



Emotional Intelligence and Psychological Wellbeing Among Psychiatric Nurses

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Abstract

Background: Emotional intelligence is one of the most essential qualities that contribute to positive interactions with others and improved job performance. It includes a set of skills and qualities that allow individuals to pilot social situations, form healthy relations, and make sound decisions based on emotional awareness. Self-regulation or self management contributes to psychological well-being, health promoting behaviors, and high job performance. Emotional Intelligence is vital in nursing, where compassion and caring are touchstones of the profession. **Aim of the study** was to assess the relation between emotional intelligence and psychological wellbeing among psychiatric nurses. **Subjects and Method: Research design:** A cross-sectional design was used to conduct the study. **Setting:** The study was conducted at El Azazi hospital for mental health in Abo Hamad City, Alsharkia Governorate, Egypt. **Subjects:** It included 100 psychiatric nurses. **Tools of data collection:** Three tools were used for data collection. Tool (I): Socio-demographic questionnaire. Tool (II): The Schutte Self Report Emotional Intelligence Test (SSEIT). Tool (III): Psychological Well-Being Scales (PWB). **Results:** The study showed that the majority of the studied nurses had high emotional intelligence levels and less than three-quarters of them had high psychological wellbeing levels. There was a statistically significant positive correlation between nurses' psychological well-being and emotional intelligence. **Conclusion:** The psychiatric nurses' emotional intelligence, marital status and number of family members were statistically significant positive predictors of psychological wellbeing. **Recommendation:** Developing training workshops for nurses to enhance their emotional intelligence and learning how to apply emotional intelligence skills in social and work life.

Keywords: *Emotional intelligence, Psychiatric nurses, Psychological wellbeing.*



Introduction

In the context of psychiatric nursing, psychiatric and mental health nurses face many challenges because they work with patients diagnosed with depression and psychosis, which may lead to emotional stress and burnout. Therefore, it is important to possess qualities such as personal authenticity, self-awareness, self-management, effective relationships, wellbeing and trust to promote patient's biopsychosocial dimensions. So, psychiatric and mental health nurses' ability to use appropriate emotional skills with patients with mental illness is very important when providing high quality of care **(Alshowkan, Kamel and Alghamdi, 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 **(Elattar, Osman and Mahmoud, 2023)**.

Emotional intelligence is an integral part of an individual's life and plays a crucial role in understanding their motivations, managing immediate impulses, empathizing with others, and utilizing emotions in thinking and perception. Emotional intelligence can direct people's life paths and help them adapt to new situations. Considering these characteristics, emotional intelligence is highly compatible with the nursing profession and facilitates functional job performance through its influence on task identity, skill variety, autonomy, task significance, and feedback **(Cheraghi et al., 2025)**.

Psychological well-being (PWB) is a significant indicator of positive psychology. It has been defined in two different ways: (a) subjective well-being (happiness, positive affect, and life satisfaction) and (b) eudaemonic well-being, including autonomy, self-acceptance, purpose in life, personal growth, positive relations with others, and environmental mastery **(Thanoi et al., 2023)**.

The concepts are different due to the approach each follows to define well-being. Subjective well-being is based on the hedonic conception while PWB is based on the eudaimonic conception. Well-being can be said to be hedonic when happiness is derived from physical, positive, momentary pleasure which is short-lived. Eudaimonic conceptualization is to realize the daimon and reach one's highest potential on the journey of self-discovery. PWB as viewed from eudaimonic perspective could be defined as the optimal functioning of a human, with meaning and quest for self-actualization **(Mishra and Venkatesan, 2023)**.

Moreover, psychological wellbeing not only a condition free from psychological problems, but its meaning is much broader, including the ability of individuals to perceive themselves positively related to others, with environmental mastery, independence, and life goals and emotions that lead to healthy development global self-esteem and lack of depressive disorders **(Badra et al., 2023)**.

The occupation of nursing is a stressful job. Having the correct coping strategy is dependent on how well nurses are able to understand their perceived stress. Research has shown that individuals with high emotional intelligence experience less stress-related emotions because they recognize and regulate them. These individuals tend to have higher levels of well-being due to stronger social competence and effective coping strategies that alleviate stress related emotions **(Hutsell, 2024)**.

Overall, in order to meet patients' needs, health professionals (e.g. nurses) are required to manage their emotions and that of the patients. This may explain why emotional intelligence has continued to gain popularity among most health workers. Self-appraisal of emotion, use of emotion and regulation of emotion can contribute to how one may explain



the link between work stress and psychological wellbeing of nurses. Emotional intelligence has been reported to be positively associated with psychological wellbeing (**Akanni, Obi, and Oduaran, 2022**).

Significance of the study:

Healthcare workers use different coping strategies for emotional disturbances. Nurses who had more emotional intelligence had less stress at work and were emotionally feeling better. However, nurses with low or no emotional intelligence reported poorer levels of well-being (**Mwanza et al., 2024**).

Nurses play a key role in healthcare, comprising nearly half of the global healthcare workforce. Nurses are responsible for key components of patient care, which may affect their well-being. Accordingly, the study of nurses' psychological well-being is important, as nurses are the largest group of healthcare professionals responsible for patient care, patient safety, and clinical outcomes. There is a need to study psychological well-being of nurses to develop workplace strategies and interventions to improve nurse's well-being (**Bond, 2024**).

As a major contributor to long-term well-being and mental health, emotional intelligence is one of the most crucial tools available to nurses for enhancing their psychological well-being. It connects crucial personal and interpersonal abilities and serves as a gateway between emotion and logical thought (**Saikia et al., 2024**).

So this study will be conducted to assess the relation between emotional intelligence and psychological wellbeing among psychiatric nurses.

Aim of the study:

The aim of the study was to assess the relation between emotional intelligence and psychological wellbeing among psychiatric nurses.

Research Questions:

- What is the level of emotional intelligence among psychiatric nurses?
- What is the level of psychological wellbeing among psychiatric nurses?
- Is there a relation between emotional intelligence and psychological wellbeing among psychiatric nurses?

Subjects and Methods:

Research design:

A cross-sectional research design was utilized to conduct this study.

Study setting:

This study was carried out at El-Azazi Hospital for Mental Health in Abo Hamad City, Alsharkia Governorate.

Study Subjects:

A purposive sample of 100 Psychiatric nurses.

Inclusion criteria:

Psychiatric nurses selected from the previously described settings using the following inclusion criteria:

Age between 20 and 50 years, provide direct care for patients with mental illness for at least 1 year, have at least 6 months of work experience in psychiatric setting, both genders, and agree to be part of the study.



Sample size equation

$$\text{Sample size} = [(Z\alpha + Z\beta)/C]^2 + 3$$

The standard normal deviate for $\alpha = Z_\alpha$

The standard normal deviate for $\beta = Z_\beta$

$$C = 0.5 * \ln[(1+r)/(1-r)] \text{ (Hulley et al., 2013)}$$

Tools of data collection:

To ensure that the study's goals were met, three tools were utilized to gather the required data:

Tool (I): Socio-demographic and work related characteristics questionnaire: It was utilized to assess socio-demographic characteristics of the participant nurses. It included questions about age, gender, marital status, residence, educational level, work department, number of family members, income, years of experience and number of working hours per week.

Tool (II): The Schutte Self Report Emotional Intelligence Test (SSEIT) : It was developed by **Schutte et al., (1998)** to assess emotional intelligence. It consisted of 33 self-report items. The instrument comprised of four widely recognized sub-scales, as follows: perception of emotions (10 items); managing own emotion (9 items); managing other's emotion (8 items); utilization of emotion (6 items). This scale has 3 reversed items, items 5, 28 and 33.

Scoring system:

This scale's items are rated on 5-point Likert scale. It was categorized as 1 = strongly disagree, 2= disagree, 3= neither disagree nor agree, 4= agree, 5= strongly agree. To calculate the final score, values of the item 5, 28 and 33 were inverted. The scores range from 33 to 165 and higher scores indicate higher levels of emotional intelligence.

The total mean score was estimated by dividing the sum of responses for each participant by the number of items. Then this score was categorized into:

1-2.59 indicates low level of emotional intelligence

2.60-3.39 indicates moderate level of emotional intelligence

3.40-5 indicates high level of emotional intelligence

Tool III: Psychological Well-Being Scales (PWB).

It is a widely used measure of psychological wellbeing, developed by **Ryff (1989)**. It consists of 42 items divided into six dimensions of wellbeing: autonomy (7 items); environmental mastery (7 items); personal growth (7 items); positive relations (7 items); purpose in life (7 items); and self-acceptance (7 items).

Scoring system:

This scale is rated on 5-point Likert scale. It categorized as 1= strongly disagree, 2= disagree, 3= neutral, 4= agree, 5= strongly agree .

The scores of the 42 statements were summed up and reversed for twenty items (3, 5, 10, 13,14,15,16,17,18,19, 23, 26, 27, 30, 31, 32, 34, 36, 39, and 41). All subscales are summed together to calculate the overall psychological wellbeing. The higher the scores indicate greater wellbeing. The level of psychological wellbeing is categorized into:

< 50% = low psychological wellbeing

50% - 75% = moderate psychological wellbeing

> 75% = high psychological wellbeing

Content Validity and Reliability:

In order to verify their original validity, tools were translated into Arabic using both back translation and translation techniques. The tools were revised by five-person panel of experts. The five-person panel of experts included: two professors from psychiatry



department, faculty of medicine and three assistant professors from the department of psychiatric and mental health nursing at Zagazig University. For the purposes of understanding, comprehensiveness, relevance, application, and clarity, they revised the tools. Their recommendations were taken into consideration.

Cronbach's alpha was used to test the reliability of the tools. The values were reported as follows: The Schutte Self Report Emotional Intelligence Test (SSEIT) (0.878) and Psychological Well-Being Scales (PWB) (0.850).

Field work:

After obtaining the required permission to conduct this study, the researcher met with the hospital's manager, Director of the training unit and head nurse to explain the study's aim and procedures, as well as the information assortment forms, obtain their consent, and gain their cooperation to start gathering data. After that, the researcher introduced herself to the psychiatric nurses and explained the purpose and nature of the study, voluntary participation and confidentiality were ensured. The nurses were asked to fill in the form sheet and choose the answer that suited them by applying a marking (√) beneath the guidance of the researcher. The total time that the nurses took for answering the queries ranged from 25 to 30 minutes. The researcher went to El-Azazi Hospital twice a week (Monday and Wednesday), from 9:30 a.m. to 2 p.m., to collect data. The data collection period was continued for two months, starting in mid-August to the mid of October 2024.

Pilot study:

A pilot study was conducted on 16 nurses approximately 16% of the calculated total sample size. The purpose was to test the feasibility and clarity of the tools, the comprehension of items, and to estimate the exact time required for filling out the data collection forms.

According to the pilot study results, the average time needed to fill out the tools was about 25 - 30 minutes. The nurses who participated in the pilot study were included in the main study sample since no modification was needed in the data collection form.

Administration and Ethical consideration:

The study proposal was approved by the Ethical Committee at the Faculty of Nursing at Zagazig University with code M.DZU.NUR/208/12/5/2024. Participants were informed about the aim of the study and that their participation was voluntary and they were notified that they could withdraw from the study at any time without giving any reason. Also, the studied nurses were assured that the information would be confidential and used only for research purposes. Additionally, the confidentiality and anonymity of the participants were assured through coding of all data.

Statistical analysis:

All data were collected, tabulated and statistically analyzed using IBM SPSS Statistics for Windows (IBM Corp., Armonk, NY, USA, 2017)). Quantitative data were expressed as the mean \pm SD and qualitative data were expressed as absolute frequencies (number) & relative frequencies (percentage). Percent of categorical variables were compared using Chi-square test. Pearson correlation coefficient was calculated to assess relationship between study variables, (+) sign indicate direct correlation & (-) sign indicate inverse correlation, also values near to 1 indicate strong correlation & values near 0 indicate weak correlation. Multiple linear regression (step-wise) was also used to predict factors which affect total emotional intelligence, and psychological well-being scores. Cronbach alpha coefficient was calculated to assess the reliability of the scales through their internal consistency. P-value < 0.05 was considered statistically significant, p-value < 0.01 was considered highly statistically significant, and p-value \geq 0.05 was considered statistically non-significant.



Results:

Table 1 showed that the nurses’ perception of emotions represented the highest mean score 36.96 ± 4.86 , followed by nurses’ managing own emotion 34.83 ± 4.34 , followed by nurses’ managing other’s emotion 30.33 ± 4.37 , While the lowest mean score was the nurses’ utilization of emotion 23.26 ± 3.79 . The total mean score was 125.38 ± 13.38 .

Figure 1 revealed that, 83.0% of studied nurses had high level of emotional intelligence, 16% of them had moderate level, while 1% only of them had low level.

Table 2 demonstrated that, the highest mean score was the nurses’ positive relations 25.34 ± 4.29 , followed by nurses’ autonomy 24.59 ± 3.46 , self-acceptance 24.16 ± 3.89 , purpose in life 23.87 ± 4.05 , nurses’ environmental mastery 23.58 ± 2.85 and the least mean score was nurses’ personal growth 23.08 ± 4.23 . The total mean score was 144.62 ± 16.99 .

Figure 2 revealed that, the level of total psychological well-being was high among 70.0% and moderate among 27.0% of studied nurses, while 3% of them had low level.

Table 3 showed that, nurses’ psychological wellbeing score was significant positive predictor of emotional intelligence.

Table 4 clarified that, the nurses’ emotional intelligence, marital status and number of family members were significant positive predictors of psychological wellbeing.

Table (1): Total score of emotional intelligence and its domains among studied nurses (n=100).

Items of emotional intelligence scores	Low		Moderate		High		Mean± SD
	No.	%	No.	%	No.	%	
Perception of emotions	1	1.0	32	32.0	67	67.0	36.96 ± 4.86
Managing own emotion	1	1.0	17	17.0	82	82.0	34.83 ± 4.34
Managing other’s emotion	1	1.0	32	32.0	67	67.0	30.33 ± 4.37
Utilization of emotion	2	2.0	25	25.0	73	73.0	23.26 ± 3.79
Total	1	1.0	16	16.0	83	83.0	125.38 ± 13.38

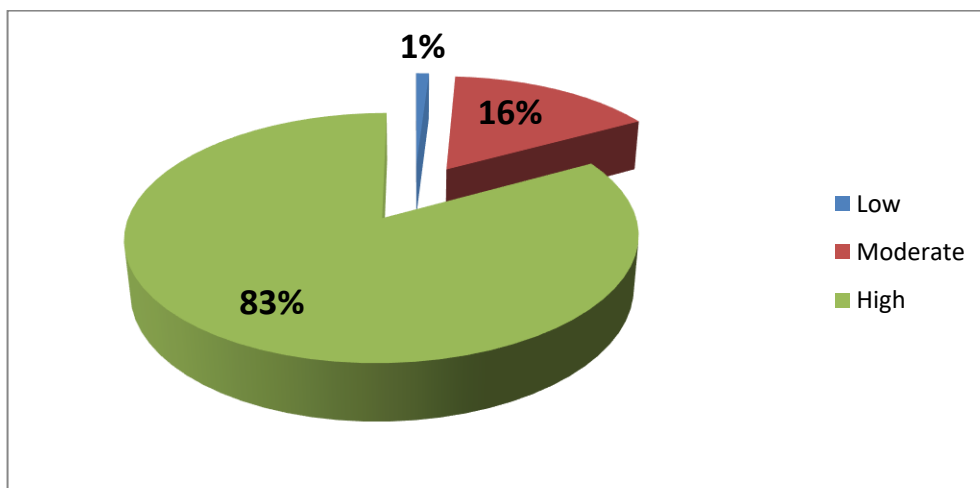


Figure (1) : Total level emotional intelligence among studied nurses (n=100).



Table (2): Total scores of Psychological Well-Being and its domains among studied nurses (n=100).

Psychological Well-Being	Low		Moderate		High		Mean± SD
	No.	%	No.	%	No.	%	
Autonomy	3	3.0	18	18.0	79	79.0	24.59±3.46
Environmental mastery	1	1.0	17	17.0	82	82.0	23.58±2.85
Personal Growth	6	6.0	19	19.0	75	75.0	23.08±4.23
Positive Relations	2	2.0	38	38.0	60	60.0	25.34±4.29
Purpose in life	2	2.0	26	26.0	72	72.0	23.87±4.05
Self-acceptance	3	3.0	26	26.0	71	71.0	24.16±3.89
Total	3	3.0	27	27.0	70	70.0	144.62±16.99

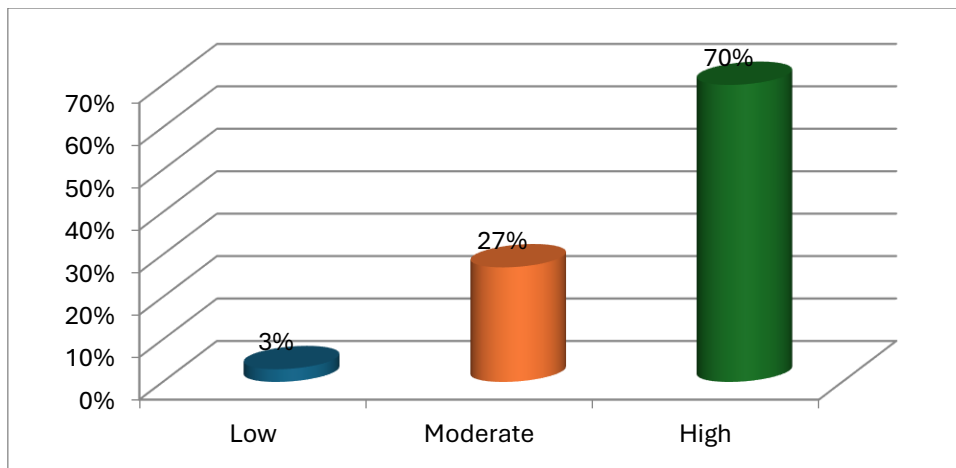


Figure (2) : Total score of psychological well-being among studied nurses (n=100).

Table (3): Multiple linear regression for predicting factors of emotional intelligence.

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B	
	B	Std. Error	Beta			Lower Bound	Upper Bound
(Constant)	71.897	10.224		7.032	.000	51.608	92.185
Psychological well-being score	.370	.070	.470	5.267	<0.001**	.230	.509

** : statistically highly significant (p<0.01)



Table (4): Multiple linear regression for predicting factors of psychological well-being.

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B	
	B	Std. Error	Beta			Lower Bound	Upper Bound
(Constant)	80.502	16.027		5.023	.000	48.689	112.314
Emotional intelligence	.579	.109	.456	5.303	<0.001**	.363	.796
Marital status	7.984	3.025	.226	2.639	<0.001**	1.979	13.989
Number of Family members	4.001	1.890	.181	2.117	0.037*	.249	7.752

*: statistically significant (p<0.05)

** : statistically highly significant (p<0.01)

Discussion:

The present study results revealed that the majority of the studied psychiatric nurses had high emotional intelligence levels, this is the answer of the first research question. This could be attributed to the strong emotional intelligence developed by nurses working in psychiatric settings as a result of their close encounters with patients who suffer from mental illnesses. This exposure fosters the development of emotional intelligence as a key coping and therapeutic skill. Also, slightly less than half of them had years of experience, from 5 to 10 years in the field, which helped them become more emotionally mature and competent, and the longer they had worked there, the more emotionally competent they were.

This result was supported by a Jordanian study conducted by **Al-Oweidat et al., (2023)** which clarified that the level of emotional intelligence was high among the studied nurses. Similarly, **Abdelaal, (2022)** who conducted a study in Egypt, revealed that the majority of the studied nurses had high levels of emotional intelligence.

On the other hand, these results were in disagreement with an Egyptian study by **Easa, (2021)** who indicated that nurses had a moderate level of emotional intelligence.

Concerning emotional intelligence domains, the current study results revealed that the highest mean score was the nurses' perception of emotions, followed by nurses' managing own emotion, nurses' managing other's emotion, and the least mean score was the nurses' utilization of emotion. This might be because that the psychiatric nurses work closely with emotionally distressed individuals. Constant exposure enhances their ability to read emotions accurately, which becomes a refined skill over time. Also, psychiatric nurses are trained to observe patient behavior, facial expressions, and tone of voice, making them highly skilled in emotional perception.

In accordance with this finding, **Maillet and Read, (2021)** who conducted a study in Canada, showed that the highest mean score was the nurses' perceptions of emotions,



followed by the nurses' managing own emotions, the nurses' managing others' emotions, and the least mean score was the nurses' utilizations of emotions.

On contrary, a Chinese study conducted by **Lu et al., (2022)** demonstrated that the highest mean score was others' emotional management, followed by self-emotion management, emotion application, and the least mean score was emotion perception.

Regarding psychological wellbeing level, the current study results indicated that less than three-quarters of the studied psychiatric nurses had high psychological wellbeing levels, this is the answer of the second research question. This may be because the majority of studied nurses had a high level of emotional intelligence, which makes them more adept at managing their emotions and interpersonal relationships, leading to increased psychological well-being. In addition, more than half of them had sufficient income, which makes them feel financially stable, resulting in experiencing lower stress levels, leading to better overall psychological well-being.

In the same vein, a study conducted in Slovenia carried out by **Lorber and Dobnik, (2022)** showed that more than half of the nurses ranked their psychological wellbeing as good or very good. Also, **Nageswaran and Apte, (2020)**, who carried out a study in India, clarified that most of the nurses had high level of psychological wellbeing.

Furthermore, these findings were in line with a study conducted by **Elhosany and Helal, (2020)** in Egypt who showed that less than three-quarters of studied staff nurses had high level of psychological well-being.

On the contrary, a study of **Abdelraof and Abdelgllil, (2025)** in Egypt, pointed out that the majority of studied psychiatric nurses had moderate level of psychological wellbeing.

Concerning psychological wellbeing domains, the current study findings revealed that the highest mean score was positive relations subscale, followed by autonomy subscale, self-acceptance subscale, purpose in life subscale, environmental mastery subscale, and the least mean score was personal growth subscale. This might be related to psychiatric nurses often working in team-based, emotionally charged environments where collaboration, empathy, and mutual support are essential. Their professional role requires them to build strong therapeutic relationships with patients and maintain positive communication with colleagues, which likely strengthens their ability to form and value positive social connections, contributing to the highest score in this domain.

In contrast, a study of **Hasan and Alsulami, (2024)**, conducted in Saudi Arabia, documented that the highest mean score was personal growth subscale, followed by self-acceptance subscale, positive relations with others subscale, purpose in life subscale, autonomy subscale, and the least mean score was environmental mastery subscale.

Regarding best fitting multiple linear regression models for emotional intelligence and psychological wellbeing, the psychological well-being score was a statistically significant positive predictor of emotional intelligence and vice versa, this is the answer of the third research question. This is supported by best fitting multiple linear regression models for emotional intelligence and psychological wellbeing. This means that the more psychological wellbeing of psychiatric nurses was, the more emotional intelligence they experienced. This could be explained by the fact that nurses with higher emotional intelligence can effectively manage their emotions, navigate stressful work environments, and maintain a balanced emotional state, leading to better mental health, higher job satisfaction, and a more positive outlook on their personal and professional lives.

These findings were consistent with a study conducted by **Ruiz-Ortega, Sánchez-Álvarez and Berrios-Martos, (2024)** in Spain, revealed that there were a significant positive



relationship between emotional intelligence and psychological wellbeing among nursing students.

Also, this study result was congruent with a study performed by **Entrata and Nicomedes, (2024)** in Philippines, showed that the domains of emotional intelligence significantly predict psychological well-being among nurses.

Additionally, these results approved by a study conducted in Pakistan by **Qamar, Chethiyar and Equatora, (2022)** clarified that there were a positive relationship between emotional intelligence and wellbeing and that emotional intelligence was significant predictor of wellbeing among mental health professionals.

Marital status and the number of family members were statistically significant positive predictors of psychological wellbeing. A possible explanation for this is that the social and psychological support provided by partners and families. Additionally, nurses with technical or higher education levels may feel more competent and confident in their roles, leading to greater job satisfaction and mental well-being and also opens up opportunities for career advancement, which can contribute to a sense of accomplishment and purpose in life.

Furthermore, nurses who had smaller family sizes may be linked to less emotional burden and fewer familial stressors, allowing them to focus more on their own well-being.

This goes on line with an Egyptian study carried out by **EI-Salamony and EI-ayari, (2023)** who showed that there were statistically significant relationships between nurses' marital status and psychological well-being.

Conversely, the findings were inconsistent with **Shahzad, Ghafoor and Ahmad, (2024)** study in Pakistan, showed that there were no statistically significant relationship between nurses' mental health and family size. Also, a study conducted in Turkey by **Yayla and Ilgin, (2021)** concluded that nurses' psychological wellbeing was not statistically significant related to marital status. Moreover, a study of **Khalaf and Adam, (2018)** conducted in Egypt, reported that there was no statistically significant predictor of the studied staff nurses marital status on their psychological wellbeing.

Conclusion:

Based on the findings of the current study, it can be concluded that the majority of the studied nurses had high level of emotional intelligence and less than three-quarters of them had high level of psychological wellbeing. Also, there was a statistically significant positive correlation between nurses' psychological well-being and emotional intelligence. Additionally, psychological wellbeing was a statistically significant positive predictor of emotional intelligence.

Recommendations:

Based on the results of this research, the following recommendations are suggested:

1. Developing training workshops for nurses to enhance their emotional intelligence and learning how to apply emotional intelligence skills in social and work life.
2. Curriculum development for nursing education is also necessary in order to teach healthcare professionals emotional intelligence.
3. Implementing psycho-educational workshops for nurses to improve their psychological wellbeing in psychiatric hospitals
4. Further studies are essential to assess factors that could influence the mental health and psychological well-being of nurses at psychiatric hospitals.



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