

Relationship between Emotional Intelligence and Health Education Skills among Nurses in El-Beheira Governorate Hospitals

¹Somia Batea Mohamed Elgalgamony, ²Hala Eid Said, ³Sally Abd El Hamid

¹Nursing Specialist in El-mahmudia General Hospital, Ministry of Health.

²Assistant Professor of Nursing education, Faculty of Nursing - Damanhour University.

³Assistant Professor of Nursing education, Faculty of Nursing - Damanhour University.

DOI: <https://doi.org/10.5281/zenodo.18608774>

Published Date: 11-February-2026

Abstract: Background: Emotional intelligence helps nurses understand and manage their own emotions and those of patients. This skill improves communication, empathy, and stress management. Health education skills allow nurses to teach patients, encourage healthy behaviors, and improve care. This study aimed: To determine the relationship between emotional intelligence and health education skills among nurses in El-Beheira Governorate Hospitals. Research design: A descriptive, correlational research design was used to carry out this study. Sample: A systematic random sample of 650 nurses was selected from a total of 3,269 nurses working in five randomly chosen hospitals in El-Beheira Governorate: Kafer El-Dwar General Hospital, El-Mahmoudia Central Hospital, Etai Al-Baroud Central Hospital, Damanhour Chest Hospital, and Abo-El-Matamer Hospital. Only nurses willing to participate in the study were included. Tool: Two tools were used Tool I: Emotional Intelligence Questionnaire. Tool II: Nurses' Health Education Skills Questionnaire. Results: The study results indicated that more than one-half (54%) of women were highly satisfied, more than two-fifths (43.5%) were moderately satisfied and a minority (2.5%) were unsatisfied. The mean total score of women's overall satisfaction was 177.34 ± 26.47 . Conclusion In the light of the main study results; it can be concluded that there was highly statistically significant relation between the studied nurses' total emotional intelligence and total health education skills. Recommendations: Organize training workshops for nursing leaders and supervisors on how to improve and apply emotional intelligence and health education strategies in clinical settings.

Keywords: Emotional Intelligence, Health Education Skills.

I. INTRODUCTION

Nursing is one of the most vital and respected professions in the healthcare system. Nurses play a central role in patient care, offering not only medical support but also emotional and psychological comfort. Their responsibilities range from administering medications and monitoring patient progress to educating individuals about disease prevention and healthy living (Rodríguez-Pérez et al., (2022), Hafez, et al (2024)). Nurses work in diverse environments such as hospitals, clinics, community centers and schools and they often serve as the first point of contact between patients and the broader healthcare team. As the demands of modern healthcare continue to grow, nurses are expected to possess not only clinical expertise but also strong interpersonal and communication skills (Hosseinnejad et al., 2022).

Emotional intelligence (EI) is the capacity to perceive, understand, manage and utilize emotions effectively in oneself and others. It encompasses key skills such as emotional awareness, empathy, self-regulation and interpersonal communication. EI plays a vital role in leadership, teamwork, conflict resolution and mental well-being, especially in high-stress

environments like healthcare and education. Individuals with strong emotional intelligence are better equipped to navigate social complexities, build meaningful relationships and make informed decisions that consider both logic and emotion (Mayer et al., 2025).

Emotional intelligence (EI) is essential because it enables individuals to navigate complex social environments, manage stress and build meaningful relationships. People with high EI are better equipped to recognize and regulate their emotions, empathize with others and communicate effectively—skills that are critical in leadership, teamwork and conflict resolution (Mayang, 2025). In professional settings, EI contributes to improved job performance, stronger collaboration and greater adaptability. In personal life, it fosters resilience, emotional well-being and deeper interpersonal connections. As workplaces and communities become more emotionally demanding, EI is increasingly recognized as a key factor in success and satisfaction (Rajpurohit, 2025).

Emotional intelligence consists of five main subcomponents: self-awareness, self-management, empathy, self-motivation and social skills. Self-awareness is the ability to recognize one's emotions and understand their impact (Kuokkanen, 2024). Self-management refers to controlling emotional reactions, especially in high-pressure situations. Empathy is the capacity to understand and share the feelings of others—crucial for patient care. Self-motivation drives nurses to maintain high performance and commitment, even when facing challenges. Lastly, social skills involve effective communication and relationship-building, which are vital for teamwork and patient interaction (Coronado-Maldonado & Benítez-Márquez, 2023).

For individual nurses, emotional intelligence enhances both personal well-being and professional performance. Nurses with high EI are better at handling workplace stress, managing conflict and maintaining emotional balance during demanding shifts. They are also more adaptable and resilient, which is important in fast-paced clinical environments. By fostering positive relationships with colleagues and patients, emotionally intelligent nurses can reduce misunderstandings, increase patient satisfaction and experience greater job fulfillment (Cheraghi et al., 2025).

At the organizational level, emotional intelligence contributes to a healthier, more productive work culture. Healthcare settings that promote EI experience better teamwork, reduced staff turnover and improved patient care quality (Yousaf et al., 2024). Leaders with strong emotional intelligence are more likely to foster open communication, resolve conflicts peacefully and support staff development. Overall, emotionally intelligent nursing teams enhance organizational efficiency, lower rates of medical errors and create a more supportive environment for both staff and patients (Paredes-Saavedra et al., 2024).

Despite its benefits, several barriers may limit the development or expression of emotional intelligence in nursing practice. These include high workloads, emotional fatigue, time constraints, lack of institutional support and insufficient training on interpersonal skills. Additionally, nurses working in high-stress environments may suppress emotions as a coping mechanism, which can hinder emotional awareness and empathy. Workplace hierarchies or toxic cultures may also discourage open communication and emotional expression (Nguyen et al., 2022).

To overcome these barriers, both individual and organizational strategies are needed. Nurses can engage in self-reflection, mindfulness practices and seek feedback to improve emotional awareness. Training programs focused on communication, stress management and emotional intelligence should be integrated into both nursing education and ongoing professional development (Akanle, 2024). Healthcare institutions must also create supportive work environments by promoting teamwork, recognizing emotional labor and encouraging open dialogue. By prioritizing emotional intelligence, nurses and organizations can improve not only the workplace atmosphere but also the quality and humanity of patient care (Chung et al., 2023).

There is a strong and interdependent relationship between emotional intelligence (EI) and health education skills in nursing. Emotional intelligence allows nurses to recognize patients' emotional states, adjust their communication style and create a supportive learning environment (McNulty & Politis, 2023). Health education involves more than transferring information—it requires understanding patients' readiness to learn, addressing fears or misconceptions and motivating behavior change. Nurses with high emotional intelligence can build stronger connections with patients, use empathy to understand their perspectives and tailor education to their unique needs. This emotional connection enhances the effectiveness of health education, making it more personal, impactful and lasting (Dou et al., 2022).

Health education is defined as a process that equips individuals and communities with the knowledge, skills and motivation to make informed decisions about their health. It involves teaching strategies aimed at promoting wellness, preventing disease and managing health conditions effectively (Congying et al., 2024). Health education is not just about delivering information—it also includes engaging people in ways that help them adopt healthy behaviors and sustain them over time. For nurses, health education is a vital part of patient care, supporting individuals in achieving better health outcomes through learning and empowerment (Pueyo-Garrigues et al., 2022).

Nurses utilize a range of skills to deliver effective health education. These include verbal and non-verbal communication, active listening, cultural competence, patient assessment and instructional planning. Nurses must also adapt teaching strategies to different learning styles and literacy levels (Khazhymurat et al., 2023). Additionally, motivational interviewing, behavior change counseling and the use of educational tools such as models, pamphlets and digital resources are all part of a nurse's educational toolkit. These skills ensure that health education is patient-centered, goal-oriented and evidence-based (Wang et al., 2025).

Health education is essential for promoting self-care, preventing complications and reducing hospital readmissions. It empowers patients with the knowledge and confidence to take control of their health, manage chronic conditions and follow medical advice effectively. In communities, health education helps raise awareness about public health risks, improve hygiene and encourage healthy lifestyles (Sallam, 2023). For nurses, providing effective health education enhances professional credibility, improves patient satisfaction and contributes to better overall health system performance (Koelen & Van den Ban, 2023).

Emotional intelligence plays a key role in making health education more effective by building trust and psychological safety. Patients are more likely to listen, engage and learn when they feel understood and respected (Zhang & Xu, 2024). A nurse who demonstrates empathy, listens without judgment and adjusts communication based on the patient's emotional cues creates a learning environment where patients feel valued and confident. This connection not only helps patients absorb information but also increases their motivation to apply it in their daily lives (Shankar & Tewari, 2023).

Despite the clear link between emotional intelligence and health education, nurses often face challenges in integrating both effectively. Time constraints, heavy patient loads and lack of emotional intelligence training can limit a nurse's ability to deliver high-quality education (Butler et al., 2022). Additionally, some patients may have low health literacy, emotional distress or cultural barriers that make communication difficult. Without strong EI, nurses may unintentionally overlook these challenges, reducing the impact of the health education they provide (McNulty & Politis, 2023).

To enhance health education skills, nurses must engage in continuous professional development focused on communication, teaching strategies and patient engagement. Training in areas such as motivational interviewing, health literacy assessment and culturally sensitive education can significantly improve the delivery of health information (Pueyo-Garrigues et al., 2022, Harfoush, M et al., 2023). Utilizing a patient-centered approach, nurses should adapt their teaching methods to meet individual learning styles, language preferences and emotional readiness. Collaborating with interdisciplinary teams, using visual aids or digital tools and incorporating feedback from patients can also strengthen educational effectiveness (Khazhymurat et al., 2023).

Aim of the study

The current study aimed to determine the relationship between emotional intelligence and health education skills among nurses in El-Beheira Governorate Hospitals.

Research Question

What is the relationship between emotional intelligence and health education skills among nurses in El-Beheira Governorate Hospitals?

Methods

Research design:

A descriptive, correlational research design was used to carry out this study.

International Journal of Novel Research in Healthcare and Nursing

Vol. 13, Issue 1, pp: (34-47), Month: January - April 2026, Available at: www.noveltyjournals.com

Setting:

The study was conducted at five hospitals selected randomly by using systematic random sampling out of twenty hospitals affiliating to directorate of Health Affairs in El-Beheira Governorate

Five hospitals are Kafer El-dwar General Hospital, El- mahmudia central Hospital, Etai Albaroud central Hospital, Damanhour chest hospital and Abo-Elmatamer Hospital

Subjects:

The subjects are 650 nurses out of 3269 nurses, nurses were selected by systematic random sampling from above mentioned hospitals and who are willing to participate in the study.

Sample size:

The sample size was calculated by using EPI info7 software. Based on the total population of 8473 (total number of staff nurses enrolled in the hospitals in El-Beheria Governorate).

Sampling technique:

Through using a random sampling technique, nurses will be selected from above mentioned hospitals. Proportional allocated sampling technique from each hospital will be used as illustrated in the following:

Table (1):

Hospitals	Total number of staff nurses	Sample
• Kafer El-dwar General Hospital	708 nurses	141 nurses
• El- mahmudia central Hospital	459 nurses	91 nurses
• Etai Albaroud central Hospital	1332 nurses	265 nurses
• Damanhour chest hospital	362 nurses	72 nurses
• Abo-Elmatamer Hospital	408 nurses	81 nurses
Total	3269 nurses	650 nurses

Tools of data collection:

Two tools used in this study in order to collect the required data.

Tool (I): Emotional Intelligence Questionnaire:

It was developed by **Hansaker (2001)** aimed to assess emotional intelligence in managing the workplace. It was translated into Arabic by **Mahmoud (2013)**. The emotional intelligence scale includes (25 items) divided to five components: **Self-awareness, Self-management, Empathy, self-motivation and Social Skills** such as, The ability to help others deal with their feelings, the ability to stop an unpleasant habit, the ability to make others feel good. Each component encompasses five items self-report, with sub- score of each component ranging between 5 to 25. The scale consists of 25 items.

Scoring system:

The response to those items will be scored on a five-point Likert scale from 1 to 5 as:

1 = very slight ability, 2 = slight ability, 3 = moderate ability, 4 = very much ability, 5 = extreme ability

The total score of EI scale is 125 divided into three levels as follows:

- High emotional intelligence from 101-125
- Moderate emotional intelligence from 50-100
- Low emotional intelligence below 25<50
- In addition to sociodemographic characteristics such as age, sex, educational level, marital status.

International Journal of Novel Research in Healthcare and Nursing

Vol. 13, Issue 1, pp: (34-47), Month: January - April 2026, Available at: www.noveltyjournals.com

Tool (II): Nurses' Health Education Skills Questionnaire:

The tool was developed by the researcher after reviewing the literature. It will include domains to evaluate the participants' skills toward health education such as interpersonal communication, decision making, problem solving, empathy building, confidence and responsibility, critical thinking, skills for managing feelings and stress, negotiation /refusal skills, advocacy skills, assessment skills, evaluation skills... etc.

Each domain consists of questions such as able to use verbal/nonverbal communication during the health education. able to express the feeling and show empathy to patients' condition, able to identify patient's health literacy level, able to provide feedback and recommendations for corrective actions, able to analyze ideas and use logic to determine their strengths and weakness.

Scoring system: -

The response to those items will be scored on

0 = never 1 = sometimes 2 = always

The total score of scale will be calculated and divided into three levels as follows:

Low health education skills = $0 < 50\%$

Moderate health education skills = $50 < 75\%$

High health education skills = $75 \leq 100\%$

II. METHOD

The study was conducted according to the following steps:

- An official permission was obtained from the Dean of the Faculty of Nursing, Damanhour University and the responsible authorities of the study settings at the directorate of health affairs in EL-Beheira.
- **The validity** of the tools was checked and revised by five experts from faculty members in Nursing Education Department), Damanhour University, who reviewed the instrument for clarity, relevance, comprehensiveness, and applicability. They were tested for their face and content validity, and accordingly, the necessary modifications were made.

A pilot study was carried out on 10% of study sample (Approximately 65 nurses) in order to test the feasibility and clarity of the tool items as well as to estimate the time needed for data collection. The necessary modifications was done, and those participants excluded from the study sample.

The pilot study was conducted at two weeks, 20 to 30 minutes was the time needed to complete the questionnaires by the nurses for this tool

Reliability analysis: The tool's reliability was measured using Cronbach's Alpha test. The tools were reliable, where $r=0.929$ for tool I (Emotional Intelligence Questionnaire), $r= 0.806$ for tool II (Nurses' Health Education Skills Questionnaire)

Fieldwork:

Based on the **approved protocol** and your new intended implementation process, here is a professionally revised "**Data Collection Procedure**" section for the **Materials and Methods** part of your thesis, aligned with your description and consistent with research standards:

Data Collection Procedure

Prior to initiating data collection, official approval was obtained from the Dean of the Faculty of Nursing at Damanhour University, as well as from the Directorate of Health Affairs in El-Beheira Governorate. The purpose, significance, and procedures of the study were clearly explained in all official communications.

International Journal of Novel Research in Healthcare and Nursing

Vol. 13, Issue 1, pp: (34-47), Month: January - April 2026, Available at: www.noveltyjournals.com

The researcher coordinated with administrative authorities in five selected hospitals (Kafer El-Dwar General Hospital, El-Mahmoudia Central Hospital, Etai Al-Baroud Central Hospital, Damanhour Chest Hospital, and Abo-Elmatamer Hospital) to arrange access and identify eligible nurses based on the inclusion criteria. Only nurses who were currently employed in the selected hospitals and willing to participate were included.

The researcher personally visited the study settings to meet participants, explain the study objectives, obtain informed written consent, and distribute the questionnaires. All necessary clarifications were provided on-site, and the researcher remained available to address any questions or concerns raised by the participants.

Data collection was conducted four days per week across morning, afternoon, and evening shifts to ensure a representative sample of patients from different departments and time periods. After participants completed the questionnaires, the researcher reviewed each form for completeness and clarity. If any items were left unanswered, clarification was sought immediately in the presence of the participant to ensure data accuracy and integrity.

The fieldwork took place over a period of three months, beginning in November 2024 and concluding at the end of January 2025. Throughout the data collection phase, the researcher strictly adhered to ethical guidelines, ensuring confidentiality, voluntary participation, the right to withdraw, and respect for each participant's autonomy and privacy.

Ethical Considerations

- The research approval was obtained from the ethical committee at the Faculty of Nursing Damanhour University, prior to the start of the study.
- A written informed consent was obtained from the study subjects after an explanation of the aim of the study.
- Privacy and confidentiality regarding data collected was maintained.
- Anonymity regarding data collected was maintained.
- The right to refuse to participate or withdraw from the study at any time was ensured during the study.
- **Statistical Design:**

Data entry and statistical analysis were done using IBM SPSS software package version 20.0. Data were presented using descriptive statistics in the form of frequency, and percentages for qualitative data; means and standard deviations for quantitative data. Categorical variables were compared using Chi-square test; t-test. Moreover, Cronbach's Alpha test was used to ensure reliability statistics.

III. RESULTS

Table (2): It was observed that; 75.7% of the studied nurses were aged from 30-39 years with mean and standard deviation was 35.91 ± 5.5 . Regarding to sex; 88.6% of the studied nurses were females, 82.8% of them were married, 69.2% of them had nursing institute educational level, 93.8% of them had more than 10 years of experiences, 100% of them didn't receive a training course on health education, 100% of them didn't receive a training course on emotional intelligence, and 53.8% of them were working in emergency department.

This figure shows that; 46.3% of the studied nurses had moderate emotional intelligence level in managing workplace, 30.6% of them had high emotional intelligence level in managing workplace, and 23.1% of them had low emotional intelligence level in managing workplace

This figure illustrates that; 45.4% of the studied nurses had moderate health education skills, 33.5% of them had higher health education skills, while 21.1% of them had low health education skills.

Table (19): Shows that; there were highly statistically significant relation between the studied nurses' total emotional intelligence and total health education skills ($P < 0.001$).

International Journal of Novel Research in Healthcare and Nursing

 Vol. 13, Issue 1, pp: (34-47), Month: January - April 2026, Available at: www.noveltyjournals.com
Table (2): Distribution of the studied nurses regarding their socio-demographic characteristics (n=650).

Socio-demographic characteristics	No.	%
Age/years		
19–29 years	40	6.2
30–39 years	492	75.7
40–49 years	103	15.8
50 years or more	15	2.3
Min–Max	19–52	
Mean ±SD	35.91 ± 5.5	
Sex		
Male	74	11.4
Female	576	88.6
Marital status		
Single	25	3.8
Married	538	82.8
Divorced	69	10.6
Widowed	18	2.8
Education level		
Diploma	10	1.5
Nursing institute	450	69.2
Bachelor's degree in nursing	95	14.6
Higher diploma	24	3.7
Master's degree	57	8.8
Doctorate	14	2.2
Years of experiences		
Less than 5 years	17	2.6
5–10 years	23	3.5
More than 10 years	610	93.8
Mean ±SD	14.4 ± 2.4	
Received a training course on health education.		
Yes	0	0.0
No	650	100.0
Received a training course on emotional intelligence.		
Yes	0	0.0
No	650	100.0
Workplace inside the hospital		
ICU	82	12.6
CCU	61	9.4
Emergency department	350	53.8
Dialysis department	50	7.7
Chest department	72	11.1
Obstetric department	35	5.4

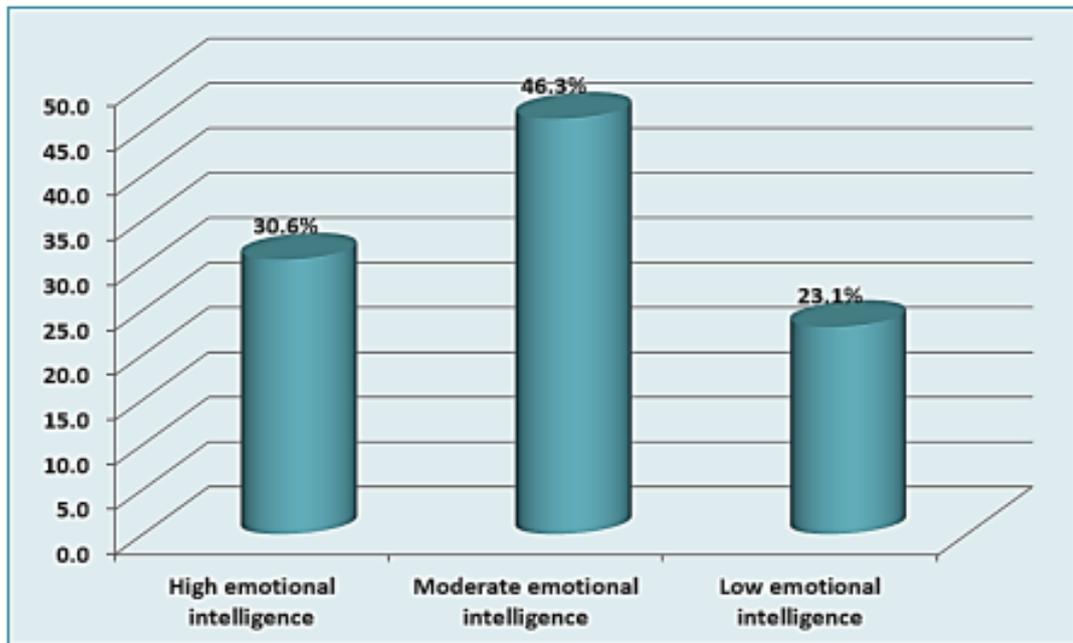


Figure (1): Percentage distribution of the studied nurses regarding their total emotional intelligence in managing workplace (n=650).

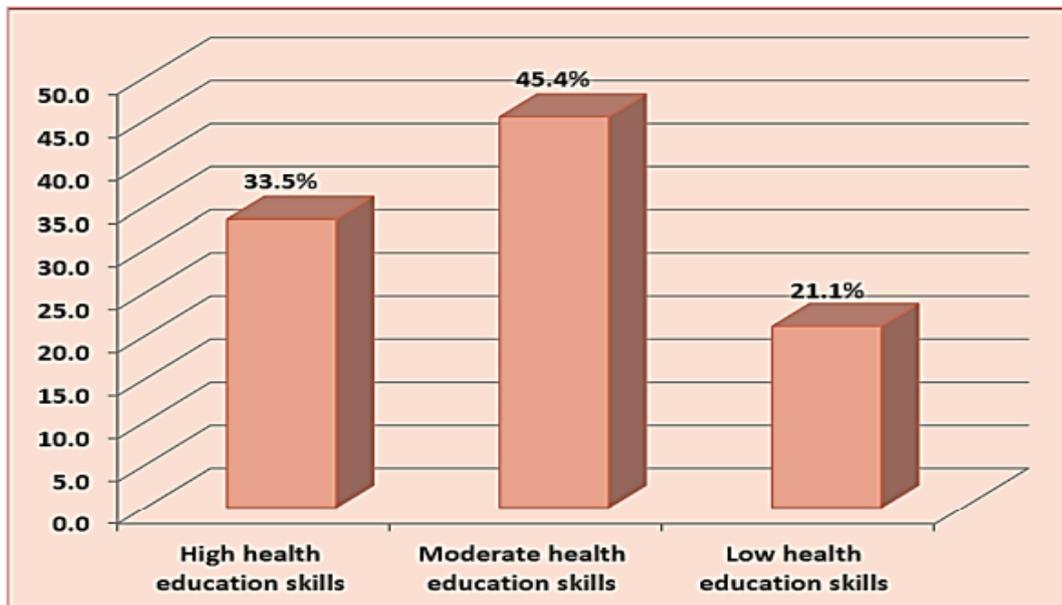


Figure (2): Percentage distribution of the studied nurses regarding their total health education skills (n=650).

Table(19) Relation of the studied nurses' total emotional intelligence and total health education skills

Items	Total emotional intelligence	
	X ²	P-value
Total health education skills	45.3	0.001**

**highly statistically significant difference (P<0.001)

IV. DISCUSSION

In the ever-evolving landscape of healthcare, the role of nurses extends far beyond clinical tasks to include patient education, emotional support, and effective communication. As the primary point of contact between patients and the healthcare system, nurses are expected to convey complex health information clearly and empathetically. This dynamic environment requires not only technical competence but also a high level of emotional intelligence (EI). Emotional intelligence plays a critical role in shaping how nurses interact with patients, adapt to stressful situations, and deliver effective health education tailored to individual needs **Mehralian et al., (2025), Mostafa, et al., (2025)**.

Health education, a core component of nursing practice, involves empowering patients with the knowledge and skills necessary to make informed decisions about their health. The effectiveness of this educational process often hinges on the nurse's communication style, empathy, and ability to foster trust, all traits closely linked to emotional intelligence. Nurses who are more adept at emotional awareness and regulation can better tailor educational messages, respond empathetically to patient concerns and foster a learning environment in which patients feel supported and understood (**McNulty & Politis, (2023)**). Therefore, this study aimed to determine the relationship between emotional intelligence and health education skills among nurses in El-Beheira Governorate Hospitals.

Emotional intelligence in managing workplace of the studied nurses:

The present study clarified that less than half of the studied nurses had moderate emotional intelligence level in managing workplace, nearly one third of them had high emotional intelligence level, while nearly one quarter of them had low emotional intelligence level. This may be due to the limited exposure of the studied nurses to structured training programs or workshops specifically focused on emotional intelligence skills, such as self-awareness, self-regulation, empathy, and effective communication. This finding may also reflect the demanding nature of the nursing profession, where high workload, stress, and time constraints can hinder the development and application of emotional intelligence competencies in daily clinical practice.

This result was consistent with a study in China, conducted by **Yu et al., (2023)** reported that the highest percentage of the studied nurses reported moderate level of emotional intelligence and the highest percentage of them had moderate managing self-relevant emotions and utilizing emotions. This result was in accordance with **Mohamed et al., (2024)** who carried out a study in Egypt reported that the highest percentage of the studied nurses had moderate level and minority of them had high level of overall emotional intelligence (EI). Likewise, this study was consistent with **Ordu et al., (2022)** who conducted a study in Turkey, found that nurses had medium-level of emotional intelligence skills.

In the same line, a study in Turkey performed by **Talman et al., (2020)**, who stated that nursing applicants' level of emotional intelligence was found to be average. This finding was supported by a study in Greece conducted by **Galanis et al., (2024)**, revealed that mean score of total emotional intelligence indicated moderate to high levels among the studied nurses. Similarly, **Almansour, (2023)**, who conducted a study in Saudi Arabia, reported that the largest proportion of the studied nurses had emotional intelligence levels ranging from moderate to high.

On the other hand, a study in Jordan, performed by **Oweidat et al., (2024)** and noticed that the participating nurses demonstrated a high level of EI with mean ($M = 3.809$, $SD \pm 0.484$). Also, **Turjuman et al., (2023)** whose study in Saudi Arabia showed that emotional intelligence has a total mean of 3.77 ($SD = 0.598$), and nurses rated their emotional intelligence relatively high. This result was incongruent with a study in Egypt conducted by **Ramadan et al., (2020)**, revealed that more than half of the studied nurses had high level of emotional intelligence at preprogram phase.

Conversely, **Alsufyani et al., (2022)** who performed study in Saudi Arabia demonstrated high and desired levels of perception regarding emotional intelligence among nurses. In contrast, a study conducted by **Vargas et al., (2022)** who carried out a study in Mexico, reflected that the highest perception of the studied nurses possessed low level of emotional intelligence. Also, a study carried out by **Varghese et al., (2024)** in India, reported that the highest percentage of the studied nurses had low emotional intelligence.

Emotional intelligence in managing workplace of the studied nurses:

The present study clarified that less than half of the studied nurses had moderate emotional intelligence level in managing workplace, nearly one third of them had high emotional intelligence level, while nearly one quarter of them had low emotional intelligence level. This may be due to the limited exposure of the studied nurses to structured training programs

or workshops specifically focused on emotional intelligence skills, such as self-awareness, self-regulation, empathy, and effective communication. This finding may also reflect the demanding nature of the nursing profession, where high workload, stress, and time constraints can hinder the development and application of emotional intelligence competencies in daily clinical practice.

This result was consistent with a study in China, conducted by **Yu et al., (2023)** reported that the highest percentage of the studied nurses reported moderate level of emotional intelligence and the highest percentage of them had moderate managing self-relevant emotions and utilizing emotions. This result was in accordance with **Mohamed et al., (2024)** who carried out a study in Egypt reported that the highest percentage of the studied nurses had moderate level and minority of them had high level of overall emotional intelligence (EI). Likewise, this study was consistent with **Ordu et al., (2022)** who conducted a study in Turkey, found that nurses had medium-level of emotional intelligence skills.

In the same line, a study in Turkey performed by **Talman et al., (2020)**, who stated that nursing applicants' level of emotional intelligence was found to be average. This finding was supported by a study in Greece conducted by **Galanis et al., (2024)**, revealed that mean score of total emotional intelligence indicated moderate to high levels among the studied nurses. Similarly, **Almansour, (2023)**, who conducted a study in Saudi Arabia, reported that the largest proportion of the studied nurses had emotional intelligence levels ranging from moderate to high.

On the other hand, a study in Jordan, performed by **Oweidat et al., (2024)** and noticed that the participating nurses demonstrated a high level of EI with mean ($M = 3.809$, $SD \pm 0.484$). Also, **Turjuman et al., (2023)** whose study in Saudi Arabia showed that emotional intelligence has a total mean of 3.77 ($SD = 0.598$), and nurses rated their emotional intelligence relatively high. This result was incongruent with a study in Egypt conducted by **Ramadan et al., (2020)**, revealed that more than half of the studied nurses had high level of emotional intelligence at preprogram phase.

Conversely, **Alsufyani et al., (2022)** who performed study in Saudi Arabia demonstrated high and desired levels of perception regarding emotional intelligence among nurses. In contrast, a study conducted by **Vargas et al., (2022)** who carried out a study in Mexico, reflected that the highest perception of the studied nurses possessed low level of emotional intelligence. Also, a study carried out by **Varghese et al., (2024)** in India, reported that the highest percentage of the studied nurses had low emotional intelligence.

Skills toward health education of the studied nurses:

As for the studied nurses' total health education skills, the current study findings demonstrated that less than half of the studied nurses had moderate health education skills, about one third of them had high health education skills, while more than one fifth of them had low health education skills. This may be attributed to heavy clinical workloads and persistent staffing shortages that leave nurses with little time to plan and deliver structured education, combined with a lack of regular in-service training focused specifically on patient teaching techniques. Institutional priorities often emphasize task completion over communication skills, so clear guidelines, educational materials and dedicated mentoring in health education remain uncommon.

In addition, high nurse-to-patient ratios and frequent interruptions undermine opportunities for meaningful dialogue, while limited managerial feedback on teaching performance reduces motivation to refine and expand these essential skills. This suggests that while some nurses possess a basic foundation in delivering health education, there is noticeable gap in advanced communication techniques, patient engagement strategies, and up-to-date knowledge on health promotion practices, which are essential for delivering effective health education (**Wilandika et al., 2023**).

Similarly, this result was compatible with **Pueyo-Garrigues et al., (2022)** whose study in Spain indicated that the mean scores of nurses' health education skills were found to be moderate. In the same scene, **Li et al., (2024)** who performed a study in China, and reported that diabetes specialist nurses demonstrated moderate level of health education skills. Also, a study in Spain conducted by **Esandi et al., (2022)** who explored that the mean score of health education skills among the studied nurses was found to be moderate.

In the opposite line, a study in Kazakhstan performed by **Khazhymurat et al., (2023)** and showed that the nurses reported high levels of health education competence including health education skills. Also, the present finding contradicted with a study in Egypt carried out by **Almarhomy et al. (2021)** who found that nurses' performance related to health education was poor in pre-program. On contrary, **Congying et al., (2024)** who carried out a study in China, and noticed a low level of health education competence among the surveyed nurses.

Relation of the studied nurses' total emotional intelligence and total health education skills:

The current study highlighted that, there was highly statistically significant relation between the studied nurses' total emotional intelligence and total health education skills. This may be due to the fact that nurses with higher emotional intelligence are better able to recognize and manage both their own feelings and those of their patients, which in turn enhances their ability to communicate health information clearly and empathetically. By accurately perceiving patients' emotional states, these nurses can tailor their teaching strategies to address concerns, reduce anxiety, and build trust, making health education more effective (Yu et al., 2023).

Moreover, strong self-regulation skills allow emotionally intelligent nurses to stay calm under pressure and adapt their educational approach when faced with resistance or misunderstanding. This emotional adaptability fosters a supportive learning environment, encourages patient engagement, and ultimately translates into more proficient health education delivery (Oweidat et al., 2024).

The present finding relatively corresponds with Riaz et al., (2025) who conducted a study in Pakistan found a significant positive correlation between emotional intelligence and communication skills among nurses, highlighting that those with greater emotional awareness and empathy were more effective at educating patients and fostering trust. Aligned with this study result, Mohamed et al., (2024) who reported that there was a significant positive, strong and parallel relationship between study subjects' emotional intelligence skills scores and their communication skills scores, and concluded that soft skills are key elements for nursing students to convey caring attributes during the conduction of health education.

This finding was coincided with a study of Mehralian et al., (2025) who characterized emotional intelligence as critical competence supporting nurses' overall work performance, including their ability to tailor educational content to patients' emotional and cognitive needs. The present finding matched with a study that carried out by Pueyo-Garrigues et al., (2022) who emphasized that continuing education programs which integrate emotional intelligence training, improved nurses' health-education competencies markedly, suggesting that emotional intelligence development directly enhances the clarity, empathy, and motivational aspects of patient education.

V. CONCLUSION

The study found that less than half (46.3%) of the studied nurses had moderate emotional intelligence level in managing workplace, less than one third (30.6%) of them had high emotional intelligence level in managing workplace, and less than one quarter (23.1%) of them had low emotional intelligence level in managing workplace. less than half (45.4%) of the studied nurses had moderate health education skills, about one third (33.5%) of them had higher health education skills, while about one fifth (21.1%) of them had low health education skills. there was highly statistically significant relation between the studied nurses' total emotional intelligence and total health education skills ($P < 0.001$).

VI. RECOMMENDATIONS

In light of the findings obtained from the present study, the following points are recommended:

For Hospital Management:

Organize training workshops for nursing leaders and supervisors on how to improve and apply emotional intelligence and health education strategies in clinical settings.

Provide nurses with access to ongoing professional development programs focused on emotional intelligence, communication, and stress management to enhance their ability to educate patients effectively.

Establish supportive environments that encourage nurses to implement health education interventions, including clear protocols, sufficient time, and educational materials.

For Staff Nurses:

Increase nurses' awareness of the importance of emotional intelligence in patient interaction, communication, and health education outcomes.

Offer continuous skill-based training sessions to improve nurses' educational competencies such as active listening, empathy, assessment, and decision-making.

Encourage peer-to-peer support and reflection practices to improve self-awareness and emotional regulation in challenging clinical environments.

For Further Research:

Conduct interventional studies to assess the impact of emotional intelligence training on nurses' health education performance and patient satisfaction.

REFERENCES

- [1] **Akanle, O. K. (2024).** Emotional Intelligence: A Panacea for Organizational Effectiveness? *Open Access Library Journal*, 11(11), 1-11.
- [2] **Butler, L., Park, S. K., Vyas, D., Cole, J. D., Haney, J. S., Marrs, J. C., & Williams, E. (2022).** Evidence and strategies for including emotional intelligence in pharmacy education. *American Journal of Pharmaceutical Education*, 86(10), ajpe8674.
- [3] **Cheraghi, R., Parizad, N., Alinejad, V., Piran, M., & Almasi, L. (2025).** The effect of emotional intelligence on nurses' job performance: the mediating role of moral intelligence and occupational stress. *BMC nursing*, 24(1), 130.
- [4] **Chung, S. R., Cichocki, M. N., & Chung, K. C. (2023).** Building emotional intelligence. *Plastic and Reconstructive Surgery*, 151(1), 1-5.
- [5] **Congying, L., Heli, Z., Han, Q., Yang, L., Xiaoling, C., Ruifang, L., & Baohua, L. (2024).** Nurses' health education competence and health literacy: A cross-sectional survey in Chinese county hospitals. *Nurse Education in Practice*, 79, 104042.
- [6] **Coronado-Maldonado, I., & Benítez-Márquez, M. D. (2023).** Emotional intelligence, leadership and work teams: A hybrid literature review. *Heliyon*, 9(10).
- [7] **Dou, S., Han, C., Li, C., Liu, X., & Gan, W. (2022).** Influence of emotional intelligence on the clinical ability of nursing interns: a structural equation model. *BMC nursing*, 21(1), 149.
- [8] **Hosseinnejad, A., Rassouli, M., Jahani, S., Elahi, N., & Molavynejad, S. (2022).** Community health nursing in Iran: A review of challenges and solutions (an integrative review). *Frontiers in Public Health*, 10, 899211.
- [9] **Hafez, S. H., Mohammed, N. A., Alshehri, A. A., et al. (2024).** Exploring public knowledge, attitudes, and barriers to using genetic services in Damanhur City and Beni-Suef City, Egypt: A cross-sectional study. *Cureus*, 16(3), e57171. <https://doi.org/10.7759/cureus.57171>
- [10] **Harfoush, M. S., Abdelrasol, Z. F. M., Moustafa Anan, E. R., & Elsakka, E. A. R. (2023).** Effect of Virtual Reality-Based Rehabilitation Program Versus Booklet-Based Education on Self-Care Practices and Prevention of Complications among Women after Mastectomy. *Tanta Scientific Nursing Journal*, 30(3 Suppl), 868-884. <https://DOI.10.21608/tsnj.2023.315146>
- [11] **Khazhymurat, A., Paiyzkhan, M., Khriyenko, S., Seilova, S., Baisanova, S., Kuntuganova, A., ... & Cruz, J. P. (2023).** Health education competence: An investigation of the health education knowledge, skills and attitudes of nurses in Kazakhstan. *Nurse Education in Practice*, 68, 103586.
- [12] **Koelen, M. A., & Van den Ban, A. W. (2023).** *Health education and health promotion*. Brill.
- [13] **Kuokkanen, E. M. (2024).** Leading in the 21st century: The effect of emotional intelligence on leadership. *Journal of Selection and Assessment*, 6(1), 35-44.
- [14] **Mayang, N. R. (2025).** The Relationship Between Emotional Intelligence and Student Adaptability. *Educational Praxis Journal*, 1(1), 36-46.
- [15] **Mayer, J. D., Caruso, D. R., Salovey, P., Lin, I. Y., Hansma, B. J., Solomon, J., ... & Romero Escobar, M. (2025).** Measuring emotional intelligence with the MSCEIT 2: theory, rationale and initial findings. *Frontiers in Psychology*, 16, 1539785.
- [16] **McNulty, J. P., & Politis, Y. (2023).** Empathy, emotional intelligence and interprofessional skills in healthcare education. *Journal of Medical Imaging and Radiation Sciences*, 54(2), 238-246.

International Journal of Novel Research in Healthcare and Nursing

Vol. 13, Issue 1, pp: (34-47), Month: January - April 2026, Available at: www.noveltyjournals.com

- [17] **Nguyen, Q., Ladkin, A., & Osman, H. (2022).** What helps or hinders the emotional intelligence practice? A study of Vietnamese hotel workers. *International Journal of Contemporary Hospitality Management*, 34(2), 534-554.
- [18] **Paredes-Saavedra, M., Vallejos, M., Huanchuire-Vega, S., Morales-García, W. C., & Geraldo-Campos, L. A. (2024).** Work Team Effectiveness: Importance of Organizational Culture, Work Climate, Leadership, Creative Synergy and Emotional Intelligence in University Employees. *Administrative Sciences*, 14(11), 280.
- [19] **Pueyo-Garrigues, M., Pardavila-Belio, M. I., Canga-Armayor, A., Esandi, N., Alfaro-Díaz, C., & Canga-Armayor, N. (2022).** NURSES' knowledge, skills and personal attributes for providing competent health education practice and its influencing factors: a cross-sectional study. *Nurse Education in Practice*, 58, 103277.
- [20] **Rajpurohit, V. (2025).** Emotional Intelligence: The Catalyst for Innovation in the Modern Era. In *Emotional Intelligence in the Digital Era* (pp. 82-95). Auerbach Publications.
- [21] **Rodríguez-Pérez, M., Mena-Navarro, F., Domínguez-Pichardo, A., & Teresa-Morales, C. (2022).** Current social perception of and value attached to nursing professionals' competences: an integrative review. *International journal of environmental research and public health*, 19(3), 1817.
- [22] **Sallam, M. (2023).** ChatGPT utility in healthcare education, research and practice: systematic review on the promising perspectives and valid concerns. In *Healthcare* (Vol. 11, No. 6, p. 887). MDPI.
- [23] **Shankar, S., & Tewari, V. (2023).** Impact of collective intelligence and collective emotional intelligence on the psychological safety of the organizations. *Vision*, 27(4), 458-473.
- [24] **Wang, S., Liu, K., Tang, S., Wang, G., Qi, Y., & Chen, Q. (2025).** Interventions to improve patient health education competence among nursing personnel: A scoping review. *Nurse Education in Practice*, 104258.
- [25] **Yousaf, Z., Javed, A., & Badshah, W. (2024).** Unlocking the power of minds: understanding the interaction of organizational culture, innovative work behavior and emotional intelligence for improved employee performance. *Journal of the Knowledge Economy*, 1-17.
- [26] **Zhang, X., & Xu, Z. (2024).** Exploring the relationship between psychological capital, emotional intelligence, psychological safety and knowledge sharing among E-commerce practitioners. *Frontiers in Psychology*, 15, 1472527.
- [27] **Almansour, A. M. (2023).** The level of emotional intelligence among Saudi nursing students: A cross-sectional study. *Belitung Nursing Journal*, 9(5), 471.
- [28] **Almarhomy, S., Soliman, S., & Abd El Mouty, S. (2021).** Effect of Using Simulated Learning on Nurses Performance in Applying Health Education Process. *Mansoura Nursing Journal*, 8(2), 39-57.
- [29] **Alsufyani, A. M., Aboshaiqah, A. E., Alshehri, F. A., & Alsufyani, Y. M. (2022).** Impact of emotional intelligence on work performance: The mediating role of occupational stress among nurses. *Journal of Nursing Scholarship*, 54(6), 738-749.
- [30] **Congying, L., Heli, Z., Han, Q., Yang, L., Xiaoling, C., Ruifang, L., & Baohua, L. (2024).** Nurses' health education competence and health literacy: A cross-sectional survey in Chinese county hospitals. *Nurse Education in Practice*, 79, 104042.
- [31] **Esandi, N., Pueyo-Garrigues, M., Canga-Armayor, A. D., Pardavila-Belio, M. I., Alfaro-Díaz, C., & Canga-Armayor, N. (2022).** NURSES' knowledge, skills and personal attributes for providing competent health education practice, and its influencing factors: A cross-sectional study.
- [32] **Galanis, P., Katsiroumpa, A., Moisoglou, I., Derizioti, K., Gallos, P., Kalogeropoulou, M., & Papanikolaou, V. (2024, September).** Emotional Intelligence as Critical Competence in Nurses' Work Performance: A Cross-Sectional Study. In *Healthcare* (Vol. 12, No. 19, p. 1936). MDPI.
- [33] **Khazhymurat, A., Paiyzkhan, M., Khriyenko, S., Seilova, S., Baisanova, S., Kuntuganova, A., ... & Cruz, J. P. (2023).** Health education competence: An investigation of the health education knowledge, skills and attitudes of nurses in Kazakhstan. *Nurse Education in Practice*, 68, 103586.

International Journal of Novel Research in Healthcare and Nursing

Vol. 13, Issue 1, pp: (34-47), Month: January - April 2026, Available at: www.noveltyjournals.com

- [34] **Li, L., Xu, L., Jia, G., Zhou, X., Tang, X., Zhao, H., ... & Chen, J. (2024).** Diabetes specialist nurses' knowledge, skills, and personal attributes for providing competent health education practice, and its influencing factors: A cross-sectional survey. *Nurse Education Today*, *141*, 106298.
- [35] **McNulty, J. P., & Politis, Y. (2023).** Empathy, emotional intelligence and interprofessional skills in healthcare education. *Journal of Medical Imaging and Radiation Sciences*, *54*(2), 238-246.
- [36] **Mehralian, G., Bordbar, S., Bahmaei, J., & Yusefi, A. R. (2025).** Examining the impact of emotional intelligence on job performance with the mediating role of clinical competence in nurses: a structural equation approach. *BMC nursing*, *24*(1), 384.
- [37] **Mohamed Soliman Mohamed, N., Fathi Ibrahim, A., Ahmed Abo-Elyazied, E., & Shaban Abd El-Fattah, A. (2024).** Relationship between Nursing Students' Emotional Intelligence and Communication Skills during the Conduction of Health Education. *Alexandria Scientific Nursing Journal*, *26*(1), 64-74.
- [38] **Mostafa, N. A., Harfoush, M. S., Atta, M. H. R., Fouad, R. A., & El Garhy, S. M. (2025).** The impact of a student-led intergenerational support program on life satisfaction, loneliness, and psychological well-being of institutionalized older adults. *Geriatric Nursing*, *62*(A), 157-167. <https://doi.org/10.1016/j.gerinurse.2025.01.018>
- [39] **Ordu, Z., Arabaci, L. B., & Arslan, A. B. (2022).** The relationship between nurses' emotional intelligence skills and positive mental health. *J Educ Res Nurs/Hemsirelikte Egitim ve Arastirma Dergisi*, *19*(2), 174-181.
- [40] **Oweidat, I., Alzoubi, M., Shosha, G. A., Ta'an, W. A., Khalifeh, A., Alzoubi, M. M., ... & Abdelaliem, S. M. F. (2024).** Relationship between emotional intelligence and quality of healthcare among nurses. *Frontiers in Psychology*, *15*, 1423235.
- [41] **Pueyo-Garrigues, M., Pardavila-Belio, M. I., Canga-Armayor, A., Esandi, N., Alfaro-Díaz, C., & Canga-Armayor, N. (2022).** NURSES'knowledge, skills and personal attributes for providing competent health education practice, and its influencing factors: a cross-sectional study. *Nurse Education in Practice*, *58*, 103277.
- [42] **Ramadan, E. N., Abdel-Sattar, S. A. L., Abozeid, A. M., & El Sayed, H. A. E. (2020).** The effect of emotional intelligence program on nursing students' clinical performance during community health nursing practical training. *American Journal of Nursing Research*, *8*(3), 361-371.
- [43] **Riaz, M., Roger, R., Bashir, S., Javed, K., Charles, R., & Khursheed, U. (2025).** Communication Skills and Emotional Intelligence Among Nursing Students on Patient's Outcome: Communication Skills and Emotional Intelligence Among Nursing Students. *NURSEARCHER (Journal of Nursing & Midwifery Sciences)*, 67-72.
- [44] **Talman, K., Hupli, M., Rankin, R., Engblom, J., & Haavisto, E. (2020).** Emotional intelligence of nursing applicants and factors related to it: A cross-sectional study. *Nurse education today*, *85*, 104271.
- [45] **Turjuman, F., & Alilyyani, B. (2023).** Emotional Intelligence among Nurses and Its Relationship with Their Performance and Work Engagement: A Cross-Sectional Study. *Journal of Nursing Management*, *2023*(1), 5543299.
- [46] **Vargas Valencia, Á. R., Vega-Hernández, M. C., Aguila Sánchez, J. C., Vázquez Espinoza, J. A., & Hilerio López, Á. G. (2022).** Self-perceived emotional intelligence levels in nursing students in times of a pandemic: Multivariate representation. *International Journal of Environmental Research and Public Health*, *19*(3), 1811.
- [47] **Varghese, M. G., KB, M. I., Benny, M. M., Salji, M., & Joseph, M. R. (2024).** *A study to assess the level of emotional intelligence among nursing students at selected college, Thrissur*
- [48] **Wilandika, A., Pandin, M. G. R., & Yusuf, A. (2023).** The roles of nurses in supporting health literacy: a scoping review. *Frontiers in public health*, *11*, 1022803.
- [49] **Yu, J., Mei, X., Zeng, Y., Yuan, D., Yu, Y., & Ye, Z. (2023).** Associations among emotional intelligence, resilience and humanistic caring ability in nursing postgraduates: A response surface analysis and moderated mediation model.