



Effect of a Structured Emotional Intelligence Skills Training Program on Professional Competence Among Psychiatric Nurses: A Quasi-Experimental Study

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ABSTRACT

Background: Emotional intelligence (EI) is relevant to psychiatric nursing because effective care requires emotional awareness, self-regulation, empathy, communication, and therapeutic relationship skills.

Objective: To assess the effect of a structured emotional intelligence skills training program (EISTP) on EI and professional competence among psychiatric nurses.

Methods: A quasi-experimental one-group pretest-posttest study was conducted at El Mamouraa Mental Health Hospital, Alexandria, Egypt, from July to November 2023. Forty psychiatric nurses working in inpatient departments participated. EI was assessed using the Arabic version of the Assessing Emotions Scale (AES-33), while professional competence was assessed using a 37-item psychiatric nurses' competency checklist. The 10-week EISTP incorporated workshops, role-playing, case discussions, group reflection, and self-assessment activities.

Results: Mean EI scores increased across all reported dimensions after training, with the total EI score increasing from 68.75 ± 10.61 before training to 146.69 ± 9.89 after training. The total professional competence score increased from 18.22 ± 10.97 to 46.45 ± 11.31 . The source manuscript reports a positive correlation between total EI and total competence ($r = 0.444$, $p = 0.001$). Post-training competence was also reported to be associated with educational level ($p = 0.002$).

Conclusion: The findings support the potential value of structured EI training as part of continuing professional development for psychiatric nurses. Larger controlled studies with longer follow-up are needed to confirm the durability and generalizability of these findings.

Keywords: emotional intelligence; professional competence; psychiatric nursing; nurses; skills training; therapeutic relationship.

INTRODUCTION

Emotional intelligence (EI) refers to the ability to perceive, understand, regulate, and use emotional information effectively. Since the concept was described by Salovey and Mayer, EI has been increasingly discussed in relation to interpersonal functioning, professional behavior, and workplace performance [1]. In nursing practice, emotional competencies are particularly relevant because nurses routinely respond to patients' emotional needs while managing their own reactions to demanding clinical situations.

Psychiatric nursing presents distinctive interpersonal and emotional challenges. Nurses may care for patients experiencing severe psychological distress, altered behavior, impaired judgment, or difficulties with communication. Effective psychiatric nursing therefore requires more than technical knowledge; it also depends on empathy, emotional regulation, communication, ethical decision-making, and the ability to establish and maintain therapeutic relationships [2,4,6]. Higher EI has been associated with professional functioning, leadership, adaptability, and work engagement among nurses [5].

Professional competence encompasses the integrated knowledge, clinical skills, attitudes, and ethical values required for safe and effective practice [4]. In psychiatric settings, competence includes the ability to communicate therapeutically, respond appropriately to emotionally charged situations, and maintain professional boundaries while providing patient-centered care. Emotional competencies may therefore contribute to several domains of professional nursing practice.

Although EI is increasingly recognized as an important professional attribute, opportunities for structured development of emotional and interpersonal skills may be limited within conventional nursing education. Structured EI interventions commonly use experiential approaches such as reflection, role-playing, case-based learning, and guided discussion to strengthen emotional awareness and regulation [3,7]. Evidence from nursing and other professional settings suggests that EI-focused interventions may improve emotional and interpersonal competencies, although the evidence base in psychiatric nursing remains limited.

Accordingly, the present study evaluated a structured EISTP among psychiatric nurses and examined changes in EI and professional competence following the intervention. The study also explored the relationship between EI and professional competence and the association of competence with selected demographic characteristics.

METHODS

Study design and setting

A quasi-experimental one-group pretest-posttest study was conducted at El Mamouraa Mental Health Hospital, Alexandria, Egypt, from July to November 2023. A purposive sample of 40 psychiatric nurses working in inpatient departments was recruited.

Participants

Nurses were eligible if they had at least one year of clinical experience in psychiatric nursing, were aged 18 years or older, provided voluntary informed consent, were available to attend the training sessions, and completed the baseline assessment. Nurses with previous formal EI training within the preceding two years, concurrent participation in similar programs, severe medical or psychological conditions or cognitive impairment that could interfere with participation, exclusively administrative roles, less than one year of psychiatric nursing experience, incomplete assessments, or substantial non-compliance with the training schedule were excluded.

Study instruments

EI was assessed using the Arabic-translated Assessing Emotions Scale (AES-33). Responses were recorded on a five-point Likert scale from strongly agree (5) to strongly disagree (1). The reported domains included perception of emotions, management of one's own emotions, management of others' emotions, and utilization of emotions.

Professional competence was assessed using a 37-item psychiatric nurses' competency checklist comprising knowledge and skills (27 items), attitudes and beliefs (7 items), and professional ethics (3 items). Each item was scored as rarely (0), sometimes (1), or always (2), giving a reported total score range of 0–74. The source manuscript classified scores of 0–36 as low, 37–55 as moderate, and 56–74 as high competence.

Intervention

The EISTP was delivered over 10 weeks, with one to two sessions per week. Sessions lasted approximately 60–90 minutes according to the study description. The program was based on Goleman's model of EI and addressed self-awareness, self-regulation, social awareness, relationship management, motivation, empathy, and social skills. Training methods included interactive workshops, role-playing, case studies, group discussions, reflective activities, and homework assignments such as journaling and self-assessment.

Assessment procedure

Following screening and an orientation session, baseline EI and professional competence were assessed before the intervention. The same EI and competence instruments were administered immediately after completion of the training program. Pre- and post-training results were compared to assess changes in EI and professional competence.

Statistical analysis

Data were analyzed using SPSS version 26. Descriptive statistics included frequencies, percentages, means, and standard deviations. Paired comparisons of pre- and post-training measurements were described using the paired t-test. Associations between categorical demographic characteristics and post-training competence categories were examined using the chi-square test, and Pearson's correlation coefficient was used to assess the relationship between total EI and total competence. A p-value ≤ 0.05 was considered statistically significant.

Ethical considerations

Ethical approval was obtained from the Ain Shams University Academic and Ethical Committee (REC-ASU-NUR-2023-01). Written informed consent was obtained from all participants. The study was reported as being conducted in accordance with the ethical principles of the Declaration of Helsinki.

RESULTS

The study included 40 psychiatric nurses, all of whom were female. Most participants were aged 18 to <30 years (52.5%), married (80.0%), and had an institute-level nursing qualification (62.5%). Forty-five percent had 1 to <5 years of psychiatric nursing experience, while 25.0% had at least 10 years of experience (Table 1).

Table 1. Demographic characteristics of the psychiatric nurses (n=40).

Characteristic	Category	n (%)
Age	18 to <30 years	21 (52.5)

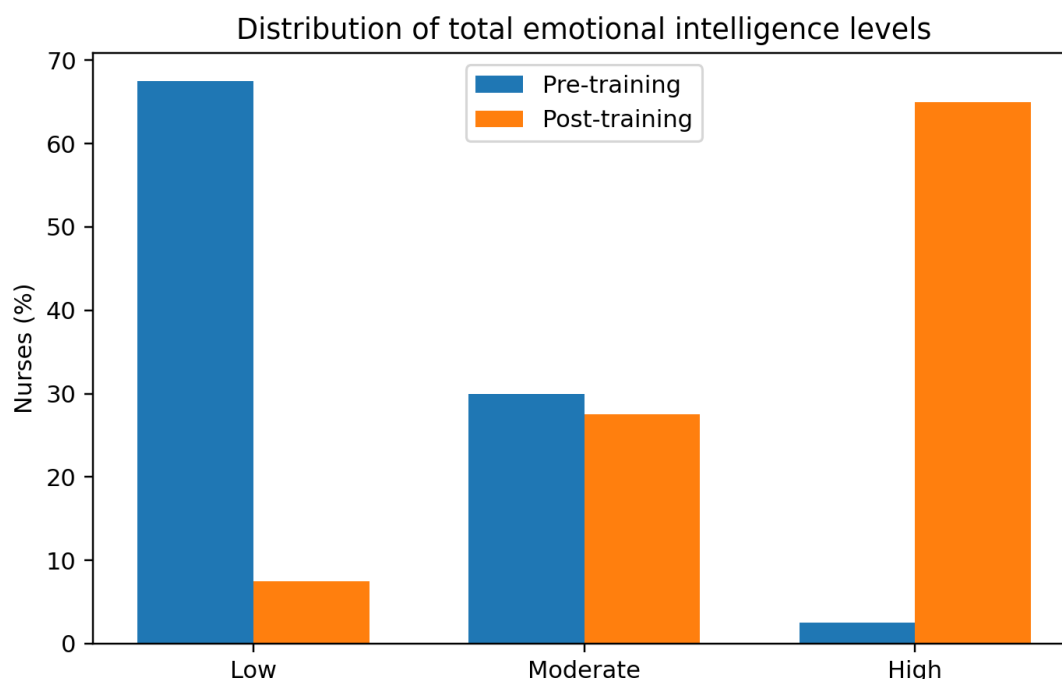
	30 to <35 years	10 (25.0)
	35 to <40 years	3 (7.5)
	≥40 years	6 (15.0)
Sex	Female	40 (100.0)
	Male	0 (0.0)
Marital status	Single	7 (17.5)
	Married	32 (80.0)
	Divorced	1 (2.5)
	Widowed	0 (0.0)
Education	Diploma	11 (27.5)
	Institute	25 (62.5)
	Baccalaureate degree	3 (7.5)
	Postgraduate studies	1 (2.5)
Psychiatric nursing experience	1 to <5 years	18 (45.0)
	5 to <8 years	9 (22.5)
	8 to <10 years	3 (7.5)
	≥10 years	10 (25.0)

Mean EI scores increased after the training program in each reported domain. The total EI score increased from 68.75 ± 10.61 before training to 146.69 ± 9.89 after training (Table 2).

Table 2. Reported pre- and post-training mean EI scores (n=40). * $p \leq 0.05$; ** $p \leq 0.001$.

EI dimension	Pre-training Mean $\pm$ SD	Post-training Mean $\pm$ SD	Reported p-value
Perception of emotions	21.01 ± 3.257	43.57 ± 3.614	0.015*
Managing own emotions	17.88 ± 3.594	40.32 ± 3.643	<0.001**
Managing others' emotions	17.45 ± 3.257	34.40 ± 3.271	0.001**
Utilization of emotions	12.46 ± 2.830	28.40 ± 3.669	0.001**
Total EI	68.75 ± 10.61	146.69 ± 9.89	<0.001**

Figure 1. Distribution of reported total EI levels before and after the EISTP (n=40).



The source manuscript reports that the proportion of nurses classified as having high EI increased from 2.5% before training to 65.0% after training, while the proportion classified as having low EI decreased from 67.5% to 7.5%.

Professional competence increased across the reported domains after the intervention. The total competence score increased from 18.22 ± 10.97 before training to 46.45 ± 11.31 after training (Table 3).

Table 3. Reported pre- and post-training mean professional competence scores (n=40). ** $p \leq 0.001$.

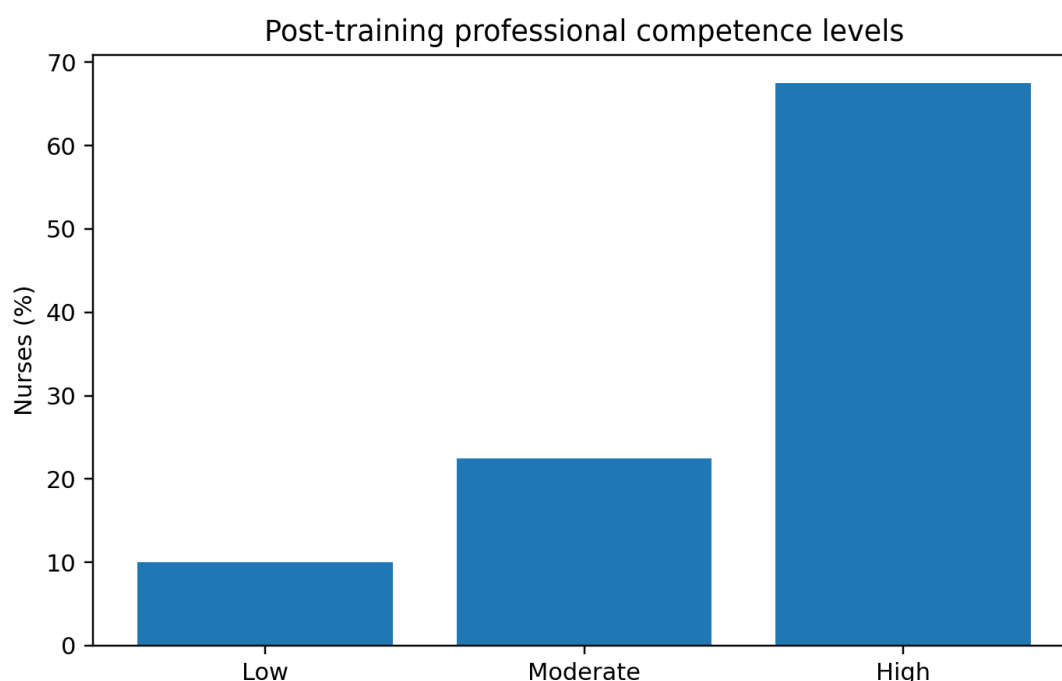
Competence dimension	Pre-training Mean $\pm$ SD	Post-training Mean $\pm$ SD	Reported p-value
Knowledge and skills	15.05 ± 7.44	28.17 ± 8.15	<0.001**

Professional ethics	0.59 ± 1.491	5.24 ± 1.329	<0.001**
Beliefs and attitudes	2.58 ± 2.96	13.04 ± 2.71	<0.001**
Total competence	18.22 ± 10.97	46.45 ± 11.31	<0.001**

Table 4. Association between post-training competence category and demographic characteristics (n=40). *p≤0.05.

Characteristic	High n (%)	Moderate n (%)	Low n (%)	χ^2	p-value
Age 18 to <30 years	17 (42.5)	3 (7.5)	1 (2.5)	9.843	0.131
Age 30 to <35 years	7 (17.5)	2 (5.0)	1 (2.5)		
Age 35 to <40 years	1 (2.5)	2 (5.0)	0 (0.0)		
Age ≥40 years	2 (5.0)	2 (5.0)	2 (5.0)		
Marital status: Single	5 (12.5)	2 (5.0)	0 (0.0)	1.534	0.821
Marital status: Married	21 (52.5)	7 (17.5)	4 (10.0)		
Marital status: Divorced	1 (2.5)	0 (0.0)	0 (0.0)		
Education: Diploma	5 (12.5)	4 (10.0)	2 (5.0)	7.206	0.002*
Education: Institute	20 (50.0)	4 (10.0)	1 (2.5)		
Education: College/Baccalaureate	1 (2.5)	1 (2.5)	1 (2.5)		
Education: Postgraduate studies	1 (2.5)	0 (0.0)	0 (0.0)		
Experience: 1 to <5 years	13 (32.5)	3 (7.5)	2 (5.0)	3.556	0.737
Experience: 5 to <8 years	7 (17.5)	2 (5.0)	0 (0.0)		
Experience: 8 to <10 years	2 (5.0)	1 (2.5)	0 (0.0)		
Experience: ≥10 years	5 (12.5)	3 (7.5)	2 (5.0)		

Figure 2. Post-training distribution of professional competence categories (n=40).



The post-training distribution reported in Table 4 was 67.5% high competence, 22.5% moderate competence, and 10.0% low competence.

Table 5. Correlation between total EI and total professional competence (n=40). **p≤0.001.

Variable	Correlation coefficient (r)	p-value
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Total emotional intelligence vs. total professional competence	0.444	0.001**
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A moderate positive correlation was reported between total EI and total professional competence ($r=0.444$, $p=0.001$), indicating that higher EI scores were associated with higher competence scores in the study sample.

DISCUSSION

The present study examined whether a structured EI training program was associated with changes in EI and professional competence among psychiatric nurses. The reported findings show increases in both domains following the 10-week intervention. This is clinically relevant because psychiatric nursing requires nurses to manage their own emotional responses while maintaining therapeutic communication and professional relationships with patients.

The increase in EI scores was observed across perception of emotions, management of one's own emotions, management of others' emotions, and utilization of emotions. These domains correspond closely with the interpersonal demands of psychiatric nursing. Previous literature has described EI as relevant to communication, workplace functioning, empathy, and professional relationships [1,3,6]. Gilar-Corbi et al. also reported improvement in EI following a structured training intervention, supporting the feasibility of developing emotional competencies through targeted educational approaches [7].

Professional competence also increased across knowledge and skills, professional ethics, and beliefs and attitudes in the supplied dataset. Competence in psychiatric nursing is multidimensional and extends beyond technical performance to include ethical behavior, communication, and patient-centered practice [4,13,14]. The observed change therefore suggests that EI-oriented training may have broader educational value. However, because the present study used a single-group pretest-posttest design without a comparison group, the observed changes cannot be attributed exclusively to the intervention with the same confidence as in a randomized controlled study.

The reported correlation between total EI and professional competence was moderate and positive ($r=0.444$, $p=0.001$). This finding is consistent with literature describing associations between EI and professional functioning among healthcare workers [5,6]. The correlation should nevertheless be interpreted as an association rather than evidence that EI alone determines professional competence. Other educational, organizational, and individual factors may contribute to competence.

Educational level was reported to be significantly associated with post-training competence, whereas age, marital status, and years of psychiatric nursing experience were not statistically associated with competence category. Differences in educational background may influence baseline knowledge, learning strategies, and opportunities to apply new skills. The findings should therefore be interpreted within the context of the small purposive sample and the absence of a control group.

Several limitations should be considered. First, the sample consisted of only 40 nurses from a single mental health hospital, and all participants were female; this limits generalizability to other settings and to male psychiatric nurses. Second, the one-group pretest-posttest design does not control for maturation, history, testing effects, or other external influences. Third, outcomes were assessed immediately after the intervention, so the persistence of improvements over time is unknown. Finally, the study would benefit from replication using larger samples, comparison groups, longer follow-up, and clearly prespecified statistical analyses.

CONCLUSION

Within the limitations of this quasi-experimental study, the supplied results indicate that a structured EI skills training program was associated with higher EI and professional competence scores among psychiatric nurses. The findings support the inclusion of structured emotional and interpersonal skills training within continuing professional development for psychiatric nursing. Future research should use larger, multicenter samples, controlled designs, and longer follow-up to determine the reproducibility and durability of these findings.

LIST OF ABBREVIATIONS

EI: Emotional Intelligence

EISTP: Emotional Intelligence Skills Training Program

SPSS: Statistical Package for the Social Sciences

DECLARATIONS

Ethical approval and consent

Ethical approval was obtained from the Ain Shams University Academic and Ethical Committee (REC-ASU-NUR-2023-01). Written informed consent was obtained from all participants.

Conflict of interest

The authors declare no conflict of interest.

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Author contribution

All authors contributed equally to the study.

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