

Effect of Emotional Intelligence Based Training Program on Burnout, Psychological Capital and Job Performance among Psychiatric Nurses.

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Abstract: Background: Emotional intelligence has a protective role on psychological capital and performance enhancement of psychiatric nurses which can be effective against burnout. **Purpose:** To evaluate the effect of emotional intelligence-based training program on burnout, psychological capital, and job performance among psychiatric nurses. **Research design:** A quasi-experimental design was used to achieve the purpose of the study. **Setting:** The study was conducted at the Psychiatric Mental Health Hospital in Benha City. **Sampling:** A purposive sample of 60 psychiatric nurses was chosen. **Instruments:** Five different instruments were used Socio-Demographic Data, Emotional Intelligence scale, Maslach Burnout Inventory to determine burnout level among nurses, Psychological Capital scale, and Job Performance Scale. **Results:** There was a highly statistically significant negative correlation between emotional intelligence and burnout among nurses, and a highly statistically significant positive correlation between emotional intelligence and psychological capital and job performance among studied nurses following program implementation. **Conclusion:** These results provide evidence of the efficacy of the emotional intelligence training program in reducing burnout and increasing level of emotional intelligence, psychological capital and performance of studied nurses. **Recommendations:** In-service training programs in the field of emotional intelligence for nurses for increasing nurse's ability to control and regulate emotions, reducing burnout and improving level of performance.

Keywords: *Burnout, Emotional intelligence, psychological capital, Job Performance*

Introduction

The everyday job of diagnosing, interviewing, and analyzing patients' reactions to stress falls on psychiatric/mental health nurses. Nurses can intervene and establish environments that minimize maladaptive behaviors and promote mental health by continuously monitoring patients who are going through crises (Boyd, 2020). Consequently, being a nurse in a psychiatric mental health institution may be both a fulfilling and difficult job. So psychiatric nurses must also show empathy for their losses, sadness,

worry, or depression. If not properly addressed, this may cause emotional tiredness, tension, and eventually burnout (Bregar et al., 2018).

Therefore, the term "burnout" refers to the psychological feeling of persistent tiredness, frustration, rage, and depression. It is linked to depressing emotions, challenges managing work, and poor performance at work. Burnout and stress are not the same thing, despite their close relationship. Conflicts in marriage and families as well as drug and alcohol abuse are unfavorable effects of burnout (Ribeiro

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et al., 2019). Depression, anxiety problems, and even suicide are psychiatric repercussions. Additionally, it may result in a rise in clinical mistakes, unsatisfied patients, and staff turnover. Therefore, preventing burnout among medical professionals, particularly courses, is crucial for advancing both physical and mental health (Darban et al., 2018).

According to such perspective, the concept of job performance in the nursing profession refers to a set of performance actions performed by nursing personnel in the workplace. As a result, psychological capital, self-efficacy, optimism, hope, and tenacity can all improve job performance and attitude. The more “hope” nurses lead to the higher their performance in general (Gong et al., 2019). Poor job performance has been demonstrated to be directly related to high levels of burnout among mental health workers. Psychiatric nurses are more likely to feel stress as a result of the responsibilities inherent in their employment, resulting in a higher burnout rate, which has a detrimental impact on their job performance and happiness. Burnout has a direct impact on the quality of services provided to clients, and recognizing the variables that can contribute to it in the mental health sector is essential. (Ghavidel et al. 2019).

On the other hand, emotional intelligence is one of the most essential qualities that contribute to positive interactions with others and improved job performance. Self-regulation or self-management contributes to psychological well-being, health-promoting behaviors, employee socialization, and high job performance. It includes the ability to remain calm during a provocative or conflict

situation, while keeping defensiveness to a minimum; additionally. Nurses with a high level of intelligence can manage their emotions in terms of maintaining a positive mental state, which can lead to improved job performance. (Adiong et al., 2019).

Emotional intelligence training has been proposed as a feasible technique for reducing stress and burnout in the healthcare industry. Emotional intelligence is a person's ability to effectively feel and interpret emotions, control emotions through various coping methods, and apply emotional knowledge to deal with problems. In difficult situations, people with high emotional intelligence can often engage with others in a receptive and appropriate manner, resulting in an optimum adaptation to the surrounding settings with drive, tenacity, empathy, and mental agility. People with low emotional intelligence, on the other hand, are more prone to stress and burnout. (Jing et al., 2021).

A person's good mental attitude displayed when they are growing and developing is referred to as their psychological capital. It has four components: resilience, self-efficacy (confidence), optimism, and hope. High psychological capital scores give people the resilience and ability to deal with difficult circumstances; this lowered job burnout in the nurses with high psychological capital scores. On the other side, psychological resilience, or the capacity to "bounce back" from a poor emotional experience and confront difficult circumstances, is a key aspect in preventing nursing burnout (Jing et al., 2021).

Psychological capital is defined in this context as a beneficial core psychological aspect of the person, involving a psychological state that

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complies with the expectations of constructive organizational behavior, which are essentially comprised of four characteristics. The four positive psychological attributes of self-efficacy, hope, optimism, and tenacity are key psychological components that transcend economic capital, social capital, and human capital (Jing et al., 2021). These four measured and developed mental states allow people to perform more effectively. Nursing workers must have a high degree of psychological capital in order to attain high levels of performance with mental patients, because positive psychological states, which are included in psychological capital, can increase positive attitude and behavior. (Gong et al., 2019).

Significance of the study

Burnout in psychiatric mental health nurses is caused by the cumulative effects of a number of stressors, including workload, anxiety, dealing with aggressive clients, and personality factors. Furthermore, in a study by Hussein & Mohamed, (2020) the result showed that 80% of nurses under study had a high level in emotional exhaustion, 68.6% in Depersonalization and 92.9% had low level of personal accomplishment of burnout. In a study by Behilak & Abdelraof, (2020) conducted at Tanta mental health hospital, it was found that the majority of nurses experienced high emotional exhaustion and depersonalization compared low accomplishment. So, nurses must be aware of ways used to decrease level of stress at work environment such as emotional intelligence, as well as components of psychological capital to promote the positive attitude and behavior at work.

Purpose of the study

The purpose of the study was to evaluate the effect of emotional intelligence-based training program on burnout, psychological capital, and job performance among psychiatric nurses.

Research Hypothesis:

1. Psychiatric nurses who receive emotional intelligence-based training program are expected to have fewer burnouts on posttest than pretest.
2. Psychiatric nurses who receive emotional intelligence-based training program are expected to have higher level of psychological capital on posttest than pretest.
3. Psychiatric nurses who receive emotional intelligence-based training program are expected to have higher level of job performance on posttest than pretest.

Methods:

Research Design:

A quasi-experimental research design was used (pre and post design).

Setting:

The current study was carried out at the in-patient wards of Benha City's Psychiatric Mental Health Hospital, Kaluobia Governorate. It is affiliated to the Ministry of Health. The Psychiatric / Mental Health Hospital contains 6 departments (5 male and 1 female). Also, it contains an addiction department, with a total capacity of 277 beds to serve patients with psychiatric and mental disorders.

Research Sample:

Overall number of nurses is 223 nurses, with 112 nurses working closely with patients. A purposive sample of 60 nurses which was calculated using the

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following equation: $n = (z^2 \times p \times q) / D^2$ at power 80% and CI 95%. Sample size was chosen according to the following criteria:

Inclusion Criteria:

Nurses should have direct contact with patients (not less than one year).

Exclusion Criteria:

- Nurses who have mental or psychological disturbances.
- Nurses who have chronic physical illness.
- Nurses working in addiction department

Instruments:

Five instruments were used to collect data: -

Instrument One:- Characteristics of Nurses Structured Interview Questionnaire:

This instrument was developed by researchers using relevant literature. It contains two parts;

- **Part One: Socio-demographic characteristics of the studied nurses: -**

It contained six questions designed to assess the socio-demographic characteristics of nurses (age, sex, and marital status, educational level, occupation & monthly income).

- **Part II: Occupational characteristics of the studied nurses: -**

It contained years of nursing experience, years of mental health nursing experience, work shifts, and previous emotional intelligence training classes.

Instrument Two: - Emotional Intelligence Scale:

It was developed by Wong and Law (2002) to assess emotional intelligence. It included 16-items of self-report test. The scale has four dimensions: appraisal of emotions in oneself, emotion appraisal in others, emotions usage, and emotions regulation.

Scoring system:

The response to each item is given based on a 5-point Likert scale, ranged from 1= strongly disagree, 2=agree, 3=sometimes, 4=disagree to 5= strongly agree. The items have a total score ranging from 33 to 99. The scoring is reversed for the reversed questions (5, 28, and 33).

- Low EI: 33-54.
- EI score range: 55-76.
- High EI: 77 - 99 score

Instrument Three: Maslach Burnout Inventory (MBI):

It was developed by Maslach et al. (1996) to assess the extent of burnout among nurses. It is the most often used instrument for detecting whether nurses are at danger of burnout. The MBI investigates three components to identify the risk of burnout: exhaustion, depersonalization, and personal achievement. It is a self-administered 7-likert questionnaire with 22 statements organized into three burnout dimensions.: -

- **Part One: Emotional Exhaustion (EE):** Burnout (or depressive anxiety syndrome): It assesses fatigue at the very idea of work, chronic fatigue, trouble sleeping, physical problems. It consists of 9 items.
- **Part Two: Depersonalization (DP):** Depersonalization (or loss of empathy): Rather, "dehumanization"

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in interpersonal relationships. Excessive detachment leads to cynicism with unfavorable attitudes towards patients or colleagues, feelings of guilt, avoidance of social contacts, and withdrawal into oneself. The professional limits his ability to empathize with his patients and/or coworkers.

- **Part Three: Personal accomplishment (PA):** Personal achievement decline: The individual evaluates himself adversely and believes he is unable to move the situation forward. This component embodies the demotivating impacts of a challenging, recurring circumstance that results in failure despite attempts. The individual begins to mistrust his true ability to execute tasks. This facet is a result of the previous two.

Scoring system:

The MBI is assessed on a 7-point scale ranging from never (0) to everyday (6), with scores calculated independently for each subscale. For emotional exhaustion, low level ranged from 0-17, moderate level ranged from 18-29 and high level was for > 30. Low depersonalization ranged from 0-5, moderate level 6-11 and high level was > 12. Meanwhile, low level of personal achievement was > 40, moderate personal achievement ranged from 34-39

Instrument Four: Psychological capital scale(PCQ).

It is developed by Luthans et al. (2007) (PCQ or PCQ-24; Self-rater version) to assess psychological capital. This scale is divided into four subscales that assess self-efficacy, hope, resilience, and optimism. This scale has 24 items, including six items for each of the four

psychological capacities. The responses were graded on a six-point scale (1 strongly disagree; 6 strongly agree). Strongly disagree=1, disagree=2, somewhat disagree=3, somewhat agree=4, agree=5 and strongly agree=6. An example item is: "I feel confident helping to set targets/ goals in my work area" (self-efficacy).

Scoring system

- Final score sums up and ranges from 24 to 144. Higher scores reflect higher levels of Psychological Capital.
- Levels of psychological capital scale were; No or absence of psychological capital if the score ranged from 1-24, A Low psychological capital was considered if the score was 60% or 25 – 48. Moderate psychological capital was considered if the score ranged from 60 -90% or equal 49-72. High psychological capital was determined if the score was more than 90% equal 73-144

Instrument Five: Job performance scale:

It was used to assess nurses' performance. It was developed by Schwirian (1978) to assess nursing performance through self-evaluation. It described 52 nurses' behaviors that are scored on a 3-point Likert-type Scale. It was divided into six subscales of performance: leadership (5 items), critical care (7 items), teaching/collaboration (11 items), planning/evaluation (7 items), interpersonal relations/communications (12 items), and professional development (10 items). The possible responses for each nurse were "not very well," "satisfactory," and "very well". The overall score for the 52 items

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ranged from 52 to 156, the higher grades indicated greater nursing performance. Scores of low job performance ranged from 1-52. Scores of moderate job performance were from 53- 104. Meanwhile, high job performance scores ranged from 105 – 156

Validity and reliability

The study's instruments were translated into Arabic by the researchers and examined for content validity by a group of 5 experts (professors in the field of mental health nursing) to determine the appropriateness of questions all instruments were found to be valid. For the assessment of reliability, Cronbach alpha was used for instruments one ($\alpha=0.875$), two ($\alpha=0.913$), three (0.892), four (0.748)

Pilot study

A pilot study was conducted on 10% of the total studied nurses (6) to determine the clarity and applicability of the data collection methods. It was also used to estimate the time required to complete each questionnaire. Also, it was used for spotting possible barriers during data gathering. After gathering pilot research data, it was discovered that each nurse required 20-30 minutes to complete the study's questionnaire, and no changes were made, and study nurses were included in the study.

Ethical considerations:

- An official approval from the Ethical Committee of Scientific Research at the Faculty of Nursing, Tanta University, Egypt was obtained
- Each nurse had to provide a written consent regarding their acceptance to participate in the study. All nurses who accepted to participate in the study were given details about the

study's objectives and reassured that their data would be kept confidential and utilized only for the purpose of the study. The nurses were advised that they could withdraw from the study at any time with no consequences.

Procedure

- An official letter was submitted from the Dean of the Faculty of Nursing, Tanta University to the director Psychiatric and Mental Health Institution that follows Egypt's General Secretariat of Mental Health

Assessment phase (pre-test):

The study's instruments were delivered to each nurse individually, and the nurses completed the questionnaire in the presence of the researchers for any explanation.

Implementation phase

- The nurses who were studied were divided into six subgroups. Each subgroup contained ten nurses. Each nurse attended 16 sessions (two sessions per week (Sunday and Wednesday/week) for a total of eight weeks, at the morning shift, each session lasted for 60-90 minutes.
- The training program was carried out using lectures, handouts, brochure, power-point, videos, role play, modeling, demonstration and re-demonstration. The data collection period lasted for 24 weeks (6 months) from March 2022 to August 2022.
- The researchers encouraged and motivated the nurses to participate in the program's sessions by using positive reinforcement.
- The researchers used role play, demonstration, and re-demonstration as methods of teaching practical skill

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in the practical sessions. There was also a lecture, a film, and a group discussion. Role play was used between nurses and between the nurses and the researchers. The researcher also provided an overview of the previous session and told them of the time of the next session. They were given homework assignments for each session.

- Program content
 - 1st session: Introductory session included aim, objectives and sequence and time frame of the program's sessions.
 - 2nd session (theoretical): emotional intelligence (definition, differences between EI & IQ, characteristics of emotionally intelligent person, domains and components, importance of emotional intelligence at work and consequences of low levels of emotional intelligence).
 - 3rd session (theoretical): burnout (definition, causes, domains, signs of burnout and consequences of burnout on physical and psychological health, its effect on family and job performance).
 - 4th session (theoretical): psychological capital (definition, importance, domains, characteristics of people who have psychological capital, and its relation with burnout)
 - 5th session (theoretical): job performance (definition, domains and factors affecting job performance, methods of improving performance).
 - 6th session (practical): improving Self-awareness skills (concept, goals, components of self-awareness, strategies to improve self-awareness and training on how to be aware of strengths, weakness and how manage time| and how to acquire new skills to develop self)
 - 7th session (practical): developing self-regulation (concept, importance of self-regulation, steps to improve self-regulation as self talk, analysis of situations with different ways and training on how to control self with different strategies such as effective communication, humor and relaxation)
 - 8th session (practical): self-motivation (concept, components, types, stages, importance of self-motivation on job, training on steps of self-motivation and how to overcome obstacles of self-motivation).
 - 9th & 10th session (practical): resilience skills (concept of resilience, why nurse needs to be resilient in workplace, importance of resilience in workplace, examples of showing resilience as recovering from an injury or illness, training on how to demonstrate resilience at work such as staying thankful, accepting current position, pushing through discomfort, focusing on work tasks and balancing work and life well etc...).
 - 11th& 12th session(practical): emotion regulation skills (concept, motional regulation importance, 5 emotion regulation skills should be mastered by nurse and training on strategies that can help nurse regulate emotions such as engaging in positive self-talk)
 - 13th session(practical): self-efficacy (concept, importance of self-efficacy, factors affecting self-efficacy, barriers to improve self-efficacy and training on how to develop self-efficacy).
 - 14th session(practical): empathy skills (concept, types of empathy, importance of empathy on job, factors affecting empathy with

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others, effects of low nurses' empathy training on how to develop empathy skill as helping patient to express feelings, listen effectively to patient feelings using words & body language to express empathy, and provide help).

- 15th session (practical): improving social skills (concept, basic determinants, types of communication, importance of social skills on job, training on social skills as speaking, listening skills, positive conversation skills and praise and criticism).
- 16th session (final): Summary of the program sessions and post-assessment test.

Evaluation phase:

Following program implementation, a post-test was conducted to assess levels of emotional intelligence, burnout, psychological capital and job performance using the instruments of the pre-test. This was done one week following the training program's implementation.

Statistical analysis:

The data was coded, tabulated, and statistically analyzed using the Statistical Package for Social Sciences (SPSS version 20.0), as well as Microsoft Office Excel for graphical display. Descriptive statistics were used for quantitative data, such as mean and standard deviation, and qualitative variables, such as frequency and percentages. The chi-square test was used to compare qualitative category variables. Paired T- test was used to test relationships between different variables. Pearson correlation coefficient was used to determine the degree and direction of association between two variables. Statistical

significance was considered at P-value $P \leq 0.05$, and considered highly statistically significance at p-value $P \leq 0.001$.

Results

Table 1 reveals that mean age of the studied nurses was 40.15 ± 8.03 . Near two thirds (63.3) of studied nurses were females. The majority (83.3) of studied nurses were married had nursing diploma, while more than half (58.3) of studied nurses worked at staff nurse. More than half (60.0) of studied nurses' had not enough monthly income.

Table 2 shows that two thirds (65.0) of studied nurses have more than fifteen years of experience in nursing field with a mean 15.5 ± 4.47 . Regarding years of experience years in psychiatric nursing field two thirds (65.0) of studied nurses have experience 10-<15yrs. According to work shift half (50.0) of studied nurses work 12 hour day Mean working hours is 15.9 ± 6.7 . All studied nurses didn't attend previous emotional intelligence courses.

Table 3 illustrates that there is an increase in mean score of emotional intelligence of studied nurses at post program (9.82 ± 4.37) than preprogram (2.87 ± 2.85). Therefore, there is a highly statistically significant difference between mean score of all subscales items of emotional intelligence of studied nurses at post program ($P < 0.01^{**}$).

Figure 1 illustrates level of emotional intelligence (EI) among studied nurses at pre and post program. More than two-thirds (75%) of studied nurses have moderate EI ratings prior to the program, which improved to high levels (72%) after program implementation.

Figure 2 demonstrates significant decrease in level of burnout post program by 63.70% of studied nurses

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had low level of burnout than preprogram (55.60% had moderate level)

Table 4 shows that the total mean score of psychological capital of the studied nurses is 10.83 ± 3.64 post program, which is higher than the total score before the program (3.32 ± 2.54). Also there is a highly statistically significant difference between mean score of all subscale's items of psychological capital of studied nurses at post the program as p-value $< 0.01^{**}$.

Figure 3 shows a significant increase in job performance level 65.0% among studied nurses post program compared to preprogram (30.6%).

Table 5 reveals that mean score of job performance of studied nurses is 149.30

± 40.07 post program which is more than mean score preprogram (138.98 ± 37.27). Also, there is a highly statistically significant difference between mean scores of all job performance subscale's items for studied nurses at post the program as p-value $< 0.01^{**}$.

Table 6 show that there is a positive highly statistical significant correlation between emotional intelligence, psychological capital, and job performance among the studied nurses at post-program ($P = .001^{**}$). Unlikely, there a negative association between burnout and emotional intelligence, psychological capital and job performance.

Table (1): Socio-demographic characteristics of the studied nurses (n =60).

Socio-demographic characteristics(n=60)	N	%
Age (in years)		
25 < 35 years	12	20.0
35 < 45 years	25	41.7
≥ 45 years	23	38.3
Mean \pm SD	40.15 \pm 8.03	
Sex		
Male	22	36.7
Female	38	63.3
Marital status		
Single	3	5.0
Married	50	83.3
Divorced	3	5.0
Widowed	4	6.7
Educational level		
Nursing diploma	37	61.7
Bachelor in nursing	15	25.0
Post graduated studies	8	13.3
Occupation		
Staff nurse	35	58.3
Nurse specialist	12	20.0
Nurse supervisor	10	16.7
Head nurse	3	5.0
Monthly income		
Enough	24	40.0
Not enough	36	60.0

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Table (2): Occupational data of studied nurses (n =60).

Occupational data	N	%
Experience in nursing field(in years)		
5 < 10 years	10	16.7
10 < 15 years	11	18.3
≥15 years	39	65.0
Mean ± SD	15.5 ± 4.47	
Experience in psychiatric nursing field(in years)		
2 < 5 years	3	5.0
5 < 10 years	7	11.7
10 < 15 years	39	65.0
≤15 years	11	18.3
Mean ± SD	15.5 ± 4.47	
Work shift		
Morning shift only	7	11.7
24 hour shift	23	38.3
12 hour day\ night	30	50.0
Mean ± SD	15.9 ± 6.7	
Attending Previous Emotional Intelligence courses		
No	60	100.0

Table (3): Mean scores of emotional intelligence among of the studied nurses on pre and post-program (n=60).

Emotional intelligence subscale	Pre (n=60)	Post (n=60)	t-test	(p-value)
	Mean ± SD	Mean ± SD		
Appraisal and expression of emotion in the self	1.69±0.39	3.01±1.30	9.266	<0.01**
Appraisal and recognition of emotion in others	0.15±0.98	2.84±1.15	9.341	<0.01**
Regulation of emotion in the self	0.57±0.66	2.17±0.98	19.38	<0.01**
Use of emotion to facilitate performance	0.19±0.82	1.80±0.94	20.47	<0.01**
Total of Emotional intelligence	2.87±2.85	9.82±4.37	14.61	<0.01**

*: Significant at p <0.05. **: Highly statistically significant at p <0.01. Not significant at p>0.05

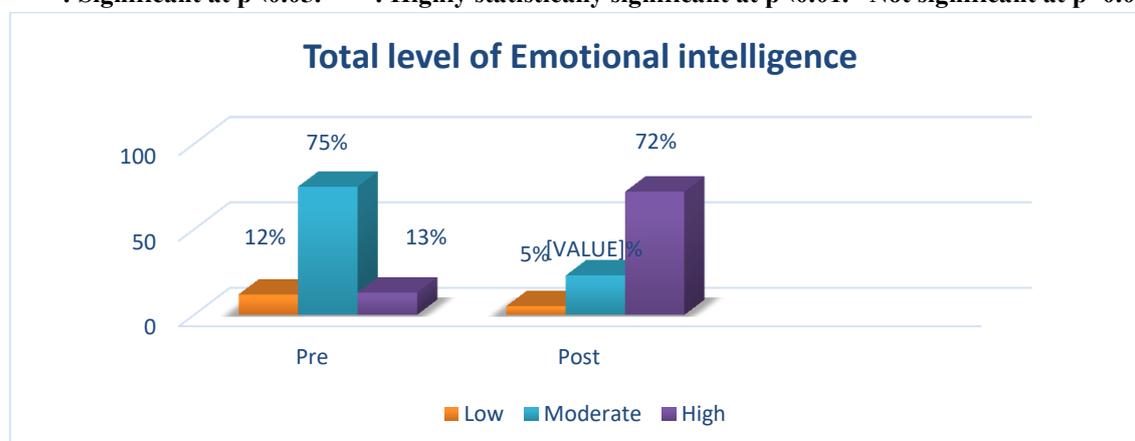


Figure 1 levels of emotional intelligence among the studied nurses on pre and post program n= (60)

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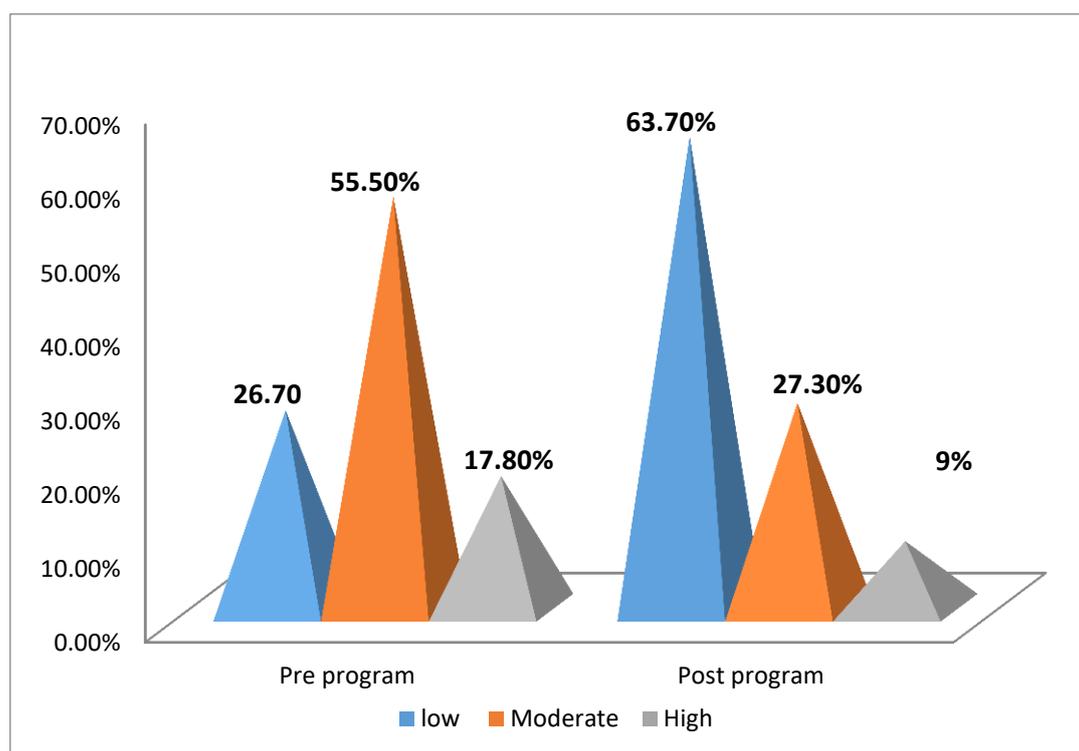


Figure (2): levels of burnout among the studied nurses on pre and post program n= (60)

Table (4): Comparison between psychological capital of studied nurses pre and post program (n=60).

Psychological Capital subscales	Pre (n=60)	Post (n=60)	t-test	(p-value)
	Mean ± SD	Mean ± SD		
Self-Efficacy	0.82±0.36	2.54±0.99	17.74	<0.001**
Hope	0.54±0.62	2.68±0.85	21.30	<0.001**
Resilience	1.33±0.90	2.96±1.25	21.15	<0.001**
Optimism	0.63±0.66	2.65±0.82	8.362	<0.001**
Total Psychological Capital	3.32±2.54	10.83±3.64	17.14	<0.001**

****:** Highly statistically significant at p <0.001.

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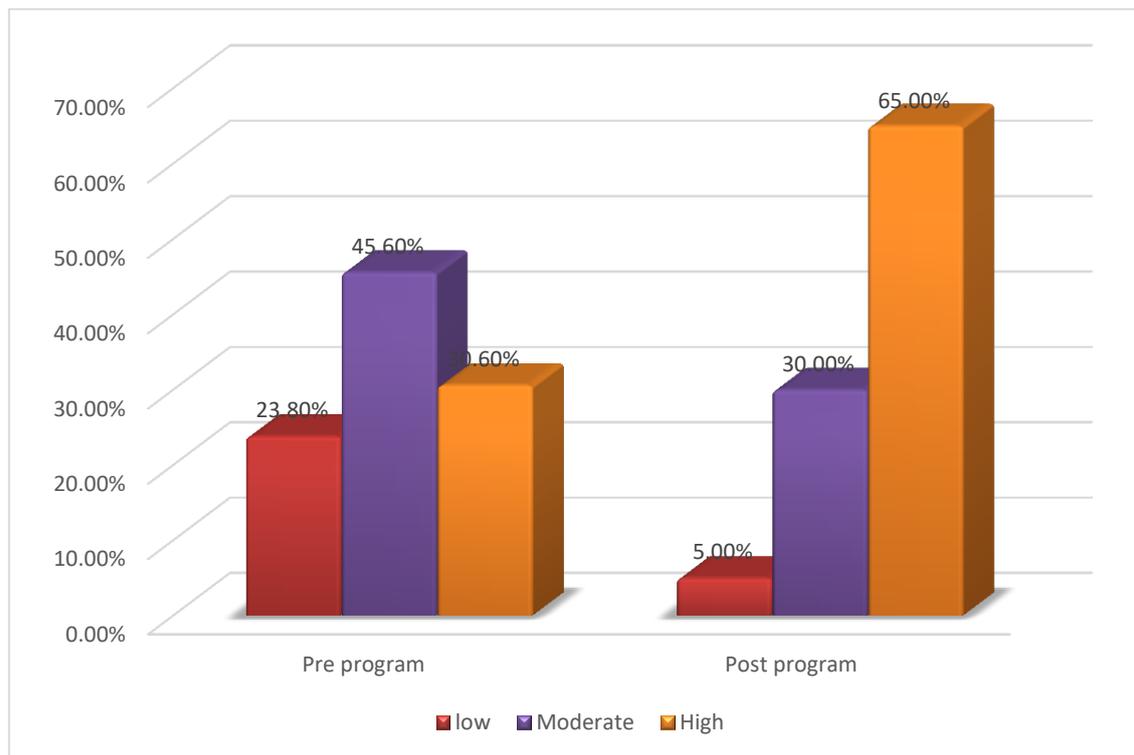


Figure (3): Job Performance of studied nurses on pre and post program implementation (n=60).

Table (5): Job Performance of studied nurses on pre and post program implementation (n=60).

Job Performance Subscales	Pre program	Post program	Paired T T test	P Value
	Mean ± SD	Mean ± SD		
Leadership	9.49± 6.89	12.50 ± 4.207	8.03	0.000
Critical care	19.01± 6.97	23.24 ± 5.22	8.95	0.000
Teaching	29.64±9.19	31.45 ± 11.58	3.94	0.021
Planning	17.59± 7.86	19.32 ± 6.53	11.19	0.026
Communication	39.39 ± 7.80	40.91 ± 7.80	5.35	0.04
Professional development	33.52± 5.46	34.38 ± 6.68	9.13	0.015
Total Performance	138.98±37.27	149.30 ± 40.07	13.09	0.09

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Table (6): Correlations between emotional intelligence, burnout, psychological capital and job performance among studied nurses (post program)

Scales	Spearman's rank correlation coefficient							
	Emotional intelligence		Burnout		Psychological capital		Job performance	
	r	P value	r	P value	R	P value	R	P value
Total Emotional intelligence								
Total Burnout	-.859	.001**						
Total Psychological capital	.772	.000**	-.680	.001**				
Total Job performance	.510	.002**	.864	.000**	-.830	.000**		

Discussion

Psychiatric nurses have regular interactions with patients suffering from mental diseases. Because of the distinctive character of their work, psychiatric nurses are increasingly experiencing job burnout (Tang ,2023, Farahat, 2016, & Elghabbour, 2022). Psychiatric nursing is a profession with distinct obligations and opportunities, and available research indicates that psychiatric nurses face high levels of stress and burnout. Emotional intelligence has been identified as a hallmark of good nursing actions due to improved decision making and problem solving (Rakhshani et al., 2018 & Aldossary et al., 2019).

Nurses' ability to establish rapport with patients, manage their emotions, and empathize with patients is crucial to boosting their psychological capital and job effectiveness, which leads to giving high-quality care (Mehrddad et al., 2016 & Minjeong et al., 2020). So the purpose of the present study was to evaluate effect of emotional intelligence based training program on burnout, psychological capital, and job performance among psychiatric nurses. Regarding level of emotional intelligence (EI), the results reveals an increase in total mean score of emotional intelligence of studied nurses post program than preprogram. This

indicates the effectiveness of the program. This was supported by Aldossary (2019) investigated " Study of Emotional Intelligence among Psychiatric Mental Health Nurses in Eastern Province, Saudi Arabia. " and found that nurses experience high level of emotional intelligence following psycho-educational programs supported by the organization.

Also results are in accordance with Foji et al. (2020), and Zaki et al (2018) who conducted studies about effect of emotional intelligence program for head nurses and found that emotional intelligence training program had a positive effect on their all levels of emotional intelligence subscales. This could be because everyone is expected to readily recognize their own feelings and consequences, to always accept responsibility for their own performance, and to be aware of their own strengths and limitations. Following the program, studied nurses were able to appraise their own values and talents, as well as use effective urging techniques and collaborate with others to achieve shared aims. Furthermore, because they were interested in the research subject, the studied nurses were able to quickly gain knowledge.

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Concerning work burnout, it was found that before program; more than half of the studied nurses had moderate level of burnout which was reduced post program. In a study by Kabbash et al., (2015) conducted in the emergency hospital of Tanta University at Egypt and stated that about one-quarter of studied nurses and physicians (26.8% and 22.6%) suffered from high levels of burnout syndrome. Such a result could be attributed to the present program's impact on increasing nurses' capacities to control their anger and stress, as well as employing relaxation techniques that help them to release negative energy and chronic stress. Furthermore, the nurses under the study became less weary and more able to face day-to-day challenges, as well as reduced their emotional burnout from their work.

These findings are consistent with the findings of study of Gong et al., (2019) and Tebani, (2017) about effectiveness of a therapeutic program in the development of emotional intelligence and alleviation of psychological of health care staff and reported that the program was effective on developing emotional intelligence skills and reducing burnout among the study subjects.

Regarding nurses' psychological capitals, nurses with a high level of psychological capital were shown to possess crucial motivational and cognitive traits that could be applied in every given work setting to shield them from work-related stress and anxiety and improving work performance. The current program showed to have a positive effect on psychological capital of the nurses under study. Findings of this study were consistent with a study conducted by Cha (2017) entitled "Study of positive psychological capital,

subjective well-being and nursing performance" This illustrates that the current program had a positive impact on the examined nurses' self-awareness and understanding abilities, as well as motivating them by making them aware of their strengths and flaws. This could have helped nurses to achieve improvement and deal well with difficult situations at work.

According to the current study's findings, the greatest score of psychological capital subscales was usually for resilience and hope, followed by self-efficacy and the lowest for optimism. This was to some extent in harmony with Zhou et al. (2017) who found that resilience was the most prominent feature among psychological capital subscales, followed by optimism, self-efficacy, and hope.

The current program content showed to have an influence on improving all psychological capital subscales. For example, the hope subscale is produced by identifying personal and demanding goals and building pathways to achieve those goals while receiving feedback through group discussions. Individual resilience is built by offering several avenues to their goals. The overall positive expectations that result from creating a goal-attainment plan generate optimism. Finally, efficacy is achieved by establishing a step-by-step process for achieving goals by developing sub-goals and job completion.

In relation to job performance, the current results revealed that job performance level (based on self-appraisal) increased from 30.6% (before program) to 65.0% (after program) among studied nurses. This result was consistent with study of Gong et al., (2019) about "The Influence of Emotional Intelligence on Job Burnout and Job Performance: Mediating Effect

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of Psychological Capital" and reported positive correlation between emotional intelligence and job performance of nurses under study.

From the researcher's viewpoint for improving self-appraised job performance was that emotional intelligence abilities would not be improved simply by reading the content, but that the current program focused on fostering self-awareness and how to practice new behaviors until they are mastered and utilized routinely. Furthermore, including emotional intelligence instruction is both feasible and economical. Researchers, for example, proposed that emotional intelligence coaching can be performed by including reflective learning experiences, modeling, as well as the utilization of video and feedback.

There is a statistical significant difference among the studied nurses regarding their level of job performance post program. In addition, there was a positive statistical significant correlation between job performance and EI. This was consistent with Audrey et al. (2010), who reported that four of the six nursing performance subscales (teaching/collaboration, planning/evaluation, interpersonal interactions and communication, and professional development) were substantially connected with overall emotional intelligence scores.

The study results showed that there was a positive association between emotional intelligence, psychological capital and job performance among the studied nurses at post program. While there is an adverse link between burnout and emotional intelligence, psychological capital and job performance. This finding was consistent with Gong Z et al. (2019), who discovered that there was a

statistical significant negative correlation between psychological capital and job burnout, a significant positive correlation between psychological capital and job performance, a significant negative correlation between EI and job burnout, and a significant positive correlation between EI and job performance.

Also, these results were in line with Ahmed et al., (2022) who studied the effect of emotional intelligence training program on burnout among psychiatric mental health nurses and found that there was an adverse correlation between emotional intelligence development and burnout.

Conclusion

According to the results and hypothesis of the present study, the results supported the theoretical and practical efficacy of emotional intelligence training program on reducing psychiatry mental health nurses' level of burnout, increasing both positive psychological capital and self-appraised job performance after attending current program. There was a very highly statistically significant negative correlation between emotional intelligence and burnout among post-program nurses. While there is a very highly statistically significant positive link between EI scores and psychological capital and job performance among study sample after program implementation.

Recommendation

- In-service training programs in the field of emotional intelligence should be developed for nurses to increase their ability to control and regulate emotions, reducing burnout and improving level of performance.

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- Nurses should be encouraged to constantly reflect on their own level of EI and be instructed on how to convey negative emotions towards others.
- Conducting such interventions for nurses in other departments other than psychiatric nurses.
- An emotional intelligence training program should be included in nursing curricula, particularly for future psychiatric mental health nurses.
- Managers should support, supervise, guide, and appreciate nursing staff to prevent burnout.

Recommendation for future studies;

- Longitudinal study for the effect of emotional intelligence training program on job performance of nurses should be conducted.
- Effect of emotional intelligence training program on quality of professional and personal life of nurses needs to be evaluated.

Conflict of interest

The authors claim to have no conflicts of interest.

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