

Study of Emotional Intelligence among Psychiatric Mental Health Nurses in Eastern Province, Saudi Arabia

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Abstract

Background: Mental health nurses worked at a highly stressful environment which created by multiple factors including demanding work-load, spending long hours of nursing duties, shortage of nursing workforce, interpersonal communication with patients who have for instance hallucination and aggression. Those factors may lead to burnout of psychiatric mental health nurses. Emotional Intelligence has been discovered to be an essential element in nursing practice generally and psychiatric nursing practice more specifically.

Aim: The aim of this study is to investigate the level of emotional intelligence of psychiatric mental health nurses at two different hospitals in Eastern Province, Saudi Arabia.

Method: This study used descriptive cross-sectional design. Data was collected from 121 psychiatric mental health nurses through the use of Schutte Self-Report Emotional Intelligence Test (SSEIT). Data were analyzed through the use of SPSS program version 25.

Result: Majority of the psychiatric mental health nurses have a high level of EI (69.4%), 28.1% of nurses have moderate level, and only 2.5% have low level of EI. In addition, there was a positive correlation between level of EI and nurse's job position and assigned department.

Conclusion: As the study shows significant correlation between level of EI of psychiatric mental health nurses and their job position and assigned department, a number of recommendation were proposed.

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I. Introduction

Emotional Intelligence (EI) is determined as a form of social intelligence that involves the ability to monitor one's own feelings as well as other people's feelings, to distinguish among them, to guide one's thinking and action.¹ According to Goleman (2004)³, EI consists of five sections, self-awareness, self-regulation, motivation, empathy, and finally social skills.^(2,3) EI has been discovered to be an essential element in nursing practice generally and psychiatric nursing practice more specifically.⁴ Psychiatric mental health nurses (PMHN) worked at a highly stressful environment which created by multiple complex factors including demanding work-load, nursing shortage, having to communicate with different personnel ranging from patients to nursing staff, and long hours of duties.⁵ In addition to dealing with patients who have difficulty in communication, hallucination, isolation, and aggression. Those factors may lead to burnout of PMHN.^(5,6)

Previous studies have shown that EI is connected with lower level of stress and better coping with daily life stressful events and facing challenging situations.^(4,7) The importance of EI in nursing has been increasingly emphasized over the last few years^(4,7). EI allows the development of effective relationship between nurses and clients by being in tune with their own emotions and other staffs as well.⁽⁴⁾ A number of significant research proposes that EI made the foundation for abilities and skills that are essential in almost any job⁽⁷⁻¹⁰⁾.

II. Literature review

Emotional Intelligence consists of multiple related skills including self-awareness, motivation, self-regulation, empathy, and social skills. Psychiatric nurses need to be familiar with the concept of EI which appear to be a powerful determinant in coping with daily challenging situations⁽¹¹⁾. In addition, Nelson and Low (2011) argued that EI model covers four emotional competencies which include 1) perception of emotions, 2) use of emotion, 3) analyzing emotion, and 4) managing emotion⁽¹²⁻¹⁴⁾. The Goleman et al. (2002) model is similar to the EI mental capability model developed by Mayer and Salovey (1990) in that it utilizes the mental ability model, but also assigns characteristics or traits into a compound conception. Goleman (1998) determined EI as "the ability to understand our own feelings and those of others, for inspiring ourselves, and for managing

emotions well in ourselves and in our relationships". The Goleman et al. (2002) model has four domains: 1) self-awareness, 2) self-management, 3) social awareness, and 4) relationship management ^(1,2, 15-17).

Schutte et al. (1998) based their model of EI on Salovey and Mayer (1990) original model. Petrides and Furnham, 2000, indicated four explicable categories in the Schutte et al., 1998 scale. Those subcategories include; perception of emotion, managing own emotion, managing others emotion, and utilization of emotion ^(17,1). Perception of emotion is identified as the capability of a person to distinguish own and other emotions constructed from the situation and demonstrative sign that have some amount of cultural agreement as to their emotional definition. It involves the capability of an individual to recognize emotion in others' facial and body impressions. The capability to distinguish emotions in others is a highly valuable social skill that requires the ability to acknowledge subtle social cues. When a person is able to know own emotions, others' emotions, and differentiate among emotional conditions, they are displaying emotional perception capability ^(18,19). Managing own emotion is a skill that gives a person the capability to use their awareness about their own emotions to be adjustable and handle their behavior effectively. Goleman et al. (2002) stated that the person cannot successfully control emotions in others without first controlling their own emotions. Persons who have overcome their own emotions are better able to adjust with changes and help organizations adjust ^(20,12,15). Managing others emotion is a skill involves the capability to organize occasion where others are pleased, conceal bad feelings in order to prevent causing pain to other person's feelings, and the ability to make others feels light and release when they are sad. ^(18,19). Finally, utilization of emotion is the capability of a person to utilize self-awareness of own emotions and those of other people to handle socialization effectively. This establishes clear communication and positive management of a problem. ⁽²⁾ ⁽²⁰⁾ In addition, researchers have recognized some factors affecting the development of EI among nurses. Those factors includes: age, gender, level of education, and work experience. These factors lead to promote the development of EI qualities. ⁽²¹⁻²²⁾

Several evaluation tools were developed for measuring EI. Trait EI Questionnaire (TEIQUE), The Mayer-Salovey-Caruso Emotional Intelligence Test, Emotional quotient Inventory (EQ-I 2.0) and Profile of Emotional Competence (PEC), all these scales have been utilized positively in several research studies involving nursing students and nurses. These demonstrate that the quality of EI among nurses is measurable and different scales are available to discover EI among nurses ⁽¹⁴⁾. Two categories of EI tools exist; the ability model and the traits model. The capability tests are constructed from performance criteria. They are assumed to reveal a person's real level of EI development. Ability model of EI reflect to the application of emotions in life conditions including the capability to perceive, understand and control emotions and eventually the capability to act towards others. The widely-used abilities model of EI scale is the Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT). Mayer and Salovey developed the abilities model of EI, which represent EI on four distinct branches of mental abilities that include concept of perception of emotion, using emotion to facilitate thinking, understanding emotion and ability to manage and modulate emotions in self and others. Even though the ability tests seem much neutral and instructive than questionnaires, they need more time and effort, both in the process of their establishment and during administration. Another difficulty with the ability tests of EI is regarding to the scoring criteria. In the area of human emotions, problems rarely have only one "true" or "correct" solution. ^(14,1)

The most popular tools based on the concept of trait model are Schutte Emotional Intelligence Scale (SEIS). It has been broadly used in research and several studies suggest that the tool has good reliability and reasonable evidence of validity. Schutte Emotional Intelligence Scale (SEIS) may be best utilized for studies purposes and to guide individuals who are inspired to reflect on aspects of their emotional functioning. ^(23,1,17).

Implication of Emotional Intelligence in Nursing

Different research studies confirmed the importance of EI as an essential component in nursing life. The literature proposed that EI is an essential element not only for developing the technical and educational competent of nurses, but also to balance the personal and professional life of nurses. Smith et al have identified the following model that necessity to emotionally competent among nurses: emotional character of nursing for practice; emotional skills in delivery of care; and EI competency to deal effectively with the emotionally competent environment ⁽²⁴⁾.

Several studies demonstrated that EI is an excellent indicator for academic progress and has a significant correlation with academic success. Rankin (2013) reported that EI was powerful predictors for nursing students' clinical performance, academic performance, and retention in the nursing program. Students with higher EI presented increased wellbeing and less stress. Karimi, et al (2013) recognized that nurses who had high EI exhibit lower levels of career stress and better perception of wellbeing. Other also illustrated importance of EI on reducing emotional labor, and improve wellbeing in nurses. Nursing students with higher EI demonstrate better mental ability and reduced psychological distress scored. Further nurses with higher EI are more able to successfully manage negative and positive emotions by managing stress and subsequent burnout. Moreover, students with high EI experienced less stress and were more capable to face challenging

emotions in the clinical area.²⁵ Others show that nursing staffs' EI has an impact not only on the quality of nursing care delivered but also on the job satisfaction of nurses. Moreover, head nurse has a delegate contribution to the staff's performances, by inspiring, motivating and creating a convenient environment for the nurses. They motivate other nurses to follow and collaborate towards the organizational goals and values. Emotionally intelligent training contributing to raise nursing staff performance that develops quality of care in the interest of the organization moreover promotes knowledge and research in nursing practice.²⁶

Emotional intelligence is an important aspect of life that gives human beings the ability to understand their own emotion as well as others emotion and to effectively manage feelings to be able to work calmly and smoothly toward common goals.² EI leads people to effectively think and act towards any situations they face. Previous study showed that task performance which is not achieved via cognitive intelligence may be achieved via emotional intelligence.²⁷ In addition, emotionally intelligent individual with low cognitive intelligence may achieve high level of job performance by managing their emotions in ways that enhance their motivation and the quality of their decisions.²⁸ That supposedly explains why some people who are smart and well educated struggle in their life, while others that are not well educated can succeed in their life.^(2,27,28,29)

Dealing with psychiatric patients who have particular emotional, cognitive and behavioral problems such as delusions, depression, anxiety, resistance, suicide, aggression, self-harm, and mistrust can lead to a drastic emotional tension and this in turn may put nurses in a risk of burnout. Psychiatric nurses must encounter almost daily with patients who have feelings of rage, sorrow, terror, annoyance, and frustration. Resulting behaviors of these emotions may change the value of nurse-patient relationship mostly in the way of interaction, cooperation with the treatment, and communication.^(10,30-31) PMHN specifically are well known to be at risk of developing high degree of burnout. Shortage of nursing staff is known as a global crisis where the nurses are forced to fulfill the organization demand and work environment with limited resources. Experiencing inconsistent work schedules, exposure to verbal and physical abuse from patients and their relatives, handling dying patient or death, having problems with other multidisciplinary team, absence or insufficient emotional support from their superiors are also some of the most common stressors of PMHN.⁽³⁰⁻³⁴⁾ Psychiatric nurses need to be nonjudgmental to be able to provide empathy and to gain the patient's trust. Being empathetic and trustworthy will build a therapeutic relationship that leads to provide a high quality of care. Those characteristics are difficult to apply, because mental health nurses must have a strong control of their emotions and feelings.^(2,16,35)

Some studies found that Emotions intelligence acts as a vital element in shaping the reactions of an individual towards external stimuli. Furthermore, people who usually encounter specific and intense emotional changes will benefit from emotional intelligence. High emotional intelligence PMHN will be able to emancipate those patients in a way they can understand patient's feelings. In the same time, help the patients to develop self-awareness, liability, and approach their own strengths and supports. PMHN with emotional intelligence are high will be professional be able to encounter patient's weaknesses and fears and to provide high standard of care.^(13,36-40)

Although the value of emotional intelligence is becoming highly recognized in nursing literatures, data regarding the emotional intelligence of PMHN are very limited worldwide and there is no published of such studies found in Saudi Arabia. Consequently, an assessment of emotional intelligence among the psychiatric nurses would probably help as a guide to health care professionals toward high quality patient care along with the ability to handle the stress associated with the profession work of the nurse.

Aim of the Study

The aim of the study is to assess the level of emotional intelligence among PMHN working at psychiatric mental health departments at two hospitals in the Eastern Province, Saudi Arabia. Therefore, the study objectives are:

1. To assess the level of emotional intelligence (EI) among PMHN.
2. To determine the correlation between the levels of emotional intelligence of PMHN and their demographic data, and their working experience.

III. Design and Methods

A descriptive cross-sectional design was used in this study. The study was carried out at two hospitals in the Eastern Province, Saudi Arabia namely; King Fahad Hospital of the University, and Al-Amal Complex for Mental Health. All males and female PMHN available at the time period of data collection at in-patient and out-patient psychiatric departments were included in the study. Total population was 182 PMHN, with a response rate of 66.5% with a number of 121 participants. Data collection took place over a period of month in March 2019. The aim of the study was explained to the participants using the invitation letter. The invitation letter described the purpose of the study, privacy and confidentiality, and management of inform. The questionnaires were distributed as a hard copy. PMHN who agreed to participate completed the questionnaires according to their vacancy.

Study Tools

Research data was collected through the use of the Schutte Self-Report Emotional Intelligence (SSEIT). It is a self-administered questionnaire with a 33-close end questions. SSEIT developed by Schutte et al. (1998) and includes four subcomponents which are perception of emotions (10 items), managing own emotions (9 items), managing other's emotions (8 items), and utilization of emotion (6 items). Participants rated themselves on the items using a five points scale (5=strongly agree, 4=somewhat agree, 3=neither agree nor disagree, 2=somewhat disagree, 1=strongly disagree). Total scale scores are calculated by reverse coding items 5, 28, and 33, and then summing all items. Each sub-test score is graded and then added together to give the total score for the participant. Scores range from 33 to 165, with higher scores indicating more characteristic emotional intelligence. The level of EI was classified as: low (33 to 77), moderate (78 to 121), and high (122 to 165). The internal consistency, measured through Cronbach's alpha was 0.87. Convergent validity resulted significantly $r = 0.43$. In addition, a validity meta-analysis study was done and resulted $r = 0.23$.^(41,42,43) The permission to use the tool of this study was obtained from the author.

Nurses sociodemographic data was collected through a questionnaire which designed by the researchers. It composed personal information e.g. gender, age and marital status. In addition, it focuses on the professional Data e.g. place of work, job position, assigned department

Ethical Consideration

Ethical approval was obtained from Institutional Review Board (IRB), Imam Abdulrahman Bin Faisal University. Official approvals were obtained from hospitals' managers. Invitations for participation were distributed to the participant nurses. Informed written consents were also obtained from the participants after emphasizing a high quality of confidentiality, anonymous and that they have the full right to withdraw at any time.

Data Analysis

After data were collected, it was analyzed and tabulated using the Statistical Package for the Social Sciences (SPSS) version 25. Socio-demographic data and level of emotional intelligence were analyzed utilizing descriptive statistics. Mean, standard deviation (SD) and percentage were uses for presenting qualitative variable and test of normality were carried out for quantitative variables. T-test is utilized to see the difference between the mean scores of EI and the place of work, gender, previous emotional intelligence training, and assigned department. One-way ANOVA was utilized to see the difference between the mean scores in this study and to compare the mean scores of the level of emotional intelligence and age, marital status, level of education, job position, years of experience of the PMHN. P-value of ≤ 0.05 is expressed as significant.

IV. Result

The total number of the PMHN involved in the study is 121 nurses. Table (1) shows the sociodemographic data of the study participants. They were working at the in-patient and out-patient departments. The majority of the participants were male (66.1%), married (80%) and obtained diploma degree in nursing (75%). Moreover, 46.2% of the participants are in a range of 31 to 40 years of age.

Table 1: Distribution of psychiatric mental health nurses according to their sociodemographic data.

Sociodemographic Data		N	%
Gender	Male	80	66.1
	Female	41	33.9
Age	20-30	37	31.6
	31-40	54	46.2
	41-50	14	12
	Above 50	12	10.3
Marital Status	Married	96	80
	Single	19	15.8
	Divorced	4	3.3
	Widowed	1	.8
Children	Yes	88	72.7
	No	33	27.3
Level of Education	Diploma	90	75
	Bachelor	28	23.3
	Master	2	1.7

Table (2) shows the professional clinical data of PMHN. Most of the participants were working in Alamal Complex for Mental Health (74.4%). Moreover, 82.6% were assigned at in-patient departments, and 86.7% of them were staff nurses. It is noticed that 37.5% of the participants had a clinical experience which ranged from 6 to 10 year. Only 25% of the nurses had previous training about EI while the majority (74.4%) never had been exposed to any type of training.

Table 2: Distribution of psychiatric mental health nurses according to their professional clinical data.

Clinical Experience Data		N	%
Place of Work	King Fahad Hospital of the University	31	25.6
	Alamal Complex for Mental Health	90	74.4
Job Position	Staff Nurse	104	86.7
	Head Nurse	10	8.3
	Supervisor	6	5
Years of Experience	less than 5 years	30	25
	6-10 years	45	37.5
	11-15 years	15	12.5
	more than 16 years	30	25
Working department	In-patient	100	82.6
	Out-patient	21	17.4
Previous EI Training	Yes	31	25
	No	90	74.4

Figure (1) illustrated the level of EI among PMHN. It appears from the figure that more than half of the nurses at both hospitals (69.4%) have a high level of EI. Moreover, 28.1% had moderate level and only 2.5% of them were experiencing low level of EI.

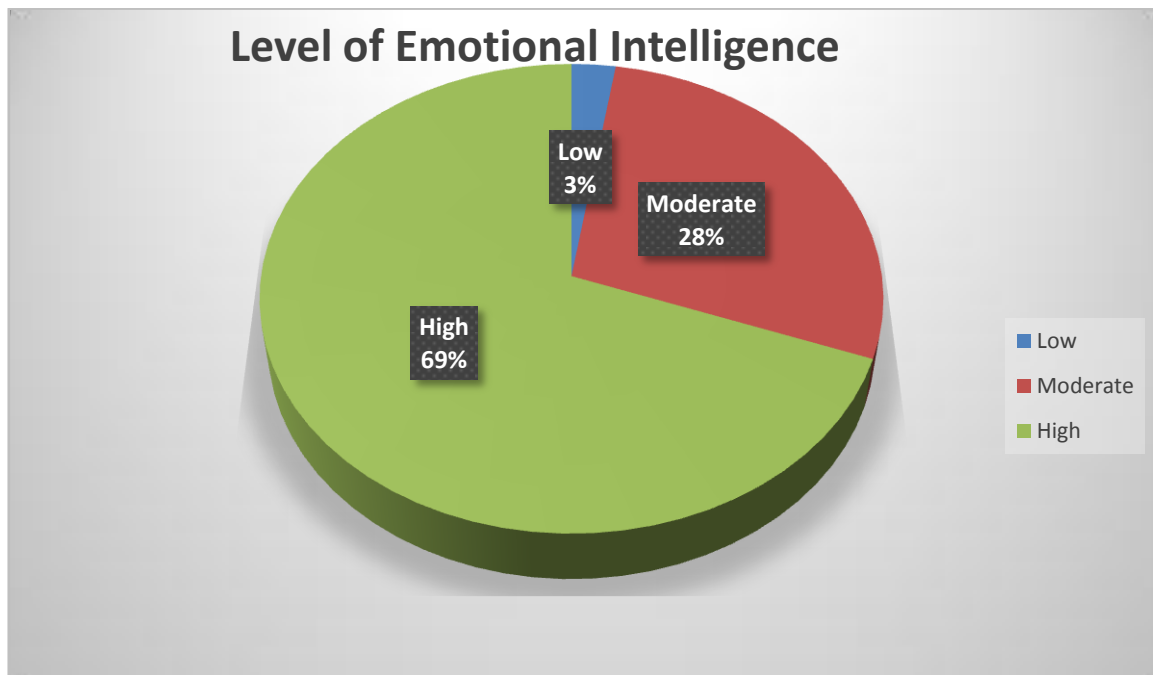


Figure 1: Level of Emotional Intelligence among Psychiatric Mental Health Nurses.

Table (3) shows the correlation between the level of EI and sociodemographic data of PMHN. There is no evidence of significant difference between the level of EI of PMHN and their gender, age, having children, marital status, and level of education. According to the relation between EI and clinical experience, a significant relationship was found between the level of EI of PMHN and their job position and assigned working department. Supervisors' nurses had the highest level of EI with a p-value of 0.031. Moreover, nurses working at in-patient departments had more significant EI than nurses working at out-patient department with a p-value of 0.000. Although no significant relationship were found between level of EI and the nurses' age, nurses who had age more than 40 had high mean score of EI than others. Female nurses had more EI than the male although there is no significant preference was found. The table also shows that nurses with master degree had the highest mean score of EI in compare with others with diploma or bachelor degree.

Table 3: Correlation between the level of emotional intelligence of psychiatric mental health nurses and their sociodemographic data.

Level of EI (±)		N	F	Mean ± SD	P.Value (Sig)
Gender	Male	80	.209	126.00 ± 19.175	0.649
	Female	41		128.24 ± 17.155	
Age	20-30	37	.419	123.27 ± 15.724	0.419
	31-40	54		126.44 ± 21.985	
	41-50	14		131.07 ± 11.042	
	Above 50	12		131.42 ± 14.475	
Marital Status	Married	96	.571	127.20 ± 17.654	0.635
	Single	19		123.89 ± 23.321	
	Divorced	4		125.00 ± 17.907	
	Widowed	1		147.00	
Children	Yes	88	.519	128.32 ± 17.438	0.473
	No	33		122.61 ± 20.705	
Level of Education	Diploma	90	2.346	128.08 ± 16.999	0.100
	Bachelor	28		121.32 ± 22.010	
	Master	2		144.00 ± 24.042	
Place of Work	KFUH	31	.614	125.97 ± 17.124	0.435
	Alamal	90		127.03 ± 19.001	
Department	In-patient	100	19.735	128.12 ± 15.115	0.000 *
	Out-patient	21		120.29 ± 29.387	
Job Position	Staff Nurse	104	3.569	125.11 ± 18.747	0.031 *
	Head Nurse	10		134.80 ± 10.433	
	Supervisor	6		142.17 ± 16.857	
Years of Experience	less than 5 years	30	.805	122.37 ± 18.518	0.494
	6-10 years	45		128.11 ± 19.257	
	11-15 years	15		126.73 ± 22.905	
	more than 16 years	30		129.17 ± 14.988	
Previous EI Training	Yes	31	1.319	128.23 ± 13.598	0.253
	No	90		126.26 ± 19.921	

*0.05 ≥ P-value (Significant)

Figure (2) revealed that most of PMHN(70.2%) scored highly in both managing of own emotions and utilization of emotions and followed by managing other emotion (66.1%). Most of the nurses scored moderately in perception of emotions (63.60%) while only 38.40 % scored highly in perception of emotions.

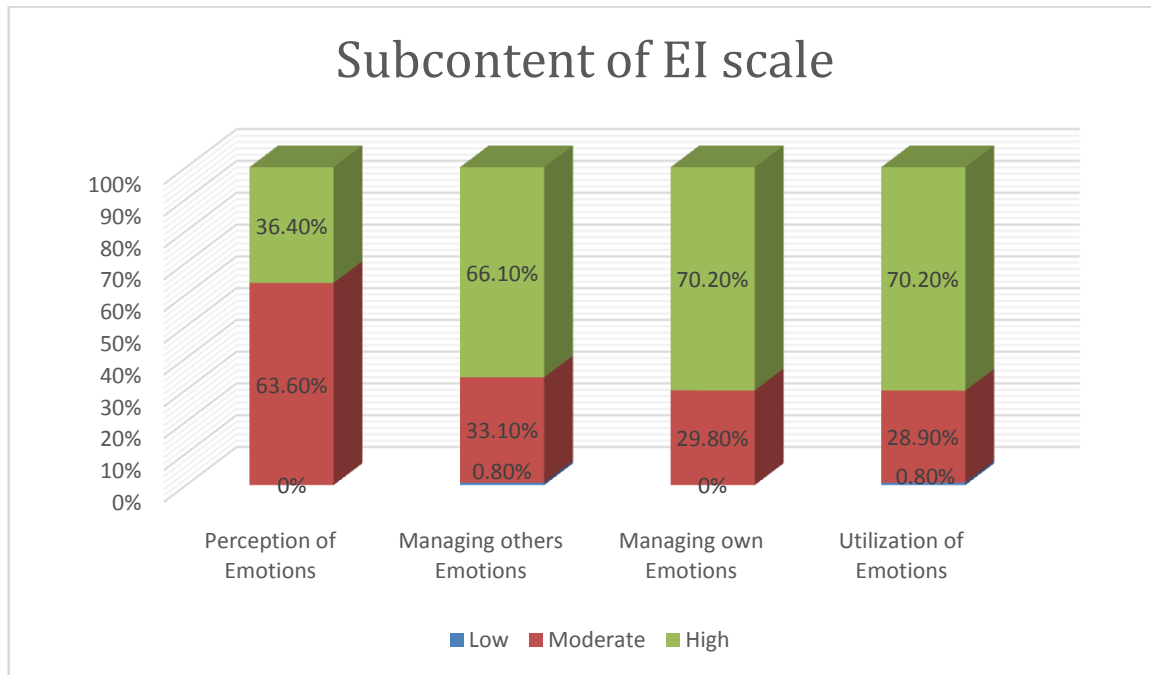


Figure (2): Distribution of nurses according to the sub-contents of Emotional Intelligence scale.

V. Discussion

Psychiatric mental health nurses must have the capability to identify and control their emotions as well as others to build a significant nurse-client relationship. Hence, emotional intelligence among psychiatric mental nurses is necessary to handle the quantity of emotional labor included daily mental health practice.

Level of Emotional Intelligence among PMHN

The result of the present study shows that most PMHN at Almal Complex for Mental Health and King Fahad Hospital of the University in the Eastern Province, Saudi Arabia, have undeniable high level of EI. The study revealed that 69.4% of PMHN of both settings having high level of EI. This result is consistent with a qualitative study done by Akerjordet and Severinsson, (2004)³⁰ in Norway, who revealed that PMHN are showing high level of EI comparing to other general nurses. In another study done in Netherland, PMHN had a high level of EI with a mean score of 108.76¹⁰. Previous study were done to compare between the level of EI among PMHN and general nurses reveals that PMHN shows higher level of EI than general nurses. Contrary to that Asturias, (2017)⁴⁴ and Beauvais et al., (2011)⁴⁵ reveals that general nurses have an average level of EI where they suggested the importance of having higher level of EI. The findings of this study could be attributed to the nature occupations of PMHN with a lot of stress. PMHN have daily practices and multiple roles that require them to carry out huge deal of emotional labor. Hence, having higher level of EI helps nurses to cope with those huge job demand such as taking care of patient with delusions and suicidal attempts as a part of their daily practice without having burnout.^{30,10,44,45}

According to the sub-contents of EI the present study show that the highest score was recorded in the area of managing of own emotions and utilization of emotions. Managing own emotion reflect the participant ability to control their emotions. Managing of self-emotions is identified by Nelson and Low (2011) as the ability to achieve meaningful goals that result in positive feelings, managing time and resources, and learning to be flexible when unexpected demands or changes arise. It refers to being open to both pleasant and unpleasant feelings, monitoring and reflecting on self-emotions.¹² In addition, this result is congruent with Kevin et al. (2011)⁴⁶ who recognize that utilization of emotions and recognizing one's emotions as important factors in managing their work effectively and communicating to others in different work situations. Other study showed acknowledgement of own emotions as one domain of EI that have had the high mean followed by appraisal of others emotions. These are in opposite to Ashkanasy and Daus(2010),⁴⁷ who stated that individuals with high level of EI are more likely to inspire and motivate others in team efforts more than themselves, offer assistance to co-workers when they need it, communicate more effectively recognition of other's emotions, and manage others feelings toward increasing job satisfaction and commitment.

The present findings also showed that most of nurses had moderate score in the area of managing others emotion. Other study reported that, the individual who is able to recognize and manage emotions in

others is able to correctly interpret emotional through other nonverbal signals such as body language and tone of voice, managing others emotion.^{18,19}

The study also showed that lowest score was recorded in the area of perception of emotions. This result is in congruent with Kevin et al. (2011)⁴⁶ who have stated that productivity was found to be predicted only by regulation of emotion in others, but failed to contribute uniquely beyond personality and other abilities. It is a usual observation that nurses often focus solely on clinical and therapeutic knowledge to meet the requirements of the job while ignoring some skills that effectively contribute to their improvement as a competent nurse.⁴⁶

Correlation between Level of Emotional Intelligence and Sociodemographic and Professional Clinical data of Psychiatric Mental Health Nurses.

The present study reveals no correlation between the level of EI of PMHN and their gender ($p = 0.649$). This result is consistent with previous studies that did not report any correlation between the gender and level of EI.⁴⁸⁻⁵¹ A suggestive explanation of the result is that both male and female participants are equally have the capability to manage circumstances by taking the right action, and neither male nor female gets affected by unpredictability, worry, anger or annoyance. On the contrary study found positive correlation where female participants had higher EI than males. Others added that both male and female perceived and handle challenges differently.^{10,44,48-51}

The present study also revealed that there is no significant correlation between the level of EI age ($p = 0.419$). The result is supported by other studies where they also did not find any significant correlation between the age of the nurses and the level of EI.^{48,52} Contrary to the actual result a couple of researches showed that when a person grows older, the level of EI gets better. Asturias (2017)⁴⁴ revealed that the highest level of EI seen with age range of 40 to 44 years old, where younger adult between 18 and 24 years old shows lower level of EI. The differences of the results of these studies may be the effect of the utilization of multiple tools that shows various ideal framework of EI.^{10,44,48,52}

The current study shows no significant difference between the level of EI of PMHN and their educational level ($p = 0.253$). These findings are similar with Harper et al (2012).⁵² In opposite, Alhamdan et al. (2017)⁴⁸ showed a significant positive correlation between EI of the nurses and their educational level. The author illustrated that utilization of postgraduate degree increases individual's knowledge, competency at work, ability to have effective coping strategies and level of emotional intelligent.⁴⁸

In addition, the current study present no correlation between EI of PMHN and their marital status ($p = 0.635$). On the contrast, Alhamdan et al., (2017)⁴⁸ revealed significant correlation between the level of EI of the participants and their marital status. They report that single participants have higher level of EI than those who were married. In the same line, Mrayyan and Alfour, (2008)⁵³ classified marriage as a cause for burnout and leads to overload. Furthermore, the current study revealed no significant difference between EI level among PMHN and being have children ($p = 0.473$). Interestingly, no studies found to report any correlation between the levels of EI of the participants and being have children. Only one study reported that being a mother is an extraordinary type of stressor that may affect the level of EI of a female participant. This indicates the need for further studies to confirm the present finding.⁵⁴

Professional Clinical Variables

The current study shows no significant correlation between PMHN and their years of experience in the field ($p = 0.494$). Consistently Dusseldorp et al., (2010)¹⁰ showed no correlation between the participants and their level of EI ($p = 0.831$). At the same line Harper and Schenk, (2012)⁵² revealed no correlation as well. However, Humpel and Caputi, (2001)⁵⁵ showed positive correlation between the years of experience of the participants and their level of EI, where they found increasing in years of work, level of EI gets better. A study reported that when a person is just starting work experience, they may be doubtful of their work environment and may find it difficult to open up with their emotions with colleagues and other team members. Moreover, Foster et al. (2017)⁵⁶ reveals a positive correlation between the years of experience and level of EI. The cause of the difference between the results could be related to the fact that individuals has own learning span of time where some people learn faster than others while some take more time to learn. Direct contact with psychiatric patients put PMHN at risk of having low level of EI due to possibility of experiencing burnout that may affect their job performance.^{10,52,55}

In addition, this study shows positive correlation between the level of EI of the participants and their assigned departments ($p = 0.000$). Surprisingly, PMHN who were assigned to work at in-patient departments shows higher level of EI than those who were assigned to work at out-patient department. This indicated that they may more expose to work with more critical cases at in-patient than at out-patient department. The finding is contradicted with a study done by Dusseldorp et al., (2010)¹⁰ where no correlation have been shown between level of EI and assigned departments of the participants ($p = 0.853$). The probably reason of the current result could be related to that EI enhances with more experience and exposure to variable circumstances. In-patient

PMHN are exposed daily to direct care requirements of psychiatric patients where they master daily challenge situations with the patients that lead to improvement their level of EI.¹⁰

Furthermore, the result of the current study shows no correlation between the level of EI of the PMHN and their experience of having a previous EI training ($p = 0.253$). Several studies contradicted the present study proving that EI can be develop and enhance through EI training. Foster et al., (2017) present a significant improvement of 3.50 in the total EI score after a training program delivered. Another study done by Lolaty(2012) found a significant increase of 89.84 in the mean score of EI after the training. There was also a study done by Ruiz-Aranda et al., (2011) shows positive correlation between having previous training of EI of the participants and their level of EI, where it proved to be greater after at least 6 months since their training. The present result may reflect the bias of the result due to the total number of nurses who had previous emotional training shows only 25% of the participants. Hence more research is recommended to confirm the present findings.⁵⁶⁻⁸

According to the job position, the current study shows significant correlation between level of EI and job position of the nurses ($p = 0.031$). Supervisors' nurses have highest level of EI than others with a mean score of 142. This result may be probably explained by the fact that being supervisors are qualified by certain characteristics such as fair, knowledgeable, effective social skills which is one of the main elements of EI.²Unfortunately, there was no study have been found showing analytics interpretation of the correlation between level of EI and job position of PMHN.²⁹

In conclusion, participants scored highest in both managing of their own emotions and utilization of emotions and lowest in perception of emotions and managing of others emotions. Although the present study show that there is no significant correlation between the level of EI of PMHN and their age, gender, marital status, having children, educational level, years of experience, and previous EI training. The study also shows significant correlation between level of EI of PMHN and their job position and assigned department. Based on the result of the study the following recommendations were proposed:

- Nursing administration should start training programs for all PMHN to acknowledge EI and promote effective nursing-patient relationship.
- EI training program should be included in nursing curricula of Nursing educations, especially future PMHN.
- Nurses should be encouraged to reflectively examine their own level of EI and should be educated on how to express their negative emotion towards others.
- This study attempts to establish a baseline data for measuring EI among the psychiatric nursing in different hospitals and centers in Saudi Arabia. Follow up research's using different tools, and different variable subcategories of EI should be applied.
- Further study is needed to evaluate the effectiveness of EI training program on nurses generally and psychiatric nurses more specifically.

VI. Conclusion

The present study shows that most of PMHN in Alamal Complex for Mental Health and King Fahad Hospital of the University in the Eastern Province, Saudi Arabia, have a high level of EI. Participants scored highest in both managing of their own emotions and utilization of emotions and lowest in perception of emotions and managing of others emotions. It reveals that there is no significant correlation between the level of EI of PMHN and their age, gender, marital status, having children, educational level, years of experience, and previous EI training. The study also shows significant positive correlation between level of EI of PMHN and their job position and assigned department.

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