

Effect of Mother's Work and Perceived Parenting Style on Emotional Intelligence Among Adolescent Nursing Students

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Abstract

Background: Emotional intelligence (EI) has been associated with positive outcomes for nursing students. The most significant factor in establishing an adolescent's level of emotional intelligence is their nurturing environment, chiefly their mothers because of their prolonged direct contact with them. **Aim:** This study aimed to assess the effect of a mother's work and perceived parenting style on emotional intelligence among adolescent nursing students. **Design:** A descriptive cross-sectional study. **Setting:** This study was conducted at the five technical secondary nursing schools for boys and girls affiliated with the Egyptian Ministry of Health, and Population in Damietta governorate. **Subjects:** A convenient sample consisted of 417 adolescent nursing students. **Data collection tools:** Three tools were used; 1st tool was a structured questionnaire to assess socio-demographic data of the studied adolescent nursing student and their parents, 2nd tool was the profile of emotional competence (PEC) to assess Intrapersonal EI, Interpersonal EI, and global EI, and 3rd tool was the scale of parenting style to assess perceived parenting styles. **Results:** There was no statistically significant relationship between the mother's work either with the emotional intelligence of studied adolescent nursing students or the parenting style as perceived by them. There were highly statistically significant correlations between the studied adolescent nursing students' EI and parent styles as perceived by them. **Conclusion:** Up on the finding of the current study, it was found that more than half of the studied adolescent nursing students have a moderate level of EI. On the other hand, there was a highly significant relationship between the quality of time spent with their mothers and their intrapersonal and global emotional intelligence. **Recommendations:** Mothers should spend quality time with their adolescents; listening to them, especially about their difficulties in understanding and dealing with others. The Profile of Emotional Competence (PEC) scale should be applied to nursing students to figure out those who need to develop intrapersonal or interpersonal EI or both.

Keywords: Adolescent, Nursing Students, Emotional Intelligence, Mother's Work, and Perceived Parenting Style.

Introduction

Adolescence is a stage of development. The adolescence stage is the transition from childhood to adulthood. Adolescence is a period of change in one's personal, emotional, cognitive, and social growth. (Joseph & Mathew, 2022). According to the American psychological association (2021), adolescents' identity development as well as moral development occurs in the context of relating to others. All adolescents must begin to master the emotional skills necessary to manage stress and be sensitive and effective in relating to other people. These skills have been called "Emotional Intelligence (EI)". Ethical and moral concerns are embedded in modern nursing practices (Haahr et al., 2020).

Nursing institutes all over the world are constantly focused on preparing their students to become qualified professionals in the future. Nursing staff interacts with people directly as a part of their regular activities (Thomas & Natarajan, 2017). Nursing graduates must not only be competent in technical and critical thinking skills but also be equipped to manage "soft" people skills, commonly known as EI skills (Song & McCreary, 2020). Individuals with high EI tend to act more ethically than those with lower EI (Ismail, 2015).

Emotional intelligence (EI) is the ability to know or be aware of own as well as others' emotions. Although EI is a relatively new concept, widely considered a predictor of psychological well-being and overall performance. People with high emotional

intelligence not only distinguish between different emotions but also utilize them in a beneficial way (Alsulami, 2022). Indeed, nurses with higher EI display strong self-awareness and high levels of interpersonal skills; they are empathetic and adaptable, and they're more likely to connect easily with patients and meet their psychological needs. When patients are cared for by a nurse who demonstrates EI skills, they feel that the nurse is really concerned about their welfare and health, which is the essence of nursing and caring. Hence, EI has a great effect on the quality of learning and the application of the learned knowledge in practice (Moawed et al., 2017).

The development of an adolescent's emotional intelligence is influenced by a variety of factors, including the adolescent's personality, neurophysiology, cognitive development, and social connections with friends and family. The family ambiance is the significant one. Children are naturally affected most by their mothers because they are in close contact with them for a long time. Parents should adopt a variety of actions to help their children develop their emotional intelligence, parents should do many things such as devote a special time for children to express their feelings and listen actively to what they said, this will lead to a higher emotional ability (Katanani & Mas'oud, 2017).

Parents' attitudes have become more democratic because of the development of the family structure and parents' higher levels of education, although some families continue to reflect traditional family traits. In these families, mothers are responsible for raising the children while the fathers manage the financial status and distance themselves from their children. (Gozcu, 2012; Karaca et al., 2013).

Mothers' role in the upbringing of young adults is incomparable. Building a good character in a child takes time, involvement, unconditional support, and love. Mothers' proper guidance helps them to grow, develop, and positively respond to life (Deepa & Shinju, 2020). The number of working women has been increasing year by year. The increasing number of women in the workforce has created several problems for their children. Women who work full-time frequently need to spend a lot of time

away from their families during the day, which causes greater disruption for their offspring (Khan & Hassan, 2012).

Adolescents usually have emotional instability due to personality immaturity, making them vulnerable to stress and anxiety (Islam et al., 2020). In this respect, emotional intelligence among adolescents is found to help reduce stress by decreasing conflict, improving relationships, and understanding one's own emotions. (Reyes-Wapano, 2021)

Additionally, the nursing field required staff to possess high emotional intelligence, and the institution of nursing education should prepare and develop nursing students with primary forms to communicate basic feelings from one individual to another and understand these emotions. EI is considered a protective factor for nursing students against stress and a facilitative factor for health. (Moussa, 2017).

Significance of the study:

According to the **Central Agency for Public Mobilization And Statistics (2022)** in Egypt, there were 63,754 graduates from technical institutes for the academic year 2019–20, with technical nursing institutes representing 8.1% of those graduates. It is 0.1% higher compared to the year before. In addition, there were 3011 female graduates of the technical institute of nursing and 2140 males in the year 2020.

The acquisition of EI skills and their practical applicability is essential across most areas of the health sciences, particularly nursing, which involves patient care. Even if some nurses and other medical professionals might not be aware of all the different aspects of EI, they unintentionally pick up and utilize some of these skills via experience. But these skills must be refined and structured to become more effective and efficient. (Khademi et al., 2021).

Considering the importance of developing emotional intelligence during the nursing learning process, there are some tangled questions from the researcher's point of view; is the EI of the adolescent nursing student being developed more by the working mother who has no time with her family at home or the no-work mother who does? and then what does the

quantity of time the adolescent nursing student spends with their mother and the quality of this time contribute to developing EI? Additionally is there a relationship between the parenting style as perceived by adolescent nursing students and their EI?

So accordingly, this gave the researcher a prompting idea of assessing the relationship between mothers' work and perceived parenting style on emotional intelligence among adolescent nursing students. Especially upon an analysis of the national and international literature, there is found that the research linking emotional intelligence to the mother's work among adolescents is limited.

Aim of the study:

This study aimed to assess the effect of mothers' work and perceived parenting style on emotional intelligence among adolescent nursing students.

Research Question

Is there a relationship between mothers' work and perceived parenting style and adolescent nursing students' emotional intelligence?

Subjects and methods:

I. Technical design

a) Research design:

A descriptive cross-sectional design was utilized to achieve the aim of the current study.

b) Setting:

This study was conducted at the five technical secondary nursing schools for boys and girls affiliated with the Egyptian Ministry of Health, and Population in Damietta governorate. The five schools were: Damietta, Faraskur, Al-Zarqa, Kafr-Saad, and Saad secondary school of nursing.

c) Subject:

A convenient sample of all available adolescent nursing students in the previous settings during the academic year (2021-2022), N=417 who met the following characteristics criteria:

- Their mother is alive.
- Willing to participate in this study .

d) Tools of data collection:

1st tool: Socio-demographic characteristics questionnaire for adolescent nursing students:

A structured questionnaire had been developed by the researcher to assess:

- Characteristics data of the adolescent nursing student: school name, academic level, age, sex, and residence.
- Characteristics data of the adolescent nursing student's parent: parental marital status, mother's age, mother's education, mother's work, quantity and quality time with mother, father's age, father's education, and father's work.

2nd tool: Profile of Emotional Competence (PEC): was developed by **Brasseur et al. (2013)** It is aimed to assess the five core emotional competencies: Identification, Expression, Understanding, Regulation, and Utilization of one's own emotions and those of others.

The full PEC is composed of a 50-item and encompasses 10 subscales, each subscale has 5 items. The subscale is one of the five core emotional competencies that separately measure both one's own emotions (intrapersonal emotional intelligence) and others' emotions (interpersonal emotional intelligence).

For each question, the students had to position themselves on a 5-point Likert scale ranging from strongly disagree (1) to strongly agree (5). There are 21 reversed items 1 or more in each subscale except for the scale of interpersonal utilization or utilization of others' emotions.

Scoring system:

1. The items marked (*) reversed as:

1=5, 2=4, 3=3, 4=2, 5=1

2. The levels of EI are presented as:

low	≤150
Moderate	151-200
High	201-250

3. Three global scores were:

- **Global EI score:** mean of all items, after reverse-scoring of reversed items.
- **Intrapersonal EI:** mean of items belonging to own emotions subscales, after reverse-scoring of reversed items.
- **Interpersonal EI:** mean of items belonging to other's emotions subscales, after reverse-scoring of reversed items.

3rd Tool: Scale of Parenting Style: was developed by **Gafoor & kurukkan (2014)** The scale consists of 38 items of which 19 are to measure parental responsiveness and 19 measure parental control of parents as perceived by their adolescents.

The students were required to respond on a five-point scale ranging from always false (1) to always true (5) There are no negative items.

Scoring system:

1. Items in this tool were arranged alternately, starting with the responsiveness item. Exceptionally items number one and two are responsiveness items, its parallel control items are item number thirty-eight and thirty-seven. Item number three is a control item, its parallel responsiveness item is item number thirty-six, and so on.
2. Scores for each parent were taken separately and the sum of the scores of each parent was taken for the overall score of an item. Finally, the total score of control and the total score of responsiveness were found separately.
3. A parent who rated as:
 - Authoritative parent: High in both responsiveness and control (above the median).
 - Indulgent parent: High in responsiveness and low in control.
 - Authoritarian parent: Low in responsiveness and high in control.
 - Negligent parent: Low in both responsiveness and control (below the median).

Based on these scores, found out the parenting style of each parent as perceived by their adolescent.

II. Operational design

a) Preparatory phase:

The researcher reviewed the recent, national, and international related literature and theoretical knowledge of various aspects of the study by using books, articles, internet periodicals, and magazines.

- Test validity and reliability:

Regarding test validity, it was assessed by the tools' author with no applied modification

from the researcher. Regarding the reliability of the tools, it was examined by assessing internal consistency, measured by Cronbach's alpha coefficient. The result was (0.804) for the Profile of emotional competence scale and (0.720) for the Parenting style scale.

b) Pilot study:

The pilot study was carried out on 10% of the sample (42 students) of the study Subjects. The purpose of the pilot study was to ensure the feasibility, clarity, and practicability of the tools, test the Reliability, and assess the required time to fill the sheets by the research subject .

There is no modification applied to the tools. So, Subjects included in the pilot study were included in the main study sample. The pilot study was collected in the second week of November 2021.

c) Fieldwork:

The actual fieldwork for the process of data collection has consumed three months starting at the beginning of February 2022 (beginning of the second semester) till the end of April 2022.

The aim and the purpose of the study were also simply explained to the adolescent nursing students. They were informed that the participation is voluntary and most of them were willing to participate. The researcher attended by three days a week (Monday, Tuesday, and Wednesday) from 10.00 a.m. to 2.00 p.m. The questionnaire was handed out by the researcher during the free time between school lessons and when the classes were canceled due to the absence of the teacher. The researcher is keen to collect the sample from the three-stage of each school. So, when it was difficult to achieve, the researcher backs the next time to complete it.

The full data collection tools take approximately 25-35 minutes to administer. Any request for clarification of the meaning of any question was answered by the researcher. This clarification was not gone beyond clarifying the meaning of the question or clarifying what was required, so as not to influence their answering of the questionnaires.

d) Limitation of the study:

- Size and homogeneity of the studied sample:

It was planned that the study would be carried out in the academic year (2020-2021) which was a

heterogeneous sample but due to the recurrent vacations caused by the COVID-19 pandemic, the study was postponed for the next academic year (2021-2022), in which the majority of the students were girls.

- Missing data:

The tools that were used in collecting the data were too long and required unavailable time during the school day, which resulted in some students skipping some questions unanswered. Consequently, the researcher found excluding these questionnaires from the research sample obligatory.

III. Administrative design:

An Official written letter clarifying the aim and the purpose of the current study was signed by the Dean of the Faculty of nursing-Ain Shams University from the Post-Graduate Affairs Department of the Faculty of Nursing-Ain-Shams University which was forwarded to the Deputy-Minister of Health, and Population at The Directorate of Health and Population in Damietta Governorate to gain their cooperation and permission for conducting the study.

IV. Statistical design:

Data were statistically described in terms of mean \pm standard deviation (SD), median and range, or frequencies (number of cases) and percentages when appropriate. Numerical data were tested for the normal assumption using the Kolmogorov Smirnov test. Comparison of numerical variables between the study groups was done using the student *t*-test for independent samples in comparing 2 groups of normally distributed data and the Mann-Whitney *U* test for independent samples for comparing not-normal data. Comparison of normally distributed numerical variables between more than two groups was done using a one-way analysis of variance (ANOVA) test. Non-normal numerical variables between more than two groups were compared using the Kruskal-Wallis test.

For comparing categorical data, Chi-square (χ^2) test was performed. The exact test was used when the expected frequency was less than 5. Correlation between various variables was done using the Spearman rank correlation equation. Two-sided *p-values* less than 0.05 was considered statistically significant. IBM SPSS (Statistical

Package for the Social Science; IBM Corp, Armonk, NY, USA) release 22 for Microsoft Windows was used for all statistical analyses.

Results:

Table (1): shows that less than half of the studied adolescent nursing students (46%) belonged to the first year. The mean age of the studied adolescent nursing students was (16.35 ± 1.7). Most of the studied sample (93.8%) was female. Around two-thirds of them (67%) lived in rural. Most of the parents of the studied sample (90.8%) were married.

Table (2): indicates that the mean age of the studied adolescent nursing students' mothers was (40.3 ± 13.9), while the mean age of their fathers was (46.5 ± 2.35). More than half (59.7%) of their mothers had a technical degree. Likewise, around two-fifth of their fathers (39%) had a technical degree. More than two-thirds (70%) of their mothers had no work. In contrast, almost all the studied adolescent nursing students' fathers (99.8%) had a work.

Table (3): portrays that the means and standard deviations (SD) of the five emotional competencies of Intrapersonal emotional intelligence of the studied adolescent nursing students were (15.5 ± 3.66), (13.6 ± 4.33), (14.2 ± 4.07), (14.5 ± 4.84), and (16.7 ± 4.10) for identification, understanding, expression, regulation, and utilization of other's emotions respectively.

Table (4): shows that the means and standard deviations (SD) of the five emotional competencies of Interpersonal emotional intelligence of the studied adolescent nursing students were (16.2 ± 3.51), (15.2 ± 3.45), (17.9 ± 3.94), (17.2 ± 4.48), and (14.7 ± 4.58) for identification, understanding, listening, regulation, and utilization of other's emotions respectively.

Table (5): clarifies that the total (mean score \pm SD) of intrapersonal, interpersonal, and global emotional intelligence were (3.0 ± 0.53), (3.28 ± 0.48), and (3.14 ± 0.44) respectively.

Figure (1): describes that more than half of the studied adolescent nursing students have a moderate level of EI.

Table (6): shows the mean score and SD for parenting responsiveness is 141 ± 31 with a median of 150 and parenting control is 143 ± 30 with a median of 148.

Table (7): indicates that there are highly statistically significant relations between intrapersonal EI and global EI by sex of adolescent nursing students. There are no statistically significant relations between intrapersonal EI, interpersonal EI, and global EI by academic level, adolescent age, residence, and parental status.

Table (1): Frequency distribution of socio-demographic characteristics of studied adolescent nursing students (n=417).

Items	Frequency	%
Academic level		
First-year	192	46
Second year	112	26.9
Third year	113	27.1
Age/ years		
Less than 15	4	1
15: less than 17	289	69.3
17: less than 19	124	29.7
Mean \pm SD = 16.35 \pm 1.7		
Sex		
Male	26	6.2
Female	391	93.8
Residence		
Urban	137	33
Rural	280	67
Parenteral Marital Status		
Married	379	90.8
Separated	10	2.4
Divorced	10	2.4
Widow	18	4.4

Table (8): shows that there is a highly statistically significant relation between intrapersonal EI and global EI with adolescent nursing students' quality time with their mothers. There are no statistically significant relations between intrapersonal EI or interpersonal EI and global EI with the mother's work, and the quantity of time with their mother.

Finally, table (9) clarifies that there are highly statistically significant correlations between parent styles as perceived by studied adolescent nursing students and their intrapersonal EI, interpersonal EI, and global emotional intelligence.

Table (2): Distribution of socio-demographic characteristics of studied adolescent nursing students' parents (n=417).

Items	Mother		Father	
	N	%	N	%
Age				
25-35 years	57	13.7	1	0.2
35-45 years	293	70.2	160	38.3
45-55 years	65	15.6	220	52.7
> 55 years	2	0.5	36	8.6
Mean ± SD	40.3 ± 13.9		46.5 ± 2.35	
Educational level				
Illiterate	8	1.9	29	7
Basic (read/write)	22	5.2	89	21.3
Secondary or lower (intermediate)	38	9.1	86	20.6
Technical degree (above intermediate)	249	59.7	163	39
Bachelor of arts or science	90	21.5	41	9.8
Post-graduate degree	10	2.4	9	2.3
Work				
Yes	125	30	416	99.8
No	292	70	1	0.2

Table (3): Distribution of the studied adolescent nursing students by the mean score of the five emotional competencies of Intrapersonal emotional intelligence (n=417).

Items	Mean ± SD
Identification of own emotions	15.5 ± 3.66
Understanding of own emotions	13.6 ± 4.33
Expression of own emotions	14.2 ± 4.07
Regulation of own emotions	14.5 ± 4.84
Utilization of own emotions	16.7 ± 4.10

Table (4): Distribution of the studied adolescent nursing students by the mean score of the five emotional competencies of Interpersonal emotional intelligence (n=417).

Items	Mean ± SD
Identification of other's emotions	16.2 ± 3.51
Understanding other's emotions	15.2 ± 3.45
Listening to other's emotions	17.9 ± 3.94
Regulation of other's emotions	17.2 ± 4.48
Utilization of others' emotions	14.7 ± 4.58

Table (5): Distribution of the studied adolescent nursing students by the mean score and SD of total Intrapersonal, Interpersonal, and global emotional intelligence (n=417).

Total subscale	Min score	Max score	Mean ± SD
Total Intra-personal emotional intelligence	1.5	4.8	3.0 ± 0.53
Total Inter-personal emotional intelligence	1.4	4.8	3.28 ± 0.48
Global emotional intelligence	1.8	4.6	3.14±0.44

Figure (1): describes that more than half of the studied adolescent nursing students have a moderate level of EI.

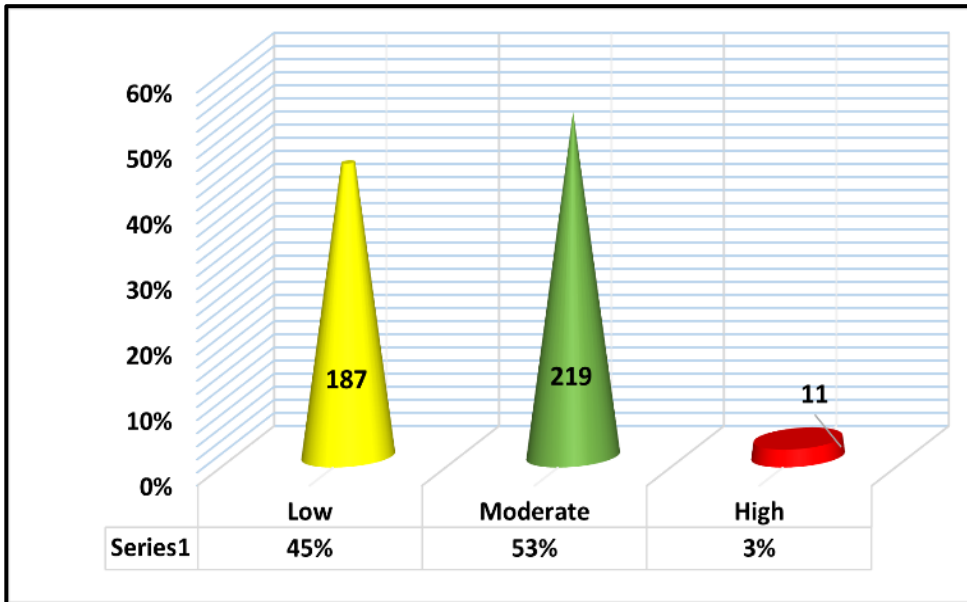


Table (6): Distribution of the studied adolescent nursing students' parents according to the responsiveness and control as perceived by them (n=417)

Items	Mean± SD	Median
Parenting Responsiveness	141±31	150
Parenting Control	143±30	148

Table (7): Relationship between personal Socio-Demographic Characteristics of Studied Adolescents with their Emotional Intelligence (n=417).

Items	Intra-Personal EI				Inter-Personal EI				Global EI			
	Mean	SD	Test value	P-value	Mean	SD	Test value	P-value	Mean	SD	Test value	P-value
Academic level												
1st grade	3.06	0.56			3.30	0.56			3.18	0.44		
2 nd grade	2.96	0.51	4.65	0.09	3.94	0.52	3.37	0.18	3.12	0.45	5.14	0.07
3 rd grade	2.93	0.50			3.22	0.45			3.08	0.41		
Age												
< 15 years	3.10	0.89			3.55	0.44			3.32	0.66		
15:17	3.02	0.53	1.05	0.59	3.31	0.48	5.19	0.07	3.16	0.43	3.90	0.14
17:19	2.96	0.51			3.21	0.50			3.08	0.44		
Sex												
Male	3.35	0.59	3.34	0.004*	3.40	0.45	4.23	0.15	3.37	0.47	3.44	0.006*
Female	2.97	0.52			3.27	0.48			3.12	0.43		
Residence												
Urban	2.99	0.58	15.1	0.816	3.32	0.496	15.0	0.71	3.16	0.45	15.3	0.97
Rural	3.02	0.51			3.30	0.474			3.16	0.42		
Parental marital Status												
Married	3.00	0.53			3.28	0.47			3.14	0.43		
Separated	2.84	0.43	1.02	0.79	3.16	0.60	1.06	0.78	3.00	0.49	1.29	0.73
Divorced	3.01	0.40			3.36	0.47			3.18	0.35		
Widow	3.01	0.68			3.30	0.65			3.15	0.63		
**Highly significant at $p \leq 0.01$				*Significant at $p \leq 0.05$				Not significant at $p > 0.05$				

Table (8): Relationship between Studied Adolescents nursing student mothers' work, their time spent with her, and their Emotional Intelligence (n=417).

Items	Intra-Personal EI				Inter-Personal EI				Global EI			
	Mean	SD	Test value	P-value	Mean	SD	Test value	P-value	Mean	SD	Test value	P-value
Mother Work												
Yes	2.99	0.58	18.0	0.98	3.30	0.49	17.9	0.86	3.14	0.47	18.0	0.73
No	3.00	0.51			3.26	0.48			3.13	0.42		
Quantity of time with mother												
Available most time	2.99	0.53			3.27	0.49			3.13	0.44		
Busy most time	3.02	0.56	0.49	0.92	3.34	0.47	3.29	0.34	3.18	0.45	1.60	0.65
Rarely together	2.93	0.47			3.15	0.46			3.04	0.44		
Not present	2.89	0.20			3.12	0.14			3.00	0.08		
Quality of time with mother												
Available and welcoming	3.05	0.52			3.33	0.46			3.33	0.41		
Available but not welcoming	2.78	0.47			2.92	0.61			2.92	0.43		
Busy but welcoming	2.96	0.57	13.9	0.01*	3.18	0.53	9.91	0.07	3.07	0.49	17.7	0.003*
Busy and not welcoming	3.05	0.50			3.46	0.30			3.26	0.36		
Rarely together	2.76	0.47			3.18	0.46			2.97	0.34		
Not present with	2.53	0.14			3.30	0.14			2.92	0.06		
**Highly significant at $p \leq 0.01$				*Significant at $p \leq 0.05$				Not significant at $p > 0.05$				

Table (9): Correlation between parenting styles as perceived by studied adolescent nursing students and their emotional intelligence (EI) (n=417)

Items	Intrapersonal EI				Interpersonal EI				Global EI			
	Mean	SD	F-Value	P-value	Mean	SD	F-Value	P-value	Mean	SD	F-Value	P-value
Authoritative	3.14	0.52			3.39	0.44			3.26	0.42		
Indulgent	3.08	0.62	11.1	0.000	3.33	0.46	7.14	0.000	3.21	0.43	12.6	0.000
Authoritarian	3.09	0.48			3.30	0.42			3.19	0.35		
Negligent	2.83	0.49			3.15	0.52			2.99	0.43		

The overall F-value of the ANOVA and the corresponding p-value.
 **Highly significant at $p \leq 0.01$ *Significant at $p \leq 0.05$ Not significant at $p > 0.05$

Discussion

(1): Sociodemographic characteristics of studied adolescent nursing students.

Regarding their academic level and age, the present study revealed that; less than half of the studied adolescent nursing students belonged to the first year and were aged 15: 17 years with mean age \pm SD (16.35 \pm 1.7).

Firstly, regarding the academic year, this result may be due to the increasing number of nursing students who have been accepted as part of the ministry of health's plan to fill the shortage of nursing staff because it is inevitable and necessary to multiply the medical staff's number and enhance efficiency, especially the nursing team to confront the COVID-19 pandemic. Secondly, regarding the age of the studied sample, this could be explained as the technical secondary schools of nursing in Egypt admitting students after 9 years of middle school education so, the student's admission age is at least 15 years old. furthermore, more than half of the sample is from the first grade.

This result is congruent with the **American Association of Colleges of Nursing (2022)** that was released in April/5/2022, showing that nursing schools had enrollment increases in entry-level programs grown by 3.3% in 2021, despite concerns that the pandemic of covid-19 would discourage career seekers from entering the nursing profession.

The result of the current study is incongruent with the results of **Singha (2020)** who investigated the "Relationship between Perceived Parental Style and Emotional

Intelligence among Student Nurses" and declared that One-fifth of their participants were in the first class and most of the participants in the study belonged to the age group of 21-23 years.

Concerning the studied adolescent nursing students' sex, the current study clarified that most of them were females while less than one-tenth were males. This result may be due to the insistent enrolment desire of girls and their parents to be admitted to technical secondary nursing school is higher than that for boys. In addition, in keeping with traditions, there were no available classes to separate boys from girls as the authorities of schools declared. So, the researcher was keen to include the Saad secondary nursing school for boys as the only nursing school for boys found while it is still under construction.

This result is in the same line also as **Joseph & Mathew (2022)** who conducted a descriptive correlation research design to examine "Perceived Parenting Style and Emotional Intelligence Among Late Adolescents", the age of their participants ranged from 17 to 19 years with a predominance of the female gender.

Concerning the studied adolescent nursing students' residence, the current study clarified that around two-thirds of them lived in rural. This result may be due to the current study conducted in Damietta city which is an urban/rural governorate with 92.7% villages.

The current result was incompatible with the result of **Ramadan et al. (2020)** who revealed in their study conducted also in Egypt

about "The effect of emotional intelligence program on nursing students' clinical performance during community health nursing practical training" that most of their students were from urban residences.

(2): Sociodemographic characteristics of studied adolescent nursing students' parents.

Concerning the educational level of their parents, more than half of studied adolescent nursing students' mothers had a technical degree. Likewise, around two-fifth of their fathers had a technical degree. This result may be due to the difference in the cultures. Additionally, the value of higher education mostly decreases in rural areas where the above-intermediate education is faster, the availability of work is easier, and the most important factor is the proximity of its payoffs.

These results were in harmony with the result of **Nguyen et al. (2020)** who reported in their study about "perceived parenting styles and emotional intelligence among adolescents in Vietnam" that most mothers and fathers had a primary education between elementary to secondary and worked as manual laborers.

Regarding the working status of their parents, the current study clarifies that more than two-thirds of adolescent nursing students' mothers had no work. In contrast, almost all the studied adolescent nursing students' fathers had a work. It was expected the proportion of the mother's work would be more than that due to the current high living expense, but this result may be due to the dominance of the village fathers to manage the financial status to provide for the needs of their family members, while the second income (the mother's income) goes towards obtaining some of the extras not normally available due to financial limitations.

These results are in line with the result of **Moawed et al. (2017)** in their study "Emotional Intelligence Among Nursing Students: A Comparative Study" who stated that most of the students' mothers in Tanta and Riyadh were not working four-fifth and around three-quarters respectively.

(3): Distribution of the studied adolescent nursing students according to their emotional intelligence (EI).

Regarding their five subscales of intrapersonal EI, the current study shows that

the highest mean score is for intrapersonal utilization, while the lowest mean score is for intrapersonal comprehension. Furthermore, regarding those for Interpersonal EI, the highest mean score is for interpersonal expression, while the lowest mean score is for interpersonal utilization. This result could be explained as the studied adolescent nursing students clearly instead of trying to understand their emotions, they decided to exploit them and benefit from them. While for the emotions of others, they listen to others' emotions and the least trait they can do with them is to exploit them and benefit from them.

These results agree with **Hussien et al. (2020)** who reported in their study "Emotional Intelligence and Uncertainty among Undergraduate Nursing Students during the COVID-19 Pandemic Outbreak: A Comparative Study" that the mean scores for the "Utilization of Emotion" were high in both Saudi Arabia and Egypt. The lowest mean score among Saudi Arabian nursing students was for the subscale, the "Perception of Emotions", whereas the "Managing Own Emotions" subscale had the lowest mean score among Egyptian nursing students.

Concerning their intrapersonal and interpersonal EI, the current study shows that the mean of interpersonal EI of studied adolescent nursing students is slightly higher than their mean of intrapersonal EI. This could be explained as the studied adolescent nursing students' interpersonal EI is highest because of dealing and interacting with others such as peers, parents, teachers...etc. rather than focus on dealing with what happens within their mind or self.

This result is contradicted by **Barkhordari & Rostambeygi (2013)** who found in their study "Emotional intelligence in nursing students" that the Intrapersonal component of the respondent's EI for the first year was higher than the Interpersonal component of their EI.

Concerning global EI, the current study shows that more than half of the studied adolescent nursing students have a moderate level of EI. This could be explained by there is no care for this issue and the lack of its predisposing conditions, especially moderate level means natural or normal level.

This result is in the same line with **Moawed et al. (2017)** who clarified in their study "Emotional Intelligence Among Nursing Students: A Comparative Study" that less than three-quarters of the nursing students of Riyadh got fair total emotional intelligence scores compared to around two-thirds of Tanta nursing students.

The result of the current study didn't come in line with **Edhayavarman & Sivasankari (2020)** who investigated "A Study on Emotional Intelligence of Higher Secondary Students in Karaikudi" and clarified that around two third of the high-secondary students in Karaikudi had a high level of emotional intelligence.

(4): Relation between socio-demographic characteristics of studied adolescent nursing students and their emotional intelligence.

In relation to the academic level and age of the adolescent nursing student, the present study showed that there are no statistically significant relations with intrapersonal, interpersonal, and global EI. This result may be due to the lack of educational quality control, the lack of interest of teachers, and the poverty in the development of their skills overall, which led to the absence of the role model they should be following. This ultimately caused education to become stereotyped, emotionless, and have no creativity. This method of teaching nursing at technical secondary schools of nursing is not different from studying mechanics. Conversely, studying mechanics will provoke thinking and interaction.

These current results are in line with **Benson et al., (2012)** who examined the "Longitudinal study of emotional intelligence, leadership, and caring in undergraduate nursing students" which found no significant change in overall emotional intelligence across three years in an undergraduate nursing program.

Also, the current study contradicted **Benson et al., (2010)** who investigated "A cross-sectional study of emotional intelligence in baccalaureate nursing students" and found a difference in total EQ scores between students in Year 1 and Year 4 was statistically significant as were the scores in the interpersonal and the stress management

subscales with students in Year 4 scoring higher than those in Year 1.

In relation to the sex of the adolescent nursing student, the present study show; there are highly statistically significant relations between intrapersonal and global EI with the mean score of male students being higher than that of the female student.

It's well known that females are emotional in general; they are biologically prepared to consider their one's emotions and those of others as an essential element in survival and preparing to be mothers one day, but this outcome might be explained by the motivated positive feeling of male nursing students who made the decision to enter the field on their own, whereas most of the female nursing students said, they were coerced by their parents to do so. Additionally, female nursing students find it difficult to adapt and accept because of frustration for the reasons mentioned above. The female nursing student may have stopped listening to or caring about their feelings as a result.

The current result agrees with **(Sa et al., 2019)** who investigated "The Relationship Between Self-Esteem, Emotional Intelligence, and Empathy Among Students from Six Health Professional Programs" and found that Emotional intelligence scores were higher among males than females.

While the current result disagrees with **(Lorenzo et al., 2019)** who examined "Emotional intelligence, empathy, and alexithymia: a cross-sectional survey on emotional competence in a group of nursing students" and found that females presented statistically significantly higher scores on the scale of EI than male students in the third year of the nursing course.

According to the current study, there are no statistically significant relations between intrapersonal EI, interpersonal EI, and global EI by the studied adolescent residence. This result is consistent with **Kumar (2020)** who conducted a study on the Emotional Intelligence of Higher Secondary School Students and found there is no significant difference between higher secondary school students from rural and urban on their emotional intelligence.

Regarding the mother's work of the adolescent nursing student and the time spent

with her; the present study showed that there are no statistically significant relations between EI with the mother's work and the quantity of time with the mother, despite there is a high statistically significant relation between intrapersonal and global EI with adolescent nursing students' quality of time with their mothers.

The mean score of intrapersonal and global EI of studied adolescent nursing students whose mothers were available and welcomed them and the opposite case of this which mothers who were busy and unwelcomed them; are the highest. While those with available unwelcomed mothers or mothers who are alive but do not live together are the lowest mean score.

These results may be due to the quality time that the mothers are spending with their adolescents in authentic and positive interaction is considered a golden prime opportunity for satisfying their need for acceptance, getting in touch with their own emotions, becoming more adept at expressing them, and taking the trials for managing them in an appropriate way under mother supervision which would also satisfy their need for safety. As well, with regard to those adolescents whose mothers were busy and they are unwelcomed by her, this could be explained as the compensation that the adolescents seek to do by their fathers, older brothers, peers, or other relatives due to their deep unmet need for acceptance and safety which can form a feeling of inferiority, insecurity, and inadequacy.

This finding of the current study is in disagreement with **kumari & kuntal (2018)** who investigated "Social Competence Among Adolescents of Working And Non-Working Mothers" and revealed that there is a significant difference in the social competence of adolescents of working and non-working mothers. Adolescent of working mothers is found more socially competent than adolescents of non-working mothers.

The result of the current study is contradicted by **Khan & Hassan (2012)** who found that children of non-working mothers are more emotionally intelligent than children of working mothers. Children of working and non-working mothers show a significant difference in self-awareness, empathy, self-motivation,

emotional stability, managing relations, integrity, self-development, and altruistic behavior.

The result of the current study is incongruent with **Singh et al. (2020)** who investigates the "Mental health of adolescents of working and non-working mothers" their sample comprised 70 students (35 students of working mothers and 35 students of non-working mothers) selected from different schools in the Aligarh district. Ninth and tenth-grade students are included in this research with a mean of age range 15.38 and showed that there is a significant difference between adolescents of working and non-working mothers in their mental health. The Adolescents of working mothers have a higher mean score on mental health than non-working mothers.

Finally: The correlation between the studied variables.

According to the present study, there are highly statistically significant correlations between parent styles as perceived by studied adolescent nursing students and their intrapersonal, interpersonal, and global EI. while the highest mean scores of intrapersonal, interpersonal, and global EI were for the perceived authoritative parenting style (high in both responsiveness and control), and the lowest was for the perceived negligent parenting style (low in both responsiveness and control).

These could be explained by the synonym of the parenting styles as the more the parenting style that parents followed with their adolescent is balanced between control and response, the more it will have a positive effect on emotional intelligence, and vice versa.

These results of the current study are in the same line with **Abdollahi et al. (2013)** who declared that the affectionate constraint parenting style (high in care and protection) was a powerful predictor of high ability of emotional intelligence, and neglectful parenting style (low in care and protection) was a plausible predictor of low ability of emotional intelligence in adolescents.

As well, the current findings is consistent with **Devi & Uma (2013)** who showed that adolescents with authoritative parents had higher scores on several sub-scales of emotional intelligence compared to adolescents with authoritarian and permissive

parents. They were aware of their feelings, shows empathy for others, were highly assertive, highly socially responsible, and were happy compared to the adolescents reared by parents with authoritarian and permissive attitudes.

These results of the current study agree also with **Joseph & Mathew (2022)** who indicated that there was a significant weak positive relationship between the Authoritative parenting style of the mother and the Emotional Intelligence of late adolescents.

These results of the current study were in harmony with the study of **Shalini & Acharya (2013)** on " Perceived Paternal Parenting style on Emotional Intelligence of Adolescents" which showed that a father's authoritative and authoritarian parenting style significantly correlated with emotional intelligence.

In contrast to current findings also, **Fakunmoju et al. (2021)** revealed that there was no significant correlation between emotional intelligence and parenting styles .

These results of the current study are incongruent with **George et al. (2017)** who examined "A study of emotional intelligence and perceived parenting styles among adolescents in a rural area in Karnataka" and found that there was no association between parental style and EI.

Conclusion

The current study concluded that there is no statistically significant relationship between the mother's work either with the Emotional intelligence of studied adolescent nursing students or the parenting style as perceived by them. On the other hand, there was a highly significant relationship between the quality of time spent with their mothers and their intrapersonal and global emotional intelligence. lastly, there were highly statistically significant correlations between the studied adolescent nursing students' EI and parent styles as perceived by them.

Recommendations

- Nursing Schools should conduct systematic parent meetings, where promoting awareness of the importance and impact of

the role of parenting on the adolescent's EI can be done.

- It is recommended that community mental health nurses plan educational assemblies for adolescent student's mothers to clarify the positive impact of spending quality time with their adolescents (listening to them, especially about their difficulties in understanding and dealing with others, talking about their feeling, and engaging in things they both enjoy or choose to do together) on the developing the adolescent's emotional intelligence.
- The Profile of Emotional Competence (PEC) scale should be applied to nursing students to figure out those who need to develop intrapersonal or interpersonal EI or both.
- It is also recommended to nursing administrators should give their students the opportunity to express their feelings and talk about situations that happen to them or between peers because it is important to consider effective communication with the nursing students during the learning process and training by the academic and clinical nursing administrators to enhance the development of EI.

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