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The Relationship between Emotional Intelligence and Lifelong Learning Tendency among Nurses at Beheira Governorate Hospitals

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Abstract: **Background: Nursing is a profession that blends science with compassion, requiring practitioners to deliver holistic, patient-centered care in complex and evolving healthcare environments. Beyond technical expertise, nurses must develop emotional and adaptive capacities to manage stress, make effective decisions, and sustain resilience. Emotional intelligence (EI) including self-awareness, self-management, empathy, motivation, and social skills has emerged as a critical competency for enhancing communication, problem-solving, and care quality. In parallel, lifelong learning (LLL) is indispensable for nurses to maintain professional adaptability, integrate new knowledge, and ensure readiness for technological and clinical advancements. The intersection of EI and LLL is particularly significant, as emotional intelligence fosters motivation and persistence, while lifelong learning strengthens emotional resilience and reflective practice. Despite this interdependence, limited research has examined their relationship among nurses in Egypt, especially within Beheira Governorate hospitals.** Methods: **A descriptive, exploratory, correlational design was employed. A sample of 650 nurses was selected through systematic random sampling from four governmental hospitals. Data were collected using two validated instruments: the Emotional Intelligence Scale (EIS) and the Lifelong Learning Tendency Scale (LLLT). Reliability was confirmed (EI $\alpha = 0.929$; LLLT $\alpha = 0.92$). Statistical analyses included descriptive statistics, Pearson correlation, chi-square tests, and multivariate regression, with significance set at $p \leq 0.05$.** Results: **Nurses demonstrated moderate levels of EI (55.8%) and high levels of motivation (62.8%) and persistence (53.2%), but lower scores in organizing learning (52.5%) and curiosity (51.8%). Overall, 39.1% showed high lifelong learning tendency. Emotional intelligence was strongly correlated with lifelong learning tendency ($r = 0.924$, $p < 0.001$). Regression analysis identified bachelor-level education, female gender, and rural residence as positive predictors of both EI and LLLT, while age negatively influenced both outcomes.** Conclusion: **Emotional intelligence significantly predicts lifelong learning tendency among nurses. Strengthening EI skills fosters motivation, persistence, and adaptability, thereby enhancing professional competence and patient care quality. Integrating EI development and lifelong learning strategies into nursing education and professional development programs is recommended to sustain competence in evolving healthcare environments.**

Keywords: **Emotional Intelligence; Lifelong Learning; Nurses; Professional Development; Beheira Governorate; Nursing Education; Healthcare Quality.**

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1. INTRODUCTION

Nurses play a central role in the delivery of healthcare worldwide, with responsibilities extending beyond clinical care to include maintaining optimal health and improving the quality of life for individuals, families, and communities. In addition to their clinical duties, nurses are also expected to contribute to health education, community engagement, and the promotion of preventive care, reflecting the broad scope of modern nursing practice (Harfoush et al., 2024). To perform effectively in increasingly complex healthcare environments, nurses require more than technical competence. They must be adaptable to rapidly changing circumstances, demonstrate patient-centered and compassionate care, and make timely decisions under pressure (Asiamah, 2017). Consequently, a broad range of competencies is essential, particularly the integration of emotional intelligence (EI) and lifelong learning (LLL), both of which are increasingly recognized as fundamental to contemporary nursing practice (Bowen et al., 2016).

In recent decades, emotional intelligence has gained widespread recognition as a critical determinant of effective performance in healthcare settings. EI refers to the ability to perceive, understand, regulate, and manage emotions in oneself and others, encompassing self-awareness, social awareness, self-management, and relationship management (McNulty & Politis, 2023). These competencies are directly linked to improved communication, decision-making, empathy, stress tolerance, and interpersonal relationships, all of which are crucial for nursing practice (Shahnavazi et al., 2018). Furthermore, enhanced emotional intelligence has been associated with better health outcomes, professional accountability, and overall well-being among nurses (Mohammad et al., 2021; Snowden et al., 2018).

The acquisition and application of emotional intelligence are particularly important across various healthcare settings, where nurses interact closely with patients and multidisciplinary teams. Although some nurses may develop EI skills through experience, these abilities often remain unstructured and require deliberate development to maximize effectiveness (Drigas & Papoutsi, 2018). Strengthening EI contributes to improved stress management, communication skills, time management, and clinical decision-making, all of which support improved patient care (Kawashima et al., 2025).

Parallel to the importance of emotional intelligence, lifelong learning has emerged as a critical necessity in modern healthcare systems. Lifelong learning is defined as a continuous, self-directed, and voluntary pursuit of knowledge for personal and professional development (Mlambo et al., 2021). It acknowledges that learning extends beyond formal education and occurs across various contexts and stages of life. Advances in science and technology, along with evolving healthcare demands, have significantly reshaped learning needs, making continuous knowledge acquisition essential for maintaining professional competence (Sharma & Kumar, 2023).

Healthcare environments require nurses to sustain not only clinical expertise but also interpersonal, reflective, and adaptive capacities that support holistic and patient-centered care. As healthcare systems evolve, the emphasis on nurses' ability to engage in continuous professional development has intensified (Yang et al., 2024; Alsharawneh et al., 2025). Lifelong learning supports the development of these competencies and ensures that nurses remain responsive to emerging challenges and innovations.

Lifelong learning is widely recognized as an ongoing process of personal and professional growth that extends beyond structured educational programs. Evidence suggests that nurses who engage in continuous learning demonstrate improved clinical competence, confidence, and quality of care delivery (Mlambo et al., 2021). However, barriers such as heavy workloads and limited institutional support may hinder consistent participation in lifelong learning activities (Krespani et al., 2021). Despite these challenges, lifelong learning has been associated with enhanced clinical decision-making, professional readiness, and the delivery of humanistic care (Şeker & Hacıalioğlu, 2025; Akince et al., 2025).

2. MATERIALS AND METHODS

Materials

Research design:

A descriptive, exploratory, and correlational research design was employed to examine the relationship between emotional intelligence and the tendency for lifelong learning among nurses.

Aim:

Explore the relationship between emotional intelligence and lifelong learning tendency among nurses at El - Beheira Governorate Hospitals.

Research Questions:

1. What is the relationship between emotional intelligence and lifelong learning tendency among nurses at El - Beheira Governorate Hospitals?
2. Does the EI level of the nurses affect their lifelong learning skills?

Setting:

The study was conducted in governmental general hospitals affiliated to the Ministry of Health and Population in El-Behiera Governorate, Egypt. The selected hospitals were Kafer El-Dawar General Hospital, Abo-Homos Hospital, Etai El-Baroud General Hospital, and El-Mahmmodia Hospital. These hospitals included general clinical departments such as consultancy, radiology, pharmacy, emergency and critical care, operating rooms, dialysis, laboratory, intensive care units, medical and surgical departments, neurology, chemotherapy, orthopedics, burns, and psychiatric units.

Subjects:

The study population comprised of staff nurses working in the previously mentioned hospitals. Nurses were selected using proportional allocation to ensure adequate representation of nursing staff across the participating hospitals.

Sample Size:

The required sample size was calculated using EPI Info version 7, based on a total population of 8,473 staff nurses working in governmental hospitals in El- Beheira Governorate. With a confidence level of 95% and an acceptable margin of error of 5%, the minimum required sample size was estimated to be 616 nurses. To compensate for potential non-response or dropout, the sample size was increased to 650 nurses.

Sampling Technique:

A systematic random sampling technique with proportional allocation was used. Four hospitals were randomly selected from a total of 20 governmental hospitals in El-beheira Governorate. The distribution of the sample was as follows:

Hospitals	Total number of staff nurses	Sample
1. Kafer El-dwar general Hospital	708 nurses	164 nurses
2. Abo-Homos Hospital	305 nurses	71 nurses
3. Etai El Baroud central Hospital	1332 nurses	309 nurses
4. Elmahmmodia Hospital	459 nurses	106 nurses
Total	**2804 nurses**	**650 nurses**

Source:* *(El- Beheira Health Affairs Directorate, 2024)***

Tools of data collection

Data was collected using two standardized tools in addition to a socio-demographic data sheet.

Tool I: Emotional Intelligence Scale (EIS)

The Emotional Intelligence Scale is a self-report instrument originally developed by Hunsaker (2001) to assess emotional intelligence in the workplace and later adapted by Vanderpol (2011). The Arabic version was translated by Mansour et al. (2013). The translated version was reviewed and refined by the researchers through comparison with the original English version to ensure linguistic and conceptual equivalence. The scale consists of 25 items distributed equally across five dimensions: self-awareness, self-management, self-motivation, empathy, and social skills (five items for each dimension). Items are rated on a five-point Likert scale ranging from 1 (very slight ability) to 5 (extreme ability).

Tool II: Lifelong Learning Tendency Scale:

The Lifelong Learning Tendency Scale was developed by **Coşkun and Demirel (2010)**. It consists of 27 items distributed across four sub-dimensions: motivation, persistence, deficiency in organizing learning, and lack of curiosity. Responses are measured using a six-point Likert-type scale ranging from 1 (not applicable at all) to 6 (very applicable).

Methods

1. Ethical approval to conduct the study was obtained from the Research Ethics Committee of the Faculty of Nursing, Damanhour University, before the begining of the study.
2. Official administrative permission to conduct the study was secured from the Dean of the Faculty of Nursing, Damanhour University.
3. Tool II (Lifelong Learning Tendency Scale) was translated into Arabic using a standardized translation process and was reviewed for validity by five experts in the relevant field; necessary modifications were made accordingly.
4. Content validity of the study tools was evaluated by a jury of five experts in nursing education (Appendix …), and the tools were judged to be valid, clear, and applicable after incorporating recommended modifications.
5. The Emotional Intelligence Scale had been previously tested for validity and was confirmed to be valid according to Mansour (year).
6. A pilot study was conducted on 10% of the total sample (65 nurses) to assess the clarity and feasibility of the tools; participants in the pilot study were excluded from the main sample, and required modifications were implemented.
7. The reliability of Tool I (Emotional Intelligence Scale) was assessed using Cronbach's alpha coefficient and demonstrated high internal consistency ($\alpha = 0.929$).
8. The reliability of Tool II (Lifelong Learning Tendency Scale) was evaluated using Cronbach's alpha; the original scale reported $\alpha = 0.84$ (Coşkun & Demirel, 2010), while the total reliability coefficient in the current study was $\alpha = 0.92$, with subscale coefficients of 0.87, 0.88, 0.86, and 0.91 for motivation, persistence, deficiency in organizing learning, and lack of curiosity, respectively.
9. Nurses were selected from each selected hospital during the period from April to August 2023.
10. Data were collected from nurses during their working hours over five months from` April to August 2023 from (8:30 a.m. to 2:30 p.m.).
11. Tools were distributed to participants after explaining the aim and nature of the study; data collection was conducted in the presence of the researcher, who addressed any questions raised by the nurses. Tools lasting approximately 30–45 minutes to be completed.
12. Statistical analysis was performed using two-tailed tests with a significance level set at $\alpha = 0.05$; a p-value of ≤ 0.05 was considered statistically significant.

Statistical Analysis

Collected data were coded and entered into a computer database using a predefined format to ensure accuracy and suitability for statistical analysis. Following data entry, thorough checking and verification procedures were performed to minimize entry errors. Data analysis was conducted using the Statistical Package for Social Sciences (SPSS), version 28, with the application of Monte Carlo methods where appropriate.

Descriptive statistical analyses were used to summarize the data and included frequencies, percentages, minimum and maximum values, arithmetic mean ($\bar{X}$), and standard deviation (SD). These measures were applied to describe demographic and work-related characteristics of the participants, such as age, gender, residence, educational background, type of hospital, years of experience, and number of healthcare-related training programs attended.

Ethical Considerations

1. Written informed consent was obtained from all participants after providing a clear explanation of the purpose and nature of the study.
2. Participants were assured that their privacy and confidentiality would be strictly maintained throughout the study.
3. Anonymity of the collected data was guaranteed, and all information was used solely for research purposes.
4. Participation in the study was entirely voluntary, and participants were informed of their right to refuse participation or withdraw from the study at any time without any consequences.

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3. RESULTS

Table (1): Distribution of Study Variables (Emotional intelligence and Lifelong Learning Tendency) (n = 650)

Variables	Low		Moderate		High		Total score	Mean percent score
	No.	%	No.	%	No.	%	Mean ± SD	Mean ± SD
Emotional Intelligence								
	40	**6.2**	**363**	**55.8**	**247**	**38.0**	**93.32±15.29**	**68.32±15.29**
Lifelong Learning Tendency								
Motivation	6	0.9	236	36.3	408	62.8	30.17±4.24	80.58±14.12
Persistence	15	2.3	289	44.5	346	53.2	29.20±4.33	77.33±14.42
Deficiency in organizing learning	341	52.5	75	11.5	234	36.0	21.30±9.50	51.0±31.68
Lack of curiosity	337	51.8	64	9.8	249	38.3	32.98±14.38	53.30±31.95
Overall Lifelong Learning Tendency	**153**	**23.5**	**243**	**37.4**	**254**	**39.1**	**113.66±25.26**	**65.55±17.35**

Table (1): Showed the distribution of Emotional Intelligence and Lifelong Learning Tendency. Emotional intelligence scores are generally moderate as more than half of studied subjects (55.8%), more than one third of them were high (38.0%), while (6.2%) had low level of EI with a mean score of 93.32 ± 15.29 and a mean percent score of 68.32%. Motivation and Persistence subscales of lifelong learning showed high levels in 62.8% and 53.2%, respectively, indicating strong internal learning drive. In contrast, more than half reported low scores in organizing learning (52.5%) and curiosity (51.8%), highlighting areas needing support. Overall, 39.1% demonstrated high lifelong learning tendency, with a mean score of 113.66 ± 25.26 (65.55%).

Table (2): Correlation between Emotional Intelligence and Lifelong Learning Tendency (n=650).

		Emotional intelligence	Motivation	Persistence	Deficiency in organizing learning	Lack of curiosity	Overall Lifelong Learning Tendency
Emotional intelligence	**r**						
	p						
Motivation	**r**	0.337*					
	p	<0.001*					
Persistence	**r**	0.183*	0.765*				
	p	<0.001*	<0.001*				
Deficiency in organizing learning	**r**	0.876*	0.128*	0.043			
	p	<0.001*	0.001*	0.276			
Lack of curiosity	**r**	0.890*	0.148*	0.030	0.934*		
	p	<0.001*	<0.001*	0.447	<0.001*		
Overall Lifelong Learning Tendency	**r**	0.924*	0.431*	0.267*	0.922*	0.940*	
	p	<0.001*	<0.001*	<0.001*	<0.001*	<0.001*	

r: Pearson Correlation coefficient *: Statistically significant at $p \leq 0.05$

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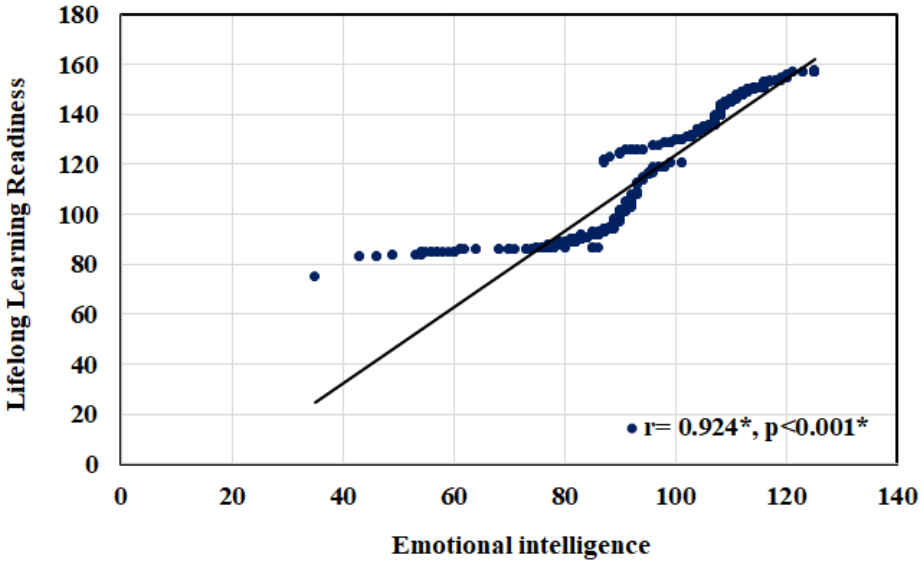

Figure (1): Correlation between the studied variables (n=650).

Table (2) and figure (1): revealed the correlation between Emotional Intelligence and Lifelong Learning tendency. Emotional intelligence positively correlates with all lifelong learning subdomains, as Overall tendency ($r = 0.924$, $p < 0.001$), Lack of curiosity ($r = 0.890$, $p < 0.001$), Deficiency in organizing learning ($r = 0.876$, $p < 0.001$), Motivation and persistence also correlate significantly with emotional intelligence, though with smaller coefficients. The strong correlations imply that emotional intelligence is a key predictor of tendency for lifelong learning.

Table (3): Relation between Socio-demographic characteristics and Emotional intelligence (n=650)

Demographic characteristics	Emotional intelligence						χ^2	p
	Low (n = 40)		Moderate (n = 363)		High (n = 247)			
	No	%	No	%	No	%		
Age (years)								
<25	0	0.0%	59	16.3%	59	23.9%	45.884*	<0.001*
25 - <30	30	75.0%	282	77.7%	181	73.3%		
30 - <35	10	25.0%	19	5.2%	7	2.8%		
>36	0	0.0%	3	0.8%	0	0.0%		
Gender								
Male	25	62.5%	219	60.3%	98	39.7%	26.821*	<0.001*
Female	15	37.5%	144	39.7%	149	60.3%		
Hospital								
Kafer EL dawar	18	45.0%	103	28.4%	43	17.4%	34.872*	<0.001*
Abo Homs	1	2.5%	36	9.9%	34	13.8%		
Etai El Barod	18	45.0%	150	41.3%	141	57.1%		
El Mahmoudia	3	7.5%	74	20.4%	29	11.7%		
Residence								
Urban	16	40.0%	119	32.8%	56	22.7%	9.555*	0.008*
Rural	24	60.0%	244	67.2%	191	77.3%		
Education								
Diplomat	0	0.0%	32	8.8%	4	1.6%	132.600*	<0.001*
Institute	8	20.0%	209	57.6%	50	20.2%		
Bachelor	32	80.0%	122	33.6%	191	77.3%		
Postgraduate	0	0.0%	0	0.0%	2	0.8%		

χ^2: **Chi square test** *: Statistically significant at $p \leq 0.05$

Table (3): Showed the relation between demographics and emotional intelligence levels. Regarding age, gender, hospital, residence, and education are statistically significant with emotional intelligence ($p < 0.001$). These findings suggest demographic factors, especially education and gender, play a crucial role in emotional competence.

Table (4): Relation between Socio-demographic characteristics and Overall Lifelong Learning Tendency (n=650)

Demographic characteristics	Overall Lifelong Learning Tendency						χ^2	p
	Low (n = 153)		Moderate (n = 243)		High (n = 254)			
	No	%	No	%	No	%		
Age (years)								
<25	26	17.0%	33	13.6%	59	23.2%	31.061*	<0.001*
25 - <30	108	70.6%	196	80.7%	189	74.4%		
30 - <35	19	12.4%	11	4.5%	6	2.4%		
>36	0	0.0%	3	1.2%	0	0.0%		
Gender								
Male	111	72.5%	129	53.1%	102	40.2%	40.218*	<0.001*
Female	42	27.5%	114	46.9%	152	59.8%		
Hospital								
Kafer EL dawar	52	34.0%	67	27.6%	45	17.7%	30.432*	<0.001*
Abo Homs	19	12.4%	18	7.4%	34	13.4%		
Etai El Barod	55	35.9%	109	44.9%	145	57.1%		
El Mahmoudia	27	17.6%	49	20.2%	30	11.8%		
Residence								
Urban	51	33.3%	82	33.7%	58	22.8%	8.628*	0.013*
Rural	102	66.7%	161	66.3%	196	77.2%		
Education								
Diplome	11	7.2%	21	8.6%	4	1.6%	98.275*	<0.001*
Institute	86	56.2%	127	52.3%	54	21.3%		
Bachelor	56	36.6%	95	39.1%	194	76.4%		
Postgraduate	0	0.0%	0	0.0%	2	0.8%		

χ^2: **Chi square test** *: Statistically significant at $p \leq 0.05$

Table (4): show the relation between demographics and lifelong learning Tendency. As for socio-demographic characteristics (age, gender, hospital, residence, education) statistically significant impact lifelong learning tendency. These trends reinforce the role of education and institutional context in promoting lifelong learning.

Table (5): Multivariate Linear Regression Analysis for factors affecting Emotional intelligence (n =650)

Variable	B	Beta	t	p	95% CI	
					LL	UL
Age (years)	-6.973	-0.224	-6.108*	<0.001*	-9.215	-4.731
Gender (Female)	4.249	0.139	3.701*	<0.001*	1.995	6.504
Hospital (El-Mahmoudia)	0.129	0.009	0.234	0.815	-0.956	1.215
Residence (Rural)	3.876	0.116	3.132*	0.002*	1.446	6.306
Education (Bachelor)	5.670	0.225	5.969*	<0.001*	3.805	7.536
R^2= 0.156, Adjusted R^2= 0.149, ,F= 23.807*,p<0.001*						

F,p: f and p values for the model R^2: Coefficient of determination

B: Unstandardized Coefficients Beta: Standardized Coefficients

t: t-test of significance LL: Lower limit UL: Upper Limit

*: Statistically significant at $p \leq 0.05$

Table (5): Multivariate Regression for Emotional Intelligence Significant predictors of emotional intelligence: Age (B = -6.973) – younger participants had higher EI. Female gender, rural residence, and bachelor education are positive predictors. Model explains 15.6% of the variance (Adjusted $R^2 = 0.149$), indicating a modest but meaningful model fit.

Table (6): Multivariate Linear Regression Analysis for factors affecting Lifelong Learning Tendency (n =650)

Variable	B	Beta	t	p	95% CI	
					LL	UL
Age (years)	-7.453	-0.145	-4.081*	<0.001*	-11.039	-3.867
Gender (Female)	7.885	0.156	4.293*	<0.001*	4.279	11.492
Hospital (El-Mahmoudia)	-0.209	-0.009	-0.237	0.813	-1.945	1.527
Residence (Rural)	5.476	0.099	2.766*	0.006*	1.589	9.363
Education (Bachelor)	14.708	0.353	9.678*	<0.001*	11.723	17.692
R^2=0.209, Adjusted R^2=0.203 , ,F= 33.977*,p<0.001*						

F,p: f and p values for the model — R^2: Coefficient of determination

B: Unstandardized Coefficients — Beta: Standardized Coefficients

t: t-test of significance — LL: Lower limit UL: Upper Limit

*: Statistically significant at $p \leq 0.05$

Table (6): Multivariate Regression for Lifelong Learning Tendency: Stronger model compared to Table 6, with Adjusted $R^2 = 0.203$. Key predictors: Bachelor education (B = 14.708) – strongest contributor. Female gender and rural residence also significantly influence lifelong learning tendency. Age negatively affects tendency, consistent with EI model.

4. DISCUSSION

The nursing profession, as both an art and a science, requires the integration of core values that support holistic care. Emotional intelligence (EI) plays a crucial role in developing these values, as it reflects a balanced personality expressed through emotional awareness and regulation. EI encompasses individual, emotional, and social competencies, including the ability to manage relationships, regulate emotions, and solve problems effectively (McNulty & Politis, 2023).

The findings of the current study revealed that nurses generally demonstrated moderate to high levels of emotional intelligence and lifelong learning tendency (LLLT), with particularly strong scores in motivation and persistence. From the researcher's perspective, this may be attributed to nurses' ability to recognize the relationship between physiological responses and emotional experiences. Additionally, nurses appear capable of expressing emotions appropriately, managing anger, motivating themselves, and recognizing others' feelings, all of which reflect core EI competencies.

Furthermore, these findings may be explained by nurses' self-awareness and their ability to cope with stressful situations. Their capacity to remain calm and persist in task performance highlights strong emotional regulation skills. The researcher also attributes these results to well-structured nursing education programs that incorporate courses aimed at enhancing self-motivation, resilience, and recovery from failure. These findings are consistent with Gao et al. (2024), who reported that nurses with moderate to high emotional intelligence demonstrate higher work engagement.

Regarding lifelong learning, more than half of the studied nurses exhibited high levels of motivation and persistence but showed deficiencies in organizing learning and curiosity. The high levels of motivation and persistence may reflect the contemporary nursing culture, where professionals are inclined toward continuous personal and professional development regardless of financial incentives. Additionally, the widespread use of internet resources and the availability of distance learning opportunities may further enhance learning engagement.

Despite these positive aspects, the low levels of curiosity and organization may be influenced by heavy workloads, staff shortages, and task-oriented clinical environments, which limit opportunities for self-directed learning. These findings align with Kawashima et al. (2025), who emphasized the role of emotional intelligence in enhancing resilience, stress management, and communication, all of which support lifelong learning. However, the results contrast with Mohammad et al. (2021) and Papathanasiou et al. (2021), who reported higher levels of curiosity and self-directed learning among emotionally intelligent nurses.

The present study also found a strong positive correlation between emotional intelligence and overall lifelong learning tendency. This relationship can be explained by the role of emotional intelligence in promoting self-regulation, intrinsic motivation, and adaptive coping strategies, which are essential for continuous learning. Emotionally intelligent nurses are more likely to engage in self-improvement and maintain sustained involvement in learning activities. These findings are supported by Miao et al. (2017), who demonstrated that emotional intelligence enhances workplace performance, engagement, and persistence.

Concerning socio-demographic characteristics, the study revealed statistically significant relationships between these characteristics and emotional intelligence levels. This may be attributed to the influence of education, gender, and environmental factors on emotional development. These findings align with Joseph and Newman (2010), who identified gender differences in emotional intelligence, and Alodhialah (2025), who highlighted the association between EI, burnout, and communication. However, the findings contradict Cabello et al. (2016), who reported that emotional intelligence increases with age.

Similarly, there was a significant relationship between socio-demographic characteristics and lifelong learning tendency. This may be due to the impact of personal characteristics, educational background, workplace interactions, and organizational support on learning behaviors. Nurses in rural areas may rely more on self-directed learning, increasing their motivation for continuous professional development. These findings are supported by the American Association of Colleges of Nursing (AACN, 2021), which emphasizes the role of higher education in promoting lifelong learning, and Ayed (2025), who demonstrated the link between emotional intelligence and professional performance.

Regression analysis showed that socio-demographic factors positively influenced emotional intelligence, with the exception of institutional affiliation, which had a limited effect. This may reflect the multidimensional nature of emotional intelligence, shaped by both cognitive and environmental factors. Nursing education programs, which increasingly incorporate emotional and interpersonal skills training, likely contribute to this development. However, the negative association with age may indicate the impact of burnout and compassion fatigue among older nurses. These findings are consistent with Alodhialah (2025) but contradict Cabello et al. (2016), who found a positive relationship between age and emotional intelligence.

Regarding predictors of lifelong learning tendency, the study found statistically significant effects of age, residence, and education. Younger nurses may be more actively engaged in learning due to generational shifts toward proactive knowledge acquisition. The influence of residence may reflect increased self-reliance among rural nurses, while education emerged as the strongest predictor due to its role in enhancing critical thinking and self-directed learning. These findings are consistent with Schnelli et al. (2024), who linked higher education levels to continuous professional development.

5. CONCLUSION AND RECOMMENDATIONS

The findings revealed that participants generally demonstrated moderate to high levels of Emotional Intelligence, reflecting satisfactory abilities in emotional awareness, emotional regulation, interpersonal understanding, and adaptive coping within academic and professional settings, while only a limited proportion exhibited low levels. Participants also demonstrated strong Lifelong Learning tendency, particularly in relation to motivation and persistence toward continuous learning and professional development. Furthermore, emotional intelligence showed statistically significant positive relationships with motivation, persistence, organizational aspects of learning, curiosity, and overall lifelong learning tendency, suggesting that individuals with higher emotional intelligence are more likely to sustain engagement in learning activities, demonstrate stronger commitment to professional growth, and exhibit greater self-directed learning orientation. Overall, lifelong learning tendency was positively associated with all its subdimensions, emphasizing the interconnected role of motivation, persistence, curiosity, and learning organization in fostering continuous learning behaviors and professional adaptability. Humanity, despite endless administrative exhaustion and conference deadlines, continues trying to become slightly wiser over time. Scientifically encouraging, honestly.

Recommendations

Based on the study results, the following recommendations are suggested:

- Integrate in-services training programs about EI improvement for nurses.
- Implement in-services training program about EI competencies into continuing education plans to strengthen nurses' readiness to engage in lifelong learning.
- Integrate curriculums that improve and EI component and Lifelong skills among nursing students.

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