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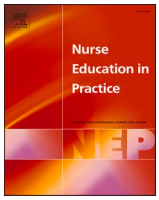

Emotional management, empathy and emotional intelligence in mental health nursing: Educational insights from a scoping review

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ABSTRACT

Aim: To map the existing evidence on emotional management strategies used by mental health nurses and explore implications for education, curriculum and clinical practice.
Background: Emotional competence is a component of mental health nursing, where nurses are frequently exposed to emotionally complex and demanding interactions. Despite its relevance, evidence remains fragmented regarding how emotional management strategies can inform the education and preparation of mental health nurses.
Design: Scoping review.
Methods: The review was conducted following the JBI methodology and PRISMA-ScR guidelines. Searches were conducted in MEDLINE, CINAHL and PsycINFO from 2015 to 2024. Studies addressing emotional management strategies among mental health nurses were included. Data were charted and synthesised using thematic analysis.
Results: Five studies from Portugal, Canada and the United States met the inclusion criteria. Four key themes were identified: (1) emotional management as a foundational professional competence; (2) education for emotional intelligence through structured training and reflective practice; (3) empathy as central to therapeutic engagement; and (4) self-awareness as a prerequisite for effective emotional regulation. Strategies such as clinical supervision, emotional intelligence training and reflective learning were associated with improved communication, personalised care, increased professional confidence and reduced burnout.
Conclusion: Integrating the development of emotional competence into nursing education through structured learning, reflective pedagogies and supervised clinical experiences may enhance resilience, relational competence and preparedness for mental health nursing practice.
Implications for Practice: Embedding emotional intelligence, empathy and self-awareness within nursing curricula can strengthen students' emotional preparedness, promote wellbeing and support sustainable mental health nursing practice across diverse care settings.

1. Introduction

Emotional competence is increasingly recognised as a central component of nursing practice, particularly in mental health care, where nurses routinely engage with individuals experiencing psychological distress, behavioural instability and complex interpersonal needs. In these settings, nurses must respond not only to clinical symptoms but also to the emotional dynamics that shape therapeutic encounters.

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Competencies such as emotional management, emotional intelligence, empathy and self-awareness are therefore essential for establishing trust, maintaining patient safety and supporting nurses' well-being in environments characterised by high emotional demand (Mayer, Caruso, and Salovey, 2016; Foster et al., 2020). The development of these competencies begins during undergraduate and postgraduate nursing education, where structured learning experiences can shape students' ability to navigate emotionally complex clinical situations.

In nursing education, the importance of preparing students to manage challenging emotions has gained increasing attention. Evidence suggests that students frequently report high levels of stress and uncertainty when entering mental health placements, often due to limited prior exposure to emotionally charged interactions (Eddy, Jordan, and Stephenson, 2021). Inadequate preparation for the emotional aspects of mental health care may contribute to students' anxiety, diminished confidence and avoidance of mental health practice areas after graduation (Birks, McKendree, and Watt, 2014). These concerns reinforce the need for intentional educational approaches that promote emotional resilience, empathy, reflective capacity and emotional intelligence as integral outcomes of nursing curricula.

Educational strategies such as reflective practice, clinical supervision, mindfulness-based training and simulation-based learning have shown promise in enhancing emotional competence among nursing students. Reflective pedagogies allow learners to process emotional experiences and develop insight into their reactions (Thomas and Asselin, 2018), while mindfulness practices have demonstrated effectiveness in reducing stress and improving self-regulation among health professions students (Shapiro, Brown, and Biegel, 2007). Simulation, including scenarios focused on communication, crisis intervention and emotionally charged patient interactions, can strengthen students' confidence and competence before entering clinical placements (Szpak and Kameg, 2013). However, the integration of these strategies across programmes remains inconsistent and many curricula still prioritise technical and cognitive skills over affective competencies.

Although emotional intelligence and related constructs have been widely studied in general nursing education, comparatively little research synthesises how mental health nurses—who work most intensively with emotional complexity—manage their own emotions in practice. Mental health nurses are consistently exposed to high emotional demands, which can affect psychological wellbeing, resilience and caring behaviours if not adequately supported (Foster et al., 2020). Understanding the emotional management strategies used by experienced mental health nurses may provide valuable insights for curriculum development, teaching practices and clinical supervision models. Mapping this evidence is important for identifying pedagogical gaps, guiding educational innovation and supporting the preparation of a workforce equipped to deliver compassionate, emotionally attuned mental health care. Recent international evidence highlights the mental health and emotional well-being of healthcare professionals as a global public health priority, particularly in high-emotion-demand settings such as mental health care (Søvold et al., 2021). Despite the growing recognition of the importance of emotional competence in mental health nursing, the literature remains fragmented, with studies varying widely in conceptual definitions, methodological approaches and educational implications. A comprehensive synthesis is therefore needed to clarify which strategies are used in practice, which competencies are most critical and how these findings can be translated into effective educational interventions for nursing students and trainees.

To address this gap, this scoping review aims to map the existing evidence on emotional management strategies used by mental health nurses caring for individuals with mental disorders and to examine the implications of these strategies for nursing education, training and the development of emotionally competent practitioners. Despite growing recognition of emotional competence as a core professional skill, its conceptualisation and educational integration in mental health nursing curricula remain fragmented, underscoring the need for a comprehensive mapping of existing evidence.

2. Materials and methods

2.1. Review design

This scoping review was conducted using the Joanna Briggs Institute (JBI) methodological framework and is reported in accordance with the PRISMA-ScR checklist. The review protocol was prospectively registered on the Open Science Framework (OSF; https://osf.io/gm96n/), ensuring methodological transparency. A scoping review design was chosen because the literature on emotional management in mental health nursing is conceptually diverse and methodologically heterogeneous, requiring an exploratory approach capable of mapping existing evidence, clarifying conceptual boundaries and identifying gaps relevant to nursing education.

2.2. Eligibility criteria

The JBI PCC mnemonic guided eligibility criteria. The population of interest consisted of mental health and psychiatric nurses providing care to individuals with mental disorders. The concept examined was the use of emotional management strategies, including emotional intelligence, empathy, self-awareness and related emotional competencies. The context for inclusion was mental health or psychiatric care settings worldwide. Only primary research studies published between 2015 and 2024, in English, Portuguese or Spanish, were included. Studies were excluded if they focused on general nursing populations without a mental health component, did not explore emotional management strategies or were theoretical papers, commentaries, dissertations or conference abstracts.

2.3. Search strategy

A comprehensive search strategy was developed after an initial exploratory scan of MEDLINE (PubMed) to identify indexing terms and relevant keywords. The final search strategy was then applied to MEDLINE, CINAHL and PsycINFO, with an initial search conducted in January 2024 and updated in July 2025. Search terms included "mental health nursing," "psychiatric nursing," "emotional intelligence," "emotion management," "self-awareness," and "empathy," combined using Boolean operators. Reference lists of included studies were also screened to identify any additional relevant publications.

The selection of MEDLINE, CINAHL and PsycINFO was guided by the Joanna Briggs Institute (JBI) methodology for scoping reviews, which recommends including a minimum number of conceptually relevant databases rather than exhaustive database coverage. This approach aligns with the primary aim of scoping reviews, which is to map the extent, range and nature of available evidence rather than to estimate intervention effects or conduct quantitative synthesis.

These databases were chosen because they provide comprehensive coverage of nursing science, mental health, psychology and educational research, aligning closely with the Population–Concept–Context (PCC) framework underpinning this review. To further reduce the risk of missing relevant studies, the reference lists of all included articles were manually screened for additional eligible publications.

2.4. Study selection

All retrieved citations were exported to Rayyan software, where duplicate entries were removed. Two reviewers independently screened titles and abstracts according to the eligibility criteria. Full-text articles were assessed independently by the same reviewers and disagreements were resolved through discussion or adjudication by a third reviewer. The full selection process is depicted in a PRISMA-ScR flow diagram, documenting records identified, screened and included in the final

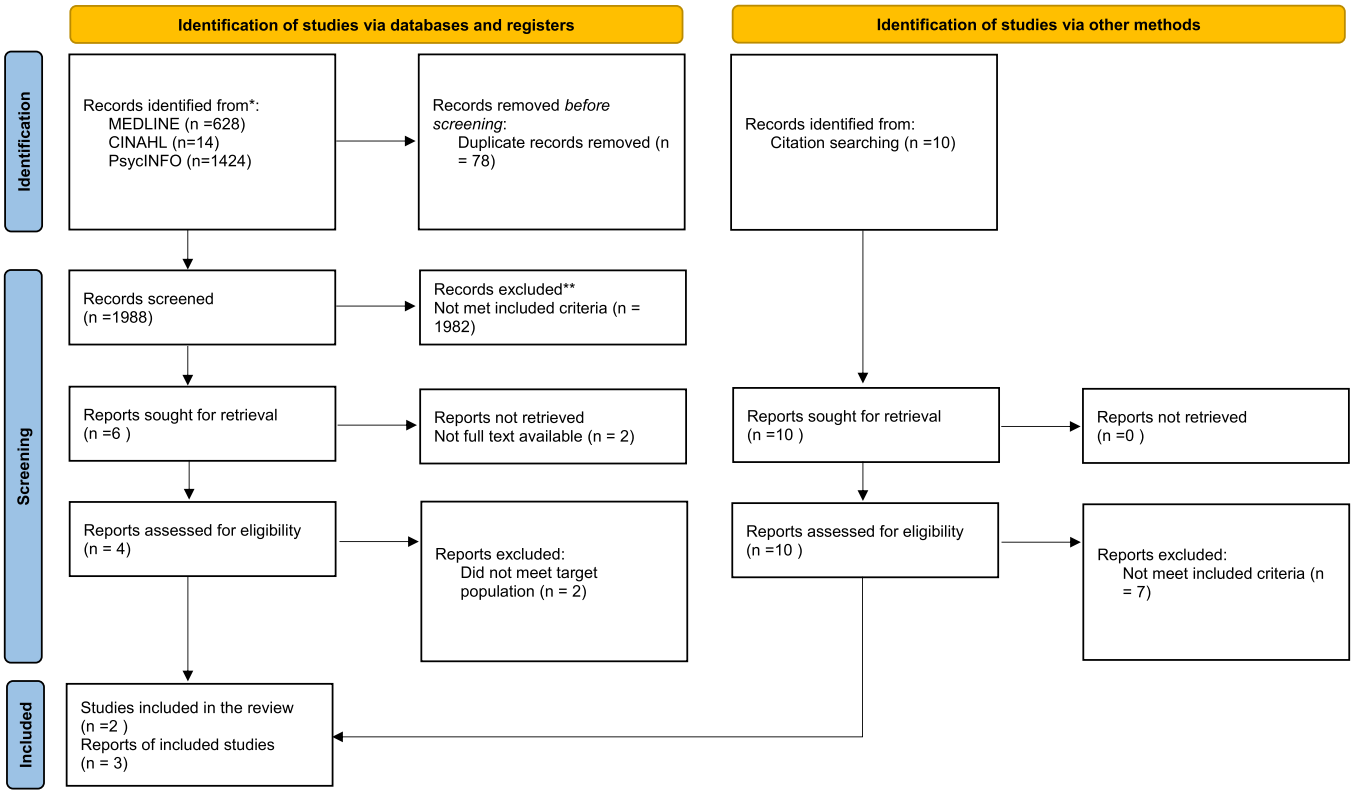

Fig. 1. The flowchart of the article's selection process was adapted from the PRISMA 2000 flow diagram.

Table 1
Database search strategy.

Database: MEDLINE (via PubMed)
Filters: full text, last 9 years, English, Portuguese, Spanish
Results: 628 results
Search Strategy (5 de january 2024)
((Strategies[MeSH Terms])) OR (Strategies[Title/Abstract])) OR (Health Coping skils[Title/Abstract])) OR (Health Coping skils[MeSH Terms])) AND (Emotions[MeSH Terms])) OR (Emotions[Title/Abstract])) OR (emo* management[Title/Abstract])) OR (emo* management[MeSH Terms])) AND (Nurs*[Title/Abstract])) OR (Nurs*[MeSH Terms])) AND (mental health patients[Title/Abstract])) OR (mental health patients[MeSH Terms])
Database:: CINAHL (via EBSCO)
Filters: full text, last 9 years, English, Portuguese, Spanish
Results: 14 results
Search Strategy (11 january 2024)
(MH health strategies OR AB health strategies OR TI health strategies OR MH strategies OR AB strategies OR TI strategies OR MH healthy coping skills OR AB healthy coping skills OR TI healthy coping skills) AND (MH emotions OR AB emotions OR TI emotions OR MH emo* management OR AB emo* management OR TI emo* management) AND (MH Nurs* OR AB Nurs* OR TI Nurs*) AND (MH mental health patients OR AB mental health patients OR TI mental health patients)
Database: PsycInfo (via EBSCO)
Filters: full text, last 9 years, English, Portuguese, Spanish
Results: 1424 results
Search Strategy (13 de january 2024)
Keywords: Health Strategies OR Title: Health Strategies OR Abstract: Health Strategies OR Keywords: Strategies OR Title: Strategies OR Abstract: Strategies OR Keywords: Health Coping skills OR Title: Health Coping skils OR Abstract: Health Coping skils AND Keywords: Emotions OR Title: Emotions OR Abstract: Emotions OR Keywords: emo* management OR Title: emo* management OR Abstract: emo* management AND Keywords: Nurs* OR Title: Nurs* OR Abstract: Nurs* AND Keywords: mental health patients OR Title: mental health patients OR Abstract: mental health patients

synthesis.

2.5. Data extraction

Data were extracted using a charting tool developed following JBI guidelines. The tool was piloted on a subset of studies to ensure consistency and refine extraction parameters. Extracted data included authorship, year of publication, country, study design, participant characteristics, descriptions of emotional management strategies and the main findings relevant to clinical practice and nursing education. Reviewers met regularly to compare extracted information and ensure accuracy.

2.6. Data synthesis

An inductive thematic synthesis approach was used to analyse and integrate the findings of the included studies. Data relevant to emotional management strategies and their educational implications were independently extracted and coded by two reviewers. Initial codes were generated directly from the data without the use of a pre-existing analytical framework.

The reviewers then iteratively compared and discussed the coding outputs to identify similarities, differences and recurring patterns across studies. Discrepancies in coding or theme interpretation were resolved through consensus-based discussion and where necessary, by refining

Table 2
General characteristics of the selected studies.

Author, Year, Country	Objetive	Population, sample Size (n)	Results
Cruz et al., (2015) Portugal	Relate the implementation of a clinical supervision model to the emotional intelligence capabilities of the supervised nurses	nurses (n = 38)	Over a short period of time, a clinical nursing supervision model was implemented (six months). However, the study indicates that when supervisees were more "self-motivated," they discussed fewer "personal issues." Supervisors must be emotionally intelligent leaders, capable of teaching and training the emotional intelligence capabilities of the supervisees, because these can be learned and developed.
Powell et al., (2015) USA	Examine the recent empirical evidence related to emotional intelligence, in general, and to nursing, specifically, in order to synthesize and critique the research findings and discuss the implications for nurse leaders in mentais health.	Mental health specialist nurses who provide direct patient care. (n = 14)	Although emotional intelligence is not a new construct outside of nursing, its usefulness for nurses is still being developed. The inconsistent use of operational definitions and numerous theoretical models makes it difficult to synthesize and translate findings into practice.
Raghubir, (2018) Canada	Clarify the understanding of the emotional intelligence concept, identify which attributes signify emotional intelligence, and determine its antecedents, consequences, related terms, and implications for the advancement of nursing practice.	Nurses (n = 23)	Clarify the understanding of the emotional intelligence concept, identify which attributes signify emotional intelligence, and determine its antecedents, consequences, related terms, and implications for the advancement of nursing practice
Teixeira et al., (2022) Portugal	Evaluate the implementation of the SafeCare Model in developing emotional competencies among nurses in a mental health service.	Nurses in a mental health service (n = 11)	There are no statistically significant differences between the two time points. In the content analysis conducted, nurses identify positive changes in their personal and professional development, team communication, conflict management, and group relationships. They also report changes in the quality of care and in organizational processes.
Fernandes, 2022 Portugal	Identify the Emotional Competence profile of Mental Health and Psychiatry Specialist Nurses.	Mental Health and Psychiatry Specialist Nurses	Statistically significant differences were found in the Empathy dimension. Regarding the determinants of Emotional Competence, it was confirmed that all capacities are predictive of it and that specialist nurses presented moderate levels of Emotional Competence in its five dimensions and overall. The "Self-awareness" dimension showed a high level of Emotional Competence.

code definitions. This iterative process led to the development of higher-order themes that captured shared conceptual meanings across the included studies. Given the exploratory nature of scoping reviews and qualitative thematic synthesis, no formal intercoder reliability coefficient was calculated.

3. Results

The database search yielded 1988 records, of which 1982 were excluded after title and abstract screening. Six full-text articles were assessed and two were excluded for not meeting the population criteria. Screening of reference lists led to the identification of three additional studies. A total of five studies were included in this scoping review: Cruz et al. (2015), Powell et al. (2015), Raghubir (2018), Fernandes et al. (2022) and Teixeira et al. (2022). These studies were conducted in Portugal, Canada and the United States, representing different contexts in mental health nursing.

Although heterogeneous in design, the studies collectively described key emotional competencies essential for mental health nurses. Through inductive thematic synthesis, four main themes were identified: emotional management, education for emotional intelligence, empathy and self-awareness.

3.1. Emotional management

This theme positions emotional management as a core professional competency that can be intentionally developed through education and reflective practice, rather than as an innate personal characteristic. Emotional management became a key part of mental health nursing practice, with nurses often dealing with emotionally demanding and unpredictable situations (Raghubir, 2018). The studies highlighted that poor emotional regulation can have an impact on communication and clinical decision-making, whereas effective management boosts resilience and patient safety. This was evident in Fernandes et al. (2022), who found that clinical supervision improved nurses' emotional regulation and encouraged reflective practice.

3.2. Education for emotional intelligence

This theme highlights emotional intelligence as a structured and

developable capacity that can be fostered through targeted educational strategies in nursing education and training programmes. Several studies have highlighted the importance of structured educational interventions for developing emotional intelligence. Powell et al. (2015) identified inconsistencies in how emotional intelligence is conceptualised and measured but noted its clear relevance for leadership and clinical performance in mental health settings. Cruz et al. (2015) showed that supervision and reflective learning significantly contributed to emotional awareness and improved integration of theory and practice. The overall evidence suggests that emotional intelligence can be strengthened through purposeful training embedded in nursing education.

3.3. Empathy

This theme frames empathy as a relational and professional skill essential to therapeutic engagement in mental health nursing, while also recognising the need for educational support to sustain empathic practice. Empathy was consistently recognised as a key skill in mental health nursing. Raghubir (2018) found that nurses with longer exposure to individuals with mental illness displayed higher levels of empathetic engagement. Fernandes et al. (2022) similarly emphasised empathy as vital for building therapeutic relationships and delivering person-centred care. Although none of the studies assessed empathy as an intervention outcome, the mapping shows its importance in emotional competence frameworks in mental health nursing.

3.4. Self-awareness

This theme identifies self-awareness as a foundational component of emotional competence, underpinning nurses' ability to recognise emotional responses, regulate behaviour and engage reflectively in clinical practice. Self-awareness was described as a precursor to emotional intelligence and an essential competency for mental health nurses. According to Raghubir (2018), effective nursing practice requires nurses to understand their emotional triggers and internal responses. Teixeira et al. (2022) observed that structured clinical supervision enhanced nurses' self-awareness, enabling more reflective and emotionally attuned practice. Across studies, self-awareness was regarded as a necessary component for the development of broader emotional competence.

3.5. Summary of mapped evidence

Taken together, these five studies map a foundational set of emotional competencies relevant to mental health nursing practice. Emotional management, emotional intelligence, empathy and self-awareness were consistently highlighted as critical for professional effectiveness and resilience. Although the evidence base remains limited, the findings point to the importance of integrating the development of emotional competence into nursing education and ongoing professional development.

4. Discussion

This scoping review mapped the existing evidence on emotional management strategies used by mental health nurses and identified four interrelated competencies: emotional management, emotional intelligence, empathy and self-awareness. Although the number of included studies was limited, the convergence of findings across different contexts and methodologies provides a coherent conceptual picture of emotional competence as a central dimension of mental health nursing practice. Importantly, the results highlight emotional competence not as an ancillary or personal attribute, but as a set of professional skills with direct relevance for education, practice and workforce sustainability.

The prominence of emotional management across the included studies reflects the emotionally demanding nature of mental health nursing, where practitioners are routinely exposed to distress, crisis situations and complex interpersonal dynamics. Evidence suggests that nurses' ability to regulate emotional responses influences therapeutic engagement, communication quality and clinical judgement (Raghubir, 2018; Fernandes et al., 2022). From an educational perspective, this finding reinforces the need to conceptualise emotional regulation as a teachable and developable competency. Early educational exposure to emotional management strategies may be particularly important for students and newly graduated nurses, who often report high emotional strain during initial mental health placements. Integrating emotional regulation training into undergraduate curricula may therefore support resilience development and reduce vulnerability to emotional exhaustion at the transition-to-practice stage.

A second major contribution of this review concerns the role of education in developing emotional intelligence. The mapped evidence indicates that emotional intelligence is not a fixed personal trait but can be fostered through structured educational interventions, including clinical supervision, guided reflection and focused training programmes (Cruz et al., 2015; Powell et al., 2015). This aligns with broader educational and organisational literature suggesting that emotional intelligence is associated with improved interpersonal functioning, communication and work-related attitudes (Miao et al., 2017). More recent evidence further supports the effectiveness of emotional intelligence training across healthcare professions (Powell et al., 2024). Together, these findings suggest that emotional intelligence development should be approached as an explicit curricular outcome rather than an implicit by-product of clinical exposure, particularly in mental health education where emotional demands are pronounced.

Empathy emerged as a core relational competency underpinning therapeutic engagement in mental health nursing. The included studies consistently highlight empathy as essential for building trust, understanding patients' emotional experiences and delivering person-centred care (Raghubir, 2018; Fernandes et al., 2022). However, the broader literature cautions that sustained empathic engagement without adequate emotional regulation may increase the risk of emotional exhaustion and compassion fatigue (Figley, 1995; Sinclair et al., 2017). This tension underscores the importance of framing empathy in education not only as an interpersonal skill but also as a capacity requiring regulation and professional boundaries. Educational strategies that combine empathic skill development with reflective practice, simulation and emotional boundary-setting may help students learn how to sustain empathic engagement while protecting their own wellbeing. Recent evidence also indicates that emotional labour influences nurses' job satisfaction, with nurse–patient relationships mediating this effect, further emphasising the centrality of emotional competence in relational care (Xu and Fan, 2023).

Self-awareness was identified as a foundational competency supporting all other dimensions of emotional competence. Across studies, self-awareness enables nurses to recognise emotional triggers, reflect on internal responses and adapt behaviour in emotionally complex situations (Raghubir, 2018; Teixeira et al., 2022). In educational contexts, self-awareness supports reflective capacity and professional identity development, helping students interpret both their own emotional responses and those of patients. Pedagogical approaches such as reflective journals, structured debriefing, narrative pedagogy and supervised clinical reflection are therefore particularly relevant for fostering self-awareness. Recent scoping evidence in nursing education further highlights the role of reflective practice in supporting emotional awareness, critical reflection and professional development among nursing students (Bowers et al., 2025).

When considered collectively, the four themes identified in this review form a dynamic and interdependent framework of emotional competence in mental health nursing. Self-awareness appears to underpin emotional intelligence by enabling recognition and understanding of emotional processes. Emotional intelligence, in turn, supports

emotional management by facilitating the interpretation and regulation of emotions in complex clinical contexts. Empathy operates relationally within this framework, enabling therapeutic engagement but requiring continuous regulation to prevent emotional exhaustion. Rather than representing discrete or sequential skills, these competencies interact continuously and mutually reinforce one another, contributing to professional resilience, relational quality and sustainable practice in emotionally demanding environments.

The geographical concentration of the included studies in Western contexts raises important considerations regarding transferability. Cultural norms influence how emotions are expressed, regulated and valued in both clinical practice and education. In some contexts, emotional restraint and professional distance may be emphasised, whereas in others, emotional expressiveness and relational closeness are more strongly encouraged. The absence of empirical studies from regions such as Asia, Africa and South America highlights a significant gap in the literature and underscores the need for culturally sensitive research. Cross-cultural evidence suggests that while compassion is universally valued in healthcare, its enactment and regulation vary across cultural contexts, with implications for emotional burden and professional wellbeing (Poudel et al., 2025). Educational approaches to emotional competence should therefore be adaptable to local cultural values, healthcare systems and professional norms.

Overall, the findings of this scoping review emphasise the need for mental health nursing education to move beyond implicit assumptions that emotional competence develops naturally through experience. Instead, emotional management, emotional intelligence, empathy and self-awareness should be addressed explicitly and systematically within curricula, clinical supervision and assessment strategies. By clarifying how these competencies are conceptualised and addressed in the existing literature, this review provides a foundation for more intentional integration of emotional competence into mental health nursing education and supports the preparation of a resilient, reflective and emotionally attuned workforce.

Further research is needed to strengthen the evidence base on emotional competence in mental health nursing education and practice. Future studies should prioritise longitudinal and large-sample designs to examine how emotional management, emotional intelligence, empathy and self-awareness develop over time and how these competencies influence nurses' wellbeing, retention and professional sustainability.

Cross-cultural and comparative research is particularly warranted to explore how emotional competence is conceptualised, taught and enacted across different cultural, educational and healthcare contexts. Such studies would help distinguish universal elements of emotional competence from those that are context-specific and culturally mediated.

There is also a need for research that employs validated, standardised measurement tools to assess emotional competence and related constructs, enabling greater comparability across studies. Future investigations should examine the effectiveness of specific educational interventions—such as reflective practice, simulation-based learning and emotional intelligence training—across different stages of nursing education and professional experience.

Importantly, future research should extend beyond nurse-related outcomes to include patient-related outcomes, such as therapeutic engagement, satisfaction and adherence to care, particularly in mental health settings where relational processes are central. Addressing these gaps would support the development of evidence-informed educational strategies and contribute to more resilient and emotionally competent mental health nursing workforces.

4.1. Limitations

This scoping review has several limitations that should be considered when interpreting the findings. First, the included studies were characterised by relatively small sample sizes and predominantly cross-sectional or small-scale intervention designs. These methodological characteristics limit the robustness of the evidence and preclude conclusions regarding causality or the long-term effects of emotional management strategies in mental health nursing practice. Accordingly, the findings should be interpreted as exploratory and descriptive, consistent with the purpose of scoping reviews to map the extent and nature of available evidence rather than to assess effectiveness.

Second, the included studies primarily focused on nurse-related outcomes, such as emotional regulation, professional confidence and communication skills and did not directly assess patient-related outcomes, including treatment adherence, satisfaction, or clinical improvement. This limits the ability to draw conclusions about the impact of nurses' emotional competence on patient outcomes in mental health care.

Third, no stratified analyses were reported according to nurses' educational level or years of professional experience. As a result, it is not possible to determine whether emotional management strategies are equally applicable across different stages of training and practice, including undergraduate students, novice nurses and experienced mental health nurses. Although it is plausible that emotional competence development varies across the professional lifespan, such considerations remain inferential and are not directly supported by the available evidence.

Finally, the search strategy was restricted to selected databases and to studies published in English, Portuguese and Spanish, which may have resulted in the omission of relevant literature indexed in other sources or published in other languages. In addition, consistent with the methodological guidance for scoping reviews, no formal appraisal of the methodological quality of the included studies was conducted. Consequently, the findings reflect the scope and characteristics of the existing literature rather than its methodological rigor. Although reference list screening was undertaken to mitigate these limitations, the possibility of missing relevant studies cannot be entirely excluded.

4.2. Implications for practice

The findings of this scoping review have practical implications for mental health nursing education across different stages of training and professional development. At the undergraduate level, nursing curricula should prioritise foundational emotional competencies, such as emotional awareness, empathy and basic emotional regulation. Educational strategies such as reflective journals, simulation-based learning and guided debriefing can support students in recognising emotional responses and developing reflective capacity in safe learning environments.

For nurses in early career or initial professional training, the focus should shift towards the application of emotional management skills in real clinical contexts. Structured clinical supervision, mentoring and facilitated reflective discussions may support novice nurses in navigating emotionally demanding situations, strengthening professional confidence and reducing vulnerability to emotional distress during the transition to practice.

In the context of continuing professional education, the development of emotional competence should emphasise sustainability and professional resilience. Ongoing peer reflection, advanced supervision and resilience-focused educational activities may support experienced mental health nurses in maintaining empathic engagement, managing emotional exhaustion and preventing compassion fatigue over time. Adopting a tiered and developmentally appropriate approach to emotional competence education may enhance well-being, professional longevity and the quality of mental health nursing care.

5. Conclusions

This scoping review mapped the available evidence on emotional management strategies used by mental health nurses and identified four

interconnected competencies: emotional management, emotional intelligence, empathy and self-awareness. Although the number of studies was limited, the consistency of findings across diverse methodological designs emphasises the importance of emotional competence in mental health nursing practice. These competencies support therapeutic engagement, improve communication and contribute to professional resilience in emotionally demanding environments.

The mapped evidence emphasises the need for nursing education programmes to include structured opportunities for developing emotional competence. Strategies such as reflective practice, clinical supervision, simulation-based learning and targeted emotional intelligence training seem particularly relevant for preparing students and newly graduated nurses for the emotional challenges of mental health care. Incorporating these methods into curricula could improve students' preparedness for practice, enhance their ability to manage emotions and encourage the delivery of compassionate, person-centred care.

Despite the insights gained, significant gaps remain. Research on emotional management in mental health nursing is limited in scope and geographical diversity and few studies assess the impact of educational interventions on long-term emotional competence. Future research should examine how emotional skills can be systematically taught, reinforced and evaluated throughout nursing education and how these skills are maintained in professional practice.

This scoping review highlights emotional management, emotional intelligence, empathy and self-awareness as interrelated competencies central to mental health nursing practice and education. Despite a limited, methodologically heterogeneous evidence base, the consistency of themes underscores the importance of explicitly addressing emotional competence in nursing curricula rather than assuming it develops naturally through clinical experience**.** By clarifying how emotional competence is conceptualised and addressed in the existing literature, this scoping review provides a foundation for more coherent and intentional integration of emotional competence into mental health nursing education.(Fig. 1 and Tables 1 and 2)

CRediT authorship contribution statement

Andreia Lima: Writing – review & editing, Writing – original draft, Validation, Methodology, Formal analysis, Data curation, Conceptualization. **Salomé Ferreira:** Writing – review & editing, Writing – original draft, Formal analysis, Data curation, Conceptualization. **Fernandes Carla Sílvia:** Writing – review & editing, Writing – original draft, Formal analysis, Data curation, Conceptualization. **Maria Teresa Moreira:** Writing – review & editing, Writing – original draft, Visualization, Validation, Supervision, Software, Project administration, Methodology, Investigation, Funding acquisition, Formal analysis, Data curation, Conceptualization.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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