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## Emotional Intelligence and Psychiatric Nurses' Professional Competence

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### Abstract

**Background:** Emotional intelligence in psychiatric practice can enhance the quality of nursing care by boosting nurses' competencies. **Aim:** to assess the relationship between emotional intelligence and psychiatric nurses' professional competence. **Design:** A descriptive design was utilized. **Setting:** The study was conducted at El Mamoura Mental Health Hospital in Alexandria Governorate. **Subject:** Purposive sample of 40 psychiatric nurses with specific inclusion criteria. **Data collection tools:** Three tools were used I: A structured interview questionnaire. II: The assessing emotions scale (AES-33): and III: Psychiatric nurses' competency checklist. **Results:** there was a moderate positive correlation between the studied psychiatric nurses' emotional intelligence and their professional competence in which  $r = 0.444$ ,  $p\text{-value} = 0.001$ . **Conclusion:** Psychiatric nurses' professional competence was indicated to have a direct relationship with emotional intelligence. **Recommendation:** Training programs in the field of emotional intelligence should be developed and implemented for nurses to increase their ability to control and regulate emotions, reducing burnout and improving level of performance.

**Keywords:** Emotional Intelligence, Professional Competence & Psychiatric Nurses

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### Introduction

Nurses who lack emotional intelligence are more likely to struggle under pressure, which lowers the quality of nursing care. By acquiring necessary emotional intelligence (EI) skills, nurses can develop their emotional and interpersonal potential and use such skills as helpful tools to overcome any challenges at work (*Di Lorenzo, 2019*).

Emotional intelligence is comprised of social, emotional, and individual skills. It involves the ability of a person to effectively manage issues, emotions, and interpersonal interactions (*Ragab et al., 2021*).

Researchers suggested that emotional intelligence is a key motivator in psychiatric nursing practice, and all nursing interventions are influenced by the nurse's emotional capacity (*Dou et al., 2022*). Nurses should have the ability to understand and regulate their own emotions effectively and the emotions of their patients, which can result in

helping them to communicate effectively and build relationships with patients and their families that in turn have an effect on the quality of nursing care, which requires improving their EI levels and gaining related skills (*Almansour, 2023*).

Psychiatric and mental health nurses should possess the required knowledge and skills to be able to provide safe, person-centered, high-quality care. (*Moyo et al., 2022*). Therefore, a high level of clinical competence is a crucial aspect in dealing with the patients (*Zakeri et al., 2020*).

Professional competence could be defined as " a complex, relative, context-dependent, and variable concepts, which involves the combination of knowledge, skills, and attitudes, while the logical, scientific, and behavioral features of an individual, is the basis of which one could perform his roles professionally and independently within the standard manner and with an appropriate

clinical judgment in different situations” (*Valizadeh et al., 2019*).

The National Health Service reported that professional competence related to knowledge and skills in psychiatric nursing requires comprehensive and systematic assessment and care of patients in clinical settings. Psychiatric nurses must ensure that all information is clearly, accurately, and objectively recorded as required by local policies, and they are responsible and accountable for ongoing planning, implementation, and evaluation, and in a confidential way (*NHS, 2020*).

#### Significance of the study:

It is suggested that the emotions of psychiatric nurses may associate with the quality of care they provide. In other words, emotionally intelligent psychiatric nurses are more clinically qualified. Thus, Regular assessments of psychiatric nurses' emotional intelligence can help them better understand their strengths and weaknesses, which in turn may assist them in delivering psychiatric care based on professional standards (*Azizi et al., 2020*; and *Omoronyia, Oyama & Obande, 2020*).

#### Aim Of The Study

The aim of this study was to assess the relationship between emotional intelligence and psychiatric nurses' professional competence.

#### Research question:

- 1) What are the levels of EI among psychiatric nurses?
- 2) What are the levels of professional competences among psychiatric nurses?
- 3) What is the relation between EI and professional competence among psychiatric nurses?

#### Subjects And Methods

##### Research design:

A descriptive study was used to assess the aim of the study.

##### Research Setting:

This study conducted at El Mamoura

Mental Health Hospital in Alexandria Governorate which is affiliated to the Ministry of Health of Egypt.

#### Subjects:

A purposive sample of psychiatric nurses who work in inpatient departments,

#### The criteria of the Subjects:

- Both sexes.
- The nurse who provides direct care to the client.
- The nurse who agrees to participate.
- The nurse who has experience in this field for not less than one year.

#### Sample size:

The subjects of this study included 40 psychiatric nurses who work in inpatient departments, based on inclusion criteria, using the following equation developed by *Thompson, (2012)*.

$$n = \frac{N \times P(1-p)}{[N \cdot 1(d^2/z^2)] + p(1-p)}$$

n = sample size

N = population size

d = the error rate is 0.05

z = The significance level standard score is 0.95, equivalent to 1.96.

p = availability of property and neutral=0.50 = (165).

#### Data Collection Tools:

**1- Structured interview questionnaire:** it was developed by the researcher and included demographic characteristic of the studied nurses as age, sex, marital status, educational level, years of experience, and monthly income.

#### 2-The Assessing Emotions Scale (AES-33):

The AES-33 was developed by *Schutte et al., (2007)* and adopted by the researcher to assess emotional intelligence, and it was translated into Arabic language, and back translated to English and any discrepancies was considered translation error.

**Scoring System:** the responses are rated on a five-point Likert scale ranging from

'strongly agree (5), agree (4), (3) neither agree nor disagree, (2) somewhat disagree, and strongly disagree (1). It is subdivided into: Perception of Emotions: items 5, 9, 15, 18, 19, 22, 25, 29, 32 and 33; Managing Own Emotions: items 2, 3, 10, 12, 14, 21, 23, 28, and 31; Managing Others' Emotions: items 1, 4, 11, 13, 16, 24, 26, and 30 and Utilization of Emotions: items 6, 7, 8, 17, 20, and 27.

- Low emotional intelligence < 60%
- Average emotional intelligence 60% < 75%
- High emotional intelligence  $\geq 75\%$

### 3-Psychiatric Nurses Competency Checklist:

The researcher developed it to assess competence among psychiatric nurses based on the literature review as (*ANA, 2021; SANC, 2019*). It included 37 items and divided into 3 main dimensions as: knowledge and skills (27 items), attitudes and beliefs (7 items) and Professional ethics (3 items).

**Scoring System:** A three-point Likert Scale used to report the levels of professional competence as follow: rarely =0, sometimes =1 & and always =2. These scores summed up higher scores indicate high competence. Percent of the levels of professional competency will be as follows:

- <50% of the total score considered having low level of professional competence.
- 50% <75% of the total score considered having moderate level of professional competence.
- $\geq 75\%$  of the total score is considered to have a high level of professional competence.

### Preparatory phase:

It included reviewing related literature and theoretical information of the study research using articles, books, network data base, periodicals, Journal, and the internet to acquire in-depth knowledge about the study. This phase served to develop the study tool "psychiatric nurses' competency checklist" for data collection. The researcher visited selected

locations to familiarize themselves with the personnel and study setting during this phase.

**Validity:** Five nursing faculty experts reviewed tools for comprehensiveness, accuracy, clarity, and relevance, assessing format, layout, consistency, accuracy, and relevance. There was no required modification.

**Reliability:** The Cronbach's Alpha coefficient test revealed that each tool had moderate to high reliability, indicating homogeneity in its reliability. The internal consistency of the Assessing Emotions Scale was 0.88 while Psychiatric Nurses Competency Checklist was 0.91.

### Ethical considerations:

Ethical approval was obtained from the scientific research ethical committee of faculty of nursing- Ain Shams University. Each participant was informed about the nature process on expected outcome. Written consent was obtained from each participant. Participants have completed the right to withdraw at any time without adverse impact and also obtaining the study results after its completion. Confidentiality maintained as the information was coded using initials or numbers and not accessed by anyone without taking permission of the participants and it used only for the research purpose.

### Pilot study:

The pilot study was conducted on (10% = 4 cases) of the expected sample size to test the clarity, feasibility, and applicability of the study tools. No modification was made, and the pilot sample was included in the study sample.

### Field work:

After obtaining the necessary approvals, the researcher collected data two days per week from July 2023 to November 2023. The researcher explained the purpose of the study to the participants and administered Tool II, the Assessing Emotions Scale (AES-33) for the nurses to complete, while Tool III, the psychiatric Nurses Competency checklist was used by the researcher as an observational instrument to assess nurses' communication

with patients, their professional ethics, and their overall attitude toward them.

Additionally, the researcher reviewed nurses notes and nursing care plans to assess the nurses' ability to establish nursing care plans based on patients' assessment.

#### **Compliance with Ethical Standards:**

All procedures performed in this study followed by the Scientific Research Ethics Committee of the Faculty of Nursing, Ain Shams University, and were approved under study number 23.11.161.

#### **Statistical Analysis:**

The data was collected and coded using the Computer Statistical Package for Social Science (SPSS), version 20, and was also used to do the statistical analysis of data. Data were presented using descriptive statistics in form of numbers and percentages, mean, standard division, and qualitative variables were compared using chi-square test. For the quantitative data, the person correlation coefficient (r) was used for correlation analysis, and the degree of significance was identified. A statistically significant difference was considered if p-value was < 0.05. A highly significant difference was considered if the p-value was < 0.001.

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### **Result**

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#### **The study's results showed the following:**

**Table (1)** demonstrates that, more than half (52.5%) of the studied psychiatric nurses their age group was from 18 to less than 30 years old with Mean  $\pm$  SD  $22.3 \pm 2.234$ , all (100%) of them were female, most (80%) of them were married, more than three fifths (62.5%) of them had institute education. Also, less than half (45%) of them had 1>5 years of experience in psychiatric nursing, also three fifths (60%) of them didn't have enough monthly income.

**Table (2)** illustrates that 65% of the studied psychiatric nurses had a low level of managing their own emotion and 50% of them had low level of managing other emotions and

utilization of emotion, also 47.5% had low level of perception of emotion.

**Figure (1)** shows that more than two thirds (67.5%) of the studied psychiatric nurses had low emotional intelligence level and less than one third (30%) of them had average level.

**Table (3)** demonstrates that 87.5%, 85%, and 82.5% of the studied psychiatric nurses rarely attempt to translate words into feelings, use restating and seek validation and clarification while conducting effective interviews, respectively. Also 60% of them rarely collect data from different sources. Additionally, 87.5 % and 85% of them rarely assessed side effects of medications and rarely assessed thinking and speech, respectively. Also 72.5 % of them sometimes document and report assessment relevant data.

Regarding planning, 65% of the studied psychiatric nurses sometimes formulate patient centered comprehensive care based on assessment data and nursing practice standards. Also, regarding implementation of care, 67.5 % of them rarely explain, describe, and clarify to the client what intervention will be done, and sometimes directly caring for the patient or conducting important medical tests. As regards the evaluation step of the nursing care plan, 47.8% of the studied psychiatric nurses sometimes evaluate the effectiveness of nursing care plan.

**Table (4)** demonstrates that 62.5% of the studied psychiatric nurses rarely maintain confidentiality in psychiatric nursing practice.

**Table (5)** shows that, regarding beliefs and attitudes, 70.0%, 67.5%, 65% and 62.5% of the studied psychiatric nurses rarely focus on showing empathy in dealing with the psychiatric patients, rarely adapt her tone of voice to suit the situation, rarely be non-judgmental and accepting all clients with mental health problems and rarely maintain calm approach when dealing with angry clients respectively. Also, 62.5% of them sometimes allow patients to express their feelings.

**Figure (2)** shows that most (80%) of the studied psychiatric nurses had low psychiatric professional competence level.

**Table (6)** illustrates that there was a high statistically significant relation between the studied nurses' total emotional intelligence level and their age. Also, there was a significant relation between the studied nurses' total emotional intelligence level and their year of experience in psychiatric nursing. While there was no statistically significant relation

between the studied nurses total emotional intelligence level and their marital status, educational level, and income.

**Table (7)** shows that there was a highly statistically significant relation between the studied nurses' total competence level and their educational level. While there is no statistically significant relation between the studied nurses total competences level and their age, marital status, years of experience, and income.

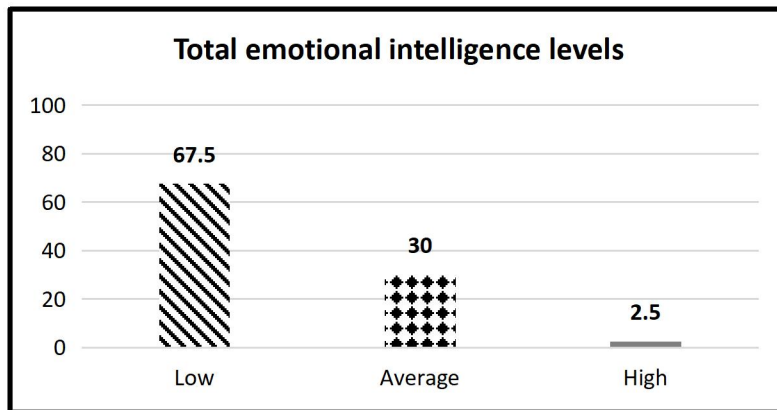
**Table (8)** demonstrates that there was a moderate positive correlation between the studied psychiatric nurses emotional intelligence and their professional competence in which  $r = 0.444$ , at  $p\text{-value} = 0.001$ .

**Table (1):** Demographic characteristics of the studied psychiatric nurses (n=40)

Demographic characteristics	No.	%
<b>Age in year:</b>		
18 to <30 years old	21	<b>52.5</b>
30 to <35 years old	10	25.0
35 to <40 years old	3	7.5
≥ 40 years old	6	15.0
<b>Mean ± SD</b>	22.3± 2.234	
<b>Sex:</b>		
Male	0	0.0
Female	40	<b>100.0</b>
<b>Marital status:</b>		
Single	7	17.5
Married	32	<b>80.0</b>
Divorce	1	2.5
<b>Education level:</b>		
Diploma	11	27.5
Institute	25	<b>62.5</b>
University	3	7.5
postgraduate studies	1	2.5
<b>Years of experience in psychiatric nursing:</b>		
1 > 5 years	18	<b>45.0</b>
5 > 8 years	9	22.5
8 > 10 years	3	7.5
> 10 years	10	25.0
<b>Monthly income:</b>		
Enough	16	40.0
Not enough	24	<b>60.0</b>

**Table (2):** Frequency distribution of the levels of emotional intelligence dimensions among the studied psychiatric nurses (n=40)

Emotional intelligence dimensions	Low		Average		High	
	No.	%	No.	%	No.	%
Perception of Emotions	19	47.5	12	30	9	22.5
Managing Own Emotions	26	65	10	25	4	10
Managing Others' Emotions	20	50	15	37.5	5	12.5
Utilization of Emotions	20	50	13	32.5	7	17.5



**Figure (1):** Percentage distribution of total emotional intelligence levels among the studied psychiatric nurses (n=40)

**Table (3):** frequency distribution of knowledge and skills domain of the nursing care plan among the studied psychiatric nurses (n=40)

Knowledge and skills		Rarely		Sometimes		Always	
		No.	%	No.	%	No.	%
<b>Nursing care plan:</b>							
<b>A) Assessment: the psychiatric nurse is able to:</b>							
<b>1</b>	<b>Conduct</b> an effective interview by using therapeutic techniques as : offering self	22	55.0	14	35.0	4	10.0
	- using silence	27	67.5	12	30.0	1	2.5
	- accepting	24	60.0	16	40.0	0	0.0
	- Attempting to translate words into feelings	35	87.5	5	12.5	0	0.0
	- seeking validation and clarification	33	82.5	7	17.5	0	0.0
	- giving recognition	25	62.5	10	25.0	5	12.5
	- Restating	34	85.0	6	15.0	0	0.0
<b>2</b>	<b>Collect</b> data from different sources (client, family, medical records etc).	24	60.0	13	32.5	3	7.5
<b>3</b>	<b>Assess</b> items as: - appearance	6	15.0	24	60.0	10	25.0
	- thinking and speech	34	85.0	5	12.5	1	2.5
	- behaviors	21	52.5	10	25.0	9	22.5
	- suicidal thoughts	20	50.0	13	32.5	7	17.5
	- judgment	25	62.5	10	25.0	5	12.5
	- sleep	14	35.0	0	0.0	26	65.0
	- mood	95.0	38	5.0	2	0	0.0
	- aggression	1	2.5	23	57.5	16	40.0
	- eating	1	2.5	13	32.5	26	65.0
	- side effects of medications	35	87.5	5	12.5	0	0.0

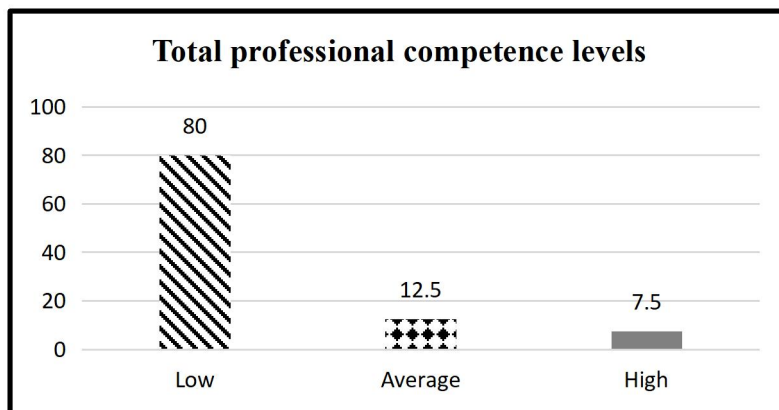
Knowledge and skills		Rarely		Sometimes		Always	
		No.	%	No.	%	No.	%
	- insight	25	62.5	10	25.0	5	12.5
4	<b>Categorize</b> data into physical, psychological, social and spiritual data	22	55.0	17	42.5	1	2.5
5	<b>Document</b> and report assessment relevant data	4	10.0	29	72.5	7	17.5
<b>B) Nursing planning : the psychiatric nurse able to:</b>							
6	<b>Set</b> realistic short and long term goal within timeframe	21	52.5	10	25.0	9	22.5
7	<b>Prioritize</b> psychiatric nursing diagnosis	3	7.5	23	57.5	14	35.0
8	<b>Formulate</b> patient centered comprehensive care based on assessment data and nursing practice standards .	10	25.0	26	65.0	4	10.0
<b>C) implementation of care: the psychiatric nurse is able to :</b>							
9	<b>Explain</b> ,describe and clarify to the client what intervention will be done	27	67.5	11	27.5	2	5.0
10	<b>Directly caring for the patient or conducting</b> important medical tasks as medication administration ,educating and guiding the patient about further health management and referring the patient for follow up	8	20.0	27	67.5	5	12.5
<b>D) Evaluation</b>							
11	<b>Evaluate</b> the effectiveness of nursing care plan through reviewing if the expected outcomes have been met, partially met or not met within the established time frame.	7	17.5	19	47.5	14	35.0

**Table (4):** Frequency distribution of the professional ethics domain among the studied psychiatric nurses (n=40)

II- Professional ethics:		Rarely		Sometimes		Always	
		No.	%	No.	%	No.	%
<b>The psychiatric nurse is able to :</b>							
12	Strive to obtain the consent of the patient through clear and open communication	14	35.0	20	50.0	6	15.0
13	Participate in continuing education in order to maintain high quality nursing as professionals.	0	0.0	28	70.0	30.0	12
14	Maintain the confidentiality in psychiatric nursing practice	25	62.5	10	25.0	5	12.5

**Table (5):** Frequency distribution of beliefs and attitudes domain among the studied psychiatric nurses (n=40)

III-Beliefs and attitudes		Rarely		Sometimes		Always	
		No.	%	No.	%	No.	%
<b>The psychiatric nurse is able to :</b>							
15	Respect for life,dignity,rights ,beliefs and culture of an individual.	22	55.0	15	37.5	3	7.5
16	Be non- judgmental and accepting all clients with mental health problems	26	<b>65.0</b>	8	20.0	6	15.0
17	Be supportive and collaborative with other health team members to provide systematic and holistic care for individuals, family and groups.	19	47.5	20	50.0	1	2.5
18	Focus on showing empathy in dealing with the psychiatric patients	28	<b>70.0</b>	10	25.0	2	5.0
19	Allow patients to express their feelings	11	27.5	25	<b>62.5</b>	4	10.0
20	Adapt her tone of voice to suit the situation	27	<b>67.5</b>	10	25.0	3	7.5
21	maintain calm approach when dealing with angry clients	25	<b>62.5</b>	10	25.0	5	12.5

**Figure (2):** Percentage distribution of total professional competence levels among the studied psychiatric nurses (n=40)



**Table (6):** Relation between levels of emotional intelligence and demographic characteristics of the studied psychiatric nurses (n=40)

Demographic data of the studied nurses	Emotional Intelligence						X <sup>2</sup>	P-Value
	High (n=1)		Average (n=12)		Low (n=27)			
	No.	%	No.	%	No.	%		
Age in year:								
≤18 years old	0	0.0	2	5.0	19	47.5	12.54	.342
30 to < 35 years old	0	0.0	5	12.5	5	12.5		
35 < 40 years old	1	2.5	1	2.5	1	2.5		
≥ 40 years old	0	0.0	4	10.0	2	5.0		
Gender								
Female	1	2.5	12	30	27	67.5	----	---
Marital status								
Single	0	0.0	1	2.5	6	15.0	23.99	.476
Married	1	2.5	10	25	21	52.5		
Divorce	0	0.0	1	2.5	0	0.0		
Education level:								
Diploma	0	0.0	6	15.0	5	12.5	14.88	.627
Institute	0	0.0	6	15.0	19	47.5		
College	1	2.5	0	0.0	2	5.0		
postgraduate studies	0	0.0	0	0.0	1	2.5		
Years of experience in psychiatric nursing								
>5 years	1	2.5	2	5.0	15	37.5	14.60	> 0.05*
5 > 8 years	0	0.0	1	2.5	8	20.0		
8 > 10 years	0	0.0	2	5.0	1	2.5		
>10 years	0	0.0	7	17.5	3	7.5		
Monthly income								
Enough	1	2.5	4	10.0	11	27.5	18.96	.539
Not enough	0	0.0	7	17.5	17	42.5		

\* A statistically significant difference  $P \leq 0.05$

**Table (7):** Relation between levels of professional competence and demographic characteristics the studied psychiatric nurses (n=40)

Demographic data of the studied nurses	Professional Competence						X <sup>2</sup>	P-Value
	High (n=3)		Average (n=5)		Low (n=32)			
	No.	%	No.	%	No.	%		
<b>Age in year</b>								
≤18 years	1	2.5	0	0.0	20	50.0	12.54	.342
30 to < 35 years	1	2.5	1	2.5	8	20.0		
35 < 40 years	0	0.0	1	2.5	2	5.0		
≥ 40 years	1	2.5	3	7.5	2	5.0		
<b>Gender</b>								
Female	3	7.5	5	12.5	32	80.0	----	---
<b>Marital status</b>								
Single	7	17.5	0	0.0	0	0.0	2.500	.645
Married	24	60.0	5	12.5	3	7.5		
Divorce	1	2.5	0	0.0	0	0.0		
<b>Education level</b>								
Diploma	1	2.5	3	7.5	7	17.5	20.50	.002**
Institute	0	0.0	2	5.0	23	57.5		
College	2	5.0	0	0.0	1	2.5		
postgraduate studies	0	0.0	0	0.0	1	2.5		
<b>Years of experience in psychiatric nursing</b>								
1 >5 years	2	5.0	0	0.0	16	40.0	11.527	.073
5 > 8 years	0	0.0	1	2.5	8	20.0		
8 > 10 years	0	0.0	0	0.0	3	7.5		
>10 years	1	2.5	4	10.0	5	12.5		
<b>Monthly income</b>								
Enough	12	30.0	1	2.5	3	7.5	6.033	.197
Not enough	20	50.0	4	10.0	0	0.0		

\*\*Statistically highly significant at  $p \leq 0.001$

**Table (8):** Correlation matrix between total emotional intelligence and professional competence among the studied psychiatric nurses

Study Variables	Emotional intelligence		Professional competence	
	r-test	P-value	r-test	P-value
Emotional intelligence	--	--	.444	.001**
Professional Competence	.444	.001**	--	--

\*\*Statistically highly significant at  $p \leq 0.001$

## Discussion

Psychiatric mental health nurses must have the capability to identify and control their emotions as well as others to build meaningful relationships with their clients. Hence, emotional intelligence among psychiatric mental nurses is necessary to handle the quantity of emotional labor included daily mental health practice. 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 et al. 2023 & Elghabbour, 2022).

So, the present study has been designed to assess the relationship between emotional intelligence and psychiatric nurses' professional competence.

**Concerning demographic data of the studied nurses,** the present study results revealed that, more than half of the studied psychiatric nurses who provide direct care "bed side nurse" their age group were 18 > 30 years old with Mean  $\pm$  SD 22.3 $\pm$  2.234. From the researcher point

of view, this finding may be explained that most psychiatric nurses who provide direct care "bedside nurses" are younger ones and newly graduated.

This finding was in the same line with **Abdel-wahed et al. (2021)** who carried out a study in Zagazig, Egypt, about "Burnout Symptoms and Emotional Intelligence among Psychiatric Nurses" and stated that more than half of the studied psychiatric nurses their age group was less than 30 years old.

Regarding sex, the current study showed that, all the studied psychiatric nurses were female. From the researcher point of view, this finding may be explained that the numbers of female nursing schools were more than male nursing schools in Egypt. This finding was agreed with **Elsayes & Abdelraof, (2020)** who showed that, all the participants were female.

In relation to marital status, the current study showed that most of psychiatric nurses were married. From the researcher point of view, this finding may be explained that most psychiatric nurses were younger and early married.

This finding was disagreed with **Tang et al. (2023)** who conducted a study in China, about "The relationship between psychiatric nurses' perceived organizational support and job burnout: mediating role of psychological capital" and reported that that majority of psychiatric nurses were unmarried.

As regard, educational level and years of experiences, the current study showed that more than three fifths of the studied psychiatric nurses had institute education ,and less than half of them had 1 > 5 years of experience in psychiatric nursing. From the researcher point of view, this finding may be explained that most governmental hospital force were younger and had technical nursing degree.

This finding was agreed with **Sorour, (2021)** who conducted a study in Port Said, about "Mental toughness and rejection sensitivity in association of work performance among intensive care and psychiatric unit staff nurses" and ffound that more than three fifths of the participants had institute education Also, less than half of them had 1 >5 years of experience in psychiatric nursing.

Otherwise, this finding was disagreed with **Al-Oweidat et al. (2023)** who conducted a study about "The relationship between emotional intelligence and organizational commitment among nurses working in governmental hospitals in Jordan" and

reported that more than three fifths of the participants had bachelor education Also, more than two thirds of them had more than 6 years of experience in psychiatric nursing.

Regarding monthly income, the current study showed that about three fifths of the studied psychiatric nurses had not enough monthly income. This finding was agreed with **Abdelaal et al. (2020)** who conducted a study in Alexandria, Egypt, about "The relationship between emotional intelligence and workplace stress among maternity nurses" and reported that about three fifths of the participants had not enough monthly income.

**Regarding the emotional intelligence of the studied psychiatric nurses**, the current study showed that 65% of the studied psychiatric nurses had a low level of managing their own emotion and 50% of them had low level of managing other emotions and utilization of emotion, also 47.5% had low level of perception of emotion.

**Also**, showed that more than two thirds (67.5%) of the studied psychiatric nurses had low emotional intelligence level and less than one third (30%) of them had average level.

This finding was congruent with **Helenpuui and Barman, (2018)**, who conducted a study about "Emotional Intelligence among Undergraduate Nursing Students" and revealed that studied subjects has low score for managing one's own emotions and utilization of emotions and recommended that there was a need to improve emotional intelligence in health care settings among nurses through training.

Also, this finding was similar with **Moussa et al. (2019)** who conducted a study in Ain Shams University, Egypt, about "The effect of emotional intelligence training program on stress among nurse students" and demonstrated that a minority of nursing students had a high level of emotional intelligence dimensions in the preprogram phase.

This finding was contradicted with **Aldossary, (2019)** who conducted a study entitled "Study of Emotional Intelligence among Psychiatric Mental Health Nurses in Eastern Province, Saudi Arabia " and found that the majority of the psychiatric mental health nurses have a prominent level of EI.

Also, this finding was disagreed with **Almansour, (2023)** who conducted a study about "The level of emotional intelligence among Saudi nursing students: A cross-sectional study" and found that most students had a moderate to high EI

score.

**Concerning knowledge and skills domain of the nursing care plan among the studied psychiatric nurses,** the current study showed that 87.5%, 85%, and 82.5% of the studied psychiatric nurses rarely attempt to translate words into feelings, use restating and seek validation and clarification while conducting effective interview, respectively. Also 60% of them rarely collect data from different sources. Additionally, 87.5 % and 85% of them rarely assessed side effects of medications and rarely assessed thinking and speech, respectively. Also 72.5 % of them sometimes document and report assessment relevant data.

**Regarding planning,** 65% of the studied psychiatric nurses sometimes formulate patient centered comprehensive care based on assessment data and nursing practice standards. Also, regarding implementation of care, 67.5 % of them rarely explain, describe, and clarify to the client what intervention will be done, and sometimes directly caring for the patient or conducting important medical tests. **As regards the evaluation** step of the nursing care plan, 47.8% of the studied psychiatric nurses sometimes evaluate the effectiveness of nursing care plan.

This finding was in line with **Taghavi Larijani, Saatchi, (2019)** who conducted a study to assess the effect of Training NANDA-I Nursing Diagnoses, Nursing Interventions Classification and Nursing Outcomes Classification (The NNN system) on the nursing care related to the patient safety, in psychiatric wards ,this study showed that psychiatric nurses had lower scores to assess, collect data, document ,and evaluate the outcomes before using the program implementation

**As regard distribution of the professional ethics domain among the studied psychiatric nurses.** The current study demonstrated that 62.5% of the studied psychiatric nurses rarely maintain confidentiality in psychiatric nursing practice.

**Also, regarding beliefs and attitudes** 70%, 67.5%, 65% and 62.5% of the studied psychiatric nurses rarely focused on showing empathy in dealing with the psychiatric patients, rarely adapting her tone of voice to suit the situation, rarely being non-judgmental and accepting all clients with mental health problems and rarely maintaining calm approach when dealing with angry clients respectively. Also, 62.5% of them sometimes allow patients to express their feelings.

From the researcher's point of view, this finding may explain that nurses may deal with psychiatric patients harshly in an attempt to control them because of their negative beliefs and attitudes towards those patients as a part of our society's culture about psychiatric and mental health patients.

This finding was agreed with **Sapharina et al. (2024)** who conducted a study to assess the attitude towards mental illness among nurses and to associate the attitude towards mental illness among nurses working in selected tertiary care hospitals and found that the majority of the nurses have negative attitudes towards mental illness.

Also, this finding was agreed with **Shojaei et al. (2023)**. Who conducted a study to investigate the experiences of psychiatric patients, their caregivers, and companions in upholding patient dignity during hospitalization and found that psychiatric nurses may unintentionally not kept the patient information confidential, also psychiatric patients reported that some nurses had bad attitudes toward them.

**Concerning the professional competence levels of the studied psychiatric nurses,** the current study showed that most (80%) of the studied psychiatric nurses had low competence level.

This finding agreed with **Sargazi et al. (2018)** who conducted a study about “Improving the professional competency of psychiatric nurses: Results of a stress inoculation training program” and revealed that decreased scores of professional competences and its dimensions among psychiatric nurses before using the program implementation.

This finding was disagreed with **Eita & Alhalawany, (2021)** who conducted a study in Egypt about “The Relation between Clinical Competency and Perceived Psychiatric Nurses' Job Stress” and found that a good level of clinical competency among psychiatric and mental health nurses.

**As regard, relation between the studied nurses' total emotional intelligence level and their demographic characteristics,** it was found that there was a significant relation between the studied nurses' total emotional intelligence level and both their age and years of experience in psychiatric nursing.

From the perspective of the researcher, this finding may be explained that age and years of experience tend to boost emotional intelligence.

This finding was agreed with **Almansour A. M. (2023)** who suggested that emotional intelligence levels differed significantly according to the nurses' age and year of study.

**Concerning the relation between the studied nurses' competence level and their demographic characteristics.** The current study shows there was a statistically significant relation between the studied nurses' total competence level and their education level.

From the researcher's point of view, this finding may be explained by the fact that highly educated nurses tend to have the required knowledge and skills that make them qualified in dealing with psychiatric patients.

This finding congruent with **Lim et al. (2022)**, who suggested that psychiatric nurses with a master's degree or higher tend to demonstrate better job performance compared to those with lower levels of education.

**As regard correlation between total emotional intelligence and total professional competence among the studied psychiatric nurses.** The current study showed that there was a moderate positive correlation between the studied psychiatric nurses' emotional intelligence and their professional competence.

From the perspective of the researcher, this finding may be explained that when nurses had high level of emotional intelligence, the clinical competency would be high and vice versa.

This finding was agreed with **Dehnavi et al. (2022)** who conducted a cross-sectional study, entitled "The correlation between emotional intelligence and clinical competence in nurses working in special care units: A cross-sectional study" a reported that; There was a significant direct positives correlation between emotional intelligence and clinical competence. There was also a significant relationship between total clinical competence and its dimensions.

Moreover, this finding was agreed with **Lu et al. (2022)** who reported that emotional intelligence plays a mediating role in the correlation between self-acceptance and positive coping styles. This implies that emotional intelligence may contribute to the development of effective coping strategies among psychiatric nurses.

Finally, this finding was agreed with **Aghajani Inche Kikanloo et al. (2019)** in a quasi-experimental study about "Emotional Intelligence Skills: Is Nurses 'Stress and Professional

Competence Related to their Emotional Intelligence Training" and reported that the nursing students' professional competence in the experimental group was higher than that of those in the control group.

To sum up the discussion of the current study, the study results documented that the studied psychiatric nurses who are professionally competent tended to be highly emotionally intelligent.

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### Conclusion

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The results of this study concluded that there was a moderate positive correlation between the studied psychiatric nurses' emotional intelligence and their professional competence.

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### Recommendations

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**This study recommends the following:**

- 1- 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.
- 2- Condensed training program regarding effective psychiatric evidence-based practice to improve nurses' competences.
- 3- Nurses should be encouraged to constantly reflect on their own level of EI and be instructed on how to convey negative emotions towards others.
- 4- Managers should support, supervise, guide, and appreciate nursing staff to encourage and improve staff nurses competence.
- 5- Nurses' competency must be assessed regularly because of the changes in therapeutic settings.
- 6- Replication of the present study on larger sample, different settings and courses and apply different program with longer follow-up periods.

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