IJBMC
International Journal of Body, Mind and Culture

Volume 13, Issue 10, Article e2026-1469
DOI: 10.61838/ijbmc.v13i10.1469

Article type:
Original Research

Emotional Intelligence Among Psychiatric Nurses in Iraq: A Cross-Sectional Study

Hawraa Haider. Al-Zghaibi[1], Muna Abdulwahab. Khaleel[2]*

1 Mental and Psychiatric Nursing Department, College of Nursing, University of Babylon, Hilla City, Iraq.
2 Community Health Nursing Department, College of Nursing, University of Babylon, Hilla City, Iraq.

Corresponding author email address:
nur417.muna.a@uobabylon.edu.iq



Article history:

Received 12 Feb 2026
Revised 15 Mar 2026
Accepted 03 Apr 2026
Published online 01 Oct 2026

How to cite this article:
Al-Zghaibi, H. H., & Khaleel, M. A. (2026). Emotional Intelligence Among Psychiatric Nurses in Iraq: A Cross-Sectional Study. International Journal of Body, Mind and Culture, 13(10), Article e2026-1469. https://doi.org/10.61838/ijbmc.v13i10.1469

© 2026 the authors. This is an open access article under the terms of the Creative Commons Attribution-NonCommercial 4.0 International (CC BY-NC 4.0) License.

ABSTRACT

Objective: This study aimed to assess emotional intelligence (EI) among psychiatric nurses in Baghdad, Iraq, and examine differences across sociodemographic and professional characteristics.

Methods and Materials: A descriptive cross-sectional study was conducted among 122 psychiatric nurses from Ibn Al-Rushd and Al-Rashad Teaching Psychiatric Hospitals in Baghdad between September 2025 and May 2026. Participants were selected through purposive sampling. EI was assessed using a locally adapted 15-item Wong and Law Emotional Intelligence Scale with three-point response options (Cronbach's α = .82). Data were analyzed using descriptive statistics, Mann–Whitney U tests, and Kruskal–Wallis tests in SPSS 26.

Findings: The mean overall EI score was 24.48 ± 6.42. Based on study-defined classifications, 68 nurses (55.7%) demonstrated low EI, 38 (31.1%) moderate EI, and 16 (13.1%) high EI. Emotion-regulation items showed the lowest mean scores (1.49–1.54). Significant differences in overall EI were reported across age groups (p = .021), sex (p = .040), psychiatric nursing experience (p = .027), and mental-health training participation (p = .037). Differences by residence (p = .090), marital status (p = .164), and educational level (p = .078) were nonsignificant.

Conclusion: Emotional intelligence scores were predominantly low to moderate among psychiatric nurses. Further research using validated instruments and longitudinal designs is needed to clarify demographic associations and evaluate targeted professional-development interventions.

Keywords: Emotional Intelligence, Psychiatric Nurses, Mental Health Nursing, Cross-Sectional Study, Iraq.

Introduction

Psychiatric nursing requires sustained attention to patients' affective states while nurses simultaneously regulate their own responses in situations involving agitation, distress, psychosis, depression, interpersonal conflict, and therapeutic boundary management. Emotional intelligence (EI) is therefore relevant to the relational and self-regulatory demands of psychiatric care. The Wong and Law model conceptualizes EI through self-emotion appraisal, appraisal of others' emotions, use of emotion, and regulation of emotion (Wong & Law, 2002).

Research in nursing links EI with communication, professional relationships, work functioning, and the management of stress, although the strength and direction of these associations vary by setting and design (Khademi et al., 2021); (Ghrayeb et al., 2025). In mental-health nursing specifically, prior studies suggest that emotion recognition and regulation are clinically salient competencies, but available evidence has used different EI models and measurement tools (van Dusseldorp et al., 2011); (Ishii & Horikawa, 2019).

The measurement of EI also requires careful attention to instrument validity. The original WLEIS contains 16 items and is typically administered with a broader Likert response format. A recent Arabic psychometric study retained all 16 items and supported a four-factor structure with satisfactory internal consistency (Alkhalaileh et al., 2025). Consequently, locally modifying item count or response categories can change score distributions and comparability and should be reported explicitly.

In healthcare, psychosocial competencies are best interpreted as one component of a broader clinical system rather than as isolated personal traits (Seyed Alitabar, 2025). EI has also been associated with health-related behaviors in non-nursing samples, indicating its relevance to how individuals process and act on emotionally salient information (Zadhasn & Seyed Alitabar, 2024). However, evidence specific to psychiatric nurses in Iraq remains limited. The present study therefore assessed EI levels among psychiatric nurses in Baghdad and examined differences according to selected demographic and professional characteristics.

Methods and Materials

Study design, setting, and participants

A descriptive cross-sectional design was used. Data were collected from September 2025 to May 2026 in Ibn Al-Rushd and Al-Rashad Teaching Psychiatric Hospitals in Baghdad, Iraq. A non-probability purposive sampling strategy was used. Of 134 nurses initially approached, 12 participated in a pilot study and were excluded from the final analysis, leaving 122 participants. Eligible nurses were working in psychiatric care units, had at least one year of experience, and agreed to participate. Nurses working outside psychiatric units, administrative nurses without direct patient contact, and nurses with less than one year of psychiatric experience were excluded.

Instrument and scoring

Data were collected using a self-administered questionnaire containing sociodemographic items and an adapted form of the Wong and Law Emotional Intelligence Scale. The original WLEIS is a 16-item measure covering four domains: self-emotion appraisal, others' emotion appraisal, use of emotion, and regulation of emotion (Wong & Law, 2002). In the present study, one item was removed after expert review and the remaining 15 items were scored on a three-point scale (1 = disagree, 2 = neutral, 3 = agree). This differs materially from the standard form and should therefore be regarded as a study-specific adaptation rather than a direct administration of the original WLEIS.

Ten nursing experts reviewed item content and clarity. A formal content-validity index and construct-validity analysis were not reported. Internal consistency for the adapted 15-item scale was Cronbach's $\alpha = 0.82$, and a 12-nurse pilot was used to assess feasibility. For context, the recently validated Arabic 16-item WLEIS retained the four-factor structure and reported $\alpha = 0.87$ (Alkhalaileh et al., 2025). Because the present adaptation removed an item and compressed the response range, direct comparison with normative or validation-study scores is not appropriate.

Item means were categorized using equal-width intervals across the 1–3 response scale: low = 1.00–1.66, moderate = 1.67–2.33, and high = 2.34–3.00. Total scores could range from 15 to 45 and were classified as low (15–25), moderate (26–35), or high (36–45). These thresholds are study-defined descriptive categories, not established clinical or WLEIS normative cut-offs.

Statistical analysis

Data were analyzed using SPSS version 26. Frequencies, percentages, means, and standard deviations summarized the sample and EI scores. Kolmogorov–Smirnov and Shapiro–Wilk tests were used to assess normality. Because the study variables were treated as non-normally distributed, Mann–Whitney tests were used for two-group comparisons and Kruskal–Wallis tests for variables with more than two groups. Statistical significance was set at $p < 0.05$. Effect sizes were not available. For the demographic comparisons, the source table contained internally inconsistent rank summaries; therefore, the revised report retains the supplied test statistics and p values but does not use those rank values to infer the direction or magnitude of group differences.

Table 1.

Sociodemographic characteristics of the participants (N = 122)

Variable	Category	n	%
Age (years)	<25	24	19.7
	25–34	50	41.0
	35–44	34	27.9
	≥45	14	11.5
	Mean ± SD	31.6 ± 7.2	
Sex	Male	44	36.1
	Female	78	63.9
Residence	Urban	68	55.7
	Rural	54	44.3
Marital status	Single	38	31.1
	Married	68	55.7
	Divorced	10	8.2
	Widowed	4	3.3
	Separated	2	1.6
Educational level	Preparatory	6	4.9
	Diploma	28	23.0
	Bachelor's degree	76	62.3
	Master's degree	10	8.2
	PhD	2	1.6
Psychiatric nursing experience	1–5 years	44	36.1
	6–10 years	50	41.0
	>10 years	28	22.9
Mental-health training	Yes	58	47.5
	No	64	52.5
Number of training courses (among total sample)	One	28	22.9
	Two	18	14.8
	Three or more	12	9.8

Findings and Results

As shown in Table 1, the sample was predominantly female (63.9%), most commonly aged 25–34 years (41.0%), and primarily educated to bachelor's degree level (62.3%). Forty-one percent had 6–10 years of psychiatric nursing experience, and 47.5% reported prior participation in mental-health training.

Table 2.

Item-level responses on the adapted 15-item WLEIS (N = 122)

No.	Item	Agree n	Agree %	Neutral n	Neutral %	Disagree n	Disagree %	Mean/Level
1	I am usually able to explain why I experience particular emotions	22	18.0	44	36.1	56	45.9	1.72 (M)
2	I have a good understanding of my own emotions	22	18.0	40	32.8	60	49.2	1.69 (M)
3	I really understand what I feel	22	18.0	38	31.1	62	50.8	1.67 (M)
4	I always know whether I am happy or not	18	14.8	36	29.5	68	55.7	1.59 (L)
5	I always know my friends' emotions from their behavior	18	14.8	34	27.9	70	57.4	1.57 (L)
6	I am a good observer of others' emotions	18	14.8	38	31.1	66	54.1	1.61 (L)
7	I am sensitive to the feelings and emotions of others	22	18.0	40	32.8	60	49.2	1.69 (M)
8	I have a good understanding of the emotions of people around me	18	14.8	32	26.2	72	59.0	1.56 (L)
9	I always set goals for myself and then try my best to achieve them	26	21.3	42	34.4	54	44.3	1.77 (M)
10	I always tell myself I am a competent person	18	14.8	34	27.9	70	57.4	1.57 (L)
11	I am a self-motivating person	24	19.7	40	32.8	58	47.5	1.72 (M)
12	I would always encourage myself to try my best	28	23.0	38	31.1	56	45.9	1.77 (M)
13	I am able to control my temper so that I can handle difficulties rationally	16	13.1	32	26.2	74	60.7	1.52 (L)
14	I am quite capable of controlling my own emotions	16	13.1	34	27.9	72	59.0	1.54 (L)
15	I am able to calm myself quickly when angry	16	13.1	28	23.0	78	63.9	1.49 (L)

Note. L = low (1.00–1.66); M = moderate (1.67–2.33); H = high (2.34–3.00). These are study-defined equal-interval categories.

Item-level results in Table 2 show that regulation-of-emotion items had the lowest observed means. The three regulation items had means of 1.52, 1.54, and 1.49, respectively. Self-emotion appraisal and use-of-emotion items were more often in the moderate range, although scores remained low overall. Because the instrument was modified, these item classifications should be read descriptively rather than as normative EI levels.

Table 3.

Overall emotional-intelligence classification based on study-defined cut-offs (N = 122)

Category	Score range	n	%
Low	15–25	68	55.7
Moderate	26–35	38	31.1
High	36–45	16	13.1
Total	15–45	122	100.0

Overall total score: M = 24.48, SD = 6.42.

As summarized in Table 3, 68 nurses (55.7%) were classified in the low EI range, 38 (31.1%) in the moderate range, and 16 (13.1%) in the high range. The mean total score was 24.48 ± 6.42.

Table 4.

Reported nonparametric group comparisons for overall emotional-intelligence scores

Variable	Groups	Test	Reported statistic	p value
Age	<25; 25–34; 35–44; ≥45	Kruskal–Wallis	9.732	0.021*
Sex	Male; Female	Mann–Whitney	3.856	0.040*
Residence	Urban; Rural	Mann–Whitney	2.875	0.090
Marital status	Single; Married; Divorced; Widowed; Separated	Kruskal–Wallis	6.482	0.164
Educational level	Preparatory; Diploma; Bachelor's; Master's; PhD	Kruskal–Wallis	8.362	0.078
Psychiatric nursing experience	1–5; 6–10; >10 years	Kruskal–Wallis	7.218	0.027*
Mental-health training	Yes; No	Mann–Whitney	4.352	0.037*

*Note. *p < 0.05. The source manuscript did not provide verifiable raw U/Z values, valid group-rank summaries, or effect sizes; the table therefore reports the supplied test labels, statistics, and p values without directional interpretation.*

The inferential results reported in Table 4 indicate statistically significant differences in overall EI across age categories, sex, years of psychiatric nursing experience, and mental-health training participation. Residence, marital status, and educational level were not statistically significant. Because the available summary statistics do not support a reliable reconstruction of group ranks or effect sizes, these findings should be interpreted as evidence of group differences only, not as proof of the direction or practical magnitude of those differences.

Discussion and Conclusion

The principal finding was that EI scores were concentrated in the low-to-moderate range under the study's own three-level classification system, with regulation-of-emotion items showing the lowest means. This pattern is clinically plausible in psychiatric settings, where repeated exposure to emotionally intense interactions can challenge self-regulation; however, direct comparison with earlier psychiatric-nursing studies is difficult because EI models and instruments differ across studies (van Dusseldorp et al., 2011); (Ishii & Horikawa, 2019).

The measurement issue is especially important in the present study. The WLEIS was shortened from 16 to 15 items and converted to a three-point response format. Recent Arabic validation work retained all 16 items and supported the expected four-factor structure (Alkhalaileh et al., 2025). The present scale showed acceptable internal consistency ($\alpha = 0.82$), but internal consistency alone does not establish construct validity. The equal-interval low/moderate/high thresholds are therefore best viewed as descriptive classifications specific to this sample, not validated clinical cut-offs.

The reported association between EI and participation in mental-health training is potentially important but should not be interpreted as a training effect. Because participation was not randomized and the design was cross-sectional, nurses who attended training may differ from non-attenders in motivation, role, seniority, organizational support, or other unmeasured factors. Nevertheless, intervention evidence suggests that structured EI training can improve EI-related outcomes in nurses and nursing students (Kawashima et al., 2025), and professional-development literature increasingly treats emotional competence as a trainable component of nursing practice (Chatzidimitriou et al., 2025).

The significant demographic differences should likewise be interpreted cautiously. Studies of nurses have produced mixed findings regarding age, sex, experience, and EI, which may reflect sample composition, professional context, and measurement differences (Alhakami & Baker, 2025); (Razghandi et al., 2025). Without reliable directional rank summaries and effect sizes, the present study cannot establish which groups differ most strongly or whether the differences are practically meaningful.

The results have implications for psychiatric-nursing education rather than for direct patient outcomes. The study did not measure patient satisfaction, therapeutic alliance, clinical safety, adherence, or symptom outcomes. Nonetheless, EI is conceptually related to communication and emotionally responsive care, and nursing research has linked EI with communication and professional functioning (Ghrayeb et al., 2025); (Mariati et al., 2022). Psychiatric wards also present communication barriers that depend on organizational and relational conditions, not only on individual nurse characteristics (Raisi et al., 2025). Thus, any EI-oriented program should be integrated with team support, supervision, workload management, and broader psychosocial care principles (Seyed Alitabar, 2025).

Limitations

Several limitations constrain interpretation. First, purposive sampling from two psychiatric hospitals limits generalizability. Second, EI was self-reported and was not corroborated by behavioral assessment, supervisor ratings, patient reports, or clinical outcomes. Third, the WLEIS was substantially modified by removing one item and reducing the response scale to three categories, while no factor analysis or other construct-validity analysis was reported. Fourth, the low/moderate/high cut-offs were created by equal interval division rather than validated against norms or external criteria. Fifth, effect sizes were not reported and

the available group-rank summaries were internally inconsistent, preventing reliable directional interpretation of the nonparametric comparisons. Finally, the cross-sectional design precludes causal conclusions about experience or training.

Conclusion

Among 122 psychiatric nurses in two Baghdad hospitals, EI scores were concentrated in the low-to-moderate range under study-specific scoring thresholds, and regulation-of-emotion items had the lowest means. Overall EI differed significantly across age, sex, psychiatric nursing experience, and mental-health training participation, but the direction and practical magnitude of these differences require verification with complete statistical output. Future research should use a validated Arabic WLEIS without substantive alteration, probability-based or multisite sampling, effect-size reporting, and longitudinal or intervention designs. EI-focused training may be a reasonable professional-development strategy, but its effectiveness in Iraqi psychiatric nursing should be tested prospectively rather than inferred from the present cross-sectional associations.

Acknowledgments

The authors express their gratitude and appreciation to all participants.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. Ethical considerations in this study were that participation was entirely optional.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

Funding

This research was carried out independently with personal funding and without the financial support of any governmental or private institution or organization.

Authors' Contributions

All authors equally contribute to this study.

References

Alhakami, I. Y., & Baker, O. G. (2025). Emotional intelligence among nurses in a general hospital setting in Jeddah, Saudi Arabia. *Frontiers in Medicine, 12*, 1610150. https://doi.org/10.3389/fmed.2025.1610150

Alkhalaileh, M., Ayasreh, I. R., Albalwi, A. A., Alharbi, A. A., Alghamdi, A. H., & Ablao, J. N. (2025). Psychometric evaluation of the Arabic version of the Wong and Law Emotional Intelligence Scale (WLEIS) in medical sciences students. *International Journal of Body, Mind and Culture*, *12*(6), 13–21. https://doi.org/10.61838/ijbmc.v12i6.1198

Chatzidimitriou, E., Triantari, S., & Zervas, I. (2025). Emotional intelligence in the professional development of nurses: From training to the improvement of healthcare quality. *Nursing Reports*, *15*(8), 275. https://doi.org/10.3390/nursrep15080275

Cheraghi, R., Parizad, N., Alinejad, V., & Piran, M. (2025). The effect of emotional intelligence on nurses' job performance: The mediating role of moral intelligence and occupational stress. *BMC Nursing*, *24*. https://doi.org/10.1186/s12912-025-02744-3

Coronado-Maldonado, I., & Benítez-Márquez, M.-D. (2023). Emotional intelligence, leadership, and work teams: A hybrid literature review. *Heliyon*, *9*(10), e20356. https://doi.org/10.1016/j.heliyon.2023.e20356

Dogham, R. S., Elcokany, N. M., Ghaly, A. S., El-Ashry, A. M., & Ali, H. F. M. (2025). Emotional intelligence and reflective thinking: A synergistic approach in nursing education. *BMC Nursing, 24*, 548. https://doi.org/10.1186/s12912-025-03175-w

Fookolaee, S. P., Hadadian, F., Feizi, A., & Jouybari, L. (2025). Nurses' experiences of providing emotional intelligence-based nursing care: A hermeneutic phenomenological study. *BMC Nursing, 24*, 1013. https://doi.org/10.1186/s12912-025-03361-w

Fragkaki, M., Kavga-Paltoglou, A., Kelesi-Stavropoulou, M., & Fasoi, G. (2024). Emotional intelligence of primary health care

nurses: A longitudinal randomized clinical trial. *The Open Public Health Journal*, *17*. https://doi.org/10.2174/0118749445329730240729162817

Ghrayeb, F., Zaben, K., Haddad, R. H., Ghrayeb, N., Barhoush, M., Zuraikat, N., & Abuejheisheh, A. J. (2025). Exploring the relationship between emotional intelligence and communication skills in nurses: A cross-sectional study. *BMC Nursing*, *24*, 1002. https://doi.org/10.1186/s12912-025-03679-5

Ishii, S., & Horikawa, E. (2019). The emotional intelligence of Japanese mental health nurses. *Frontiers in Psychology*, *10*, 2004. https://doi.org/10.3389/fpsyg.2019.02004

Kawashima, T., Ota, Y., Aikawa, G., Watanabe, M., Ashida, K., & Sakamoto, H. (2025). Effectiveness of emotional intelligence training on nurses' and nursing students' emotional intelligence, resilience, stress, and communication skills: A systematic review and meta-analysis. *Nurse Education Today*, *151*, 106743. https://doi.org/10.1016/j.nedt.2025.106743

Khademi, E., Abdi, M., Saeidi, M., Piri, S., & Mohammadian, R. (2021). Emotional intelligence and quality of nursing care: A need for continuous professional development. *Iranian Journal of Nursing and Midwifery Research*, *26*(4), 361–367. https://doi.org/10.4103/ijnmr.IJNMR_268_19

Mariati, L. H., Jakri, Y., & Djerubu, D. (2022). The effect of emotional intelligence on nurse's communication skill. *Jurnal Ners dan Kebidanan (Journal of Nurse and Midwifery)*, *9*(2), 218–226. https://doi.org/10.26699/jnk.v9i2.ART.p218-226

Mehralian, G., Bordbar, S., Bahmaei, J., Askarpour, H., & Yousefi, A. R. (2024). The impact of emotional and moral intelligence on nurses' organizational commitment. *BMC Nursing*, *23*, 800. https://doi.org/10.1186/s12912-024-02455-1

Omoronyia, F. R., Oyama, L. E., & Obande, E. I. (2020). Psychiatric nurses' level of emotional intelligence in a developing country: A survey in neuropsychiatric hospitals in the Niger-Delta region, Nigeria. *EAS Journal of Nursing and Midwifery*, *2*(3). https://doi.org/10.36349/EASJNM.2020.v02i03.001

Peng, M., et al. (2025). Relationships between emotional intelligence, mental resilience, and adjustment disorder in newly licensed registered nurses: A cross-sectional study. *Frontiers in Public Health*. https://doi.org/10.3389/fpubh.2025.1567252

Qahtan, M. Y., & Alwan, I. H. I. H. (2025). Anxiety levels toward artificial intelligence applications among nurses. *International Journal of Body, Mind and Culture*, *12*(5), 51–59. https://doi.org/10.61838/ijbmc.v12i5.929

Raisi, Z., Khodabandeh Shahraki, S., Bagherian, B., & Dehghan Nayeri, N. (2025). The barriers to therapeutic communication in psychiatric wards: A focused ethnography. *BMC Nursing*, *24*, 1046. https://doi.org/10.1186/s12912-025-03690-w

Razghandi, R., Lines, L., Smadi, O., & Gulyani, A. (2025). Emotional intelligence and its relationship with demographic characteristics among nurses and nursing students: A cross-sectional study. *Nursing Open*, *12*(10), e70332. https://doi.org/10.1002/nop2.70332

Seyed Alitabar, S. H. (2025). The biopsychosocial model in modern healthcare: Overcoming barriers to holistic patient care. *International Journal of Body, Mind and Culture*, *12*(2), 1–4. https://doi.org/10.61838/ijbmc.v12i2.950

Shubayr, N., & Dailah, H. (2025). Assessment of emotional intelligence, self-efficacy, and perceived stress among nursing students in clinical practice: A cross-sectional study. *BMC Nursing*, *24*, 505. https://doi.org/10.1186/s12912-025-03109-6

Tjimuku, M., Atiku, S. O., & Kaisara, G. (2025). Emotional intelligence and psychological capital at work: A systematic literature review and directions for future research. *Cogent Social Sciences*, *11*(1). https://doi.org/10.1080/23311886.2024.2443559

van Dusseldorp, L. R. L. C., van Meijel, B. K. G., & Derksen, J. L. J. (2011). Emotional intelligence of mental health nurses. *Journal of Clinical Nursing*, *20*(3–4), 555–562. https://doi.org/10.1111/j.1365-2702.2009.03120.x

Wong, C.-S., & Law, K. S. (2002). The effects of leader and follower emotional intelligence on performance and attitude: An exploratory study. *The Leadership Quarterly*, *13*(3), 243–274. https://doi.org/10.1016/S1048-9843(02)00099-1

Zadhasn, Z., & Seyed Alitabar, S. H. (2024). The role of emotional intelligence and nutritional satisfaction in medication adherence: A cross-sectional study. *Longevity*, *1*(2), 45–55. https://doi.org/10.61838/kman.longevity.1.2.5

Zhang, Y., Fu, Y., Zheng, X., Shi, X., Liu, J., & Chen, C. (2025). The impact of nursing work environment, emotional intelligence, and empathy fatigue on nurses' presenteeism: A structural equation model. *BMC Nursing*, *24*, 291. https://doi.org/10.1186/s12912-025-02905-4