

Emotional Intelligence and Clinical Performance in Psychiatric Nursing Students

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Abstract

Emotional Intelligence (EI) has gained considerable attention in nursing due to its positive effects on nurses' well-being and its beneficial impact on patients and families. Emotional intelligence involves understanding and managing one's own emotions and the emotions of others, which is crucial for nurses who build relationships with patients, families, and healthcare team members. Despite the recognised importance of emotional intelligence, non-academic factors like emotional intelligence are rarely considered in nursing program admissions, with GPA being the primary indicator of academic performance. Given the limited studies on emotional intelligence and academic performance in the Philippines, this study aimed to determine the relationship between nursing students' emotional intelligence and their psychiatric nursing clinical practice performance. This study employed a descriptive correlational design and included a substantial sample of 173 fourth-year nursing students who completed their psychiatric nursing clinical practice and were enrolled in the academic year 2017. Total population sampling was utilised, ensuring a comprehensive representation of the student population. The Pearson product-moment correlation coefficient (Pearson-r) was used to determine the correlation between emotional intelligence and clinical performance. The results, based on these methods, indicated that all respondents had moderate to high levels of emotional intelligence. Nearly half of the respondents achieved a satisfactory grade, with the majority having average to satisfactory performance. Female respondents had slightly higher grades than male respondents, and there was a significant difference in performance based on the respondents' school but not their age. Importantly, there was no significant correlation between emotional intelligence and clinical performance in psychiatric nursing, a finding that was consistent with the literature. This insight is valuable for educators and curriculum developers, as it underscores the need to consider a broader range of factors beyond academic performance in nursing education. It also highlights the importance of providing support and resources to enhance students' emotional intelligence skills. Further research is recommended to explore the role of emotional intelligence in nursing education and consider additional factors that may influence academic and clinical performance.

Keywords:

Emotional Intelligence, Clinical Performance, Psychiatric Nursing, Nursing Students



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INTRODUCTION

Emotional Intelligence (EI) has earned special attention in nursing because it enhances nurses' well-being and positively affects patients and families (Abdulah et al., 2021). Emotional Intelligence is the understanding and management of one's emotions and others (Christianson, 2020). This intelligence enables individuals to make sound decisions by balancing their thoughts and emotions (AkbariLakeh et al., 2018). Furthermore, EI has been suggested as a crucial factor for achieving success in life, education, and employment (AkbariLakeh et al., 2018). Studies suggest that nurses must possess EI, as it is essential to the core nature of nursing practice and the delivery of holistic nursing care (Christianson, 2020). Emotional intelligence skills help nurses manage the emotional demands of the healthcare environment (Abdulah et al., 2021). Moreover, emotion is a key motivator for nursing decision-making and actions, with every nursing intervention being influenced by nurses' emotional abilities, known as emotional intelligence (Dou et al., 2022). Hence, EI is becoming increasingly popular across various professional fields, including nursing.

Nurses deliver clinical care through human interactions, building relationships with patients, their families, and other healthcare team members (Christianson, 2020; Abdulah et al., 2021). Nurses are seen as a crucial component of healthcare teams (Abdulah et al., 2021; Xu et al., 2023). However, Abdulah et al. (2021) emphasised that the nursing profession is deemed to be at a heightened risk of workplace stress, workload, and burnout due to the demanding nature of the job. Cleary et al. (2018) agreed that nursing has long been recognised as emotionally demanding work characterised by high levels of stress, anxiety, and burnout. However, several authors suggest that EI is a critical nursing skill for providing competent care (Christianson, 2020). Education in EI can improve mental health and is associated with increased sensitivity to interactions, as well as reduced levels of anxiety, depression, and aggression (Aghajani Inche Kikanloo et al., 2019).

Nursing students are considered crucial contributors to the healthcare sector, carrying the noble mission of caring for life and serving society (Xu et al., 2023). Nursing students with higher EI can effectively identify solutions and coping strategies to manage stress and address challenges (Xu et al., 2023). This ability can help them maintain good mental health and achieve academic success in higher education settings (Xu et al., 2023). Furthermore, nursing students are exposed to various clinical settings to enhance their nursing skills and apply theoretical knowledge to practice. They are also assigned to mental health and psychiatric nursing, where they have the opportunity to care for clients with mental health issues. The American Psychiatric Nursing Association describes psychiatric mental health nursing as a specialty that focuses on working

with individuals, families, groups, and communities to assess their mental health needs. Moreover, Sims (2017) stressed that patients with psychiatric-mental health disorders can exhibit challenging behaviours, such as those stemming from depression, anxiety, and psychosis. These behaviours can add emotional stress for mental health nurses (Sims, 2017). In addition, psychiatric mental health nursing clinical practicums are structured to offer nursing students the chance to incorporate essential knowledge, skills, and attitudes to mental health care into their practical experience (Choi et al., 2016). Furthermore, Choi et al. (2016) emphasised that students solidify their comprehension of mental illness through direct interaction with real patients. Dou et al. (2022) argued that the nursing internship is a critical period for nursing students, allowing them to gain clinical skills and develop their clinical abilities. Thus, students in psychiatric nursing practice should be prepared to manage patients with challenging behaviours and understand how to cope with their own emotions. So far, a substantial amount of research has been dedicated to examining the factors that may affect the clinical skills of nursing students, including EI (Dou et al., 2022).

It is generally believed that GPA (Grade point average) is the best indicator of students' academic performance. Non-academic factors are seldom considered in the admission criteria for nursing programs (Cheshire et al., 2015). However, EI has been increasingly associated with academic success in various professions (Singh et al., 2020). Belay and Kassie (2021) argued that EI will likely impact academic and clinical practice performance across various health fields. Academic performance is assessed based on how well a student meets the criteria set by governing bodies and institutions (Llego, 2021) and how effectively students complete their tasks and studies (Alenezi et al., 2020). Furthermore, the relationship between EI and its role in supporting nursing students in their academic or clinical performance is evident (Cleary et al., 2018). Alenezi et al. (2020) argued that EI has gained increased attention in academic circles. It helps students excel and enables teachers to excel effectively in their profession (Alenezi et al., 2020). The development of EI is expected to enhance academic achievement and ensure that new nursing professionals have the abilities, knowledge, and skills to provide efficient and effective nursing care (Alenezi et al., 2020). There is ongoing interest in the importance of EI in nursing practice, with recommendations suggesting that this concept be integrated into nursing education programs (Sharon & Grinberg, 2018).

Various studies have examined the influence of EI; however, limited research has focused on its impact on professional competence and academic achievement in smaller institutions that train nursing students and possess their own distinct cultural contexts (Aghajani Inche Kikanloo et al., 2019). There

is a scarcity of literature on the impact of EI on the clinical performance of nurses (Abdulah et al., 2021). Furthermore, given the apparent lack of studies on EI and academic performance in the context of the Philippines, further investigation is warranted to contribute to the limited literature on this topic (Llego, 2021). Specifically, no studies have been conducted on this topic in Zamboanga City, Philippines, especially on the clinical performance of psychiatric nursing students. This study aimed to determine the relationship between nursing students' emotional intelligence and their psychiatric nursing clinical practice performance.

METHOD

Emotional Intelligence (EI) has earned special attention in nursing because it enhances nurses' well-being and positively affects patients and families (Abdulah et al., 2021). Emotional Intelligence is the understanding and management of one's emotions and others (Christianson, 2020). This intelligence enables individuals to make sound decisions by balancing their thoughts and emotions (AkbariLakeh et al., 2018). Furthermore, EI has been suggested as a crucial factor for achieving success in life, education, and employment (AkbariLakeh et al., 2018). Studies suggest that nurses must possess EI, as it is essential to the core nature of nursing practice and the delivery of holistic nursing care (Christianson, 2020). Emotional intelligence skills help nurses manage the emotional demands of the healthcare environment (Abdulah et al., 2021). Moreover, emotion is a key motivator for nursing decision-making and actions, with every nursing intervention being influenced by nurses' emotional abilities, known as emotional intelligence (Dou et al., 2022). Hence, EI is becoming increasingly popular across various professional fields, including nursing.

This study employed a descriptive correlational design. Correlational research aims to establish relationships between two or more variables; it is commonly used in healthcare research because it can be applied in studies where the independent variable cannot or should not be manipulated (Curtis et al., 2016).

The following hypotheses guided the researcher in the development of this study:

1. There is no significant difference in the performance of the nursing students in psychiatric nursing clinical practice when their profile is considered.
2. There is no significant correlation between the Emotional Intelligence of the nursing students and their performance in their psychiatric nursing clinical practice.

The respondents in this study were drawn from three selected colleges and universities in Zamboanga City, Philippines, which offer a Bachelor of Science in Nursing (BSN) program. Total population sampling was utilised to examine the entire population due to the smaller size of the students. Total population sampling is a type of purposive

sampling technique that involves examining the entire population with a specific set of characteristics (Canonizado, 2021). Researchers often choose total population sampling when the entire population is small and well-defined. This is an option when a fraction may not adequately represent what is required, and this method eliminates potential bias from sampling techniques (Canonizado, 2021). All 4th-year BSN students who completed their psychiatric nursing clinical practice during the 3rd year of the BSN program and enrolled in the academic year 2017 were included, as the number of nursing students during that year decreased (n=173). Hence, total population sampling is used to adequately represent the population. In this study, the source of students' academic performance data will be the college dean's record. Moreover, the demographic profile of the respondents is presented in Table 3.

Before collecting data, the researcher obtained permission from the deans and research coordinators for the BSN program. Ethical clearance was secured from the school research office after their thorough review of the research proposal and the instruments that were used in this study. Additionally, the researcher included a consent form with the questionnaire, explaining the purpose of the study and the time needed to complete the survey. The consent form also specified that respondents were permitted the use of their Nursing Care Management (NCM) marks. Furthermore, respondents could decline participation in the survey without any consequences. Confidentiality, anonymity, and respect were maintained when handling the data. The researcher believed that careful consideration of matters of privacy and confidentiality would yield trust and confidence and that the researcher's credibility would be of high regard, thus resulting in an accurate and precise study. Additionally, the researcher remained with the nursing students during data collection to address potential biases in answering self-reported questionnaires and responding to any questions related to the research. Lastly, authors of previous research that were used as references in this study were properly cited and acknowledged.

The instrument of this study consists of three parts. Part one (I) is composed of the demographic profile. Part two (II) consists of constructs to assess the respondents' Psychiatric Clinical Performance based on their grade in the NCM 105 subject. Part three (III) consists of constructs to assess the respondents' Emotional Intelligence.

Part III survey questionnaire used in the study was adapted from Dr. Daniel Goleman's work, which is already standardised and widely used by various researchers. Consequently, there was no need to conduct further tests for validation and reliability. The tool had previously undergone face validity by a panel of validators consisting of faculty members with doctorate degrees from one of the universities in the city. The resulting Cronbach Alpha value was 0.807, indicating that the questionnaire is highly reliable. This self-assessment tool is designed to get the respondents to think about the numerous EI

competencies as they apply to them. Furthermore, Daniel Goleman's test has consistently demonstrated good validity and reliability (Olimat, 2016). Reviewing previous studies that used different methods shows that this test is an effective measurement tool (Olimat, 2016) hence, the test meets the necessary conditions for application and use, ensuring both reliability and validity.

It covers the five components of EI proposed by Dr. Goleman (1996): self-awareness, managing emotions, motivating oneself, empathy and social skills. It is a 5-point Likert scale, with 1 being the lowest score, which indicates that the statement does not apply at all, a score of 3 indicates that the statement applies about half the time, and 5 is the highest score, which indicates that the statement always applies to the respondent's personality. It is a 50-item questionnaire, and the respondents are instructed to encircle the number which best describes them. Each component of EI has 10-item questions. Items number 1, 6, 11, 16, 21, 26, 31, 36, 41, and 46 belong to the self-awareness area of EI, items 2, 7, 12, 17, 22, 27, 32, 37, 42, and 47 are under managing emotions, items 3, 8, 13, 18, 23, 28, 33, 38, 43, and 48 are under motivating oneself, items 4, 9,

14, 19, 24, 29, 34, 39, 44, and 49 are under empathy area, and items number 5, 10, 15, 20, 25, 30, 35, 40, 45, and 50 belongs to social skills. Total scores were computed and interpreted for each of the emotional competencies. A score of 35 – 50 indicates that an individual has strong points (Strength) in this area, 18 – 34 needs giving attention in this area, and a score of 10 – 17 makes this area a development priority. Table 1 shows the descriptive equivalents for the assessment tool. Table 2 shows the scaling of grades. The data collected were tabulated (using Microsoft Excel), evaluated, analysed and computed statistically using SPSS software. Pearson product-moment correlation coefficient (Pearson-r) was utilised to determine the correlation between the EI of nursing students and their performance in their clinical practice in psychiatric nursing. Pearson-r is a statistical measure that quantifies the strength and direction of a linear relationship between two continuous variables.

Table 2 shows the scaling of grades for NCM 105 of the students. 95 – 100 is equivalent to outstanding, 90 – 94 is very satisfactory, 85 – 89 is satisfactory, a grade of 80 – 84 average and 75 – 79 is fair.

Table 1. Scaling for the Condition EI of the Respondents

Emotional Intelligence	Scale	Descriptive Equivalence
a. Self-awareness	35 - 50	Strong Area
	18 - 34	Needs giving attention
	10 - 17	Needing development priority
b. Managing emotions	35 - 50	Strong Area
	18 - 34	Needs giving attention
	10 - 17	Needing development priority
c. Motivating oneself	35 - 50	Strong Area
	18 - 34	Needs giving attention
	10 - 17	Needing development priority
d. Empathy	35 - 50	Strong Area
	18 - 34	Needs giving attention
	10 - 17	Needing development priority
e. Social skills	35 - 50	Strong Area
	18 - 34	Needs giving attention
	10 - 17	Needing development priority

Table 2. Scaling for the grades of the students

Scale	Descriptive Equivalence
95 - 100	Outstanding
90 - 94	Very Satisfactory
85 - 89	Satisfactory
80 - 84	Average
75 - 79	Fair

RESULT

Table 3 shows the demographic profile of the respondents. School A has 59 respondents (34.1%) who participated in the study, and 57 (32.9%) for School B and School C, with a total of 173 respondents. Among the respondents, 157(90.8%)

were female and only 16 (9.2%) males. Age: 51 (29.5%) of respondents belong to the age 18-19 years old, 68 (39.3%) belong to 20-21 years old and 54 (31.2%) of the respondents have the age of 22 years old and above.

Table 4 shows the EI of the 173 nursing students in their senior years who had already

finished NCM 105. It covers Dr. Goleman's five components of EI: self-awareness, managing emotions, motivating oneself, empathy, and social skills. As shown in the table, self-awareness is the strength of most of the respondents (159 = 91.9%). Motivating oneself is the second strength (140 = 80.9%). Empathy and social skills have equal strength among respondents (139 = 80.3%), followed by managing emotions 114 (65.9%). On the other hand, the table reveals that most of the respondents are paying attention to managing emotions (59 = 34.1%), followed by empathy and social skills (34 = 19.7%), some of the respondents (33 = 19.1%), motivating oneself and lastly self-awareness (14 = 8.1%). None of the respondents has a development priority in their EI, which means that all of the respondents have a moderate to high level of EI.

Table 5 presents the performance of nursing students in their psychiatric nursing clinical practice based on their grades in NCM 105. Nearly half of the total respondents achieved a satisfactory grade of 85

– 89 (80 = 46.3%), followed by 73 (42.2%) of them having an average grade of 80 – 84. A few respondents obtained a grade of 75 – 79 (14 = 8.1%), while a small number achieved a very satisfactory grade of 90 – 94 (6 = 3.5%). None of the respondents received an outstanding grade. The mean score for the respondents was 84.24, with the highest grade being 94 and the lowest being 76 in terms of their performance in NCM 105.

Table 6 exhibits the significant difference in the performance of the nursing students in psychiatric nursing clinical practice regarding their gender. The male respondents obtained a mean grade of 82, and the female respondents obtained a mean grade of 84 with a t-value of -3.533. After statistical treatment, the result shows a significant difference in the respondents' performance in terms of their gender since the p-value is less than 0.05 level of significance. Female respondents have slightly higher grades in their NCM 105 than male respondents.

Table 3. Demographic Profile of the Respondents

Profile		n	%
School	A	59	34.1
	B	57	32.9
	C	57	32.9
Gender	Male	16	9.2
	Female	157	90.8
Age	18 – 19	51	29.5
	20 – 21	68	39.3
	22 and above	54	31.2

Table 4. Emotional Intelligence of the Nursing Students (n = 173)

Emotional Intelligence	Strength		Giving Attention		Development Priority	
	n	%	n	%	n	%
Self-awareness	159	91.9	14	8.1	0	0
Managing Emotions	114	65.9	59	34.1	0	0
Motivating oneself	140	80.9	33	19.1	0	0
Empathy	139	80.3	34	19.7	0	0
Social Skills	139	80.3	34	19.7	0	0

Table 5. Performance of the Nursing Students in their Psychiatric Nursing Clinical Practice

Performance	Verbal Description	n	%
95 – 100	Outstanding	0	0
90 – 94	Very Satisfactory	6	3.5
85 – 89	Satisfactory	80	46.3
80 – 84	Average	73	42.2
75 – 79	Fair	14	8.1
Mean			84.24
SD			5.66
Lowest value			76.00
Highest value			94.00

Table 7 presents the significant difference in the performance of the nursing students in psychiatric nursing clinical practice regarding their school. Based on the presented findings, there was a significant difference in the performance of the respondents in terms of their school because the p-value is less than 0.05 level of significance. Hence, the null hypothesis was rejected. Most of the respondents in school B have a high mean grade (87.7), followed by school A with a mean grade of 83.6 and school C with 82.5 mean grade. This means that respondents from school B have a high grade in NCM 105.

Table 8 presents the analysis of the performance of nursing students in psychiatric nursing clinical practice based on their age. The findings indicate that there was no significant difference in the performance of the respondents in terms of age, as the p-value was greater than the 0.05 level of significance. Therefore, the null hypothesis

was accepted, suggesting that the mean grade of the respondents does not vary with their age.

Table 9 displays the correlation between the Emotional Intelligence of nursing students and their performance in psychiatric nursing clinical practice. The overall result indicates a negligible correlation in all five components of Emotional Intelligence: self-awareness (r-value = 0.020; p-value = 0.791), managing emotions (r-value = 0.028; p-value = 0.712), motivating oneself (r-value = 0.032; p-value = 0.680), empathy (r-value = -0.009; p-value = 0.909), and social skills (r-value = -0.011; p-value = 0.883). All r-values suggest a negligible correlation, and the p-values are greater than 0.05, indicating that the null hypothesis was accepted. Thus, there is no significant correlation between the EI of the respondents and their performance in psychiatric nursing clinical practice.

Table 6. Significant Difference in the Performance of Nursing Students in Psychiatric Nursing Clinical Practice in Terms of their Gender

Gender	Mean Grade	t-value	p-value	Remarks	Decision on H ₀
Male	82	-3.533	0.000	significant	Reject H ₀
Female	84				

Table 7. Significant Difference in the Performance of Nursing Students in Psychiatric Nursing Clinical Practice in terms of their School

School	Mean Response	F-value	p-value	Remarks	Decision on H ₀
A	83.6	85.231	0.000	Significant	Reject H ₀
B	87.7				
C	82.5				

Table 8. Significant Difference in the Performance of Nursing Students in Psychiatric Nursing Clinical Practice in terms of their Age

Age	Mean Grade	F-value	p-value	Remarks	Decision on H ₀
18 – 19	85.3	1.608	0.203	Not Significant	Accept H ₀
20 – 21	84.4				
Above 21	84.3				

Table 9. Significant Correlation between the Emotional Intelligence of Nursing Students and their Performance in their Psychiatric Nursing Clinical Practice

x-variable	y-variable	r-value	Interpretation	p-value	Remarks	Decision on H ₀
Self-awareness	Performance in Psychiatric Nursing Clinical Practice	0.020	Negligible correlation	0.791	Not significant	Accept H ₀
Managing Emotions		0.028	Negligible correlation	0.712	Not significant	Accept H ₀
Motivating oneself		0.032	Negligible correlation	0.680	Not significant	Accept H ₀
Empathy		-0.009	Negligible correlation	0.909	Not significant	Accept H ₀
Social Skills		-0.011	Negligible correlation	0.883	Not significant	Accept H ₀

DISCUSSION

The outcomes of this study have provided insight into the relationship between nursing students' EI and their psychiatric nursing clinical practice performance. The subsequent discussion will address the implications of these findings and the potential limitations of the study design and offer recommendations for future research.

The results showed that the student's performance in psychiatric nursing ranged from average to satisfactory. This aligns with the findings of Kaur and Jiwan (2014), who reported that their study participants performed at average levels. Similarly, Dela Rosa and Maniago (2018) concluded that most nursing students in their study demonstrated average learning and performance in psychiatric nursing. In general, nursing students' clinical performance in psychiatric settings appears to be competent and satisfactory. This means they may likely share a common understanding of the topics discussed in school and their practical application in the field (Dela Rosa & Maniago, 2018).

Regarding the effect of gender on academic performance, the study by Alshammari et al. (2017) revealed a significant difference in how gender influences the academic achievements of nursing students. The present study's findings revealed that female nursing students had slightly higher grades than male students. This is consistent with the study by Damayanthi and Dharmaratne (2016), which also concluded that female nursing students had higher GPAs than male students, reinforcing the notion that gender plays a role in academic performance. However, these results contrast with the findings of Farshi et al. (2015), who argued that there is no correlation between sex, EI, and clinical competence. Farshi et al. (2015) suggested that factors such as gender do not significantly impact nursing students' EI or clinical skills levels, indicating a more complex interplay of variables influencing academic and clinical performance that may not be directly related to gender alone.

Furthermore, the result showed that there is a significant relationship between nursing students' psychiatric nursing clinical performance and their school. The Research Alliance for New York City Schools has shown that learning environments significantly influence students' success. However, Alshammari et al. (2017) found no significant difference in how the type of school attended influenced the academic performance of nursing students. Their findings indicate that factors related to the student, school, home, and teacher all substantially impact the academic performance of the student respondents; Teacher-related factors have the greatest impact on academic performance (Alshammari et al., 2017).

Moreover, the results suggest that age is not a significant factor in determining the respondents' clinical performance in psychiatric nursing. This finding is consistent with the conclusions of Alshammari et al. (2017), who also found that factors

such as age, type of school attended, year level, marital status, and socio-economic status did not significantly impact students' academic performance. This implies that regardless of age, students performed similarly in terms of academic achievement, indicating that other factors may play a more influential role in determining academic success. Furthermore, Jayanthi et al. (2014) studied various factors affecting students' academic performance in a tertiary institution and discovered that age does not significantly affect academic performance.

The study ultimately found no significant correlation between nursing students' EI and their performance in psychiatric nursing clinical practice. This result aligns with several previous studies. For example, Beauvais et al. (2014) and Cheshire et al. (2015) also reported no significant correlation between EI and nursing students' academic or clinical performance. Similarly, Roso-Basa et al. (2016), Alasmee et al. (2022), and Banakhar et al. (2022) found no significant relationship between EI and academic or clinical performance in nursing students.

Additionally, Zirak and Ahmadian (2015) investigated the relationship between EI and creative thinking in relation to students' academic achievement. Their findings similarly indicated no significant relationship between EI and academic achievement. These consistent findings across multiple studies suggest that while EI may play a role in other aspects of personal and professional development, it does not directly impact academic or clinical performance among nursing students.

In contrast, other studies have found a significant relationship between nursing students' EI and their academic or clinical performance. For example, Marvos and Hale (2015), Kumar et al. (2016), Ibrahim et al. (2016), ALmegewly et al. (2022), and Belay and Kassie (2021) reported significant correlations between EI and performance in nursing students. These studies suggest that EI can positively influence both academic success and clinical competency in nursing education.

Furthermore, these studies indicate that the clinical environment, curriculum, and self-efficacy significantly impact learning and clinical competency in nursing education. A well-structured curriculum and a supportive clinical environment can enhance the development of proficient nurses. Additionally, several other factors may affect nursing students' clinical and academic performance. These factors include the quality of teaching, the student's interest in the subject matter, and the student's intelligence quotient (IQ).

Thus, while EI is an important factor, it is not the sole determinant of nursing students' success. A comprehensive approach that includes a supportive learning environment, effective teaching strategies, and consideration of individual student characteristics is essential for optimising nursing education outcomes. This insight could be valuable for educators and curriculum developers who are

considering how best to support nursing students in their educational and clinical training.

However, it is important to note some limitations of the study. Firstly, the sampling method and the relatively small sample size may limit the generalizability of the findings to all nursing students. Therefore, caution should be exercised when generalising the results. Additionally, the reliance on self-reported data introduces the potential for bias, as participants may not always provide accurate or complete information.

Considering this study's findings, the researcher recommends that school administrators and educators incorporate activities to enhance students' EI levels. Additionally, the researcher encourages the school administrators to conduct seminars and training sessions focused on EI development. Furthermore, it is recommended that future researchers replicate this study in different settings and consider various variables that might link with EI and academic performance. It is also recommended that other research methods, such as mixed-method research, be employed to better understand the results.

CONCLUSION

This study's findings suggest no significant correlation between nursing students' EI and their performance in psychiatric nursing clinical practice, consistent with several previous studies. While EI may influence personal and professional development, it does not directly impact academic or clinical performance in nursing students. In contrast, some studies have found EI to be positively related to academic and clinical success. Factors such as a supportive clinical environment, well-structured curriculum, teaching quality, student interest, and IQ also play crucial roles in nursing education outcomes. A comprehensive approach incorporating these elements is essential for optimising nursing students' success. The insight of this study could be beneficial for educators and curriculum developers as they explore the best ways to support nursing students in their educational and clinical training..

Conflict of Interest

No conflict of interest to declare

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