

Effect of Emotional Intelligence Skills Training Program on Psychiatric Nurses' Professional Competence

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Article History:

Received: 10-12-2024

Accepted: 26-12-2024

Available Online: 06-05-2025

How to Cite the Article:

Mona Mohammed Madkour, et al. Effect of Emotional Intelligence Skills Training Program on Psychiatric Nurses' Professional Competence, *Anesthesia and Pain Medicine*. 2025;20(1):13-21

ABSTRACT

Background: Enhancing emotional intelligence (EI) among nurses who work with mentally ill patients is vital in their practice, it may improve their professional competence.

Objective: to assess whether the emotional intelligence skills training could improve psychiatric nurses' professional competence.

Methods: This quasi-experimental study assessed the effect of emotional intelligence Skills Training Program (EISTP) on psychiatric nurses' professional competence at El Mamouraa Mental Health Hospital. 40 nurses were involved as one intervention group. Pre- and post-training assessments measured EI and competence using validated tools. The program, delivered over 10 weeks, included workshops, role-playing, and discussions.

Results: EISTP significantly improved EI and professional competence among 40 female psychiatric nurses. Post-training, significant increases were observed in emotional perception, management, and utilization, as well as in knowledge, skills, ethics, and attitudes. A positive correlation between EI and competence highlights EI's role in enhancing nursing practice. Higher education levels were associated with greater competence improvements.

Conclusions: EISTP could improve the competence levels of nurses who work with mentally ill patients. In-service training programs focused on EI should be developed for nurses to enhance their ability to control and regulate emotions, reduce burnout, and improve performance levels.

Keywords: Emotional Intelligence, Professional Competence, Psychiatric Nurses.

INTRODUCTION

Emotional intelligence (EI) has emerged as a critical construct in understanding human behavior, interpersonal relationships, and professional performance. In 1990, Salovey and Mayer defined as the ability to perceive, understand, regulate, and utilize emotions effectively, emotional intelligence is increasingly recognized as a key determinant of success in various domains, including healthcare. In psychiatric nursing, where emotional demands are high and therapeutic relationships are central to patient care, emotional intelligence plays a pivotal role in shaping nurses' professional competence and overall effectiveness [1].

Psychiatric nursing is a specialized field that requires not only clinical expertise but also exceptional interpersonal skills. Psychiatric nurses often work in emotionally charged environments, dealing with patients who may exhibit complex behaviors, emotional distress, or severe mental health conditions. In such settings, the ability to manage one's own emotions, empathize with patients, and navigate interpersonal dynamics is crucial for effective care delivery. Research has shown that emotional intelligence enhances nurses' ability to build trust, foster therapeutic relationships, and improve patient outcomes [2]. Furthermore, high EI is associated with reduced burnout, greater job satisfaction, and improved teamwork among healthcare professionals [3].

Despite its importance, EI is not always explicitly addressed in nursing education or professional development programs. Many psychiatric nurses enter the workforce without formal training in emotional regulation, empathy, or conflict resolution skills that are essential for managing the unique challenges of psychiatric care. This gap underscores the need for targeted interventions, such as EISTP, to equip nurses with the tools they need to excel in their roles [1-3].

Professional competence refers to the integration of knowledge, skills, attitudes, and ethical values required for effective practice in a specific profession. In psychiatric nursing, professional competence encompasses clinical expertise, communication skills, ethical decision-making, and the ability to provide patient-centered care. A competent psychiatric nurse must not only possess technical knowledge but also demonstrate emotional resilience, cultural sensitivity, and strong interpersonal abilities. These competencies are particularly important in psychiatric settings, where the quality of care is heavily influenced by the nurse-patient relationship. EI is closely linked to professional competence in nursing [4].

For instance, Smith et al. found that nurses with higher EI scores demonstrated superior clinical judgment, leadership skills, and adaptability [5]. Similarly, Akerjordet and Severinsson highlighted the role of EI in fostering ethical decision-making and patient-centered care [6]. Thus, enhancing EI can lead to improvements in multiple dimensions of professional competence, ultimately benefiting both nurses and patients. While the benefits of EI are well-documented, there remains a paucity of research on how best to cultivate EI in healthcare professionals. Traditional approaches to nursing education often focus on technical skills and theoretical knowledge, leaving little room for the development of emotional and social competencies. Moreover, the fast-paced and high-stress nature of psychiatric nursing can exacerbate emotional exhaustion and impair nurses' ability to engage effectively with patients. In light of these challenges, structured EISTP offer a promising solution.

EISTP are designed to enhance individuals' self-awareness, emotional regulation, empathy, and interpersonal skills through experiential learning, reflective exercises, and practical application. Such programs have been successfully implemented in various fields, including business, education, and healthcare, with positive outcomes reported across diverse populations [7]. However, few studies have specifically examined the impact of EI training on psychiatric nurses' professional competence. This gap highlights the need for empirical research to evaluate the effectiveness of EI interventions in this context.

Therefore, current study addresses this gap by investigating the effect of an EISTP on psychiatric nurses' professional competence. To determine whether a structured EI training program can lead to measurable improvements in both EI and professional competence among psychiatric nurses.

METHODS

Study design & setting:

A quasi-experimental study was done at El Mamouraa Mental Health Hospital, Alexandria, Egypt during the period from July 2023 to November 2023. A purposive sample of 40 psychiatric nurses who work in inpatient departments was selected as pretest-posttest one group for evaluating the effect of EISTP in a real-world setting where random assignment may not be feasible.

Inclusion criteria:

- **Work Experience:** a minimum of one year of clinical experience in psychiatric nursing to ensure familiarity with the unique challenges of the field [8,10].
- **Age Requirement:** must be 18 years or older, as EISTP is designed for adults [3,7].
- **Voluntary Participation:** provide informed consent to participate in the study voluntarily, without any coercion or undue influence [1,11].
- **Availability for Training:** to attend all EISTP sessions during the study period [5, 6].
- **Baseline Assessment:** participants must complete a pre-training assessment of their EI and professional competence to establish baseline data [6,9].

Exclusion criteria:

- **Previous EI Training:** nurses who have previously participated in formal EISTP within the past two years to avoid confounding effects from prior training [3,7].
- **Current Enrollment in Similar Programs:** participants currently enrolled in other programs focused on EI, communication skills, or psychological interventions [2,5].
- **Medical or Psychological Conditions:** nurses who diagnosed severe mental health conditions (e.g., major depressive disorder, anxiety disorders) or cognitive impairments that could interfere with their ability to participate fully in the training [6,8].
- **Role Restrictions:** nurses working exclusively in administrative or non-clinical roles, as the study focuses on clinical psychiatric nursing practice [2,9].
- **Insufficient Tenure:** nurses with less than one year of clinical experience in psychiatric care, as they may lack the necessary context to benefit fully from the training program [8,10].
- **Incomplete Data:** participants who fail to complete the pre-and post-training assessments, or any required components of the study [11,12].
- **Non-Compliance:** participants who miss more than 20% of the training sessions or fail to adhere to the study protocol to maintain consistency in the intervention delivery [5,7].

Procedure:

I. Pre-Procedure evaluation:

Before initiating the EISTP, a comprehensive pre-procedure evaluation is essential to establish baseline data. It is a critical step in determining the current levels of EI and professional competence among psychiatric nurses, and compared to post-intervention outcomes. A detailed description evaluation process as follow:-

A- Participant screening process to verify that participants meet the inclusion and exclusion criteria. This involves the assessment of work experience in psychiatric nursing and health and psychological status.

B- Baseline assessments to measure participants' EI and professional competence before the intervention. These include:

- 1- EI assessment by assessing emotions scale (AES-33) to evaluate EI, translated into Arabic. The responses are rated on a five-point Likert scale ranging from 'strongly agree (5) to strongly disagree (1)'. It is subdivided into perception of emotions, managing own emotions, and utilization of emotions. High EI $\geq 75\%$, average EI $< 75\%$:60%, and Low EI $< 60\%$.
- 2- Professional competence assessment: psychiatric nurses competency checklist was developed and included 37 items divided into three main dimensions: Knowledge and skills (27), attitudes and beliefs (7), and professional ethics (3) items to assess participants' professional competence. The scoring System uses a three-point Likert scale: rarely = 0, sometimes =1, and always = 2. Higher scores indicate higher competence: 0-36 is low, 37-55 is moderate, and 56 -74 is high.

Orientation session: organized to familiarize participants with procedures, expectations, and timeline. Key components of the session include explanation of the study to provide a detailed overview of the study objectives, design, and expected outcomes. Training program overview of EISTP, including the duration, frequency, and format of sessions.

Clarification of Roles: emphasizing the importance of active participation and adherence to the study protocol.

Documentation and Record Keeping: including consent forms, screening results, and baseline assessment scores, documented and securely stored. This ensures transparency, accountability, and compliance with ethical guidelines.

II. Intervention:

Emotional Intelligence Skills Training Program (EISTP)

EISTP delivered to the intervention group over a period of 10 weeks, with sessions conducted 1-2 a week. Each session was approximately 60-90 minutes. The training program designed based on Goleman's model of EI and included the following:

(A) Training modules:

- 1- Self-Awareness: understanding one's own emotions and their impact on behavior. Techniques for self-reflection and emotional self-assessment.
- 2- Self-Regulation: strategies for managing stress and controlling impulsive behaviors. Developing emotional resilience and coping mechanisms.
- 3- Social Awareness: enhancing empathy and understanding the emotions of others Practicing active listening and non-verbal communication skills.
- 4- Relationship management: building and maintaining therapeutic relationships with patients. Conflict resolution and effective communication techniques.
- 5- Motivation: enhancing intrinsic motivation and resilience.
- 6- Empathy: Understanding patients' emotions and perspectives.
- 7- Social Skills: Improving communication, teamwork, and conflict resolution.

The duration was typically 10 weeks, with weekly sessions lasting 1.5–2 hours each. Delivery mode includes in-person workshops, role-playing exercises, case studies, group discussions, and reflective activities.

(B) Training Methods:

- 1- Interactive Workshops: Facilitated by experienced trainers in EI and psychiatric nursing.
- 2- Role-Playing: Exercises simulated scenarios to practice emotional regulation and interpersonal skills.
- 3- Group Discussions: Reflective discussions on real-life experiences and challenges in psychiatric nursing.
- 4- Homework Assignments: Activities such as journaling or self-assessment exercises to reinforce learning.

III. Post-Intervention Assessment

Immediately after the completion of EISTP, the intervention group was undergo a post-intervention assessment using the same tool as the baseline assessment (AES-33). Psychiatric Nurses Competency Checklist tool was used as an observational instrument to evaluate professional competence. Studied psychiatric nurses were

evaluated by comparison between pretest and posttest to determine whether the emotional intelligence skills training could improve psychiatric nurses' professional competence.

Statistical analysis:

Sample size using the equation developed by Thompson: $1 + (2) n = 1 + N (d^2) N$, where n represents the sample size, N is the population size, d is the error rate (set at 0.05), z is the standard score corresponding to the significance level (0.95), which equals 1.96, and p is the availability of property (assumed to be neutral, or 0.50).

A descriptive design was used and data were collected using the Computer Statistical Package for Social Science (SPSS), version 26 for statistical analysis. Data were presented using descriptive statistics in the form of numbers and percentages, mean, standard deviation, and qualitative variables were compared using the paired t-test and chi-square test. For the quantitative data, the person correlation coefficient (r) was used. Compare mean differences between pre-test and post-test scores within each group using paired t-Test.

RESULTS

EISTP effectively enhanced EI and competence among psychiatric nurses. Significant improvements were observed in all EI dimensions and competence areas. The positive correlation between EI and competence suggests that enhancing EI can also improve overall professional competence. The study included 40 psychiatric nurses, all of whom were female. Their demographic characteristics are detailed in **(Table 1)**. The EI skills training program was implemented to assess improvements in EI and competence. Pre- and post-program assessments were conducted to measure changes in EI dimensions and competence levels. The study demonstrated that EISTP significantly improved both emotional intelligence and professional competence among psychiatric nurses. The training was particularly effective in enhancing the nurses' ability to perceive, manage, and utilize emotions, as well as their knowledge, skills, professional ethics, and attitudes. The positive correlation between EI and competence further underscores the importance of EI training in nursing education and professional development.

The demographic data indicate a predominantly young, female, and married workforce with moderate experience in psychiatric nursing. The lack of male participants (0%) may limit the generalizability of the findings to male psychiatric nurses. The educational background suggests that most nurses have a mid-level qualification, which may influence their baseline competence and EI levels. The training was effective across various age groups and experience levels, although higher education levels were associated with greater improvements in competence. These findings suggest that EI training should be integrated into nursing curricula and ongoing professional development programs to enhance both emotional and professional competencies in psychiatric nursing **(Table 1)**.

The mean scores of EI dimensions before and after the EISTP. Significant improvements were observed in all dimensions: Perception of Emotions, Managing Own Emotions, Managing Others' Emotions, and Utilization of Emotions. The total EI score also showed a highly significant increase ($p < 0.001$). The results demonstrate that the EI training program was effective in enhancing EI across all dimensions. The highly significant ($p < 0.001$) suggest that the program had a substantial impact on the nurses' ability to perceive, manage, and utilize emotions, both for themselves and others **(Table 2)**.

The distribution of total EI levels among the nurses before and after the EI skills training program. The percentage of nurses with high EI increased from 2.5% to 65%, while those with low emotional intelligence decreased from 67.5% to 7.5%. The figure visually confirms the effectiveness of the EI training program, showing a dramatic shift from low to high EI levels among the participants. This suggests that the program successfully improved the nurses' overall EI **(Fig. 1)**.

The total competency levels of the nurses before and after the EI skills training program. The percentage of nurses with high competency increased significantly post-training. The figure highlights the positive impact of the EI training program on the nurses' competency levels. The increase in high competency levels post-training suggests that EI skills are closely linked to professional competence in psychiatric nursing **(Fig. 2)**.

The mean scores of competence dimensions before and after the EI skills training program. Significant improvements were observed in Knowledge and Skills, Professional Ethics, and Beliefs and Attitudes. The total competence score showed a highly significant increase ($p < 0.001$) indicate that EISTP is not only improved EI but also enhanced the nurses' professional competence. The significant improvements in all competence dimensions suggest that emotional intelligence training can positively influence various aspects of nursing practice **(Table 3)**.

The relationship between total competence and demographic characteristics post-EI training. The results show a statistically significant association between education level and competence ($p = 0.002$), but no significant associations were found with other demographic factors such as age, marital status, or years of experience. The significant association between education level and competence suggests that higher educational qualifications may enhance the effectiveness of EI training. However, the lack of significant associations with other demographic factors indicates that the training was equally effective across different age groups, marital statuses, and experience levels **(Table 4)**.

The correlation between total emotional intelligence and total competence among the nurses. A moderate positive correlation was found ($r = 0.444$, $p = 0.001$). The positive correlation suggests that higher emotional intelligence is associated with higher professional competence. This finding supports the idea that emotional intelligence is a critical component of effective nursing practice, particularly in psychiatric settings (**Table 5**).

Table 1: Demographic characteristics of the studied psychiatric nurses.

Demographic Characteristics	No	%
Age in years:		
18 to <30 years old	21	52.5
30 to <35 years old	10	25.0
35 to <40 years old	3	7.5
≥ 40 years old	6	15.0
Mean ± SD	22.3± 2.234	
Sex:		
Male	0	0.0
Female	40	100.0
Marital Status:		
Single	7	17.5
Married	32	80.0
Divorced	1	2.5
Widowed	0	0.0
Education Level:		
Diploma	11	27.5
Institute	25	62.5
Baccalaureate degree of nursing	3	7.5
Postgraduate Studies	1	2.5
Experience years in Psychiatric Nursing:		
1 to <5 years	18	45.0
5 to <8 years	9	22.5
8 to <10 years	3	7.5
≥ 10 years	10	25.0

- a) Data are presented as frequencies and percentages for categorical variables.
b) Mean ± standard deviation for continuous variables.

Table 2. Comparison between mean scores of emotions dimensions among the studied psychiatric nurses at pre and post emotional intelligence skills training program (n=40)

Emotional Intelligence Dimensions	Pre Program Mean± SD	Post Program Mean± SD	t-Test	P-Value
Perception of Emotions	21.01±3.257	43.57±3.614	-2.532	0.015*
Managing Own Emotions	17.88±3.594	40.32±3.643	3.850	<0.001**
Managing Others' Emotions	17.45±3.257	34.4±3.271	-3.578	0.001**
Utilization of Emotions	12.46±2.83	28.4±3.669	3.520	0.001**
Total	68.75± 10.61	146.69± 9.89	-4.637	<0.001**

- a) Data presented as numbers as appropriate.
b) * Statistically significant at $P \leq 0.05$ ** highly statistically significant at $P \leq 0.001$

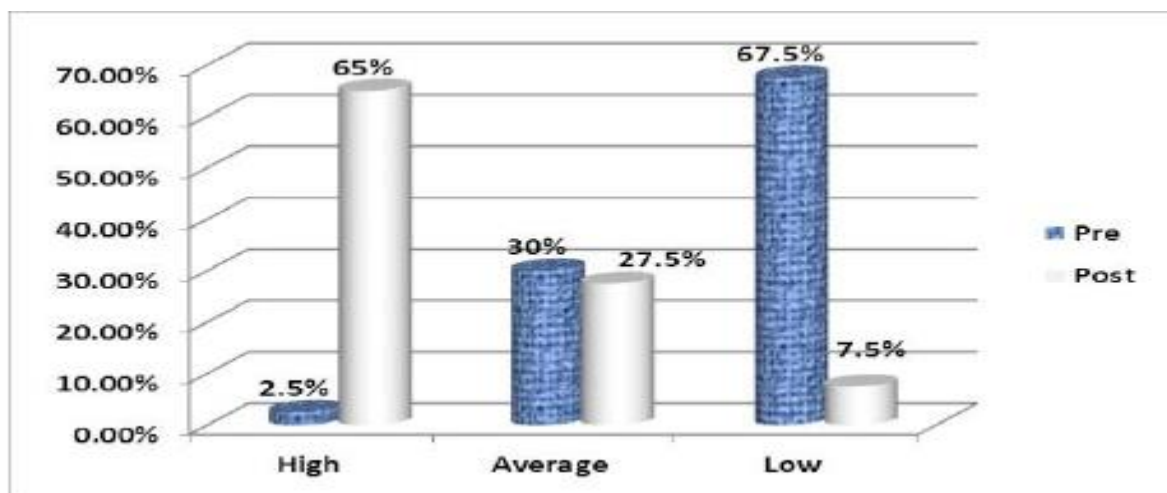


Figure 1: Comparison between the studied psychiatric nurses regarding their total emotional intelligence levels pre and post EI skills program implementation (n=40). (Vertical axis represents: the percentage of nurses & horizontal axis represents: level of intelligence).

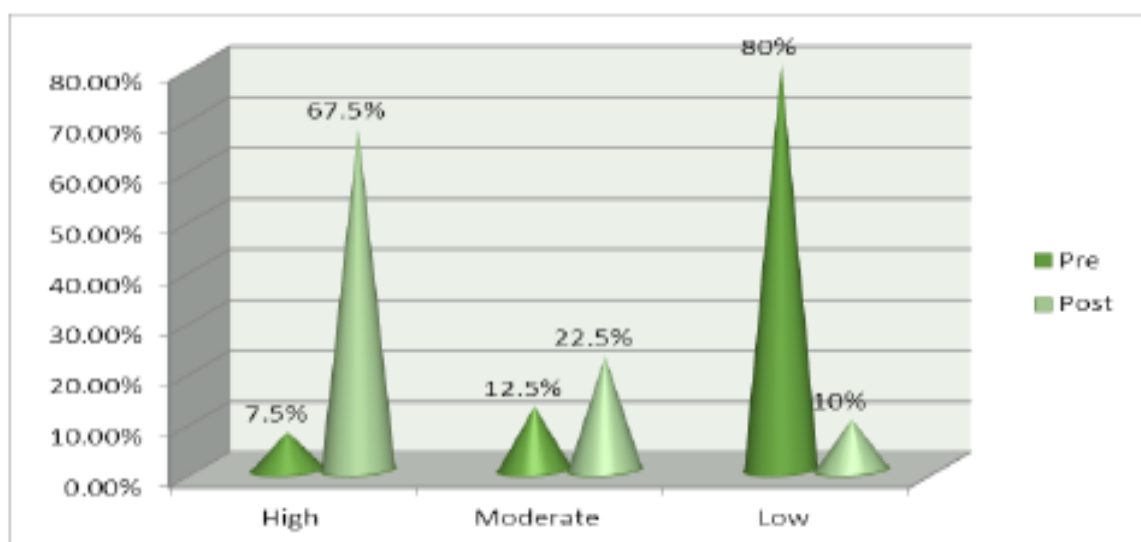


Figure 2: Comparison between the studied psychiatric nurses regarding their total competency level at pre and post EI skills program implementation (n=40). (Vertical axis represents: the percentage of nurses & horizontal axis represents: level of intelligence).

Table 3. Comparison between mean scores of competence dimensions among the studied psychiatric nurses at pre and post emotional intelligence skills training program (n=40)

Competence Dimensions	Pre Mean± SD	Program	Post Program Mean± SD	t-Test	P-Value
Knowledge and Skills	15.05±7.44		28.17±8.15	3.536	<0.001**
Professional Ethics	.59±1.491		5.24±1.329	8.150	<0.001**
Beliefs and Attitudes	2.58±2.96		13.04±2.71	5.571	<0.001**
Total	18.22± 10.97		46.45± 11.306	4.337	<0.001**

a) Data presented as numbers and percentages as appropriate.

b) * Statistically significant at $P \leq 0.05$ ** Highly statistically significant at $P \leq 0.001$

Table 4. Relation between the total of competence and demographic characteristics of the studied psychiatric nurses post EI skills program implementation (n=40)

Demographic data of the studied nurses		High (n=27)		Moderate (n=9)		Low (n=4)		X ²	P-Value
		No.	%	No.	%	No.	%		
Age in year	18 to <30 years old	17	42.5	3	7.5	1	2.5	9.843 ^a	0.131
	30 to < 35 years	7	17.5	2	5.0	1	2.5		
	35 < 40 years	1	2.5	2	5.0	0	0.0		
	≥ 40 years	2	5.0	2	5.0	2	5.0		
Marital status	Single	5	12.5	2	5.0	0	0.0	1.534 ^a	0.821
	Married	21	52.5	7	17.5	4	10.0		
	Divorce	1	2.5	0	0.0	0	0.0		
Education level	Diploma	5	12.5	4	10.0	2	5.0	7.206 ^a	0.002*
	Institute	20	50.0	4	10.0	1	2.5		
	College	1	2.5	1	2.5	1	2.5		
	postgraduate studies	1	2.5	0	0.0	0	0.0		
Years of experience in psychiatric nursing	1 >5 years	13	32.5	3	7.5	2	5.0	3.556 ^a	0.737
	5 > 8 years	7	17.5	2	5.0	0	0.0		
	8 > 10 years	2	5.0	1	2.5	0	0.0		
	>10 years	5	12.5	3	7.5	2	5.0		

a) Data presented as numbers and percentages as appropriate.

b) Statistical significance is denoted as * $p \leq 0.05$.

Table 5: Correlation matrix between total emotional intelligence and total competence among the studied psychiatric nurses (n=40)

Study Variables	r-test	P-value
Total Emotional Intelligence	0.444	0.001**
Total Competence	0.444	0.001**

DISCUSSION

Psychiatric mental health nurses need to have the knowledge and skills for identifying and managing their own emotions as well as those of others to enable them to build a therapeutic nurse-patient relationship. It was suggested that EI is crucial for psychiatric nurses to deal with the emotional labor on a daily basis. Psychiatric nurses regularly interact with patients suffering from mental illnesses and are increasingly experiencing job burnout due to the unique nature of their work [15,16].

Our study provides strong evidence that emotional intelligence training can significantly enhance both emotional intelligence and professional competence among psychiatric nurses. The findings are consistent with previous research and highlight the importance of integrating EI training into nursing education and professional development programs. By improving emotional intelligence, nurses can enhance their ability to manage emotions, communicate effectively, and provide high-quality patient care, particularly in challenging psychiatric settings.

1. Impact of EISTP on Emotional Intelligence

Our study demonstrated significant improvements in all dimensions of emotional intelligence, including perception of emotions, managing own emotions, managing others' emotions, and utilization of emotions. The total emotional intelligence score increased from 68.75 ± 10.61 to 146.69 ± 9.89 , with highly significant ($P < 0.001$). These findings align with previous research indicating that structured EI training programs can lead to measurable improvements in EI.

A study by Brackett et al. [3] found that EI training improved participants' ability to regulate emotions and interact effectively in workplace settings. Similarly, Gilar-Corbi et al. [7] revealed that EI interventions enhanced self-awareness and empathy, which are critical for healthcare professionals. The current study's results reinforce these findings,

particularly in the context of psychiatric nursing, where managing emotions both one's own and those of patients, is essential for therapeutic relationships.

Implications: The substantial improvement in EI scores suggests that EI training equips psychiatric nurses with the skills needed to navigate emotionally charged situations, reduce burnout, and improve patient care outcomes. This underscores the importance of integrating EI training into nursing curricula and continuing professional development programs.

2. Impact of EISTP on Professional Competence

The study also revealed significant improvements in all dimensions of professional competence, including knowledge and skills, professional ethics, and beliefs and attitudes. The total competence score increased from 18.22 ± 10.97 to 46.45 ± 11.306 ($p < 0.001$). These findings suggest that EI training not only enhances emotional capabilities but also translates into better professional performance.

Research by Akerjordet and Severinsson [6] highlighted the role of EI in fostering professional competence among nurses. They emphasized that empathy and emotional regulation contribute to ethical decision-making and patient-centered care. Similarly, Codier and Codier [2] demonstrated a strong link between emotional intelligence and clinical competence, particularly in high-stress environments like psychiatric care. The current study supports these findings, showing that EI training directly improves professional competence, as evidenced by the significant increases in knowledge, skills, and ethical behavior.

Implications: The observed improvements in professional competence highlight the potential of EI training to address competency gaps in psychiatric nursing. By enhancing nurses' emotional and cognitive abilities, such training can lead to better patient outcomes, reduced medical errors, and improved teamwork.

3. Relationship between EI and Professional Competence

A moderate positive correlation was found between total emotional intelligence and total professional competence ($r = 0.444$, $p = 0.001$). This finding aligns with prior studies that have established a link between emotional intelligence and professional effectiveness.

Schutte et al. [9] conducted a meta-analysis and found a consistent positive relationship between emotional intelligence and job performance across various professions. In the context of nursing, Smith et al. [5] reported that higher emotional intelligence was associated with greater clinical competence and leadership skills. The current study corroborates these findings, suggesting that emotional intelligence is a key determinant of professional success in psychiatric nursing.

Implications: The positive correlation underscores the importance of EI as a foundational skill for psychiatric nurses. It suggests that efforts to enhance EI can yield dual benefits: improved personal well-being and enhanced professional performance. This reinforces the need for EI training to be prioritized in nursing education and practice.

4. Influence of Demographic Characteristics on Competence

The study found a statistically significant association between education level and competence ($p = 0.002$), with higher educational qualifications correlating with greater improvements in competence post-training. No significant associations were found with other demographic factors such as age, marital status, or years of experience.

Hassan et al. [8] reported that education level significantly influenced the effectiveness of EI training, with higher-educated participants demonstrating greater gains in emotional intelligence and competence. Similarly, Kaur et al. [10] found that advanced education was associated with better adaptability to new skills and knowledge. The current study's findings align with these observations, highlighting the role of education as a predictor of training effectiveness.

Implications: While the lack of association with other demographic factors suggests that the EI training program was effective across diverse groups, the influence of education level highlights the need to tailor training content to participants' educational backgrounds. For instance, supplementary materials may be necessary for participants with lower educational qualifications to ensure equitable learning outcomes.

In summary, our results demonstrate that the EISTP significantly improved both emotional intelligence and professional competence among psychiatric nurses. Notably:

- All dimensions of emotional intelligence showed statistically significant improvements, with the largest gains observed in managing own emotions and utilization of emotions.
- Professional competence also improved across all dimensions, particularly in professional ethics and beliefs and attitudes.
- Education level was a significant predictor of competence, suggesting that advanced education may enhance the effectiveness of EI training programs.
- The positive correlation between emotional intelligence and professional competence underscores the importance of EI in enhancing nursing practice.

CONCLUSIONS

This study contributes valuable insights into the effectiveness of emotional intelligence training among psychiatric nurses, aligning with existing literature while providing new evidence on its impact on professional competence. Future research should explore long-term effects of EI training and its applicability across diverse nursing specialties to further validate these findings. By fostering emotional intelligence through targeted training programs, healthcare organizations can enhance both nurse well-being and patient care quality.

List of Abbreviations:

EI: an emotional intelligence.

EISTP: Emotional Intelligence Skills Training Program

SPSS: Statistical Package for Social Science

Ethical Consideration:

An approval of the study was obtained from Ain Shams University Academic and Ethical Committee (**No.REC-ASU-NUR-2023-01**). Written informed consent of all the participants was obtained. This work has been carried out in accordance with The Code of Ethics of the World Medical Association (Declaration of Helsinki) for studies involving humans.

Conflict of interest: The authors declare no conflict of interest.

Sources of funding: This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Author contribution: Authors contributed equally in the study.

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