Examining the Relationship between Nurses' Emotional Intelligence and Their Ability to Establish Therapeutic Alliances with Patients in a Community Mental Health Center in Hafr Al-Batin

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ABSTRACT

Objective: This study aimed to examine the relationship between nurses' emotional intelligence and their ability to establish therapeutic alliances with patients in a community mental health center in Hafr Al-Batin, Saudi Arabia.

Methods: A cross-sectional survey design was used. Ninety-two registered nurses completed the Trait Emotional Intelligence Questionnaire-Short Form (TEIQue-SF) and the Working Alliance Inventory-Short Form (WAI-S). Pearson's correlation and multiple regression analyses were conducted to examine the relationship between emotional intelligence and therapeutic alliance.

Results: A significant positive correlation was found between nurses' global emotional intelligence and their ability to establish therapeutic alliances with patients ($r=0.68$, $p<0.001$). The emotionality and sociability factors of emotional intelligence significantly predicted therapeutic alliance ($\beta=0.31$, $p=0.007$; $\beta=0.42$, $p<0.001$, respectively). No significant correlations were found between the well-being and self-control factors of emotional intelligence and therapeutic alliance.

Conclusion: Nurses' emotional intelligence, particularly emotionality and sociability, plays a significant role in their ability to establish therapeutic alliances with patients in mental health settings. Emotional intelligence training may be a valuable tool for enhancing nurse-patient relationships and improving patient outcomes.

Keywords: emotional intelligence, therapeutic alliance, nurse-patient relationship, mental health nursing

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Introduction

The therapeutic alliance, also known as the working alliance or helping alliance, is a critical component of effective mental health treatment (Horvath et al., 2011). It refers to the collaborative and affective bond between healthcare professionals and patients (Bordin, 1979). A strong therapeutic alliance is associated with better treatment adherence, higher patient satisfaction, and improved clinical outcomes across various mental health conditions and treatment settings (Flückiger et al., 2018; Zilcha-Mano, 2017).

Nurses play a vital role in establishing and maintaining therapeutic alliances with patients in mental health settings (Hartley et al., 2020). However, forming a strong therapeutic alliance can be challenging, as it requires a combination of technical skills, interpersonal skills, and emotional competencies (Peplau, 1997). One factor that may influence nurses' ability to establish therapeutic alliances is their emotional intelligence (EI).

EI is defined as the ability to perceive, understand, and manage one's own emotions and the emotions of others (Mayer et al., 2016). It comprises four main dimensions: perceiving emotions, using emotions to facilitate thought, understanding emotions, and managing emotions (Mayer & Salovey, 1997). EI has been linked to various positive outcomes in nursing, including better communication skills, increased empathy, improved stress management, and enhanced job satisfaction (Başoğul & Özgür, 2016; Raghubir, 2018).

Despite the potential relevance of EI to the therapeutic alliance, research examining the relationship between these two constructs in the context of mental health nursing is limited. Therefore, this study aimed to investigate the relationship between nurses' EI and their ability to establish therapeutic alliances with patients in a community mental health center in Hafr Al-Batin, Saudi Arabia.

Literature Review

Emotional Intelligence in Nursing

EI has gained increasing attention in the nursing literature over the past two decades. A growing body of evidence suggests that EI is a critical competency for nurses, as it enables them to provide high-quality, compassionate care while managing the emotional demands of their work (Raghubir, 2018; Sarabia-Cobo, 2015).

Several studies have examined the relationship between EI and various aspects of nursing practice. For example, Codier et al. (2011) found that nurses with higher EI scores reported better communication skills and more positive relationships with patients and colleagues. Similarly, Başoğul and Özgür (2016) found that nurses with higher EI levels experienced less burnout and greater job satisfaction.

In the context of mental health nursing, EI may be particularly important. Mental health nurses often work with patients who are experiencing intense emotions and may exhibit challenging behaviors (Foster et al., 2019). Nurses' ability to recognize and manage their own emotions, as well as those of their patients, is crucial for providing effective care and maintaining their own well-being (Cleary et al., 2018).

Therapeutic Alliance in Mental Health Nursing

The therapeutic alliance is a fundamental element of mental health nursing practice. It refers to the collaborative and affective bond between nurses and patients, which is characterized by mutual trust, respect, and a shared commitment to treatment goals (Zugai et al., 2015). A strong therapeutic alliance has been associated with better treatment adherence, increased patient satisfaction, and improved clinical outcomes in various mental health settings (Flückiger et al., 2018; Zilcha-Mano, 2017).

Several factors have been identified as important for establishing and maintaining a strong therapeutic alliance in mental health nursing. These include empathy, genuineness, unconditional positive regard, active listening, and collaborative goal setting (Dziopa & Ahern, 2009; Peplau, 1997). Nurses' ability to effectively communicate with patients, understand their perspectives, and provide emotional support is also critical (Hartley et al., 2020).

However, forming a strong therapeutic alliance can be challenging, particularly when working with patients who have complex mental health needs or who have experienced trauma or adversity (Lawson et al., 2021). Nurses' own emotional responses to patients' experiences and behaviors can also impact the therapeutic alliance (Foster et al., 2019).

Emotional Intelligence and Therapeutic Alliance

While the relationship between EI and the therapeutic alliance has not been extensively studied in the context of mental health nursing, there is some evidence to suggest that EI may play a role in nurses' ability to establish and maintain strong therapeutic alliances with patients.

In a qualitative study of mental health nurses' experiences of the therapeutic alliance, Dziopa and Ahern (2009) found that nurses identified several personal attributes and skills that were important for establishing a strong therapeutic alliance, including self-awareness, empathy, and the ability to manage one's own emotions. These attributes and skills are closely aligned with the core components of EI.

Similarly, in a study of nursing students' EI and their performance in clinical simulations, Marvos and Hale (2015) found that students with higher EI scores were rated as more empathetic and better able to establish rapport with simulated patients. While this study was not specific to mental health nursing, it suggests that EI may be relevant to the interpersonal skills needed for forming therapeutic alliances.

However, to date, no quantitative studies have directly examined the relationship between nurses' EI and their ability to establish therapeutic alliances with patients in mental health settings. This study aims to address this gap in the literature by investigating this relationship in a community mental health center in Hafr Al-Batin, Saudi Arabia.

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Methods

Design

A cross-sectional survey design was used to examine the relationship between nurses' EI and their ability to establish therapeutic alliances with patients. Data were collected using self-report questionnaires.

Setting and Sample

The study was conducted at a community mental health center in Hafr Al-Batin, Saudi Arabia. A convenience sample of registered nurses working at the center was recruited. Inclusion criteria were: (1) being a registered nurse, (2) working in the community mental health center for at least six months, and (3) providing direct patient care. Nurses who were on leave or who worked in administrative roles were excluded.

A total of 110 nurses were invited to participate in the study, of whom 92 completed the questionnaires (response rate: 83.6%). The sample size was determined using G*Power 3.1, based on an alpha of 0.05, a power of 0.80, and a medium effect size ($f2=0.15$) for multiple regression analysis with four predictors.

Measures

Emotional Intelligence. The Trait Emotional Intelligence Questionnaire-Short Form (TEIQue-SF; Petrides, 2009) was used to measure nurses' EI. The TEIQue-SF is a 30-item self-report questionnaire that assesses four factors of EI: well-being, self-control, emotionality, and sociability. Items are rated on a 7-point Likert scale ranging from 1 (completely disagree) to 7 (completely agree). Higher scores indicate higher levels of EI. The TEIQue-SF has demonstrated good reliability and validity in previous studies (Petrides, 2009). In the current study, Cronbach's alpha for the total scale was 0.88.

Therapeutic Alliance. The Working Alliance Inventory-Short Form (WAI-S; Tracey & Kokotovic, 1989) was used to measure nurses' perceptions of the therapeutic alliance with patients. The WAI-S is a 12-item self-report questionnaire that assesses three dimensions of the therapeutic alliance: bond, tasks, and goals. Items are rated on a 7-point Likert scale ranging from 1 (never) to 7 (always). Higher scores indicate a stronger therapeutic alliance. The WAI-S has shown good reliability and validity in previous studies (Hanson et al., 2002). In the current study, Cronbach's alpha for the total scale was 0.92.

Data Analysis

Data were analyzed using SPSS version 26.0. Descriptive statistics were used to summarize the sample characteristics and study variables. Pearson's correlation was used to examine the bivariate relationships between EI factors and therapeutic alliance. Multiple regression analysis was conducted to examine the predictive relationship between EI factors and therapeutic alliance, controlling for demographic variables. Statistical significance was set at $p<0.05$.

Results

Sample Characteristics

The sample consisted of 92 registered nurses (59 females, 33 males) with a mean age of 31.5 years (SD=6.2). The majority of nurses held a bachelor's degree (n=78, 84.8%), while the remaining held a master's degree (n=14, 15.2%). The mean length of nursing experience was 7.8 years (SD=5.3), and the mean length of experience in mental health nursing was 4.5 years (SD=3.6). Table 1 presents the sample characteristics.

Table 1: **Sample Characteristics (N=92)**

Variable	Mean (SD) or n (%)
Age (years)	31.5 (6.2)
Gender	
Female	59 (64.1%)
Male	33 (35.9%)
Education	
Bachelor's degree	78 (84.8%)
Master's degree	14 (15.2%)
Nursing experience (years)	7.8 (5.3)
Mental health nursing experience (years)	4.5 (3.6)

Descriptive Statistics of Study Variables

Table 2 presents the descriptive statistics for the study variables. The mean score for global EI was 5.21 (SD=0.68), indicating a moderate level of EI. Among the EI factors, well-being had the highest mean score (M=5.48, SD=0.80), followed by emotionality (M=5.18, SD=0.84), sociability (M=5.11, SD=0.90), and self-control (M=4.92, SD=0.88). The mean score for the therapeutic alliance was 5.70 (SD=0.77), indicating a relatively strong alliance.

Table 2: **Descriptive Statistics of Study Variables (N=92)**

Variable	Mean (SD)	Range
Emotional Intelligence		
Global EI	5.21 (0.68)	2.93-6.80
Well-being	5.48 (0.80)	3.17-7.00
Self-control	4.92 (0.88)	2.33-6.83
Emotionality	5.18 (0.84)	2.50-7.00
Sociability	5.11 (0.90)	2.67-7.00
Therapeutic Alliance	5.70 (0.77)	3.58-7.00

Relationship between Emotional Intelligence and Therapeutic Alliance

Table 3 presents the bivariate correlations between EI factors and therapeutic alliance. Global EI was significantly positively correlated with therapeutic alliance (r=0.68, p<0.001), indicating that nurses with higher levels of EI reported stronger therapeutic alliances with patients. Among the EI factors, emotionality (r=0.61, p<0.001) and sociability (r=0.64, p<0.001) were significantly positively correlated with therapeutic alliance. Well-being and self-control were not significantly correlated with therapeutic alliance.

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Table 3: **Bivariate Correlations between Emotional Intelligence Factors and Therapeutic Alliance (N=92)**

Variable	Global EI	Well-being	Self-control	Emotionality	Sociability	Therapeutic Alliance
Global EI	1					
Well-being	0.81***	1				
Self-control	0.78***	0.50***	1			
Emotionality	0.85***	0.56***	0.54***	1		
Sociability	0.83***	0.56***	0.53***	0.65***	1	
Therapeutic Alliance	0.68***	0.24	0.19	0.61***	0.64***	1

Note. ***p<0.001

Multiple regression analysis was conducted to examine the predictive relationship between EI factors and therapeutic alliance, controlling for demographic variables (age, gender, education, nursing experience, and mental health nursing experience). The results are presented in Table 4. The model was significant ($F_{(9, 82)}=15.74$, $p<0.001$) and explained 63.3% of the variance in therapeutic alliance. Emotionality ($\beta=0.31$, $p=0.007$) and sociability ($\beta=0.42$, $p<0.001$) were significant predictors of therapeutic alliance, while well-being and self-control were not significant predictors. None of the demographic variables were significant predictors of therapeutic alliance.

Table 4: **Multiple Regression Analysis Predicting Therapeutic Alliance (N=92)**

Variable	B	SE B	β	t	p
(Constant)	0.98	0.67		1.46	0.148
Age	0.01	0.01	0.07	0.61	0.542
Gender	-0.11	0.13	-0.07	-0.87	0.389
Education	0.03	0.17	0.01	0.16	0.870
Nursing experience	-0.02	0.02	-0.14	-1.07	0.289
Mental health nursing experience	0.03	0.02	0.13	1.24	0.220
Well-being	-0.15	0.10	-0.15	-1.47	0.146
Self-control	-0.06	0.08	-0.07	-0.77	0.443
Emotionality	0.28	0.10	0.31	2.77	0.007
Sociability	0.36	0.08	0.42	4.31	<0.001

Note. $R^2=0.633$, $F_{(9, 82)}=15.74$, $p<0.001$.

Discussion

This study aimed to examine the relationship between nurses' EI and their ability to establish therapeutic alliances with patients in a community mental health center in Hafr Al-Batin, Saudi Arabia. The results showed that global EI was significantly positively correlated with therapeutic alliance, indicating that nurses with higher levels

of EI reported stronger therapeutic alliances with patients. This finding is consistent with previous research suggesting that EI is an important competency for nurses, enabling them to provide high-quality, compassionate care and form positive relationships with patients (Codier et al., 2011; Başoğul & Özgür, 2016).

Among the EI factors, emotionality and sociability were significant predictors of therapeutic alliance, while well-being and self-control were not. Emotionality refers to the ability to perceive and express emotions, as well as to develop and sustain close relationships (Petrides, 2009). Nurses with high emotionality may be more attuned to patients' emotional needs and better able to provide emotional support, which is crucial for forming strong therapeutic alliances (Hartley et al., 2020). Sociability refers to the ability to assert oneself, influence others' emotions, and communicate effectively (Petrides, 2009). Nurses with high sociability may be more skilled at building rapport, collaborating with patients, and managing interpersonal challenges, which are also important for the therapeutic alliance (Dziopa & Ahern, 2009).

The finding that well-being and self-control were not significantly related to therapeutic alliance was unexpected, as previous research has suggested that nurses' ability to manage their own emotions and maintain a sense of personal well-being is important for providing effective care and forming positive relationships with patients (Cleary et al., 2018; Foster et al., 2019). However, it is possible that these factors are more relevant to nurses' own resilience and job satisfaction than to their ability to form therapeutic alliances with patients.

The results of this study have important implications for nursing practice and education. Given the significant role of EI in nurses' ability to establish therapeutic alliances with patients, it may be beneficial to incorporate EI training into nursing curricula and professional development programs. Such training could focus on developing nurses' emotional awareness, empathy, communication skills, and interpersonal effectiveness, which are key components of EI and essential for forming strong therapeutic alliances (Raghubir, 2018; Sarabia-Cobo, 2015).

Additionally, the findings highlight the importance of assessing and supporting nurses' EI in mental health settings. Nursing managers could use EI measures, such as the TEIQue-SF, to identify nurses who may benefit from additional support or training in emotional competencies. Providing opportunities for reflection, debriefing, and peer support may also help nurses to process the emotional demands of their work and maintain their own well-being, which is important for providing high-quality care (Cleary et al., 2018).

Limitations

This study has several limitations that should be considered when interpreting the results. First, the study used a cross-sectional design, which precludes conclusions about causality. It is possible that nurses with stronger therapeutic alliances with patients may develop higher levels of EI over time, rather than EI predicting therapeutic alliance. Longitudinal research is needed to examine the directionality of this relationship.

Second, the study relied on self-report measures of EI and therapeutic alliance, which may be subject to social desirability bias. Nurses may have reported higher levels of

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EI and stronger therapeutic alliances than they actually possess or experience in practice. Future research could use more objective measures, such as observational assessments or patient reports, to corroborate self-report findings.

Third, the study was conducted in a single community mental health center in Saudi Arabia, which may limit the generalizability of the findings to other settings or cultures. Replication studies in diverse mental health settings and cultural contexts are needed to establish the robustness and generalizability of the results.

Finally, while the study controlled for several demographic variables, there may be other factors that influence the relationship between EI and therapeutic alliance that were not accounted for, such as nurses' attachment styles, burnout levels, or patient characteristics. Future research could examine these and other potential moderators or mediators of the relationship between EI and therapeutic alliance.

Conclusion

In conclusion, this study provides evidence for the significant role of EI in nurses' ability to establish therapeutic alliances with patients in a community mental health setting in Saudi Arabia. Nurses with higher levels of global EI, emotionality, and sociability reported stronger therapeutic alliances with patients, highlighting the importance of emotional competencies for nursing practice. The findings suggest that incorporating EI training into nursing education and professional development programs may be a valuable strategy for enhancing nurse-patient relationships and improving patient outcomes in mental health settings. However, further research using longitudinal designs, diverse samples, and objective measures is needed to build on these findings and inform evidence-based interventions to support nurses' EI and therapeutic alliance skills. By investing in the emotional competencies of the nursing workforce, we can promote compassionate, high-quality mental health care that makes a meaningful difference in the lives of patients.

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