Burnout Symptoms and Emotional Intelligence among Psychiatric Nurses

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Abstract

Background: Understanding the protective role of emotional intelligence against burnout can help psychiatric nurses in effective conflict management in their clinical experience and dealing with psychiatric patients. **Aim of the study:** was to investigate the relation between burnout symptoms and emotional intelligence among psychiatric nurses. **Subjects and Methods: Research design:** A correlational design was used to conduct the present study. **Setting:** The present study was conducted at El Azazi hospital for mental health in Abo Hamad City, Al sharkia Governorate. **Subjects**: A purposive sample of 140 psychiatric nurses was recruited for this study. **Tools of data collection: Tool I:** Socio-demographic questionnaire, **Tool II:** Maslach Burnout scale, and **Tool III:** Emotional intelligence scale**. Results:** The present study demonstrated that two-thirds of studied nurses had moderate level of psychological burnout levels and there were statistically significant negative correlations between the scores of emotional intelligence and psychological burnout. **Conclusion:** Two-third of studied psychiatric nurses had a moderate level of psychological burnout. The majority of studied psychiatric nurses had a good level of emotional intelligence. Higher emotional intelligence had negative correlation with psychological burnout. **Recommendations:** providing training and educational programs for nurses to enhance their emotional intelligence by trainning them in emotional expression and management.

Key words: Burnout symptoms, Emotional intelligence, Psychiatric nurses.

Introduction

Nurses in general & psychiatric nurses, in particular, are susceptible to stress and burnout because of various workplace stressors as increased job-related duties and limited time, personal battles with colleagues at work, and patient-related causes as verbal violence from patients and their families [(1)]. Burnout is a major issue that impacts 21% to 67% of all mental health care professionals during employment [(2)]. Before the International Classification of Diseases (ICD-11) defines burnout as: “a syndrome resulting from chronic workplace stress that has not been successfully managed” [(3)].

There was no specific definition of burnout and there were so many different theories and opinions on what it was [(4)]. Burnout has three components: emotional exhaustion (EE), depersonalization (DP), and less personal achievement (PA). EE denotes an overextended and depleted sense of emotions from interactions with others, while DP denotes an unfeeling or callous approach to patients; a lack of PA denotes a reduction in one's sense of accomplishment and achievement at work [(5)].

Emotional intelligence (EI) plays a significant role in minimizing burnout among psychiatric nurses. EI is defined as the capability to retain motivation, perseverance in the face of difficulties, impulse control, and the ability to delay victories, empathize and remain optimistic. Emotional intelligence refers to our capacity to manage ourselves and our relationships in any given condition, whether personal or technical. Whether or not a person is fully aware of the presence or absence of emotional intelligence, it is used by all people to establish and sustain relationships; it also aids in communication and motivation [(6)]. Subsequently, nurses need to have a high emotional intelligence level particularly in facilities such as psychiatric unites, where the nurse's likelihood of being subjected to abuse

is high due to the complexities of patient mental health conditions, motivation for agitation, and communication impairment. In addition to nurse-on-nurse confrontation, bad teamwork skills [7].

EI assists nurses by allowing them to make better choices, treat their patients more efficiently, strengthen relationships, and positively impact the level of treatment offered by patients and families [8]. EI can change an individual's or team's conflict management and leadership styles, resulting in successful leadership [9].

Thus, psychiatric nurses should practice individual counseling, role-playing, exercises, gaming, and online discussion groups to improve their emotional intelligence. Writing diaries that rely on meditation rather than merely recording activities and interactions often increases self-awareness [10].

Developing training on self-esteem, self-regulation, social awareness, and dispute resolution is often helpful to nurses' well-being. Additionally, training nurses to increase their self-awareness, self-regulation, social awareness, and dispute resolution is often helpful to nurses' well-being. This training helps to reduce the severity of occupational burnout and avoid mistakes by supplying nurses with appropriate coping mechanisms and other tools for dealing with them [11].

Overall, it's concluded that higher levels of emotional intelligence are associated with fewer symptoms of burnout, pressure, and suicidal thoughts in nurses. Increased levels of emotional intelligence strengthen or build interpersonal interactions with patients and friends, growing emotional coping resources, and increasing social reinforcement at work and at home as a result of strong interpersonal relationships [12].

Furthermore, higher levels of emotional intelligence contribute to better service delivery, fewer absences, greater engagement, and higher satisfaction [13]. So this study was conducted to investigate burnout symptoms among psychiatric nurses and it's relation to their emotional intelligence. Thus, it is hoped from the present study to add benefit to the practice and increase the body of knowledge of psychiatric nurses regarding the importance of emotional intelligence and its relation to decrease burnout.

Significance of the Study:

Burnout is common among psychiatric nurses in comparison with other professionals [1]. A study was conducted in Egypt, reported that 66.0% of participants had a moderate level of burnout and only 24.9% of them had a high level of burnout [14]. Emotionally intelligent nurses are less likely to experience burnout. According to previous studies, people with a higher level of EI tend to assess stressful circumstances as an opportunity rather than a threat, and they are more self-assured in their ability to deal with those situations. This results in slightly lower reactivity to adverse situations and conserving them from burnout [15]. However, emotions have an important role in clinical practice, little consideration is given to the relation between emotional intelligence and burnout [16]. Therefore, the current study was carried out to investigate burnout symptoms among psychiatric nurses and it's relation to their emotional intelligence.

Aim of the study:

The aim of the study was:

To investigate the relation between burnout symptoms and emotional intelligence among psychiatric nurses.

Research questions:

- What are burnout symptoms encountered by psychiatric nurses?
- What is the relation between burnout symptoms and emotional intelligence?

Subjects and Methods:

Research design:

A correlational design was used to conduct the study.

Study Setting:

The study was conducted at El-Azazi hospital for mental health in Abo Hamad City, Al sharkia Governorate.

Study Subjects:

A purposive sample of 140 psychiatric nurses was recruited from the above-mentioned setting, who met the following inclusion criteria: psychiatric nurses who care directly for mentally ill patients for at least 1 year, both genders, and all educational levels.

Tool for data collection:

Three tools were used for data collection.

Tool I: Socio-demographic questionnaire:

It was developed by the researcher to document the personal characteristics of the participant nurses. It included items about age, sex, marital status, residence, educational level, hospital department, number of family members, income level, and years of experience, job position which categorized as a nurse, department supervisor, nursing technician, and head nurse.

Tool II: Maslach Burnout scale:

This scale was constructed by **Maslach, Jackson, & Leiter** [17] to assess burnout symptoms in nurses. It consists of 22 items divided into three subscales: emotional exhaustion (9 items), depersonalization (5 items), and personal accomplishment (8 items).

Scoring system:

Each item was scored on 7 points from 0 to 6 for the responses from "never" to "every day," respectively. The scores of the 22 statements are summed- up for a maximum total of 132. The level of psychological burnout is categorized as follows:

Low (at or below the first quartile): total score ≤33

Moderate (in the interquartile range): total score 34-≤99

High (above the third quartile): total score >99

Tool III: Emotional intelligence questionnaire (EI): This scale was developed by **Bar- On's** [18]. It is a self-report assessment for nurses to measure emotional-social intelligence. It is composed of 53 items grouped under five factors which include:-

1) **Intrapersonal competencies** (16 items) are grouped under five subscales: self-esteem (4 items), self-awareness (4 items), assertiveness (3 items), independence (2 items), and self – actualization (3 items).
2) **Interpersonal competencies** (13 items) are grouped under three subscales: empathy (4 items), social responsibility (3 items), and personal relationships (6 items).
3) **Adaptability** (9 items) grouped under three subscales: reality testing (3 items), flexibility (3 items), and problem-solving (3 items).
4) **Stress management** (8 items) grouped under two subscales: stress tolerance (4 items) and impulse control (4 items).
5) **The general mood** (7 items) is grouped under two subscales: optimism (3 items), and happiness (4 items).

Their responses were scored on a five-point Likert scale ranging from 1 (not true for me) to 5 (true for me).

Scoring system:

The responses were scored on a five-point Likert scale rating from 1 (not true for me) to 5 (true for me). The total score for each nurse was calculated and converted into a percent score by dividing the nurses numbers' total score by the maximum possible score. The score of each participant was categorized into "unsatisfactory" that had a score less than 60 % and "satisfactory" that had a score 60 % or more.

Content Validity and Reliability:

The tools were revised by three panels of experts in the field of psychiatry and psychiatric nursing.

All scales were translated into Arabic using the translate-back-translate technique to confirm their original validity.

The pilot study served to assess the reliability of the scales used in the data collection by measuring their internal consistency. It demonstrated a good level of reliability for all scales as follows: Maslach burnout questionnaire (a=0.881), Emotional-Social Intelligence questionnaire (a= 0.95).

Field work:

Once permission was granted to proceed with the study, the researcher explained the study aim and procedures, as well as information assortment forms to the administrator of El-Azazi hospital for mental health then the researcher introduced herself to psychiatric nurses, and also the purpose and the nature of the study were explained, voluntary participation and confidentiality were ensured. The nurses were asked to fill in the sheet beneath the guidance of the researcher after taken their oral approval. The nurses took approximately 40 to 45 minutes for answering the queries. The fieldwork of this study lasted for two months from the beginning of July 2020 to the end of August 2020.

Pilot study:

A pilot study was conducted on 14 nurses approximately ten percent of the calculated total sample size. The purpose was to test the feasibility and clarity of the tools and to help know the time needed for filling out the data collection forms. From the pilot study results, the average time to fill in the tool was 40-45 minutes. The nurses involved in the pilot study were included in the main study sample since no modification was needed in the data collection form.

Administration and Ethical consideration:

Official permissions to conduct the study were obtained by submission of an official letter issued from the Dean of the Faculty of Nursing at Zagazig University to the director of El-Azazi hospital for mental health in Abo Hamad City. Accordingly, approvals to conduct the study were obtained from the hospital director and the nursing director of El-Azazi hospital for mental health. Then the researcher contacted the nurse individually and explained the aim of the study and also the nature of the tool used for information assortment.The study proposal was approved by the Ethics Committee at the Faculty of Nursing at Zagazig University. Participants were informed about the aim of the study and their participation is voluntary and that they have the right to withdraw from the study at any time while not giving any reason. Additionally, the confidentiality and namelessness of the participants were assured through the coding of all the information sheets.

- **Statistical Analysis:**

All data were collected, tabulated, and statistically analyzed using SPSS 23.0 for windows (SPSS Inc., Chicago, IL, USA). Quantitative data were expressed as the mean ± SD & range, and qualitative data were expressed as absolute frequencies (number) & relative frequencies (percentage). Percent of categorical variables were compared using the Chi-square test or Fisher exact test when appropriate. Spearman's rank correlation coefficient was calculated to assess the relationship between various study variables, the (+) sign indicate direct correlation & (-) sign indicate inverse correlation, also values near to 1 indicate strong correlation & values near 0 indicate a weak correlation. All tests were two-sided. p-value < 0.05 was considered statistically significant (S), and p-value ≥ 0.05 was considered statistically insignificant (NS).

Results:

Table (1) displays that, about three-fourth of studied nurses were females (73.6%), from rural areas (75.0%), were less than 30 years old (75.0%), and were currently married (77.1%). Near two-third, (63.6%) of them had technical institute level of education, and more than half of them (51.4%) had technical nurses' specialty and had more or equal to 5 years' experience (54.3%) in their work. In addition, near three-fourth (72.9%) of them worked in the male department. Slightly more than two-thirds (67.9%) of them had less than five members in their family and were having sufficient income (67.1%).

Table (2): shows that the highest percentage of studied psychiatric nurses had mild emotional exhaustion level (51.4%), Meanwhile, 27.8% of them had high emotional exhaustion level. Moreover (81.4%) of them had mild depersonalization level and only (3.6%) of them had high depersonalization level. Additionally nearly half of studied nurses (45.7%) had moderate personal accomplishment level and nearly the same percent (45.0%) had high personal accomplishment level. Totally, two-third (66.4%) of studied nurses had moderate psychological burnout levels

Table (3): defines that almost (90.7%) of studied nurses had good Intrapersonal competences level, only near of tenth 9.3% of them had poor Intrapersonal competences level. Furthermore, (87.1%) of them had good Interpersonal competences level, only 12.5% of them had poor Interpersonal competences level. Also, (86.4%) of studied psychiatric nurses had good adaptability level, only 13.6% of them had poor adaptability level. Moreover, two thirds (66.4%) of them had good stress management level and 33.6% of them had poor stress management level. In addition, (84.3%) of studied nurses had good general mood level and 15.7% of them had poor general mood level. In total, the majority of studied nurses (90.7%) had a good emotional intelligence level.

Table (4): clarifies that Emotional intelligence had statistically significant negative correlations with nurses' Emotional Exhaustion, Depersonalization, Personal accomplishment, and total Psychological Burnout score ($p<0.05$).

Discussion:

Emotional intelligence (EI) is a significant factor in adapting to the stressful emotional conditions that arise in the everyday work of psychiatric and mental health nurses (PMHNs) [19] and it plays a protective role in the perception of stress and burnout, as well as being adversely correlated with burnout [20]. Therefore, this study aims to investigate the relation between burnout symptoms and the emotional intelligence among psychiatric nurses.

The current study results revealed that about three-fourth of studied nurses were females and were less than 30 years old. This may be explained by the larger number of female nursing schools than male nursing schools in Egypt.

Concerning residence, three-fourth of them reside in rural areas. This may be due to the hospital's location which is surrounded by rural areas. As for the work department, slightly lower than three-fourth of them worked at the male department. This is because numbers of male patients are more than that of female patients. Regarding years of experience, more than half of them had more or equal to 5 years' experience. This is because of the study inclusion criterion of caring for psychiatric and mentally ill patients for at least one year. Furthermore, more than three-fourth of them were married, slightly lower than two-third of them had technical institute of education, and slightly more than half of them had technical nurses of specialty.

In addition, slightly more than two-thirds of them had less than five members in their family and sufficient

income. This may be because technical nurses start their working life early because of shorter educational time compared with baccalaureate nurses and subsequently start their social life early. This result to some extent in agreement with the study performed by Hussein, and Mohamed[21], about the Effect of Empathy-Based Training Program on Communication Skill and Burnout among Psychiatric Nurses in Egypt which found that the nurses' age ranged between 26-49 years with a mean age of 38±6.5years. All of them were females, more than two-thirds of them reside rural areas, the majority of them were married, and more than one-third of them had from one to ten years of experience in psychiatric nursing. Also, a study conducted by Alqahtani, Al-Otaibi, and Zafar[22], about Burnout syndrome among nurses in a psychiatric hospital in Dammam, Saudi Arabia revealed that the mean age of the participants was 35.43 ± 7.04. The mean of work experience was 8.62 ± 5.79 years, 69% of them were married, and most of them had lower levels of education, less than a bachelor's or master degree.

Concerning psychiatric nurses' total psychological burnout level, the present study results showed that two-thirds of them had moderate psychological burnout levels. This may be caused by various factors such as increased duties, disagreements with peers and managers, inadequate rewards, violent behavior from psychiatric patients (verbally or physically), the stigma of working in psychiatric hospitals, lack of patient recovery, complexity of clients' demands, and difficulties dealing with dependent patients. Any of these causes increase the likelihood of burnout in psychiatric nurses.

This study result is consistent with the study of Metwaly and Ahmed[23], in Egypt about The impact of psychiatric nurses' psychological capital on their burnout and coping style which revealed that the level of burnout was moderate among the studied psychiatric nurses. In the same line, López-López et al. [24], in the study about the prevalence of burnout in mental health nurses and related factors in Spain found that most psychiatric and mental health nurses had moderate level of burnout.

This is incongruent with the study result reported by Behilak and Abdelraof [25], in Egypt about the relationship between burnout and job satisfaction among psychiatric nurses which indicated that the majority of nurses had high level burnout. This is explained by the significant difference in nurse to patient ratio which was 1-4 ratios and more. In addition to lack of years of experience; whereas the highest number of psychiatric nurses in Behilak & Abdelraof's study had an experience of 1 -< 5 years. Besides the study of Delfrate et al., [26] in Italy about Moral Distress (MD) and burnout in mental health nurses showed that, 95.6% of studied nurses didn't suffer from burnout.

On the other hand, the present study showed that more than half of studied psychiatric nurses had mild emotional exhaustion and about one-fourth of them had high emotional exhaustion. This could be attributed to the following facts: The majority of studied nurses had good stress management levels (as shown in emotional intelligence subscale) which enables them to effectively manage stressful situations and play a protective role against burnout. Also, more than half of them had work experience equal to or more than five years, which could be another reason for the low levels of emotional exhaustion. This is supported by the opinion of Alqahtani, Al-Otaibi, and Zafar [22], who stated that the more experienced mental health nurses experience less burnout than less experienced mental health nurses.

These results were consistent with the study results of Vidotti et al., [27], in Brazil about Burnout syndrome, occupational stress, and quality of life among nurses which revealed that 20.7% of the studied nurses were emotionally exhausted. However, this differs from an Egyptian study conducted by Elsayes [28], about Psychiatric nurse's empathy, burnout, and its relation with professional Quality of life which revealed that 56% of the studied sample had a high level of emotional exhaustion. Also, the study results were inconsistent with those of a study done by El-Demerdash, Basal, and Aldeeb [29], about the relationship between burnout and organizational commitment among nurses in Egypt which found that more than half of the studied nurses experience a high level of emotional exhaustion.

This study results revealed that the majority of studied psychiatric nurses had mild depersonalization levels and only (3.6%) of them had high depersonalization levels. This may be because of the educational workshops that the hospital organizes for psychiatric nurses about respecting psychiatric patients, treating them in a good and humane manner, keeping their rights, and eliminating the stigma of working in a psychiatric hospitals. Also, it can be attributed to the larger number of females than males in this study whereby; depersonalization is higher among male nurses than female nurses.

This is supported by the opinion of Ortega et al., [30], who demonstrated that male nurses have a greater tendency to show negative attitudes towards patients and their colleagues at the workplace. Similarly, a study conducted in South Africa by Tununu and Martin [31], about the Prevalence of burnout among nurses working at a psychiatric hospital in the Western Cape indicated that, 81.3% of studied psychiatric nurses had a low level of depersonalization and only 4.5% of them had a high level of depersonalization. Also, In Dublin, Ireland, a study conducted by McTiernan and McDonald [32], about Occupational stressors, burnout, and coping strategies between hospital and community psychiatric nurses revealed that 79.9% of studied nurses had low depersonalization level.

In disagreement with the current study result, the study of Alenezi, McAndrew, and Fallon [33], in Saudi Arabia about Burning out physical and emotional fatigue among mental health nurses which reported that, studied mental health nurses had high levels of depersonalization and only 20.4% of them showed mild levels of depersonalization. Additionally, the study of Burnout among nurses in Tabuk military hospital by AlSuliman and AlHablani [33], in Saudi Arabia showed that 68% of studied nurses had a high depersonalization level.

The current study results showed that slightly lower than half of them had a moderate level of personal accomplishment and nearly the same percentage had a high level of personal accomplishment. This may be because the majority of studied nurses had a good level of emotional intelligence which characterized by feeling of self-confident and increasing feeling of self-achievement and efficacy. Also, more than half of them had a sufficient income level and this makes them believe that they are valued at work and feeling higher levels of personal accomplishment than those who are not.

This is concordant with the study of Martin [34], about Prevalence of Burnout in nursing in a hospital environment which revealed a moderate level of personal accomplishment among the studied nurses. Also, the study of Burnout syndrome in nurses and psychiatric staff by Milošević et al. [35], in Belgrade found that 68.6% of study participants showed a moderate or high level of burnout in the personal achievement domain and this is comparable with the current study results.

The previous result disagrees with the study of Karanikola and Papathanassoglou [36], about Exploration of the burnout syndrome occurrence among mental health nurses in Cyprus who found that 48.4% of the study sample had low levels of personal accomplishment. Moreover, Berry and Robertson [37], study about Burnout within forensic psychiatric nursing: in the United Kingdom showed that 29.90% of studied nurses had low levels of personal accomplishment.

The present study findings demonstrated that the majority of studied nurses had good emotional intelligence levels (EI). This may be related to the finding that more than half of them had equal or more than five years of experience; this means that they have developed skills and knowledge on how to deal with challenging situations and the right way to manage and express emotions felt toward psychiatric patients. EI helps nurses to cope with those huge job demands such as taking care of patients with delusions and suicidal attempts as a part of their daily practice without having burnout. This is supported by the opinion of Prufeta [38], who demonstrated that nurse managers with more experience years had a higher level of EI compared with other nurses with the least experience years.

The current study results are congruent with the study of Emotional Intelligence among Psychiatric Mental Health Nurses in Eastern Province, Saudi Arabia by Aldossary [39], which revealed that more than half of the studied nurses (69.4%) had a high level of EI. Also, a study conducted in the united-states by Sims [40], about exploring an emotional intelligence model with psychiatric mental health nurses showed that psychiatric and mental health nurses (PMHNs) had a high level of emotional intelligence.

On the other hand, the present study results are in disagreement with Turkish study by Başoğul and Özgür [11], about the role of emotional intelligence in conflict management strategies of nurses which indicated that the level of the emotional intelligence of nurses was medium. In addition to an Egyptian study by Mohamed [41], about the relationship between emotional intelligence and self-esteem among nursing students indicated moderate level of emotional intelligence among studied Nurses.

This study result revealed that the intrapersonal competencies subscale had the highest percent among other EI subscales; this means that the studied PMHNs can accurately perceive, understand, and accept themselves, able to understand and express their emotions, and can strive to achieve their personal goals. This finding is in line with Vahidi, Namdar Areshtanab, and Arshadi Bostanabad [42], who studied the relationship between emotional intelligence and perception of job performance among nurses in Iran, they found that the level of emotional intelligence was highest for intrapersonal competencies subscale.

On the other hand, this finding is in contrast with Mohamed [43], who examined the relationship between emotional intelligence and organizational stress among intensive care nurses at zagazig university Hospital, he reported that the interpersonal domain had the highest mean score.

The current study revealed that there were statistically significant negative correlations between emotional intelligence score and nurses' emotional Exhaustion, depersonalization, personal accomplishment, psychological burnout. This is attributed to emotional intelligence play a protective role against burnout. As emotional intelligence enables nurses to cope with the intense emotional situations that occur in the daily work of mental health nurses and therefore supportive in performing emotional labor. Also, it enables them to use emotions as

support in problem-solving and decision-making, as well as helping to live a fulfilled life. [19]

This result is in agreement with the foregoing, study of emotional intelligence as a moderator in the stress–burnout relationship conducted in South Africa by Görgens-Ekermans and Brand [13], which emerged consistent inverse relationships between emotional intelligence and burnout. The study of the effect of emotional intelligence on burnout and the impact on the nurses' service quality was conducted in Indonesia by Hanafi [16], clarified that emotional intelligence negatively affects burnout meaning that the higher the emotional intelligence the lower the burnout.

In the same context, the study of emotional Intelligence buffers the effects of negative emotions on job burnout in nursing conducted by Szczygiel and Mikolajczak [15], in northern Poland confirmed the protective role of emotional intelligence against burnout where it found that emotional intelligence reduces burnout symptoms among nurses.

Conclusion:

Based on the findings of the current study, it can be concluded that two-third of studied psychiatric nurses had a moderate level of psychological burnout. Furthermore, the majority of studied psychiatric nurses had a good level of emotional intelligence. Moreover, there was negative correlation between emotional intelligence and burnout levels in psychiatric nurses. The higher emotional intelligence levels led to moderate psychological burnout levels in psychiatric nurses.

Recommendation:

Based on findings, the study recommended:

1. Future researches to implement longitudinal studies to confirm the relation between nurses' emotional intelligence and burnout symptoms.
2. Psychosocial assistance sessions should be applied to train psychiatric nurses in emotional expression and management.
3. Developing training and educational programs for nurses to enhance their emotional intelligence and learning how to apply emotional intelligence skills in social and work life.

Table 1: Socio-demographic Characteristics of Studied Psychiatric Nurses Staff (n=140).

Demographic Characteristics	No.	%
Age per years		
< 30	**105**	**75.0**
≥ 30	**35**	**25.0**
Sex		
Males	**37**	**26.4**
Females	**103**	**73.6**
Residence		
Rural	**105**	**75.0**
Urban	**35**	**25.0**
Social status		
Single	**32**	**22.9**
Married	**108**	**77.1**
Education		
Secondary Nursing School	**18**	**12.8**
Technical institute	**89**	**63.6**
Bachelors	**29**	**20.7**
Master degree	**4**	**2.9**
Specialty		
Nurses	**39**	**27.8**
guide nurses	**25**	**17.9**
technical nurses	**72**	**51.4**
supervisor nurses	**4**	**2.9**
Work department		
female department	**38**	**27.1**
male department	**102**	**72.9**
Experience yrs		
1-<5	**64**	**45.7**
≥5-	**76**	**54.3**
Family number		
<5	**95**	**67.9**
≥5	**45**	**32.1**
Income		
Sufficient	**94**	**67.1**
Un-sufficient	**46**	**32.9**

Table (2): Distribution Percent of Burnout of Studied Psychiatric Nurses Staff (n=140).

Items	No.	%
Emotional Exhaustion level (54)*		
High	**39**	**27.8**
Moderate	**25**	**17.8**
Mild	**72**	**51.4**
Depersonalization level (30)*		
High	**5**	**3.6**
Moderate	**21**	**15.0**
Mild	**114**	**81.4**
Personal Accomplishment level (48)*		
Low accomplishment	**13**	**9.3**
Moderate accomplishment	**64**	**45.7**
High accomplishment	**63**	**45.0**
psychological burn out level (132)*		
Moderate	**93**	**66.4**
Mild	**47**	**33.6**

Table (3): Distribution Percent of Emotional Intelligence of Studied Psychiatric Nurses Staff (n=140).

Items	No.	%
Intrapersonal competencies (80)*		
Good	**127**	**90.7**
Poor	**13**	**9.3**
Interpersonal competences (65)*		
Good	**122**	**87.1**
Poor	**18**	**12.9**
Adaptability (45)*		
Good	**121**	**86.4**
Poor	**19**	**13.6**
Stress management* (40)		
Good	**93**	**66.4**
Poor	**47**	**33.6**
The general mood* (35)		
Good	**118**	**84.3**
Poor	**22**	**15.7**
Emotional intelligence (265)*		
Good	**127**	**90.7**
Poor	**13**	**9.3**

Table (4): Correlation matrix between, Emotional Exhaustion, Depersonalization, Personal Accomplishment, Psychological Burnout Score, and Emotional Intelligence Score (n=140).

Parameters	Emotional intelligence score (r)	p
Emotional Exhaustion	**-0.24**	**0.004**
Depersonalization	**-.22**	**0.008**
Personal accomplishment	**-0.27**	**0.001**
Total Psychological Burnout score	**-0.36**	**<0.001**

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