights as research participants, after which they were asked to sign an informed consent form. Participants who agreed to participate then completed the research questionnaire, with a one-week deadline for returning it.

The collected data were processed and statistically analyzed using SPSS software. The analysis included univariate tests, bivariate tests using Spearman Rank correlation tests to determine the relationship between variables, and multivariate tests using ordinal logistic regression to determine the relationship between emotional intelligence and self-efficacy with clinical decision-making simultaneously.

For univariate analysis, each variable was categorized based on the score range of each instrument. Emotional intelligence scores were categorized as very low (33–74), low (75–104), moderate (105–134), high (135–150), and very high (151–165) (Schutte et al., 1998). Self-efficacy scores are categorized as very low (10–18), low (19–25), moderate (26–32), high (33–36), and very high (37–40) (Schwarzer & Jerusalem, 1995). Clinical decision-making scores

were categorized as very low (15–26), low (27–37), moderate (38–48), high (49–60), and very high (61–75) (Liou et al., 2016). The study was conducted at a hospital with an Integrated Surgical Unit (IBS) in Batu City after obtaining ethical approval from the Health Research Ethics Committee (KEPK) under approval number DP.04.03/F.XXI.30/01053/2025 on October 6, 2025.

RESULTS

Table 1. Frequency Distribution of Characteristics of Perioperative Nurses at a hospital in Batu City in October 2025

	Characteristics	Frequency	Percentage
Gender	Male	19	61.3
	Female	12	38.7
	Total	31	100.0
Age	26-35 years old	23	74.2
	36-45 years old	5	16.1
	46-55 years old	3	9.7
	Total	31	100.0
Highest Level of Education	High School/Vocational School	0	0
	D3	11	35.5
	D4/Bachelor's Degree	20	64.5
	Master	0	0
	Total	31	100.0
Status	Married	27	87.1
	Not married	4	12.9
	Total	31	100
Years of Service	< 5 years	8	25.8
	5-10 years	19	61.3
	> 10 years	4	12.9
	Total	31	100.0

Table 1 shows that most respondents (61.3%) are male. Most respondents (74.2%) are aged 26-35 years. Most respondents (64.5%) have a D4/S1 degree as their highest level of education. Almost all respondents (81.7%) are married. Most respondents (61.3%) had 5–10 years of work experience.

Table 2. Frequency Distribution of Clinical Decision-Making by Perioperative Nurses at a hospital in Batu City in October 2025

Variable	Number of Respondents	Percentage
Clinical Decision Making		
Very Low	0	0
Low	0	0
Moderate	1	3.2
High	20	64.5
Very High	10	32.3
Total	31	100.0

Table 2 shows that most respondents (64.5%) have clinical decision-making in the high

category.

Table 3. Frequency Distribution of Emotional Intelligence of Perioperative Nurses at a hospital in Batu City in October 2025

Table 3 shows that almost all respondents (80.6%) have moderate emotional

Variable	Number of Respondents	Percentage
Emotional Intelligence		
Very Low	0	0
Low	1	3.2
Moderate	25	80.6
High	4	12.9
Very High	1	3.2
Total	31	100

intelligence.

Table 4. Cross-Tabulation of Emotional Intelligence with Clinical Decision-Making of Perioperative Nurses at a hospital in Batu City in October 2025

Emotional Intelligence	Clinical Decision-Making			
	Moderate	High	Very High	Total
	<i>f</i> (%)	<i>f</i> (%)	<i>f</i> (%)	<i>f</i> (%)
Very Low	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Low	1 (3.2%)	0 (0%)	0 (0%)	1 (3.2%)
Moderate	0 (0%)	19 (61.3%)	6 (19.4%)	25 (80.7%)
High	0 (0%)	1 (3.2%)	3 (9.7%)	4 (12.9%)
Very High	0 (0%)	0 (0%)	1 (3.2%)	1 (3.2%)
Total	1 (3.2%)	20 (64.5%)	10 (32.3%)	31 (100%)

Table 4 shows that perioperative nurses at Karsa Husada Batu Regional General Hospital have moderate emotional intelligence, but their clinical decision-making is in the high to very high category.

Table 5. Frequency Distribution of Self-Efficacy of Perioperative Nurses at a hospital in Batu City in October 2025

Variable	Number of Respondents	Percentage
Self-Efficacy		
Very Low	0	0
Low	0	0
Moderate	22	71.0
High	4	12.9
Very High	5	16.1
Total	31	100

Table 5 shows that most respondents had moderate self-efficacy (71.0%).

Table 6. Cross-tabulation of Self-Efficacy with Clinical Decision-Making of Perioperative Nurses at a hospital in Batu City in October 2025

Self-Efficacy	Clinical Decision-Making			Total
	Moderate	High	Very High	
	<i>f</i> (%)	<i>f</i> (%)	<i>f</i> (%)	<i>f</i> (%)
Very Low	0	0 (0%)	0 (0%)	0 (0%)
Low	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Moderate	1 (3.2%)	18 (58.1%)	3 (9.7%)	22 (71.0%)
High	0 (0%)	0 (0%)	4 (12.9%)	4 (12.9%)
Very High	0 (0%)	2 (6.5%)	3 (9.7%)	5 (16.1%)
Total	1 (3.2%)	20 (64.6%)	10 (32.2%)	31 (100%)

Table 6 shows that perioperative nurses at Karsa Husada Batu Regional General Hospital have moderate self-efficacy, but their clinical decision-making is in the high to very high category.

Table 7. Results of the Analysis of the Relationship between Emotional Intelligence and Clinical Decision-Making among Perioperative Nurses at a hospital in Batu City in October 2025

Variable	n	p-value	Correlation value
Emotional Intelligence	31	0.002	0.536
Clinical Decision-Making			

Table 7 presents the results of the Spearman's rank correlation analysis, which revealed a p-value of 0.002, lower than the significance level ($\alpha = 0.05$), so H_0 was rejected, which means that there is a relationship between emotional intelligence and clinical decision-making by perioperative nurses. The correlation coefficient (*r*) of 0.536 indicates a moderate level of relationship between emotional intelligence and clinical decision-making by perioperative nurses. The (+) value indicates a direct relationship, meaning that the higher the level of emotional intelligence, the higher the level of clinical decision-making by perioperative nurses.

Table 8. Results of the Analysis of the Relationship between Self-Efficacy and Clinical Decision-Making of Perioperative Nurses at a hospital in Batu City in October 2025

Variable	n	p-value	Correlation value
Self-Efficacy	31	<0.001	0.568
Clinical Decision-Making			

Table 8 shows that the Spearman's rank correlation analysis yielded a p-value of < 0.001, which was lower than the significance level ($\alpha = 0.05$), so H_0 is rejected, which means that there is a relationship between self-efficacy and clinical decision-making by perioperative nurses. The correlation coefficient (*r*) of 0.568 indicates a moderate relationship between self-efficacy and clinical decision-making by perioperative nurses. The (+) value indicates a direct relationship, meaning that the higher the level of self-efficacy, the higher the level of clinical decision-making by perioperative nurses.

Table 9. Multicollinearity Assumption Results

Variable	Tolerance	VIF
Emotional Intelligence	0.586	1.706
Self-Efficacy	0.586	1.706

Table 9 shows that the Tolerance value = 0.586 > 0.1 and VIF = 1.706 < 10, which

means there is no multicollinearity or correlation between the independent variables, so it can be analyzed to the next stage.

Table 10. Results of Simultaneous Parameter Significance Test

Model	- 2Log Likelihood	df	Sig.
Initial	29.868	-	-
End	17,490	2	0.002

Table 10 presents the results of the ordinal logistic regression analysis. The initial -2 Log Likelihood value was 29.868 before the independent variables were included in the model. After emotional intelligence and self-efficacy were entered, the -2 Log Likelihood decreased to 17.490, indicating an improvement in model fit. This decrease indicates that the model improved after the variables of emotional intelligence and self-efficacy were included. The p-value of $0.002 < \alpha 0.05$ indicates that H_0 is rejected, which means that there is a significant relationship between emotional intelligence and self-efficacy simultaneously with the clinical decision-making of perioperative nurses.

Table 11. Results of the Partial Ordinal Logistic Regression Significance Test (Wald Test)

Table 11, obtained from the regression analysis results, shows that the p-value of emotional intelligence (0.056) and self-efficacy (0.303) $> \alpha 0.05$, which means that the variables of emotional intelligence and self-efficacy do not have a significant partial effect on clinical decision-making. From Table 11, the *odds ratio* can be calculated as follows:

1. Odds ratio Emotional Intelligence: $e^{\beta_1} = e^{2.901} = 18.19$. This means that every one-unit increase in emotional intelligence will increase the likelihood of nurses being in the higher clinical decision-making category by 18.19 times.
2. Odds ratio for Self-efficacy: $e^{\beta_2} = e^{0.713} = 2.04$. This means that every one-unit increase in self-efficacy will increase the likelihood of nurses being in the higher clinical decision-making category by 2.04 times.

Table 12. Results of the Regression Model Fit Test (Goodness of fit test)

The goodness-of-fit of the regression model was evaluated using the Hosmer–Lemeshow goodness-of-fit test based on the chi-square statistic. A p-value of $\geq \alpha 0.05$ indicates no significant difference between the model and the observed data, suggesting that the model

Variables in the Equations					
	Estimate	S.E	Wald	df	Sig.
Emotional Intelligence	2,901	1,518	3,652	1	0.056
Self-efficacy	0.713	0.629	1.063	1	0.303

adequately fits the data and can be used to predict the observed outcomes.

Chi-square	df	Sig.
11.878	10	0.293

Table 12 obtained from the regression analysis results shows that the Hosmer and Lemeshow Goodness of Fit Test obtained a p-value of $0.293 \geq \alpha 0.05$. This indicates that there is no significant difference between the model and the data, so that the regression model in this study is valid and capable of predicting the observation values.

Table 13. Coefficient of Determination (Pseudo R-Square)

The explanatory power of the independent variables on the dependent variable was assessed using the coefficient of determination, as indicated by the Nagelkerke R^2 value. The results of the analysis are presented below.

Cox and Snell	Nagelkerke	McFadden
0,329	0,422	0,263

Table 13 presents the results of the regression analysis, indicating a Nagelkerke R^2 value of 0.422. This finding suggests that emotional intelligence and self-efficacy together explain 42.2% of the variance in clinical decision-making. The remaining 57.8% of the variance is attributable to factors not included in the present study.

DISCUSSION

The findings of this study indicate that the majority of respondents have high clinical decision-making skills. This indicates that nurses have good abilities in recognizing patient conditions, interpreting clinical information, determining action priorities, and selecting appropriate interventions in operative situations. These findings are supported by previous research conducted by Noya et al., which emphasizes that the accuracy of patient condition assessment is a key component of nurses' clinical decision-making. The study explains that nurses supported by a good clinical detection system are able to maintain the quality of their decisions even when working in high-pressure situations (Noya et al., 2025). This shows that clinical decision-making ability does not stand alone, but is the result of an interaction between individual competence and work environment support. The interaction between individual competence and workplace support is also evident in the respondents' characteristics. The high level of clinical decision-making can be explained by several interrelated factors. First, relatively long work experience is one of the dominant factors. Most respondents have worked for more than five years, so they are accustomed to dealing with complex situations and high-risk cases. Second, the presence of senior nurses who accompany and guide junior nurses helps them recognize clinical situations and make clinical decisions quickly. The results of this study are also supported by research conducted by Arzani et al., on 186 operating room nurses in Iran (Arzani et al., 2016). The results show that length of work experience and level of clinical competence have a positive effect on clinical decision-making ability (Arzani et al., 2016). According to the researchers, the high category found in this study reflects a combination of individual factors such as competence and experience, as well as organizational factors such as a collaborative work culture and senior mentoring, which together enhance nurses' ability to make clinical decisions.

The findings of the study indicate that almost all respondents have moderate emotional intelligence. This indicates that nurses' ability to recognize, manage, and utilize emotions has been developed quite well, although some aspects, especially emotion regulation, are not yet optimal. This condition is related to the operating room work pattern, which still relies on senior mentoring, so that nurses appear emotionally stable when working with seniors but are not yet fully independent when they have to make decisions without direct guidance. The results of this study are also consistent with the study by Alhakami & Baker, which found that nurses' emotional intelligence was at a moderate level, particularly in the aspects of emotional regulation and understanding (Alhakami & Baker, 2025). Overall, the researchers argue that moderate emotional intelligence indicates that nurses are able to work professionally and maintain effective communication, but still require strengthening of independence in the aspect of emotional regulation through self-directed training, such as structured self-reflection exercises.

The results of the study indicate that the respondents have moderate emotional intelligence, but their clinical decision-making is in the high to very high category. This finding indicates that moderate emotional intelligence is sufficient to support critical thinking, situation assessment, and determining appropriate actions in the perioperative context. One factor that may explain these findings is the length of service, which enriches clinical experience, as well as the guidance of senior nurses, which helps accelerate the development of decision-making skills. The combination of these two factors strengthens the maturity of the clinical decision-making process, so that the quality of decisions remains high even though individual emotional intelligence is not yet at an optimal level. The findings of the present study differ from those reported by Jawabreh, which reported that the levels of emotional intelligence and clinical decision-making among respondents were both in the high category (Jawabreh, 2024). In this study, the nurses' emotional intelligence was in the moderate category, but their clinical decision-making skills remained high. This difference can be explained by the broader professional experience of perioperative nurses, where exposure to critical cases, situational learning patterns, and teamwork dynamics compensate for individual emotional abilities. These factors enable nurses to continue to assess situations accurately and make accurate decisions, even if their emotional intelligence is not at an optimal level. Thus, the results of this study highlight that clinical experience and work environment can be important determinants that strengthen the quality of decision-making, even when emotional intelligence is not in the high category.

The findings of the study indicate that the majority of respondents had moderate levels of self-efficacy. This indicates that nurses' confidence in performing perioperative tasks is quite good, but not yet strong in all clinical situations, especially when facing clinical decisions. Based on the researchers' observations, the respondents had varying levels of experience. Some nurses are often assigned to certain types of procedures, so they have a high success rate in those areas but less exposure to other, more complex procedures. This imbalance in experience is the most dominant factor causing nurses' self-efficacy to be in the moderate category, because their self-confidence develops unevenly according to their respective clinical experiences. The role of experience in shaping self-efficacy is in line with the findings of Herlina and Sitorus' research, which shows that vicarious *experience* is a protective factor in shaping self-efficacy (Herlina & Sitorus, 2018). These findings confirm that learning through observation, case discussions, and sharing clinical experiences can help increase individual confidence. In the context of perioperative nursing, this collective learning mechanism is particularly relevant for nurses who lack extensive clinical experience, as others' experiences can serve as a source for self-efficacy formation when personal experience is still limited. These research findings align with the study by Aprilia et al. at RS Islam Siti Aisyah Madiun, which showed that nurses had moderate self-efficacy (Aprilia et al., 2023). The study explained that unbalanced work experience and limited exposure to complex cases were important factors influencing self-efficacy levels. This similarity supports the results of the study conducted, that self-efficacy that is not in the high category is most likely caused by uneven success experiences in various perioperative work situations. In addition, the self-efficacy of nurses in the moderate category is also influenced by collective and hierarchical perioperative work patterns. Junior nurses generally work under the guidance of senior nurses, so that responsibility for decision-making is often considered to lie with more experienced figures. This condition makes nurses' self-confidence more dependent on senior support than on their own professional autonomy, thereby hindering the development of individual self-efficacy and keeping it in the moderate category. Overall, the researchers argue that nurses' self-efficacy remains at a moderate level due to uneven experiences of success and limited professional

autonomy. Therefore, efforts to increase self-efficacy are needed by providing more equitable task rotations, opportunities to handle more diverse cases, and strengthening mentoring programs that encourage independence so that nurses gain broader and more consistent experiences of success as a basis for increasing self-efficacy.

The findings of the study indicate that the respondents have worked for more than five years, have moderate self-efficacy, but their clinical decision-making is in the high to very high category. These findings indicate that moderate self-efficacy is still capable of supporting the clinical assessment process, interpretation of information, and accuracy in determining actions, even though self-confidence is not yet in the optimal category. One factor that may explain these findings is the educational background of nurses, most of whom have a Diploma IV or Bachelor of Nursing degree, as well as the guidance provided by senior nurses. These two aspects help strengthen clinical decision-making skills, so that clinical decisions remain accurate even though self-efficacy is in the moderate category. The findings of this study differ from those of Albooghobeish et al., which showed that respondents in that study tended to have a weak perception of clinical decision-making and self-efficacy in the moderate category (Albooghobeish et al., 2023). These results illustrate that weak self-efficacy is usually associated with suboptimal decision-making abilities. However, this study shows that perioperative nurses are able to achieve a high level of clinical decision-making even though their self-efficacy is only in the moderate category. This difference in pattern confirms that in the context of perioperative practice, professional experience, direct learning from critical situations, and mentoring from senior nurses can play a role in strengthening decision-making capacity, so that the quality of decisions is maintained even though individual self-efficacy is not yet optimal. Mentoring from senior nurses functions as a form of professional care in the work environment. A work environment that resembles family support through good communication, strong team bonds, and consistent coaching has the potential to increase nurses' self-efficacy. This is in line with the findings of Anjaswarni et al., which shows that bonds and communication affect self-efficacy through the mediator of care, which in a professional context can be analogized as support and coaching in the work environment (Anjaswarni et al., 2021).

The findings of the study indicate that emotional intelligence has a significant relationship with the clinical decision-making of perioperative nurses. These findings are consistent with those reported by Jawabreh, which shows that nursing students with high emotional intelligence have better clinical decision-making abilities (Jawabreh, 2024). This is also reinforced by Ayed's research on NICU nurses, which states that good emotional intelligence is significantly correlated with clinical decision-making abilities (Ayed, 2025). In this study, nurses with high emotional intelligence were better able to manage emotional pressure when dealing with critical infants and could make decisions quickly without losing sensitivity to the patient's condition. According to the researchers, the significant relationship between emotional intelligence and clinical decision-making can be explained by the collaborative work environment and the characteristics of perioperative nursing work, which requires strong teamwork. Nurses with higher levels of emotional intelligence are more capable of adapting to the demands of the perioperative environment, recognizing the responsibilities of other team members, and maintaining emotional composure during critical situations. This allows nurses to make quick, accurate, and measured decisions without losing empathy for patients.

The findings of the study indicate that self-efficacy is significantly associated with the clinical decision-making of perioperative nurses. These findings are consistent with the results of a study by Kaya & Bakir that examined operating room nurses in Turkey (Kaya & Bakir,

2024). The study found a positive association between self-efficacy and clinical decision-making ability (Kaya & Bakir, 2024). Nurses with high self-efficacy demonstrate better ability in assessing intraoperative conditions and choosing actions with confidence. Similarly, Akça & Berşe found that nursing students with high self-efficacy had stronger decision-making abilities in the context of administering medication to children (Akça & Berşe, 2023). Overall, the results of this study reinforce empirical evidence that self-efficacy is one of the main determinants of clinical decision-making ability, especially in high-risk work environments such as operating rooms. Nurses' confidence in their own competence plays an important role in fostering the courage to make quick and accurate decisions, while reducing the potential for clinical errors.

The results of the ordinal logistic regression multivariate test show that both variables (emotional intelligence and self-efficacy) simultaneously have a significant effect on clinical decision-making. Research by Park et al., through multiple regression analysis, also reported that emotional intelligence and self-efficacy are two significant predictors of clinical competence in nursing students (Park et al., 2024). When included together in a multivariate model, both variables contribute significantly to explaining variations in clinical ability. These results reinforce the findings of the study that the combination of emotional intelligence and self-efficacy plays an important role in the clinical decision-making process, especially in high-pressure environments such as operating rooms. Overall, these findings strengthen the empirical evidence that emotional intelligence and self-efficacy are important determinants in clinical decision-making for perioperative nurses.

CONCLUSION

There is a significant relationship between emotional intelligence and self-efficacy with clinical decision-making in perioperative nurses, indicating that these two psychological factors play an important role in supporting nurses' ability to make appropriate clinical decisions in the operating room environment. Based on these findings, nurses are expected to improve their emotional regulation and independence in decision-making through self-reflection and expansion of clinical experience. To the Hospital Administration, implementing an equitable task rotation and strengthening the mentoring system to support nurse independence is recommended.

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CONFLICTS OF INTEREST

The researchers declare that this study was conducted without any conflicts of interest, either personal or institutional.

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