Effect of an Emotional Intelligence Training Program on Nurses' Quality of Working Life at King Khalid Hospital: A Quasi-Experimental Study

[1] Mohammad Fahat Slobi Alanazi, [2] Hala Gabr Mahmoud, [3] Asmaa Mostafa Abd El Ghani

[1] (M.Sc. King Saud University), Saudi Arabia

[2] Professor of Nursing Administration, Faculty of Nursing - Mansoura University, Egypt.

[3] Assistant Professor of Nursing Administration, Faculty of Nursing - Mansoura University, Egypt.

Corresponding Author**: Mohammad Fahat Slobi Alanazi**

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Abstract:

Background: *Emotional intelligence is a critical competency for nurses, shaping their ability to manage workplace stress, build therapeutic relationships, and maintain a healthy working life. Given the emotionally demanding nature of nursing practice, structured training in emotional intelligence may play a key role in enhancing nurses' quality of working life.* ***Aim:*** *This study aimed to evaluate the effect of a training program about emotional intelligence for nurses on their quality of working life at King Khalid Hospital in Hafar Albatin, Saudi Arabia.* ***Method:*** *A quasi-experimental (pre-posttest) design was utilized. A convenience sample of 98 staff nurses at inpatient departments. The data were collected using Emotional Intelligence Knowledge Questionnaire, the Emotional Intelligence Scale, and the Work-Related Quality of Life Scale.* ***Results:*** *: Nurses' emotional intelligence knowledge, emotional intelligence level, and quality of working life all improved significantly after the training program and remained elevated at 3-month follow-up (p=0.0001), with a significant positive correlation between emotional intelligence and quality of working life throughout (r=0.575–0.749, p=0.0001).* ***Conclusion:*** *The training program significantly improved nurses' emotional intelligence and quality of working life, with gains largely sustained at follow-up and a significant positive correlation between the two throughout.* ***Recommendations:*** *Emotional intelligence training should be institutionalized as a recurring component of nursing continuing education, with periodic booster sessions to sustain long-term gains.*

Keywords: *Emotional intelligence, quality of working life, staff nurses, training program, nursing administration.*

Introduction

Nursing is a vital profession within the healthcare system, focused on the promotion of health, prevention of illness, and the care of individuals across all stages of life. Nurses provide comprehensive patient care by performing assessments, administering medications, and managing treatment plans (Sariboyevich, 2025). The role of nurses extends beyond technical skills; for nurses, who frequently deal with emotionally charged situations, patients in distress, and high workloads, a strong level of emotional intelligence enables them to navigate these challenges with greater emotional control and resilience (Zahran, Malak, El-Qirem, & Asfour, 2025).

Despite the demanding nature of the profession, which often includes long hours and high-stress environments, nurses demonstrate resilience and dedication. The emotional labor involved in providing care requires not only technical skills but also a robust capacity for empathy and self-regulation. Nurses with high emotional intelligence are better equipped to handle interpersonal conflicts, provide empathetic care, and maintain composure under pressure, which significantly reduces emotional exhaustion and contributes to job satisfaction. These capabilities help nurses maintain a positive outlook and foster healthy workplace relationships, both of which are key components of quality of working life (Ayed, 2025).

Emotional intelligence (EI) refers to the ability to recognize, understand, and manage one's own emotions, as well as the emotions of others. In nursing, this competency allows nurses to build strong relationships with patients and their families, fostering a sense of trust and emotional support. For instance, nurses often encounter patients experiencing fear, anxiety, or pain. Their ability to empathize and interact compassionately can make a significant difference in patient experiences and outcomes, enabling patients to feel heard and cared for (Koç Aslan, Sarıca, Akın, & Soyer2025).

Emotional intelligence (EI) has several components and each of these components contributes to a nurse’s ability to connect with patients and colleagues on a deeper, more human level. Self-awareness is the ability to recognize and understand one’s moods and emotions and their effect on others. Self-regulation is the capacity to manage emotions, control impulses, and adapt to changing circumstances. Motivation is a passion to work for reasons beyond money or status, characterized by energy and persistence. Empathy is the ability to understand the emotional makeup of other people and treat them according to their emotional reactions. Social skills as proficiency in

managing relationships and building networks, crucial for effective communication and leadership (Aghabarary, & Khedmatizare, 2025).

In nursing, an emotionally intelligent nurse can promote more effective teamwork and collaboration, especially in multidisciplinary healthcare teams where communication and understanding are key to ensuring quality outcomes. Emotional Intelligence plays a foundational role in enhancing patient care through effective communication and emotional accommodation. Nurses with high EI are more attuned to patients' verbal and non-verbal cues, allowing them to respond more empathetically and appropriately to their needs. Long-term benefits of emotional intelligence training in nursing extend beyond immediate improvements in communication or stress management (Cheraghi, Parizad, Alinejad, Piran, & Almasi, 2025).

Nurses who have received emotional intelligence training often report increased confidence, greater job fulfillment, and improved relationships with patients and colleagues. Over time, emotionally intelligent nurses are more likely to take on leadership roles, serve as mentors, and contribute to a positive workplace culture. Emotional intelligence also enhances adaptability and ethical decision-making, qualities that are essential for navigating the complexities of modern healthcare. As such, emotional intelligence development is not just a personal growth strategy, but a professional one that supports career advancement and organizational excellence (Lingyu, Ruiling, Yiman, Yafeng, & Xiaolu, 2025).

The relevance of quality of working life is particularly pronounced in the nursing profession due to its inherently demanding nature physically, emotionally, and psychologically. Quality of work life is a process by which the hospital's nurses and patients learn how to work better together to improve both the staff's quality of life and the organizational effectiveness simultaneously. Quality of work life is more concerned with health, safety and welfare amenities provided to the nurses in hospital. The quality of work life has assumed an increasing interest and importance in all the countries of the world. It is very significant in the context of commitment to work, motivation and job performance (Agustina, Yusuf, Sutiyan, Ardianto, & Norvadewi, 2024).

Nurses are frequently exposed to long hours, high-stress environments, emotionally intense patient interactions, and, often, insufficient organizational support. These factors not only impact nurses' personal well-being but also influence their ability to deliver high-quality patient care. Given that nurses serve as the backbone of

healthcare systems, ensuring their quality of work life is essential for the sustainability and effectiveness of healthcare delivery (Embree, Feley, Kerley, Miley, & Ross, 2025). Nurses' quality of work life is the extent to which registered nurses' work experience can meet their important personnel. It includes four dimensions as work–family balance, workload, work environment and social needs (Abebe, & Assemie, 2023).

Poor quality of working life has been linked to increased rates of burnout, absenteeism, and turnover, which can lead to staffing shortages and compromised patient safety. Conversely, when nurses experience high quality of working life, they are more likely to be engaged, motivated, and committed to their work, which directly benefits patient outcomes and organizational performance. When nurses experience high quality of working life, they tend to demonstrate improved job performance due to enhanced job satisfaction, motivation, and engagement (Parvaresh, & Farhadi, 2025).

A positive work environment, characterized by effective leadership, adequate resources, and supportive relationships, encourages nurses to perform at their best. High job performance is often reflected in quicker decision-making, thorough patient assessments, and efficient time management, which are crucial in the fast-paced healthcare setting. Consequently, when nurses feel valued and supported, they are more likely to go above and beyond in their roles, leading to improved productivity and overall departmental effectiveness (Zeng, Swatdikun, Aujirapongpan, & Huang, 2025).

Conversely, low QWL can lead to diminished job performance and productivity. Factors such as excessive workloads, lack of support, and poor workplace conditions contribute to stress and burnout, ultimately impacting a nurse's ability to deliver high-quality care. Inefficient work practices can stem from dissatisfaction, resulting in decreased attention to detail and care standards. Therefore, enhancing QWL is essential for maximizing job performance and productivity in nursing, thus positively affecting patient care and organizational outcomes (Dunan, & Felia, 2025).

One of the most significant barriers to improving the quality of working life (QWL) for nurses is resource limitations. Healthcare organizations often face financial constraints, which can hinder their ability to invest in essential resources such as staffing, training, and infrastructure. Insufficient budgets may result in inadequate staffing levels, making it challenging for nurses to manage their patient loads

effectively. This can lead to increased stress, burnout, and job dissatisfaction, ultimately compromising the quality of patient care (Sibuea, Sulastiana, & Fitriana, 2024).

Additionally, limited access to necessary equipment and technology can impede nurses' ability to perform their duties efficiently. For instance, a shortage of medical supplies or outdated technology can slow down workflows and increase frustration among nursing staff. Without the appropriate resources, nurses may feel unsupported in their roles, leading to decreased morale and higher turnover rates. Addressing these resource limitations requires healthcare organizations to prioritize investments in nursing staff and infrastructure, ensuring that nurses have the tools necessary to thrive in their positions (Hermanto, Srimulyani, & Pitoyo, 2024).

Organizational interventions aimed at improving the quality of working life (QWL) for nurses are essential in creating a supportive and engaging work environment. Staff empowerment is a key strategy that enhances nurses' autonomy and encourages them to take ownership of their work. Empowering nurses to make decisions about patient care not only boosts their confidence but also leads to increased job satisfaction and engagement. Recognition programs can further reinforce positive behavior and accomplishments within the nursing staff (Ebrahimzadeh, Abdollahi, & Monjezi, 2025).

Participatory management, where nurses are actively involved in decision-making processes, helps create a more inclusive workplace culture. When nurses feel that their voices are heard, they are more likely to be committed to their roles and invested in the success of their organization. This collaborative approach can also improve communication within teams, leading to better collaboration and ultimately enhancing the quality of care provided to patients. Overall, organizational interventions that prioritize empowerment, recognition, and inclusivity contribute significantly to enhancing QWL in nursing (Ali, 2025).

Significance of Study

Emotional Intelligence is a vital aspect of human capital in any organization. Depending on the role, whether it be a manager or nurses, different levels of emotional engagement are required. Emotional intelligence has the potential to allow all human beings to effectively manage their own feelings, attitude, and mood while being less likely to jump to conclusions and understand each other's actions and emotions. Emotional intelligence has been demonstrated to be a common denominator of a satisfying life, psychological understanding,

healthy and successful interactions in the workplace and personal relationships (AL Btoush, Malak, Hamaideh, & Shuhaiber, 2025).

Emotional intelligence encompasses a nurse's emotional and social skills to successfully handle problems or pressures in their environment. In clinical settings, emotion management is beneficial for both healthcare professionals and patients. Emotional intelligence is a term that is evolving as a result of this thoughtful combination of emotion and thought. The skills needed to be more resilient and make positive life changes can be acquired through emotional intelligence training. For nurses, Emotional intelligence can enhance both the physical and emotional care of patients; maintaining calmness and empathy in distressing situations prevents clouded judgment and reduces errors. The importance and role of emotional intelligence in the long term are good interpersonal relationships within organizations, which increase creativity, solve problems, and help to influence the overall profitability and success of an organization (Badshah, Yousaf, Mehboob, & Khan, 2025).

Also, quality of work life aims to attract nurses and retain them at their assigned workplace. It can affect the nurses' relationship with their job. If work conditions and opportunities are positively evaluated, the result is psychological well-being; but if the evaluation is negative, it leads to dissatisfaction. Therefore, a high quality of work life will improve job satisfaction, organizational performance, and work performance, while a low quality of work life signifies low motivation and lower work performance (Johnson, Searby, & Alexander, 2025).

Further, emotional intelligence also enables nurses to grasp the idea of healthcare as a complex system. (Paul, Dutta, Singh, Misbah, Aran, & Raj, 2025). This can be particularly important for nurses working in the Saudi healthcare system, which is going under fundamental reforms and requires interdisciplinary collaboration to embrace the new improvement approaches. It is important to conduct workshops about emotional intelligence conduct workshops about emotional intelligence and self -awareness help nurses able to manage their feelings, emotions, make goal-oriented decisions and become cooperative and effective members on a health team (Saleh, 2021).

By implementing a comprehensive emotional intelligence training program, nurses can enhance their quality of work life and results in improving patients' satisfaction with care render. It was observed that at King Khalid Hospital nurses are eager to learn and improve their emotional intelligence skills. So, the aim of this study was to evaluate the effect of nurses' emotional intelligence training program on nurses' quality of working life at King Khalid Hospital in Hafar Albatin, Saudi Arabia.

Aim of the Study

The study aimed to implement training program about emotional intelligence and its effect on nurses' quality of working life at King Khalid Hospital in Hafar Albatin, Saudi Arabia through:

1. Assessing nurses' knowledge regarding emotional Intelligence at King Khalid Hospital in Hafar Albatin, Saudi Arabia
2. Assessing nurses' emotional intelligence at King Khalid Hospital in Hafar Albatin, Saudi Arabia
3. Assessing nurses' quality of working life at King Khalid Hospital in Hafar Albatin, Saudi Arabia
4. Implementing nurses' emotional Intelligence training program at King Khalid Hospital in Hafar Albatin, Saudi Arabia.
5. Evaluating the effect of nurses' emotional Intelligence training program on nurses' quality of working life at King Khalid Hospital in Hafar Albatin, Saudi Arabia.

Research Hypothesis

The specific research hypotheses were:

H1. The nurses' knowledge about emotional intelligence improves after implementing training program.

H2. The nurses' emotional intelligence improves after implementing training program.

H3. The nurses' quality of working life improves after implementing training program.

Method Research design

A quasi experimental (pre – post) research design was used to achieve the aim of this study. Quasi experimental research design is an empirical study used to estimate the causal effect of an intervention on its target population without random assignment to treatment or control and it is generally somewhere between correlational studies and true experiments (Miller, Smith & Pugatch, 2020).

Setting

This study was conducted at all inpatient departments of King Khalid General Hospital. It is a general hospital located in the Hafar Al-Batin region in the Kingdom of Saudi Arabia which affiliated to the Ministry of Health. It serves the residents of the Hafar Al-Batin region and many of its neighboring villages. It occupied with 300 beds. It consists of one main building and other attached buildings. The main building includes two floors which includes many departments as surgical, medical, one day surgery, infection control and public health departments. Each of the other attached buildings has one floor

including outpatient clinics, nephrology department and emergency department.

Participant

Convenience sample was utilized which includes 98 staff nurses who are responsible for providing patient care in all inpatient units who fulfills the criteria of having a minimum of one-year experience work and available at time of data collection.

Tools of data collection:

Three tools were used for data collection in the present study namely, Emotional Intelligence Knowledge Questionnaire, Emotional Intelligence Scale, and Work-Related Quality of Life Scale (WRQoLS).

Tool (I): Emotional Intelligence Knowledge Questionnaire.

This tool aimed to assess study nurse's knowledge about emotional intelligence during different phases of training program. It consists of two parts:

The first part: It was used to identifying personal characteristics of the study nurses such as, age, hospital, educational qualifications, years of experience, and attending training program about emotional intelligence.

The second part: It was designed by the researcher based on literature review. It consists of questions in the form of true and false and multiple choices that related to emotional intelligence. The questions will score as 1=true and zero=false answer.

Scoring system:

The scoring system of emotional intelligence knowledge questionnaire scored based on cut-off point of statistically predetermined 60% by convert into percent score to:

- Low level (<60% of total scores)
- Moderate level (60-75% of total scores)
- high level (>75% of total scores)

Tool (II): Emotional Intelligence Scale

It was developed by Schutte et al., (1998) to assess emotional intelligence among staff nurses. It includes 33 items that categorized under 5 categories namely, self-awareness (5 items), self-regulation (10 items), self-motivation (5 items), empathy (5 items), and social skills (8 items). Respondents rated the items on a 5-point Likert scale ranging from (1) = “Strongly disagree” to (5) = “strongly agree”.

Scoring system

The scoring system of emotional intelligence scale scored based on cut-off point of statistically predetermined 50% by convert into percent score to:

- Low level (<50% of total scores)
- Moderate level (50-70% of total scores)
- High level (>70% of total scores).

Tool (III): Work-Related Quality of Life Scale (WRQoLS):

It was developed by Van Laar, Edwards, Easton (2007) to assess quality of life at work. It consists of 23-items which categorized under 6 dimensions namely; job and career satisfaction (6 items), general well-being (6 items), home-work interface that includes how to accommodate family and work responsibilities (3 items), stress at work that includes job demands (2 items), personal control including control of decision-making at work (3 items), and working conditions including the physical work environment (3 items). Participants rated the items of WRQoL scale on a 5-point scale ranging from (1) "strongly disagree "to (5) "strongly agree"as following: (1) strongly disagree, (2) disagree, (3) uncertain, (4) agree & (5) strongly agree.

Scoring system

The scoring system of work-related quality of life scale scored based on cut-off point of statistically predetermined 50% by convert into percent score to:

- Low level (<50% of total scores)
- Moderate level (50-70% of total scores)
- High level (>70% of total scores).

Validity and reliability

Validity was established for face and content validity; a panel of five expertise in the field of Nursing Administration, who revised the tools after translation to Arabic for clarity, relevancy, applicability, comprehensiveness, understanding, and ease for implementation also evaluate the individual items as well as the entire instrument as being relevant and appropriate to test what it wanted to measure, and according to their opinions, the necessary modification was done

Reliability test of the study tools, for Emotional Intelligence Knowledge Questionnaire,, Emotional Intelligence Scale, and Work-Related Quality of Life Scale were tested by Cranach's Alpha. Reliability was computed and found (0.918), (0.994), & (0.994) respectively.

Pilot study:

A pilot study was conducted before performing the main study and before beginning data collection. Pilot study was conducted on 10% (10 nurses) selected randomly to check and ensure the clarity and applicability of the tools in addition to identify obstacles and problems that may be encounter during data collection, test clearness of the

language and calculated the duration required to determine the time needed to fill-in questions. Based on the findings of the pilot study that had more validity, no modifications were made, and the pilot study was included in the study sample. The completion of all questionnaires took about 20-25 minutes of nurses.

Ethical considerations:

Formal ethical approval was being obtained from the Research Ethics Committee of Faculty of Nursing, Mansoura University with (code No. **627**). An official permission to conduct the study was obtained from the responsible administrator of the hospital, the participation was voluntary. Confidentiality and anonymity of the subject were assured through coding of all data. Privacy of the study sample was being assured. Confidentiality of the collected data was maintained; results were used as component of the necessary research as well as for future publication and education.

Data collection process:

The study was conducted through three phases as follows:

I- Planning phase:

The period of plan phase lasted around 6 months from the beginning of February 2026 to the end of July 2026. Ethical approval was obtained from the Research Ethical Committee of Faculty of Nursing, Mansoura University with (Code No. 627) and an official permission to conduct the study was obtained from the responsible administrator of King Khalid General Hospital in Hafar Al-Batin. The researcher met the participants individually to explain the aim of the study and get the approval to participate on the study. Staff nurses completed three tools of data collection before implementation of t training program.

II- Implementation phase:

The nurses emotional intelligence knowledge questionnaire used to assess the level of nurses' knowledge regards emotional intelligence in their workplace and nurses' emotional intelligence scale and quality of working life scale used to assess participants' perceptions before and after implementing the program. The emotional intelligence knowledge questionnaire took 20-30 minutes to finish. The nurses' nurses' emotional intelligence scale took 15–20 minutes to finish. Nurses' quality of working life scale took from 15-20 minutes to be finished. Furthermore, the data gathered 3 days/week in the morning and afternoon shift (Sunday, Tuesday, Wednesday). In addition, a timetable, teaching sessions, media to be included and a program booklet were produced.

The researcher implemented the program. The staff nurses were divided into small groups. Each group consists of a number of staff nurses according to availability and workload for conducting the training and the researcher utilizes accessible different methods of teaching such as lecture, group discussion, role play and brainstorming. Instructional media included video, demonstration, data show, brochure and program booklet prepared by the researcher and distributed to study group. The researcher created a program booklet that was provided to all participants on the first day as educational media.

Immediately after completion of the training program the study tools of data collection were distributed to the participants. The researcher started to follow up the proposed progress after the training program through comparison of post test results with the baseline finding obtained in the pretest assessment by using the same data collection tools.

Post-test: After the program was completed, the researcher distributed the same tools of data collection (tool I) that was administered at the end of the last session of the program to assess improvement of studied nurses' knowledge regarding emotional intelligence so that the impact of the program was evaluated; it took 20 minutes to finish by studied nurses. As well as, (tool II & tool III) were filled and completed and took 45 minutes to finish by staff nurses. The data gathered 4 days/week in the morning and evening shift (Saturday, Sunday, Monday, and Wednesday).

III- Follow up phase:

In this phase, the researcher started to follow up after three months the proposed progress after implementing the training program and by using the same tools of data collection (Emotional Intelligence Knowledge Questionnaire, Emotional Intelligence Scale, and Work-Related Quality of Life Scale) to evaluate the level of studied nurses' knowledge, perception, and quality of working life after the training program.

Data analysis:

The collected data were coded, entered, tabulated and analyzed using SPSS (Statistical Package for Social Science) version 25 (IBM Corporation, Armonk, NY, USA) **.** For quantitative data, the range, mean and standard deviation were calculated. For qualitative data, which describe a categorical set of data by frequency, percentage or proportion of each category, comparison between two groups and more was done using Chi-square test. For comparison between more than two means of non-parametric data of related samples (Before, immediate after and

three months after follow up of the training program), Friedman test (x2 value) was calculated. For comparison between means of two groups of non-parametric data of independent samples, Z value of Mann-whitney test was used. For comparison between more than two means of non-parametric data, Kruskal-Wallis test was used and value was calculated. Correlation between variables was evaluated using Pearson's correlation coefficient (r).

Results

Table (1): Personal characteristics of the studied staff nurses (n=98)

Characteristics	No.	%
Age years		
▪ 20-<30	29	29.6
▪ 30-<40	66	67.3
▪ ≥40	3	3.1
Mean±SD	***32.08±5.48***	
Years of Experience		
▪ < 1	3	3.1
▪ 1-5	11	11.2
▪ >5-10	42	42.9
▪ ≥10	42	42.9
Mean±SD	***12.84±3.09***	
Sex		
▪ Male	17	17.3
▪ Female	81	82.7
Educational qualification		
▪ Bachelor Degree in Nursing	81	82.7
▪ Master Degree in Nursing	10	10.2
▪ Doctrorate Degree in Nursing	2	2.0
▪ Others	5	5.1
Marital status		
▪ Single	27	27.6
▪ Married	62	63.3

▪ Divorced	7	7.1
▪ Widow	2	2.0
Attending training programs		
▪ No	68	69.4
▪ Yes	30	30.6

Table (1) illustrates the personal characteristics of the studied nurses. It showed that more than two thirds (67.3%) of studied nurses their age ranged from 30 to less than 40 years, with a mean age of 32.08±5.48 years. Regarding years of experience, nearly equal proportions had more than 5 to 10 years (42.9%) and 10 years or more (42.9%), with a mean experience of 12.84±3.09 years. Regarding sex, the majority of the studied nurses (82.7%) were female and were married. As for educational qualification, the majority (82.7%) held a Bachelor Degree in nursing and more than two thirds (69.4%) of them did not attend any training programs

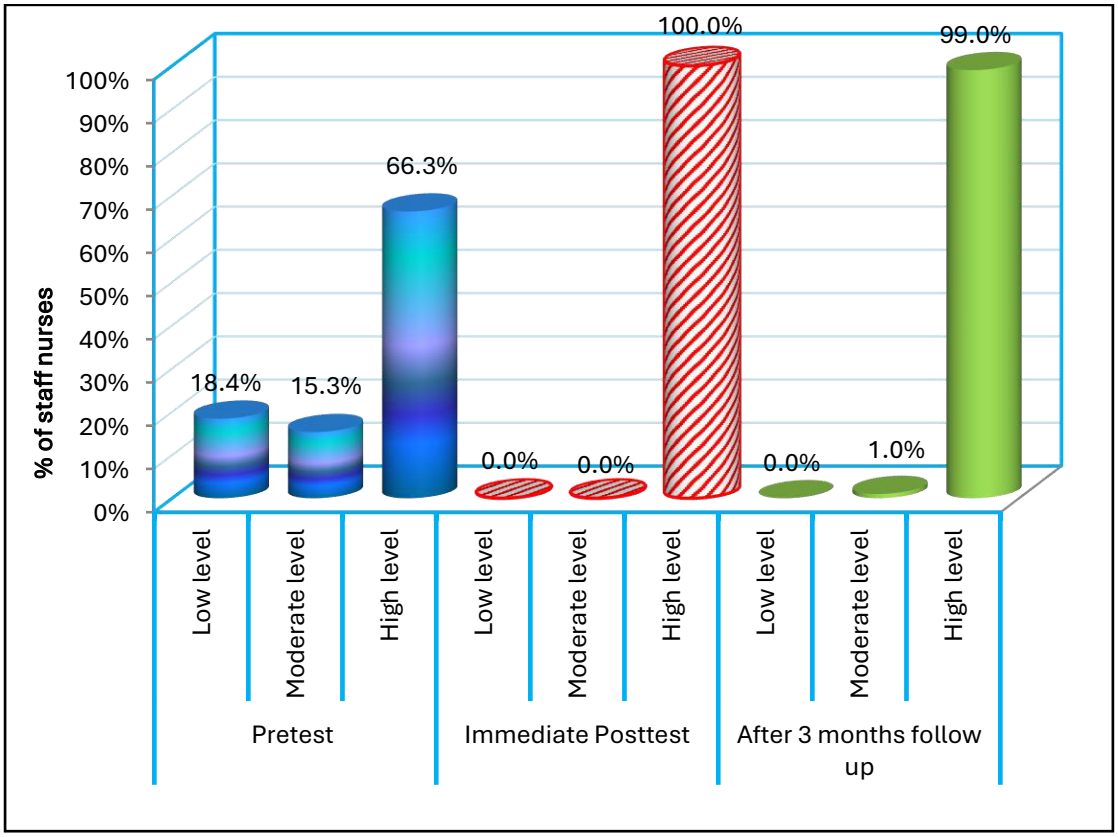


Figure (1): Knowledge levels of the studied staff nurses about emotional intelligence through training program phases (n=98).

Figure (1) presents the knowledge levels of the studied staff nurses about emotional intelligence through the three program phases.

In the pretest, the majority (66.3%) had a good knowledge level, (15.3%) had a moderate level, and (18.4%) had a low knowledge level. After the training program (immediate posttest), all the studied nurses (100%) achieved a good knowledge level. This was sustained in the 3-month follow-up, where (99.0%) maintained a good knowledge level and only (1.0%) have a moderate level, with no nurses remaining at a low level. As well as these differences were statistically significant (x^2=70.506, p=0.0001).

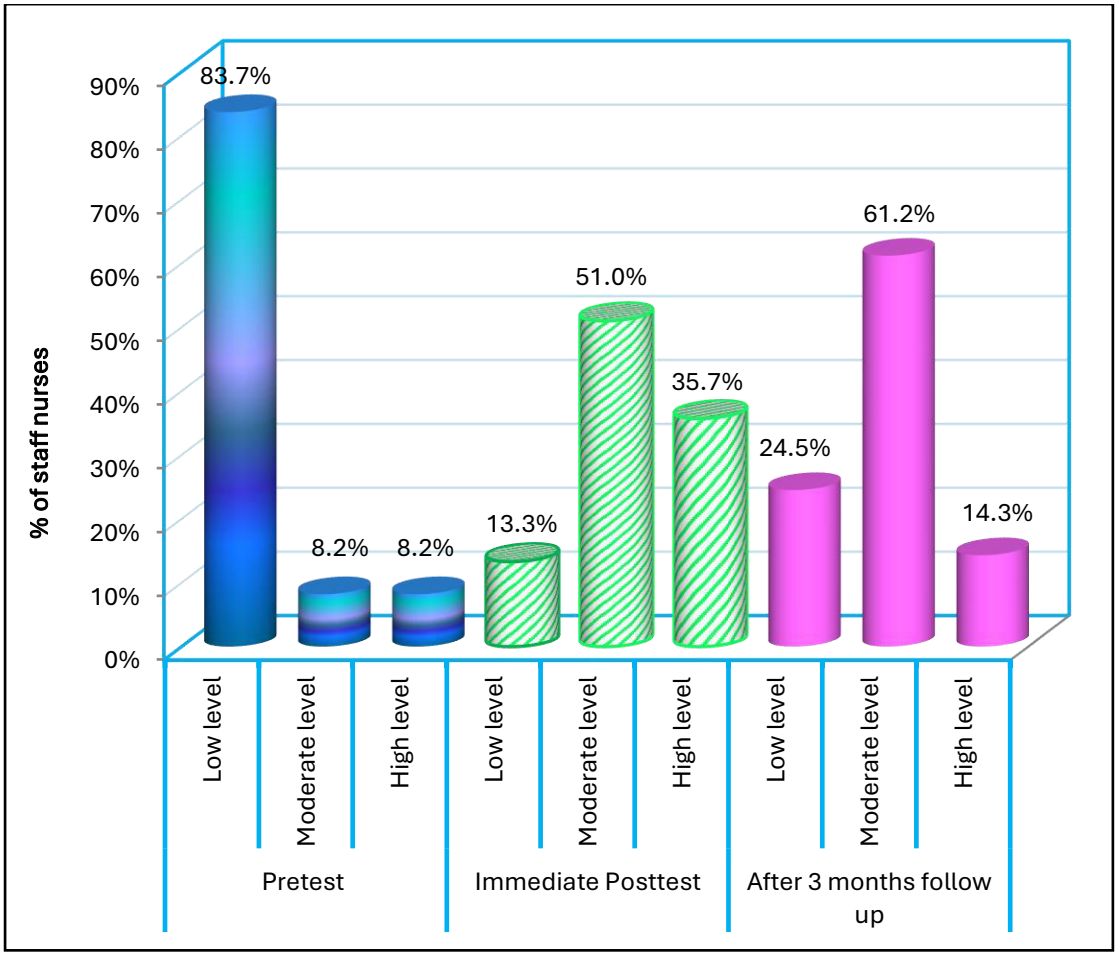


Figure (2): Level of total emotional intelligence of the studied staff nurses through training program phases at King Khalid Hospital in Hafar Albatin (n=98).

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Figures (2) display the total emotional intelligence level and mean scores of the studied staff nurses through the three program phases. In the pretest, the vast majority (83.7%) were at the low level of total emotional intelligence, 8.2% were at the moderate level, and only 8.2% were at the high level. After the training program, a remarkable improvement was observed: 51.0% reached the moderate level and 35.7% reached the high level, with only 13.3% remaining at the low

level. At the 3-month follow-up, 61.2% were at the moderate level, 14.3% at the high level, and 24.5% at the low level. These differences were statistically significant (x^2=129.164, p=0.0001).

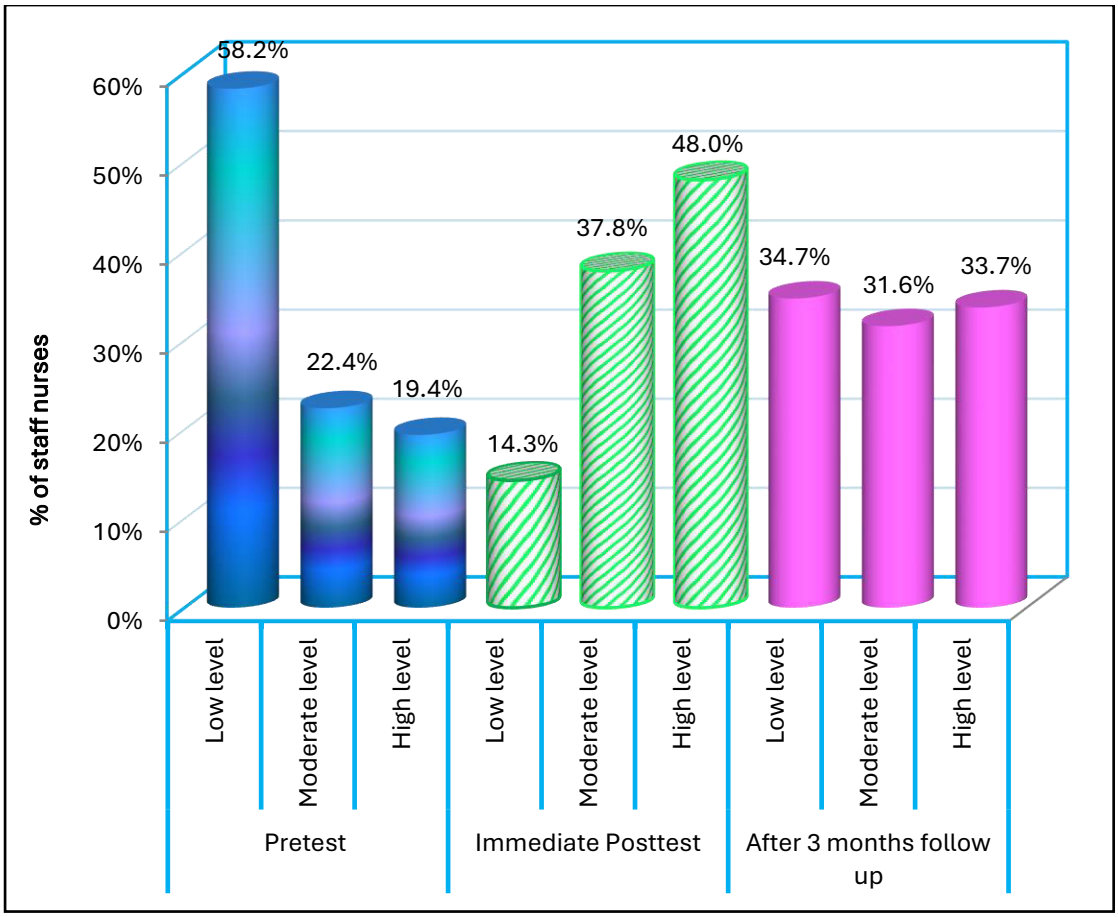


Figure (3): Level of total quality of work life of the studied staff nurses through training program phases at King Khalid Hospital in Hafar Albatin (n=98).

Figures (3) display the total quality of work life level and mean scores of the studied nurses through the three program phases. In the pretest, more than half (58.2%) of nurses were at the low level, 22.4% at the moderate level, and only 19.4% at the high level. After the training program, a marked improvement was evident: 48.0% reached the high level and 37.8% were at the moderate level, with only 14.3% remaining at the low level. At the 3-month follow-up, 33.7% remained at the high level, 31.6% at the moderate level, and 34.7% at the low level. These differences were statistically significant (x^2=42.136, p=0.0001).

Table (2): Correlation between total scores of quality of work life and emotional intelligence knowledge and emotional intelligence among the studied staff nurses through program phases at King Khalid Hospital in Hafar Albatin (n=98).

Variables	Total quality of work life scores of the studied staff nurses					
	Pretest		Immediate posttest		After 3 months follow up	
	r	p value	r	p value	r	p value
Total emotional intelligence knowledge scores	0.542	0.0001*	0.749	0.0001*	0.636	0.0001*
Total emotional intelligence scores	0.575	0.0001*	0.605	0.0001*	0.623	0.0001*

***Statistically significant (P<0.05) r=Correlation Coefficient**

Table (2) presents the correlation between the total scores of quality of work life, emotional intelligence knowledge, and emotional intelligence among the studied staff nurses through the program phases. There was a statistically significant positive correlation between total emotional intelligence knowledge scores and total quality of work life scores at all phases: pretest (r=0.542, p=0.0001), immediate posttest (r=0.749, p=0.0001), and 3-month follow-up (r=0.636, p=0.0001). Similarly, a statistically significant positive correlation was found between total emotional intelligence scores and total quality of work life scores at the pretest (r=0.575, p=0.0001), immediate posttest (r=0.605, p=0.0001), and 3-month follow-up (r=0.623, p=0.0001). These findings confirm that higher levels of emotional intelligence knowledge and emotional intelligence perception are consistently associated with better quality of working life.

Discussion

Emotional intelligence (EI) has become a fundamental competency in nursing practice, reflecting the ability of nurses to perceive, understand, regulate, and effectively use emotions in themselves and others. In healthcare settings, nurses frequently encounter emotionally charged situations involving patients, families, and multidisciplinary teams, which require not only clinical expertise but also strong emotional awareness and control. High levels of emotional intelligence enable nurses to manage

stress, communicate empathetically, resolve conflicts, and maintain professional relationships. Consequently, emotionally intelligent nurses are better equipped to cope with workplace challenges, reduce emotional exhaustion, and enhance their overall psychological resilience (da Silva 2025).

Quality of working life (QWL), on the other hand, refers to nurses' perceptions of their work environment, including job satisfaction, work-life balance, safety, organizational support, and opportunities for professional growth. A positive quality of working life is essential for maintaining nurses' well-being, motivation, and productivity. When nurses experience supportive leadership, fair policies, manageable workloads, and a healthy work environment, they are more likely to feel valued and satisfied in their roles (Peng et al., 2025).

The relationship between emotional intelligence and quality of working life is strongly interconnected, as emotionally intelligent nurses are more capable of navigating workplace stressors and fostering positive interactions within their work environment. Nurses with high EI tend to experience greater job satisfaction, better coping strategies, and improved interpersonal relationships, all of which contribute to a higher quality of working life. Moreover, emotional intelligence enhances nurses' ability to adapt to organizational demands, manage conflicts constructively, and maintain a sense of professional fulfillment (Turjuman & Alilyyani, 2023). Therefore, developing emotional intelligence through training and supportive organizational practices can be a key strategy in improving nurses' quality of working life and promoting better healthcare outcomes and therefore the current results evaluate the training program about emotional intelligence for nurses and its effect on their quality of working Life at King Khalid Hospital in Hafar Albatin.

Discussion of the current study are presented in the following parts: first part concerned with knowledge and perception of emotional intelligence as perceived by the studied nurses through program phases. Second part concerned quality of working life as perceived by the studied nurses through program phases. Third part concerned with knowledge, perceptions of emotional intelligence, Quality of working, life and personal characteristics through program phases. Fourth part concerned relationship between knowledge, perceptions of emotional intelligence, and Quality of working, life as perceived by the studied nurses through program phases.

Regarding knowledge of emotional intelligence of the studied nurses through program phases at King Khalid Hospital in Hafar Albatin.

The current results demonstrated a notable improvement in the studied staff nurses' knowledge levels about emotional intelligence

across the three program phases. This mean that about two thirds of the studied nurses had high level of knowledge and one fifth of them had low level knowledge regarding emotional intelligence before implementation training program. These findings can be explained by the effectiveness of the training design and reinforcement strategies. The relatively high pretest knowledge may reflect prior exposure to basic concepts of communication and interpersonal skills in nursing education and clinical practice. However, the shift to all nurses achieving a good level immediately after the program suggests that the training provided clear, structured, and comprehensive content that filled knowledge gaps and standardized understanding among participants. Furthermore, the maintenance of good knowledge levels at the 3-month follow-up indicates that the program had a lasting impact, possibly due to continuous application of emotional intelligence skills in daily clinical work, which reinforces learning over time. The slight decline to moderate levels in a few nurses at follow-up may be related to individual differences in retention and workload pressures.

While a considerable proportion of nurses already possessed a good level of knowledge prior to the intervention. The training program led to a universal achievement of good knowledge immediately afterward, and this improvement was largely sustained at the 3-month follow-up, with nearly all nurses maintaining a good knowledge level and none remaining at a low level. Furthermore, the knowledge mean scores confirmed this progressive and sustained enhancement across all question types, from pretest through immediate posttest to follow-up, with all differences being statistically significant.

This is agreed with Saikia et al. (2024), who studied emotional intelligence training programs among nurses over a thirty-year period, and reported that structured training interventions consistently lead to significant improvements in nurses' emotional intelligence levels, with evidence of sustained effects over time. They emphasized that educational programs are effective in enhancing and maintaining emotional intelligence competencies, which supports the present results showing improvement from good pretest knowledge to universal good knowledge post-test and its retention at follow-up.

Regarding the perception emotional intelligence level of the studied staff nurses through the three program phases.

Findings of the present study revealed that majority of studied nurses had low
level of perception regarding emotional intelligence before implementing training program and only a small minority of them ha at the high level perception of emotional intelligence. Following the training program, a

remarkable improvement was observed, with the majority reaching the moderate and high levels, and only a minority remaining at the low level. These differences were statistically significant across all phases.

This improvement can be logically attributed to the structured and targeted nature of the training program, which enhanced nurses' awareness, understanding, and practical application of emotional intelligence components including self-awareness, self-regulation, empathy, and social skills. The predominance of low levels in the pretest phase may reflect limited prior exposure to formal emotional intelligence training, heavy workload demands, and insufficient emphasis on soft skills within routine clinical practice. The training program likely employed interactive learning strategies such as role-playing, group discussions, reflective feedback, and real-life scenario analysis that facilitated experiential learning and meaningful skill acquisition.

The current study result is supported by Saikia et al. (2024), who conducted a scoping review of emotional intelligence training programs among nurses over a thirty-year period, and reported that structured interventions consistently led to significant improvements in nurses' emotional intelligence levels across multiple domains, confirming the effectiveness of such programs in enhancing emotional competencies. This supports the present results, which demonstrated a statistically significant progression from predominantly low levels of emotional intelligence in the pretest to moderate and high levels following the intervention.

Also, this is agreement with Fattah et al. (2023), who examined the impact of emotional intelligence training on critical care nurses, and found that nurses who participated in the program showed marked improvements in emotional intelligence scores alongside reductions in burnout levels. Their findings align closely with the current study, where a notable shift from low to higher emotional intelligence levels was observed post-intervention, further highlighting the effectiveness of training programs.

Regarding the Quality of working life of the studied nurses through program phases

The current study revealed that at the pretest phase, the majority of the studied nurses were at a low level across most QWL dimensions, including job and career satisfaction, general wellbeing, stress at work, personal control, and working conditions (forty-nine percent), while the home–work interface dimension notably had high level. Following the training program, a substantial shift toward higher levels was observed across all dimensions in the immediate posttest, with high levels achieved by one third in job and career satisfaction, more than half

percent in general wellbeing, less than in home–work interface, fifty-four point one percent in stress at work, fifty-eight point two percent in personal control, and fifty-five point one percent in working conditions. Furthermore, the total QWL mean score improved significantly from sixty point six six plus or minus twenty-two point eight seven at pretest to eighty-four point five eight plus or minus eighteen point three six at the immediate posttest, with sustained improvement of seventy-eight point four three plus or minus twenty point three at the three-month follow-up. These differences were statistically significant across all phases.

This improvement can be attributed to the structured nature of the training program, which equipped nurses with relevant knowledge, coping strategies, and practical skills that enhanced their perception of the work environment. The program content likely addressed critical aspects of emotional regulation, stress management, personal control, and job satisfaction. Furthermore, interactive and supportive learning methods may have facilitated sustained engagement and retention of learned behaviors throughout the follow-up phase.

This is the same view Alzahrani, Mahmoud & Ahmed, (2026) who revealed that more than half of the studied nurses had a low level of quality of working life. This may be attributed to the hospital provides them with not adequate facilities and flexibility for them to fit work in around my family life, current working hours/ patterns suit their personal circumstances, and they were satisfied with the training they received to perform my present job. They recommended that Improving QWL dimensions through job enrichment, supervision system, opportunities for self-development, and environmental comfort and Designing structured programs for professional development that align with nurses' needs and goals.

In line with the current findings, Alkorashy et al. (2024), who examined the moderating role of emotional intelligence on the relationship between nurses' preparedness and their quality of work life and found significant positive correlations between emotional intelligence and QWL. They confirmed that emotional intelligence contributes to better decision-making, effective stress management, well-being, and performance, and that a positive QWL is linked to better job performance, increased job satisfaction, and reduced burnout, especially in high-stress healthcare settings. This directly supports the significant improvements observed across all QWL dimensions in the current study following the training program.

Relationship of knowledge & perceptions of emotional intelligence, Quality of working, life and personal characteristics through program phases

Regarding total emotional intelligence knowledge scores in relation to personal characteristics, finding of the current study revealed that age, the current study found no statistically significant differences in emotional intelligence knowledge scores across the three program phases. This finding suggests that knowledge acquisition from a structured training program is not inherently age-dependent when nurses receive standardized educational content.

In alignment with this, Budler et al. (2022), who conducted a longitudinal study among undergraduate nursing students and found that while emotional intelligence tends to develop with age, results across different studies vary considerably regarding age and its relationship to emotional intelligence scores, with some studies reporting no age-related differences supporting the notion that a well-designed training intervention can equalize knowledge outcomes irrespective of age group.

Regarding years of experience, statistically significant differences were found at all phases, with nurses having ten or more years of experience achieving the highest pretest mean score, while those with less than one year scored the lowest. This can be explained by the cumulative effect of clinical exposure on emotional competency development; more experienced nurses have repeatedly encountered complex interpersonal situations that reinforce their understanding of emotional intelligence concepts.

In the same vein, Almadani and Alamri (2024), who assessed emotional intelligence among two hundred thirty-two female nursing leaders in Saudi Arabian hospitals and found that longer experience was a significant predictor of higher emotional intelligence, with experienced nurses showing higher self-leadership scores directly linked to stronger emotional intelligence outcomes. Similarly, Fragkaki and Fasoi (2024), who conducted a review on emotional intelligence and nursing leadership, confirmed that variables such as age, gender, educational background, and years of experience share a direct relationship with emotional intelligence levels among nurses reinforcing the significant role of experience found in the current study.

Regarding sex, statistically significant differences were found at all phases, with female nurses consistently scoring higher than male nurses. This may be attributed to socialization patterns and professional norms within nursing, where female nurses may have greater exposure to emotionally oriented communication styles. Supporting this, Turjuman and Alilyyani (2023), who studied one

hundred fifty nurses at Madinah Cardiac Center in Saudi Arabia and confirmed a significant relationship between emotional intelligence and gender, with gender also influencing nurses' performance outcomes. Furthermore, Deng et al. (2023), who examined gender differences among nursing students in China and found that female nursing students had significantly higher emotional intelligence than their male counterparts, particularly in emotion recognition and other-oriented behaviours directly aligning with the current study's finding of consistently higher female scores across all phases.

Regarding the relationship between total level of emotional intelligence and level of quality of work life through program phases

Nurses are the cornerstone of the health care systems, and their work is associated with great pressure, and nurses are often overwhelmed. Emotional intelligence and its significance to nursing have been increasingly emphasized throughout the last few years. Emotional intelligence comprises a deposit of interrelated skills involving a capability to appraise one's emotions and those of others, utilization and regulation of one's emotions, and social skills (Ali, Osman, & Mourad, 2024).

he current study revealed highly significant positive correlations between the total level of emotional intelligence and the level of quality of work life among the studied nurses across all program phases. At the pretest phase, among nurses with low emotional intelligence levels, the majority were also at a low QWL level, while among those with high emotional intelligence levels, sixty two point five percent were at a high QWL level. Following the training program, this positive association was sustained and strengthened at both the immediate posttest and 3-month follow-up phases.

This may be attributed to the interrelated nature of emotional intelligence and work-related outcomes, whereby higher emotional intelligence enhances nurses' capacity to perceive, regulate, and manage emotions effectively. This leads to better coping with workplace stressors, improved interpersonal relationships, greater job satisfaction, enhanced personal control, and overall wellbeing - all of which are key components of quality of working life. Furthermore, the training program likely strengthened these emotional competencies progressively, sustaining the positive association across all program phases.

Importantly, the improvements in emotional intelligence recorded in the current study are expected to have a direct positive impact on nurses' quality of working life. Nurses equipped with higher emotional

intelligence are better able to manage work-related stress, sustain positive interpersonal relationships, and maintain professional well-being. In this regard, Alkorashy et al. (2024), who examined the moderating role of emotional intelligence on the relationship between nurses' preparedness and their quality of work life, and found significant positive correlations between emotional intelligence and quality of working life, with emotional intelligence explaining of the variance in quality of work life outcomes. Their findings directly support the rationale of the present study, confirming that training programs targeting emotional intelligence development hold the potential to enhance nurses' overall quality of working life.

Consistently, Musio et al. (2025), who studied the impact of emotional intelligence on nurses' professional quality of life in pre-hospital emergency settings, found that higher emotional intelligence was associated with improved professional well-being and reduced compassion fatigue, emphasizing the protective role of emotional intelligence in sustaining nurses' quality of working life. This is consistent with the current findings, which demonstrated a significant increase in emotional intelligence levels following the training intervention, with anticipated positive implications for nurses' working life quality.

Regarding the correlation between total scores of quality of work life, emotional intelligence knowledge, and emotional intelligence through program phases, the current study demonstrated statistically significant positive correlations between total emotional intelligence knowledge scores and total QWL scores at all phases: pretest, immediate posttest, and three-month follow-up. Similarly, significant positive correlations were found between total emotional intelligence scores and total QWL scores at pretest, immediate posttest, and three-month follow-up. The strongest correlation between EI knowledge and QWL was observed at the immediate posttest, while the strongest correlation between EI scores and QWL was observed at the three-month follow-up, indicating a progressive and sustained relationship between emotional intelligence and quality of working life across all program phases.

This can be attributed to the role of emotional intelligence knowledge in strengthening nurses' awareness of emotional processes, which supports the development of effective emotional regulation, stress management, and interpersonal communication skills - all of which directly and positively influence perceived quality of working life. The progressive strengthening of these correlations across phases further reflects the cumulative impact of the training program in

consolidating both cognitive and practical emotional intelligence competencies.

In line with the current findings, Alkorashy et al. (2024) confirmed that emotional intelligence encompassing both personal and social competence is significantly and positively correlated with QWL among nurses, supporting the observed positive correlations between EI scores and QWL scores across all program phases in the present study.

Conclusion

According to the study's findings, staff nurses' knowledge and perception of emotional intelligence as well as their quality of work life were positively impacted by the emotional intelligence training program in a statistically significant way. Immediately following the program, the emotional intelligence knowledge and overall emotional intelligence scores of the studied nurses improved significantly from a predominantly low level in the pretest to good/high levels, and the improvement was mostly maintained at the three-month follow-up. Likewise, after the intervention, the quality of working life considerably improved in every aspect. At every stage of the program, there was a statistically significant positive correlation between the quality of working life and emotional intelligence (knowledge and perception).

Recommendations

Nursing Administrators

1. Developing programs for emotional intelligence training as a routine and mandatory component of nurse orientation and continuing education programs.
2. Considering emotional intelligence competencies in professional standards and staff nurses' performance appraisal processes.
3. To preserve the achieved effects concerning emotional intelligence and quality of work life during the period of follow-up, conducting periodic booster training sessions every three months or less often.
4.

Head Nurses

1. Mentoring and reinforcement of EI behaviors (self-awareness, empathy, and communication) during daily interaction with staff nurses to encourage transfer of training to practice.
2. Supervision of staff nurses' application of their emotional intelligence abilities in clinical practice and providing constructive feedback.

3. Facilitation of attendance of staff nurses to the EI training through scheduling changes and workload adjustment for this purpose.

Further Studies

1. Performing the study using large sample sizes from multiple centers and hospitals for improved generalization of results.
2. Evaluating the effect of the training program over a period of more than three months (for instance, six and twelve months).
3. Evaluating the mediating/moderating role of organizational culture and management support in the association between emotional intelligence and quality of working life.

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