



Original Article

The relationship between emotional intelligence and burnout among mental health nurses in Morocco

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Abstract

Objectives: This descriptive and correlational study was conducted to investigate the relationship between emotional intelligence (EI) levels and burnout in mental health nurses.

Methods: The study sample comprised 112 nurses from three psychiatric hospitals in the Tangier-Tetouan-Al Hoceima regional health authority. Data were collected using the Personal Information Questionnaire, the Wong and Law EI Scale, and the Maslach Burnout Inventory. Data were analyzed using Student's t-test, Kruskal Wallis test, Pearson's correlation, and linear regression analysis.

Results: The nurses' mean EI score was 27.61 ± 6.5 , while the mean burnout score was 24.06 ± 7.3 . A significant negative relationship was observed between burnout and EI scores ($r = -0.352$; $p < 0.05$). In addition, a statistically significant difference was observed between demographic characteristics, including gender and marital status, and EI and burnout scores ($p < 0.05$). Multiple regression analysis showed that three factors statistically significantly predicted burnout in nurses in the final regression model. These were gender ($\beta = 0.466$, $p < 0.05$) and marital status ($\beta = 0.386$, $p < 0.05$). However, total EI score was a significant negative predictor ($\beta = -0.454$, $p < 0.05$).

Conclusion: EI has a strong influence on burnout. EI training programs should, therefore, be implemented to prevent and reduce the risk of burnout among mental health nurses.

Keywords: Burnout; emotional intelligence; mental health nurses; Morocco

The first publications on burnout appeared in the 1970s, as part of the deinstitutionalization of healthcare in the United States.^[1] Burnout is defined by the International Classification of Diseases -11 as "a feeling of intense fatigue, loss of control, and inability to achieve concrete results at work."^[2] Three basic symptoms define the state of burnout: Emotional exhaustion, depersonalization, and reduced personal accomplishment, which characterizes personnel working with people suffering from certain handicaps.^[2] According to Maslach, burnout syndrome is a process resulting from an imbalance between the demands of work and the resources of the in-

dividual, leading to chronic emotional stress caused by difficult working conditions. Burnout, therefore, results from the exhaustion of the adaptability of personnel working in more demanding fields.^[3]

In the healthcare field, several epidemiological studies have evaluated the extent of burnout in the workplace. Prevalence rates have ranged from 25% to 60% among nursing personnel.^[4,5] According to the American Association for Nursing Research, burnout affects one nurse in three.^[6,7] Research conducted on nurses in Canada, the United States, and England has revealed that 32.9–54.2% suffered from burnout.^[6–8] In

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developing Arab countries, the concept of burnout is not yet well explored. However, some studies conducted in Jordan, Türkiye, and Saudi Arabia have shown that burnout among nurses exceeds 50% in these countries.^[6,9,10] Some studies indicate that burnout is essentially due to two types of factors: The first relates to working conditions, in particular workload, low remuneration, strict regulations, lack of managerial support, excessive working hours, difficult working conditions, non-participation in decision-making, peer conflicts, difficult relations with patients, lack of recognition, and frequent exposure to suffering and death. The second type involves personal characteristics, such as age, gender, education, physical condition, personality, and ability to manage stress. Other personal variables can also be taken into consideration, such as level of motivation, self-esteem, personal projects, professional commitments, and degree of job satisfaction.^[11,12] Nursing personnel affected by burnout syndrome suffer from a combination of physical, mental, and emotional problems. Nurses feel physically drained, suffering from a lack of energy and a constant feeling of tiredness. They frequently complain of neurological problems, such as headaches and migraines, sleep disorders, and memory problems. In addition, those affected by burnout syndrome also develop emotional burnout, characterized by feelings of depression, anxiety, feelings of despair, lack of self-confidence, and powerlessness. The third state is mental exhaustion, characterized by hostile and indifferent behavior, and depersonalization toward others.^[11,13]

In mental health terms, burnout syndrome affects professionals involved in treating mental health disorders, such as psychiatrists, psychologists, nurses, and other healthcare workers.^[14] Some studies carried out on nurses in mental health units indicate higher levels of stress, resulting in higher burnout levels.^[15,16] A recent study showed that the majority of participants presented symptoms of burnout syndrome and that those most affected were young nurses with a short period of service working in psychiatric emergencies.^[17] In Tunisia, a country culturally similar to Morocco, a study carried out on 54 mental health nurses showed that 35.8% suffered from burnout.^[18] These results indicate that the problem of emotional and professional burnout among nurses working in mental health institutions is an ongoing concern.^[19] The specific role of nurses in this field is to provide care for patients with complex and difficult pathologies. In this context, patients suffering from mental disorders are often very dangerous in terms of control and safety. The violent actions of these patients toward other patients and nursing personnel, their disorganized behavior and distorted thinking, as well as their suicidal risk and unstable personality, contribute to creating an extremely difficult working environment for mental health nurses. In addition, most of these patients are admitted to psychiatry for legal reasons and are hospitalized at the request of a judge. These difficult working conditions are

What is presently known on this subject?

- The majority of mental health nurses working in psychiatric hospitals are at risk of burnout due to a failing healthcare system and difficult working conditions. Burnout affects psychiatric nurses' motivation and makes them less productive, with negative repercussions on access to patient healthcare and support, as well as on meeting the population's mental health needs. The importance of emotional intelligence in preventing burnout among psychiatric nurses is, therefore, both necessary and achievable.

What does this article add to the existing knowledge?

- It has been shown that there is a significant negative relationship between burnout, emotional intelligence, and certain demographic characteristics, notably gender and marital status. Thus, it has been refuted that emotional intelligence is a negative predictor of burnout and that it may be beneficial in reducing stress levels.

What are the implications for practice?

- The results of this study indicate the importance of combating burnout among mental health nurses. The implementation of continuing training programs such as cognitive behavioral therapy (CBT) will contribute to the development of effective emotional skills and coping strategies in the professional environment and, consequently, to the prevention of burnout, as well as improving the quality of services provided by the psychiatric care establishment.

also susceptible to producing a certain degree of damage and negative effects, particularly in terms of tension, stress, dissatisfaction, and burnout.^[20,21] Apart from working conditions and workload, factors such as the lack of specialized mental health human resources, the absence of standards of nursing care in the workplace, injustice and discrimination toward nurses, and the lack of opportunities for professional development in mental health contribute significantly to emotional exhaustion. These issues can reduce motivation and increase frustration, interpersonal conflicts, absenteeism, and attrition from the profession.^[22,23] From this analysis, we can deduce that the emotional degradation and dysregulation of nurses is a factor in burnout and that the ability to understand and identify one's emotions helps to develop emotional regulation processes aimed at moderating and preventing the negative effects of stress.^[24] Furthermore, since social interactions between those who provide services and those who receive them are a key determinant of burnout, the appropriate management of the emotions generated by these interactions is a major factor in explaining why some people resist developing this syndrome better than others.^[24] This analysis has focused attention on the concept of emotional intelligence (EI) in the prevention and management of burnout, as a quality that can predict well-being and the ability to cope with the various crisis circumstances encountered by nurses in this field.^[25]

According to Wong et al.,^[26] EI refers to the ability to constantly monitor one's moods and emotions and to use this knowledge to guide one's thinking and actions. It includes the ability to perceive, process, understand, and manage one's own emotions, as well as the ability to detect and interpret the emotions of others. Currently, there is a substantial body of literature in work environments examining the role of EI in work environments, particularly regarding

well-being variables such as health and job satisfaction, as well as negative variables such as stress and burnout.

Regarding the influence of EI on health, Rego et al.^[27] show that EI plays a moderating role in the relationship between stress and psychological health. These authors conclude that individuals with high EI are better able to adapt to the demands of the work environment than those with low EI scores. In addition, they have also found that the factors that define perceived EI, namely, self-emotional appraisal (SEA), other-emotional appraisal, use of emotions (UOE), and regulation of emotions (ROE), have a greater effect on health, coping strategies, and job satisfaction.^[27] Nursing personnel with high scores on these four factors are more satisfied in their lives and work, and have better physical and mental health than those with low scores, as they consider their affective states as pertinent and use this information to implement effective regulation strategies.^[28] Other studies have shown that high scores on these four factors are associated with lower anxiety and depressive symptoms and higher life satisfaction.^[29] In addition, emotion regulation is also positively related to the ability to manage conflict and to productivity at work.^[29]

Furthermore, with regard to stress and burnout, Al-Ruzzieh and Ayaad^[30] found that SEA, other emotional appraisal, UOE, and ROE emotional were negatively correlated with stress; and Augusto-Landa et al.^[29] found that attention to emotions predicted two of the dimensions of burnout, namely, emotional fatigue and depersonalization. These results indicate that, in general, EI is positively related to well-being and job satisfaction, and negatively associated with stress and/or burnout. However, further research is needed to carry out specific analyses to obtain more information on the components that define EI, as it has been shown that each of them affects the individual's biopsychosocial well-being in a different way.

In view of all the above, promoting EI in mental health nursing ultimately results in improvements in patient satisfaction, quality of nursing care, and overall effectiveness of healthcare delivery. Indeed, the implementation of training programs incorporating therapeutic approaches aimed at combating burnout in this category of personnel, including cognitive behavioral therapy, mindfulness therapy, relaxation therapy, and group therapy, have proved effective in preventing and successfully reducing this problem. In Morocco, no studies have examined the relationship between EI and burnout among mental health nurses, primarily due to a lack of funding for research in this area. In this context, the aim of this study is to measure EI and burnout scores in mental health nurses and to compare them according to age, gender, marital status, job assignment, and years of service, as well as to examine the relationship between EI and burnout and to determine the correlations between these two variables.

Research Questions

1. What is the level of EI among mental health nurses?
2. What is the level of burnout among mental health nurses?
3. Do the EI and burnout of mental health nurses differ based on their sociodemographic characteristics?
4. Is there a significant correlation between EI scores and burnout among mental health nurses?
5. Do EI and sociodemographic characteristics affect the level of burnout in mental health nurses?

Materials and Method

Study Design and Sample

This descriptive and correlational cross-sectional study targeted mental health nurses in three psychiatric hospitals in the Tangier-Tetouan-Al Hoceima Regional Health Directorate in 2023. Exhaustive sampling was used, and the sample size was calculated according to the standard literature equation (Cochran equation: $\text{Sample size} = Z^2 pq/e^2$).^[31] A sample of 124 participants was identified on the basis of a confidence level of 95%, a precision of 0.05, a prevalence of 80%, and a non-response rate of 10% ($101/0.9=112$).^[32] Data collection took place over a 20-day period. Mental health nurses who had given their consent were included in the study after being informed of the purpose and importance of the study. They were invited to complete self-administered paper questionnaires at their workplace in the presence of a researcher, who was available to answer their questions, and to return them to the latter within approximately 1 h for recording in a database. Nurses not specialized in mental health and those who refused to participate were excluded from the study.

Data Collection Instruments

EI scale

To evaluate the EI of mental health nurses, the Arabic version of Wong and Law's Scale validated in the Moroccan context was used.^[33] The reliability and validity of the questionnaire were measured, with Cronbach's α of 0.92. The instrument comprises 16 questions scored on a four-point scale from 1 to 4. Total EI scores ranged from 16 to 64, classified into three categories: Low=16–32, moderate=33–48, and high=49–64. The scale comprises four factors: SEA; emotional appraisal of others; UOE; and ROE. Self-emotion appraisal refers to people's awareness of their feelings and thoughts about those feelings. Others' emotion appraisal is linked to the perception and understanding of other people's emotions. The UOE involves monitoring, evaluation, and control measures to modify one's feelings. ROE enables people to improve their performance through self-motivated emotions.

Table 1. Sociodemographic characteristics of mental health nurses (n=112)

Demographic variables	Category	Frequency	Percentage
Age group	28–33	23	20.53
	34–39	27	24.10
	40–45	32	28.58
	46>	30	26.79
Gender	Male	52	46.42
	Female	60	53.58
Marital status	Married	64	57.14
	Single	48	42.86
Assignment	Men's psychiatric service	61	54.46
	Women's psychiatric service	35	31.25
	Psychiatric emergency service	10	8.92
	Other (pharmacy, external consultation)	6	5.35
Number of years working	<5 years	12	10.71
	5–10 years	21	18.75
	More than 10 years	79	70.53

The psychometric properties of the Moroccan Arabic version of the WLEIS were found to be satisfactory in a sample of Moroccan nursing students.^[28] For the present study, Cronbach's alpha was 0.89.

Burnout scale

To assess burnout among mental health nurses, the Arabic version of Maslach's Burnout Inventory, validated and adapted to the Moroccan context, was used.^[34] This version of the questionnaire consists of 16 items scored on a seven-point Likert scale ranging from 0 "never" to 6 "every day." It assesses three domains of burnout, namely, emotional exhaustion (6 items, score between 0 and 36), depersonalization (6 items, score between 0 and 36), and personal accomplishment (4 items, score between 0 and 24). Total scores ranged from 0 to 96. Questionnaire reliability was estimated at 0.761, 0.819, and 0.850 for the domains of emotional exhaustion, depersonalization, and personal fulfillment, respectively. Cronbach's α for the questionnaire as a whole was 0.761. In the present study, Cronbach's alpha for the scale was set at 0.86.

A demographic data form was used to collect information on age, gender, marital status, job assignment, and number of years worked (= years of service).

Ethical Approval

This study was conducted in accordance with the Declaration of Helsinki. The research committee approved the study (No/21–2023). The three directors of the psychiatric hospitals authorized the study. Informed consent was obtained from all participants. Confidentiality of personal information and voluntary participation of participants were ensured after explaining the purpose of the study.

Statistical Analysis

Descriptive statistics such as number, percentage, mean, and standard deviation were used to analyze the results obtained on the demographic characteristics of the participants. Conformity to the normal distribution was verified using the Kolmogorov–Smirnov test. The Kruskal–Wallis test and Student's t-test were used to determine the relationships between sociodemographic characteristics and the various factors in the EI and burnout tests. A Pearson correlation test was used to measure the linear correlation between these two tests. Linear regression analysis was used to determine the reciprocal effect of EI scores, burnout, and sociodemographic characteristics. The 0.05 level was chosen for the analysis. Data were analyzed using Statistical Package for the Social Sciences -23.0 (Armonk, NY : IBM Corp).

Results

Descriptive Analysis of Sociodemographic Characteristics

A total of 112 nurses participated in the study. More than half were female (53.58%) and more than half were married (57.14%). Their ages ranged from 28 to 46 years, with a mean age of 32.68 ± 5.17 years. Concerning the nurses' assignment, more than half (54.46%) were assigned to men's psychiatric service, and the majority (79.53%) had been working in psychiatry for more than 10 years, as shown in the Table 1.

Descriptive Analysis of EI and its Factors

Table 2 shows the EI score and its factors according to the sociodemographic characteristics of the nurses studied. The overall EI score ranged from 23.42 to 29.84 (mean: 27.61 ± 6.53). It was also found that gender was the only variable to show a statis-

Table 2. Descriptive analysis of emotional intelligence and its factors according to the sociodemographic characteristics of the nurses studied (n=112)

Variables	Self-emotional appraisal		Others' emotional appraisal		Use of emotions		Regulation of emotions	
	Mean±SD	p	Mean±SD	p	Mean±SD	p	Mean±SD	p
Age								
28–33	27.23±5.45	0.263	26.52±6.26	0.282	25.45±5.47	0.249	27.64±5.43	0.281
34–39	29.51±5.60		25.94±6.74		26.93±5.96		28.35±6.21	
40–45	29.84±5.72		25.36±6.31		26.21±6.37		28.28±6.13	
46>	29.17±5.93		25.61±6.50		26.75±5.89		29.58±6.71	
Gender								
Male	28.42±6.46	0.031	27.43±5.29	0.025	28.14±7.21	0.017	29.35±6.45	0.028
Female	24.70±6.96		24.82±5.58		23.42±6.34		24.82±5.75	
Marital status								
Married	28.91±7.41	0.287	25.41±7.17	0.291	26.12±6.46	0.221	29.62±6.56	0.274
Single	28.35±7.27		26.23±6.92		27.36±7.23		26.18±6.28	
Assignment								
Men's psychiatric service	27.55±5.21	0.277	25.25±5.44	0.214	26.27±5.45	0.235	28.21±6.40	0.261
Women's psychiatric service	27.32±6.14		25.76±5.32		26.62±5.87		27.13±5.59	
Psychiatric emergency service	28.62±6.27		27.27±5.45		27.27±5.41		27.28±5.49	
Other (pharmacy, external consultation)	27.46±7.21		25.41±7.18		26.71±5.83		28.83±6.72	
Number of years working								
<5 years	28.46±6.31	0.246	25.52±6.41	0.289	26.64±7.15	0.269	28.7±6.25	0.241
5–10 years	27.59±5.74		26.87±5.73		26.16±5.46		28.2±5.67	
More than 10 years	27.95±5.26		26.21±6.34		26.51±5.81		28.5±6.41	

Mean scores of emotional intelligence =27.61±6.53. p<0.05. SD: Standard deviation.

tically significant difference with the EI scale factors, including emotional self-evaluation, $p=0.031$; emotional evaluation of others, $p=0.025$; UOE, $p=0.017$; and emotion regulation, $p=0.028$.

Descriptive Analysis of Burnout and its Factors

Table 3 shows burnout scores and factors according to the sociodemographic characteristics of the nurses studied. Overall burnout scores ranged from 20.28 to 31.93 (mean: 24.06 ± 7.37). A statistically significant difference was found in gender and marital status with all burnout test factors. However, no statistically significant differences were found for other demographic characteristics.

Correlational Analysis between EI and Burnout

Table 4 presents a correlation matrix between burnout test and EI factors scores. Pearson's correlation analysis showed that the burnout test had a moderate, negative, and statistically significant correlation with all factors of EI scale, including SEA ($r=-0.351$; $p<0.05$); others' emotional appraisal ($r=-0.348$; $p<0.05$); UOE ($r=-0.319$; $p<0.05$); ROEs ($r=-0.337$; $p<0.05$); and total EI score ($r=-0.352$; $p<0.05$). Indicating that when burnout levels are high, EI levels are low.

Multiple Regression Analysis

However, total EI score was a significant negative predictor ($\beta=-0.454$, $p<0.05$).

Table 5 presents a linear regression analysis to determine the effect of EI scores and sociodemographic characteristics on burnout. After adjusting for variables, three variables statistically significantly predicted burnout among mental health nurses in the final regression model. These were gender ($\beta=0.466$, $p<0.05$) and marital status ($\beta=0.386$, $p<0.05$). However, the EI total score was a significant negative predictor of burnout ($\beta=-0.454$, $p<0.05$). Thus, a decrease in the EI score resulted in a 0.3 (–0.394) unit increase in the total burnout score.

Discussion

The present study examined the relationship between EI and burnout in mental health nurses. The results showed that the level of burnout among mental health nurses was moderate. This finding was confirmed by a meta-analysis of a total sample of 45,539 nurses from different specialties, indicating that the majority of participants had moderate levels of burnout.^[35] However, the results obtained in the study by Baçoğul et al.^[36]

Table 3. Descriptive analysis of burnout and its factors according to the sociodemographic characteristics of the nurses studied (n=112)

Variables	Emotional exhaustion		Depersonalization		Personal accomplishment	
	Mean±SD	p	Mean±SD	p	Mean±SD	p
Age						
28–33	22.36±6.21	0.281	18.72±6.75	0.293	14.36±5.21	0.281
34–39	20.75±6.47		20.43±6.36		16.63±5.77	
40–45	20.98±6.73		22.64±6.83		14.46±5.35	
46>	22.25±7.21		20.28±6.33		16.77±5.82	
Gender						
Male	24.67±6.17	0.015	20.91±5.12	0.013	14.33±4.52	0.016
Female	28.32±7.93		30.23±7.34		20.82±7.93	
Marital status						
Married	31.66±8.53	0.002	30.65±5.72	0.011	20.17±6.94	0.017
Single	22.91±6.56		20.13±5.34		14.98±5.73	
Assignment						
Men's psychiatric service	28.61±8.57	0.244	29.36±8.44	0.351	20.71±4.91	0.219
Women's psychiatric service	31.93±7.21		29.19±6.34		19.45±6.28	
Psychiatric emergency service	30.62±6.97		31.21±7.56		29.13±5.83	
Other (pharmacy, external consultation)	28.94±5.53		29.93±6.82		19.31±4.41	
Number of years working						
<5 years	30.65±7.28	0.172	29.52±5.74	0.283	20.74±6.55	0.144
5–10 years	29.98±6.42		29.35±5.37		21.33±5.64	
More than 10 years	31.60±8.19		30.61±5.71		20.51±6.13	

Mean scores of burnout =24.06±7.37. p<0.05. SD: Standard deviation.

Table 4. Correlation matrix between burnout test and emotional intelligence subscale scores (n=112)

Variables	BT	EE	DP	PA	SEA	OEA	UOE	ROE
EE	-0.363	1.00						
DP	-0.311	0.372	1.00					
PA	-0.329	0.354	0.254	1.00				
SEA	-0.351	0.363	0.329	0.251	1.00			
OEA	-0.348	0.272	0.267	0.293	0.338	1.00		
UOE	-0.319	0.285	0.263	0.266	0.324	0.282	1.00	
ROE	-0.337	0.371	0.305	0.323	0.383	0.295	0.314	1.00
EIS	-0.352	0.309	0.386	0.315	0.369	0.322	0.337	0.318

p<0.05. BT: Burnout test; EE: Emotional exhaustion; DP: Depersonalization; PA: Personal accomplishment; SEA: Self-emotional appraisal; OEA: Others' emotional appraisal; UOE: Use of emotions; ROE: Regulation of emotions; EIS: Emotional intelligence scale.

indicate a relatively low level of burnout among mental health nurses. According to a study of 50,000 American nurses, it was concluded that the level of burnout was high and represented the main cause for the dismissal of 31.5% of nurses in 2017.^[37] These differences and similarities may be linked to differences in workplaces and cultural contexts. In addition, these differences in burnout levels can be attributed to a variety of factors. Indeed, mental health nurses work in a highly stressful profession, characterized by high responsibilities and an ever-increasing workload, as well as repeated acts of physical

and emotional violence.^[38] In their work, mental health nurses are required to provide technical care, personalized relational nursing care, counseling and education to patients, and their families in a variety of domains. These activities can cause significant emotional and physical stress for this population. A number of factors also have an impact on burnout, including working conditions, role ambiguity, remuneration, recognition, and support from superiors and peers.

Information on the various factors of the burnout scale indicated that mental health nurses experienced a moderate de-

Table 5. Linear regression analysis on the relationship between EI scores, burnout scores, and sociodemographic characteristics (n=112)

Model	Unstandardized coefficients		Standardized coefficients β	t-value	Sig.
	B	SE			
Constante	12.875	5.741		4.975	0.011
Total burnout score	-0.394	0.187	-0.454	-4.571	0.002
Gender	0.415	0.193	0.466	3.816	0.031
Marital status	0.297	0.179	0.386	4.392	0.024

p<0.05. SE: Standard error; EI: Emotional intelligence; Sig: Significance.

gree of emotional exhaustion, depersonalization, and lack of personal accomplishment. Alotni et al.^[39] also found similar results. These results indicate that the strict rules imposed by the regulation of the psychiatric healthcare system, the stigmatization of the profession, and the lack of recognition by supervisors and the general public lead nurses to work unmotivated and live under pressure, resulting in significant levels of emotional exhaustion, depersonalization, and lack of personal accomplishment. In the present study, the results indicate significant differences between the factors on the burnout scale, gender, and marital status of nurses. Indeed, married nurses are more exposed to emotional exhaustion, depersonalization, and lack of personal accomplishment compared to single nurses. In this light, Cao et al.^[40] point out that female gender and number of years of experience are factors that contribute to burnout among nurses. Furthermore, Mohammadi et al.'s study^[41] indicates that married nurses present a higher risk of burnout due to their marital status. In contrast, in a study of mental health nurses, the results revealed no significant differences between marital status, gender, and level of burnout.^[42] These findings explain to a large extent the differences in cultural, living, and working conditions between the countries, as well as the difficulties encountered by married Moroccan nurses in reconciling their professional and family lives. Regarding their level of EI, mental health nurses registered low levels of EI, similar to that obtained in the study by Hua et al.^[43] However, other studies have shown a higher level of EI in these nurses.^[28,44] This difference in EI levels among the various studies can be attributed to the cultural context of each country, as well as to the types of measurement instruments used. Indeed, intense workloads, time constraints, frequent patient aggression, lack of financial motivation, and low levels of social support are all factors that can affect the ability of mental health nurses in Morocco to manage and regulate their own emotions and those of others and to use them appropriately. In this study, EI is significantly higher in men than women, which is coherent with the results of Brackett's research.^[45] Indeed, men have exceptional skills for managing their

own emotions and those of others, for regulating their behavior and emotions in difficult situations, and for coping with domestic and family responsibilities, which are heavier than professional ones. The present study found a significant negative correlation between EI and all three domains of burnout. This is consistent with a study by Reilly^[46] who found a moderate level of total EI score and a moderately negative association between EI factors and all burnout factors. This shows that when mental health nurses are faced with difficult and stressful events, they are not only unable to assess and express their emotional state clearly but are also not fully aware of their own and patients' emotional changes, which significantly increases the risk of developing negative emotions over time and experiencing emotional stress during their professional activity. Wong et al.^[26] have shown that emotional self-management skills help nurses to overcome anger and conflict and maintain a balanced emotional state, thereby systematically preserving their professional motivation and reducing the frequency and degree of burnout. At the same time, today's mental health care institutions rely on high-performing staff who are not necessarily endowed with exceptional knowledge or the highest intelligence quotient, but who are capable of managing their personal and professional relationships with others. In this respect, the emotional competencies of mental health nurses can be broken down into the following domains: SEA, others' emotional appraisal, UOE, and ROE. These emotional competencies play an important role in helping mental health nurses to become aware of their feelings and thoughts and to understand the emotions of patients and their families, as well as those of other members of the care team. They also enable nurses to improve their performance through self-motivated emotions. Indeed, nurses generally have the skills needed to free themselves from feelings of frustration, adopt, and maintain a more positive attitude to difficult situations and remain fundamentally motivated and satisfied at work, and thus limit the frequency and extent of burnout.

Limitations and Future Directions

This study has produced satisfactory results, and its future prospects are interesting. However, certain limitations need to be taken into consideration. This study is based on a self-report questionnaire, and responses to this type of question may be biased by a social desirability effect. In this context, it is recommended to use as many instruments as possible, including those that produce results other than self-report data, such as personal interviews or observation checklists. Our study was conducted in three psychiatric hospitals in the Tangier-Tetouan-Al Hoceima region with a restricted sample size, which may limit the representativeness of all mental health nurses in Morocco and may constitute another limitation to the regression analysis. Therefore, a multicenter study could give much more varied results, through the inclusion of a very large sample from different mental health establishments in Morocco. Another limitation concerns the sociodemographic questionnaire, notably the fact that the form does not include all the information on the work environment. Indeed, future studies will be extremely useful in compiling a more exhaustive inventory that includes both sociodemographic data and more information on the work environment of mental health nurses.

Conclusion

The present study is the first to examine the relationship between EI and burnout among mental health nurses in Morocco. It demonstrates a significant negative relationship between EI and burnout scores among mental health nurses. It suggests the development of a continuing training program for nurses to strengthen their EI and improve their psychological skills and adaptation to the professional environment. Indeed, cognitive behavioral therapy (CBT) is a form of psychotherapy that has proved particularly effective in combating burnout. CBT focuses on identifying and modifying dysfunctional thoughts, beliefs, and behaviors that contribute to burnout. This approach helps individuals develop healthier coping strategies and re-evaluate their professional objectives and expectations.

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