

A Cross-Sectional Study to Assess the Emotional Intelligence Amongst Nursing Professionals

**Aparajita Shukla¹, Namrata Kriplani², J Priyalatha³, Neelam Chand⁴,
Renu Sharma⁵, Arya Aravind⁶, Hima John⁷, Sapna Kumari⁸**

¹Associate Professor, CON Command Hospital (Ec) Kolkata

^{2,3,4,5,6,7,8} M.Sc (N) Trainee Officers, CON Command Hospital (Ec) Kolkata

Abstract

Emotional intelligence (EI) has emerged as a vital competency in healthcare, particularly in nursing, where professionals are required to balance technical expertise with emotional resilience and interpersonal sensitivity. Nurses operate in emotionally charged environments where decisions often carry life-or-death consequences, and their ability to regulate emotions, empathize with patients, and collaborate effectively with colleagues directly influences patient outcomes and workplace harmony. This study aimed to assess emotional intelligence among nursing professionals in Kolkata and examine its association with demographic variables such as age, education, and years of experience. A descriptive cross-sectional study was conducted among 108 nursing professionals working in hospitals in Kolkata. Data were collected using a validated self-assessment tool comprising 20 items across four EI domains: self-awareness, self-management, social awareness, and relationship management. Scores below 18 indicated need for improvement. Descriptive statistics were applied for analysis. The majority of participants scored low (1–18) across EI domains: self-awareness (65%), self-management (54%), social awareness (58%), and relationship management (65%). Younger nurses (21–30 years), B.Sc. graduates, and those with fewer years of experience demonstrated lower EI compared to their counterparts. Emotional intelligence among nursing professionals in Kolkata was found to be suboptimal, particularly in self-awareness and relationship management. Structured interventions such as EI training workshops are recommended to enhance nurses' emotional competencies, thereby improving patient care and workplace collaboration.

Keywords: Emotional Intelligence, Nursing professionals, Self-awareness, Relationship management, Professional development, Workplace stress.

1. Introduction

Nursing is a profession that demands not only technical expertise but also emotional resilience and interpersonal sensitivity. Emotional intelligence, defined as the ability to perceive, regulate, and utilize emotions effectively, has emerged as a vital competency in healthcare. Mayer and Salovey first conceptualized EI as the ability to perceive emotions, access emotional information to assist thought, understand emotional knowledge, and regulate emotions to promote growth [2,3]. Later, Goleman emphasized that EI often matters more than IQ in predicting professional success [4].

In nursing, EI influences stress management, empathy, communication, and teamwork. Nurses with higher EI are better equipped to handle emotionally taxing situations, build therapeutic relationships, and contribute to patient satisfaction. Conversely, low EI may lead to burnout, poor communication, and compromised patient care. Cowin highlighted that nurses' self-concept and emotional awareness are directly linked to their ability to provide compassionate care [1]. Despite its importance, EI remains underexplored in Indian nursing contexts, particularly in metropolitan healthcare settings such as Kolkata. This study seeks to fill that gap by systematically evaluating EI among nurses and identifying demographic factors associated with EI levels.

BACKGROUND

The concept of emotional intelligence has been widely studied in healthcare. Freshwater and Stickley argued that EI is central to nursing education, enabling students to develop empathy and resilience [4]. Parker emphasized that aesthetic and emotional dimensions of nursing practice are integral to therapeutic care [5]. Cadman and Brewer further emphasized that EI should be considered a prerequisite for recruitment in nursing, as emotionally intelligent nurses are more likely to succeed in patient care and teamwork [7].

In healthcare, EI is particularly relevant because nurses frequently encounter emotionally charged situations—critical illness, patient suffering, family distress, and interprofessional conflicts. Studies conducted internationally have shown that nurses with higher EI provide more compassionate care, manage stress better, and report greater professional fulfillment. Khadeni et al. found a significant positive correlation between nurses' EI and the quality of care provided [6]. Ravi et al. reported that most nurses in South India had moderate EI levels, with education and experience playing a significant role in determining EI scores [9]. Budler et al. demonstrated that nursing students' EI improved significantly over the course of their education, suggesting that EI can be cultivated through training and experience [10].

Despite these findings, contextual differences such as cultural norms, educational systems, and workplace environments necessitate localized studies. In India, where nurses often face hierarchical workplace structures, heavy workloads, and limited opportunities for professional development, understanding EI levels becomes crucial for designing interventions that enhance both patient care and nurse well-being [18,20].

METHODOLOGY

This study adopted a descriptive cross-sectional design and was conducted in hospitals across Kolkata. A purposive sample of 108 nursing professionals was selected. Inclusion criteria included nurses willing to participate and working in hospitals within Kolkata, while those unwilling or working outside the city were excluded.

Data were collected using the Emotional Intelligence Self-Assessment Tool developed by Feldman, which was validated by two mental health experts. The tool comprised 20 items across four domains: self-awareness, self-management, social awareness, and relationship management. Each domain was scored on a Likert scale ranging from 5 to 25, with scores below 18 indicating need for improvement. Data

collection was conducted via Google Forms between 22–25 June 2023, following administrative permission and informed consent.

Descriptive statistics were applied to summarize demographic data and EI scores. The analysis focused on identifying patterns across age, education, and years of experience, and examining how these variables influenced EI levels.

RESULTS

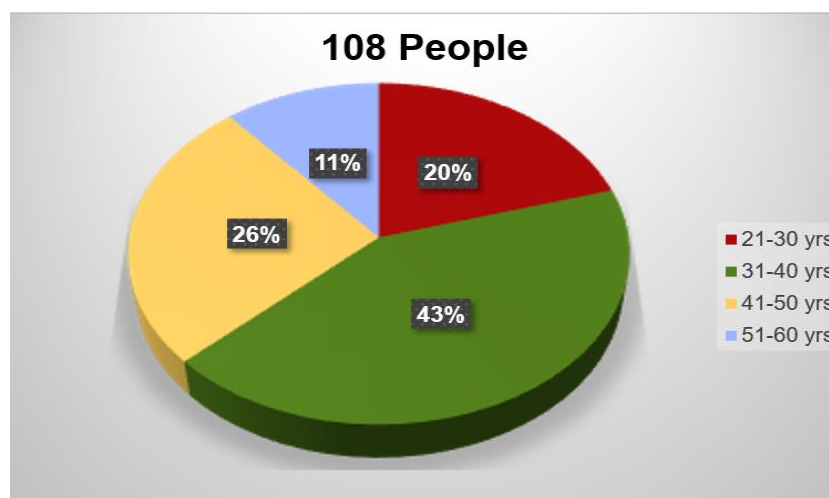


Fig 1: Age of Nursing Professionals

The demographic profile revealed that the majority of participants (43%) were aged between 31 and 40 years, while the lowest EI scores were observed among nurses aged 21–30 years. This suggests that younger nurses may lack the maturity and coping strategies required to manage emotional demands effectively [19].

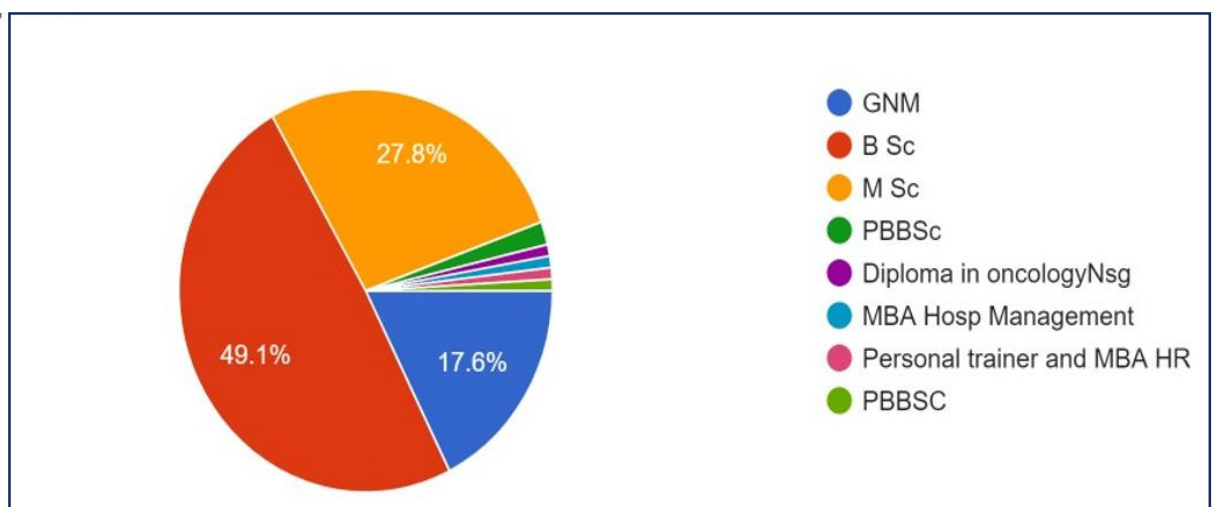


Fig 2: Education of Nursing Professionals

In terms of education, nearly half (49.1%) were B.Sc. graduates, 27.8% were postgraduates, and 17.6% were GNM nurses. B.Sc. graduates demonstrated lower EI compared to postgraduates, suggesting that advanced education may contribute to emotional maturity and the development of interpersonal skills [11]

Regarding years of experience, most participants (40.7%) had 10–15 years of experience, while nurses with fewer years of experience consistently scored lower in EI. This finding aligns with the notion that professional experience contributes to emotional resilience and the ability to navigate complex interpersonal dynamics [6,7].

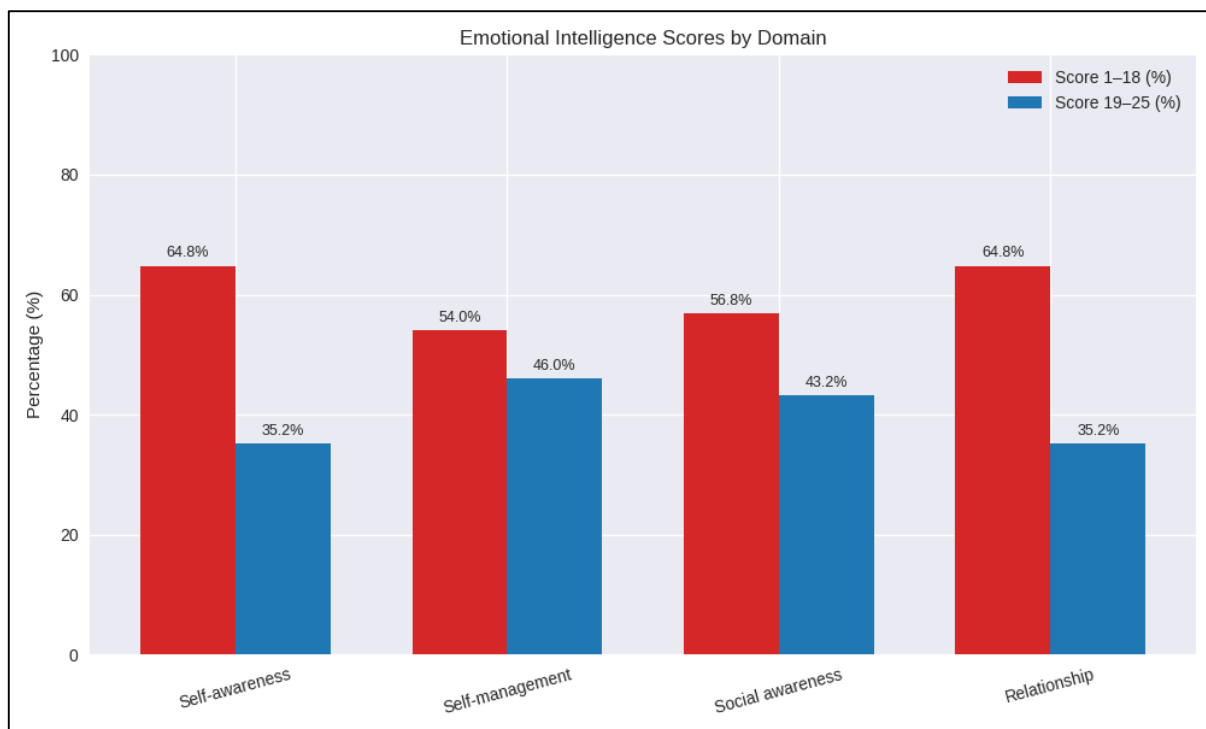


Fig 3: Domains Score of Emotional Intelligence

Across the four domains of emotional intelligence, the majority of participants demonstrated inadequate scores. In self-awareness, 65% scored below 18, indicating poor recognition of personal emotions. In self-management, 54% scored below 18, reflecting limited ability to regulate emotions under stress. In social awareness, 58% scored below 18, suggesting challenges in empathizing and interpreting social cues. Finally, in relationship management, 65% scored below 18, highlighting difficulties in maintaining effective interpersonal relationships. Overall, the findings revealed that emotional intelligence among nursing professionals in Kolkata was suboptimal across all domains.

Discussion

The findings underscore the urgent need to strengthen emotional intelligence among nursing professionals in Kolkata. Younger nurses and those with limited experience may lack the maturity and coping strategies required to manage emotional demands effectively. Educational background also played a role, with postgraduates demonstrating higher EI compared to B.Sc. graduates, possibly due to greater exposure to advanced training and professional development [11,12].

These results align with studies conducted in Kerala and internationally, which emphasize the role of education and experience in enhancing EI. Khadeni et al. found a positive correlation between nurses' EI and quality of care [6], while Ravi et al. reported moderate EI levels among nurses in South India [9]. Budler et al. demonstrated that nursing students' EI improved significantly over the course of their education, suggesting that EI can be cultivated through training and experience [10].

Emotional intelligence is not merely a personal attribute but a professional competency that influences patient safety, teamwork, and leadership. Nurses with high EI can recognize subtle changes in patients' conditions, manage conflicts constructively, and inspire colleagues [18]. Conversely, low EI may contribute to stress, burnout, and compromised patient outcomes [20]. Incorporating EI training into nursing curricula and workplace programs can foster resilience, improve patient safety, and enhance job satisfaction [13,14,19].

The implications of these findings extend beyond individual nurses to healthcare organizations and policymakers. By recognizing the importance of EI and incorporating it into nursing education, training, and practice, healthcare organizations can create nurturing environments that enhance patient care, improve outcomes, and support the well-being of nursing professionals [15,16,17].

Recommendations

Future research should involve larger, multi-center studies with diverse samples to validate these findings. Nursing education programs should integrate EI modules into curricula and continuing professional development. Hospitals and healthcare institutions should organize workshops focusing on stress management, empathy, communication, and conflict resolution. Recruitment and leadership development processes should prioritize emotional intelligence as a key competency [7,8]. Publishing findings in peer-reviewed journals will raise awareness among policymakers and nursing organizations, thereby promoting the integration of EI into nursing practice [19,20].

Conclusion

Emotional intelligence is a cornerstone of effective nursing practice. This study revealed suboptimal EI among nursing professionals in Kolkata, particularly in self-awareness and relationship management. Targeted interventions are essential to enhance EI competencies, thereby improving patient care, workplace collaboration, and professional growth. By recognizing the importance of EI and incorporating it into nursing education, training, and practice, healthcare organizations can create nurturing environments that enhance patient care, improve outcomes, and support the well-being of nursing professionals.

References

1. Cowin L. Measuring nurses' self-concept. *West J Nurs Res*. 2001;23(3):313-25.
2. Mayer JD, Salovey P, Caruso D. Models of emotional intelligence. In: Sternberg RJ, editor. *Handbook of Intelligence*. 2nd ed. Cambridge, New York: Cambridge University Press; 2000. p. 396-420.

3. Mayer JD, Salovey P. Qué es la inteligencia emocional? In: Mestre JM, Navas, Fernández-Berrocal P, coordinators. Manual de Inteligencia Emocional. Madrid: Pirámide; 2007. p. 25-45.
4. Freshwater D, Stickley T. The heart of the art: emotional intelligence and nursing education. *Nurs Inq.* 2004;11(2):91-8.
5. Parker M. Aesthetic ways in day-to-day nursing. In: Freshwater D, editor. *Therapeutic Nursing*. London: Sage; 2002. p. 100-20.
6. Parker PA, Kulik JA. Burnout, self and supervisor support, job performance and absenteeism among nurses. *J Behav Med.* 1995;18(6):581-99.
7. Cadman C, Brewer J. Emotional intelligence: a vital prerequisite for recruitment in nursing. *J Nurs Manag.* 2001;9:321-4.
8. Horneffer K. Students' self-concepts: implications for promoting self-care within the nursing curriculum. *J Nurs Educ.* 2006;45(8):311-6.
9. Barkhordari M, Rostambeygi P. Emotional intelligence in nursing students. *J Adv Med Educ Prof.* 2013;1(2):46-50.
10. Abou Hashish EA, Bajbeir EF. Emotional intelligence among Saudi nursing students and its relationship to their critical thinking disposition at College of Nursing-Jeddah, Saudi Arabia. *Am J Nurs Res.* 2018;6(6):350-8.
11. Radha B, Bhavani Shree A, Bharathi T. A study on emotional intelligence among management students. *Int J Res Eng Appl Manag.* 2018;4(6):47-51.
12. Gilar-Corbí R, Pozo-Rico T, Sánchez B. Emotional intelligence training intervention among trainee teachers: a quasi-experimental study. *Psicol Reflex Crit.* 2018;31.
13. Ulutas I, Ömeroğlu E. The effects of an emotional intelligence education program on the emotional intelligence of children. *Soc Behav Pers.* 2007;35(10):1365-72.
14. Gilar-Corbí R, Pozo-Rico T, Sánchez B, Castejón JL. Can emotional competence be taught in higher education? A randomized experimental study of an emotional intelligence training program using a multi-methodological approach. *Psicol Reflex Crit.* 2018;31.
15. Mashhadi Z, Farahani M, Rafezi Z. Determining the impact of training life skills on emotional, spiritual and happiness intelligence of high school and pre-university students. *Indian J Fundam Appl Life Sci.* 2015;5(53):2268-77.
16. Motamedi F, Ghobari-Bonab B, Beh-pajoo A, Yekta MS, Afrooz GA. Developing an emotional intelligence program training and study its effectiveness on emotional intelligence of adolescents with emotional and behavioral problems living in single parent families. *J Appl Psychol.* 2017;6(2):101-10.
17. Poonamallee L, Harrington AM, Nagpal M, Musial A. Improving emotional intelligence through personality development: the effect of the smartphone application-based Dharma Life Program on emotional intelligence. *J Bus Ethics Educ.* 2017;14:1-20.
18. Schluter J, Winch S, Holzhauser K, Henderson A. Nurses' moral sensitivity and hospital ethical climate: a literature review. *Nurs Ethics.* 2008;15:304-21.
19. Beauvais AM, Brady N, O'Shea ER, Griffin MT. Emotional intelligence and nursing performance among nursing students. *Nurse Educ Today.* 2011;31:396-401.
20. Bulmer Smith K, Profetto-McGrath J, Cummings GG. Emotional intelligence and nursing: an integrative literature review. *Int J Nurs Stud.* 2009;46:1624-36.