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Emotional Intelligence Among Nursing Students: A Cross-Sectional Study

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ABSTRACT

Background: Emotional Intelligence is a key determinant of professional competence in nursing, influencing self-awareness, empathy, motivation, emotional regulation, and social skills essential for patient-centered care. This study assessed the emotional intelligence dimensions among B.Sc. Nursing students in a selected College of Nursing, Nagaland.

Methods: A descriptive cross-sectional study was conducted among 184 nursing students using the Emotional Intelligence Questionnaire developed by the National Health Service, United Kingdom. Data were analyzed using descriptive and inferential statistics to determine Emotional Intelligence profiles and their association with selected demographic variables.

Results: Among the five Emotional Intelligence dimensions assessed**,** self-awareness (78.3%) and empathy (57.1%) emerged as major strengths, indicating that students effectively recognize and understand emotions—their own and others'. In contrast**,** self-motivation (26.1%)**,** social skills (38.0%)**,** and managing emotions (23.9%) were areas requiring attention and development. While the majority of respondents demonstrated awareness and compassion, gaps were evident in resilience, teamwork, and emotional regulation. No statistically significant association was found between Emotional Intelligence levels and demographic variables such as age, year of study, or sibling position.

Conclusion: Nursing students exhibited commendable self-awareness and empathy, aligning with the caring ethos of nursing. However, the need for structured interventions focusing on emotional regulation, motivation, and interpersonal competence is evident. Incorporating Emotional Intelligence based training—through reflective practice, resilience-building workshops, and stress management programs—can strengthen both professional effectiveness and emotional well-being.

Keywords: Emotional Intelligence, Self-awareness, Empathy, Nursing Students

BACKGROUND

Daniel Goleman's defines Emotional Intelligence as *"Emotional intelligence refers to the capacity for recognizing our own feelings and those of others, for motivating ourselves, and for managing emotions well in ourselves and in our relationships".* Research studies indicate that Emotional Intelligence plays a crucial role in shaping nurses' professional interactions and relationships with patients, fostering compassion and care. Studies indicate that nursing students consistently demonstrate higher levels of Emotional Intelligence compared to peers in other academic disciplines. Emotional intelligence is a crucial skill for nursing students, as it directly impacts their ability to deliver empathetic, patient-centered care. Emotional Intelligence encompasses the ability to recognize, understand, and manage one's own emotions while also being attuned to the emotions of others. For nursing students, developing Emotional

Intelligence is essential for handling the emotional demands of clinical practice, fostering effective communication, and building therapeutic relationships with patients and colleagues. Emotion is fundamental to nursing practice and Emotional Intelligence is considered as an important characteristic of nurses that can affect the quality of their work including clinical decision-making, critical thinking, evidence and knowledge use in practice, etc. as emotional intelligence can have a significant role in what one does.

OBJECTIVES:

1. To evaluate the dimensions of emotional intelligence among nursing students, using a standardized Emotional Intelligence scale.
2. To examine the relationship between emotional intelligence with selected demographic variables.

REVIEW OF LITERATURE:

Emotional Intelligence has become a pivotal concept in nursing education, influencing communication, clinical decision-making, and patient-centered care. It encompasses self-awareness, self-regulation, motivation, empathy, and social skills, which collectively determine an individual's capacity to understand and manage emotions effectively. In nursing, Emotional Intelligence serves as an essential professional competency that shapes therapeutic relationships and enhances resilience in stressful healthcare environments. Štiglic et al.[2] conducted a cross-sectional study comparing emotional intelligence levels among 113 nursing and 104 engineering students in Slovenia using the Trait Emotional Intelligence Questionnaire (TEIQue) and the Schutte Self-Report Emotional Intelligence Test (SSEIT). The findings revealed that nursing students demonstrated significantly higher Emotional Intelligence scores than their engineering counterparts. Although female students scored slightly higher than males, the difference was not statistically significant. Interestingly, previous caring experience did not influence Emotional Intelligence levels. The study concluded that the nurturing and patient-focused nature of nursing education may inherently promote emotional competencies such as empathy and self-awareness.

Kaya, Şenyuva, and Bodur[3] explored the relationship between emotional intelligence and critical thinking dispositions among 182 nursing students in Turkey through a longitudinal design. Using the Emotional Intelligence Assessment Scale and the California Critical Thinking Disposition Scale, the study found a moderate positive correlation between self-motivation and critical thinking. The authors emphasized that emotionally intelligent students were more likely to demonstrate reflective judgment and effective reasoning skills. These findings reinforce that EI contributes to professional attributes such as problem-solving, evidence-based practice, and academic success in nursing education. Holston and Talor[4] examined emotional intelligence progression among nursing students during their final two years in a Bachelor of Science in Nursing program in the United States. Using the Bar-On Emotional Quotient Inventory administered at three time points, the study found significant improvement in emotional self-awareness, assertiveness, and problem-solving skills over time. However, decreases were observed in self-actualization, impulse control, and happiness, indicating that academic and clinical stress may erode certain emotional strengths. The study suggested that while nursing programs enhance reflective capacities, insufficient emphasis on emotional regulation and self-care may limit overall EI growth.

Cerit and Beser[5] investigated the emotional intelligence levels of 183 nursing students in Turkey using the Emotional Intelligence Assessment Scale. Results showed that 52.2% of students had average EI, 30.1% low EI, and 17.4% high EI. Among the EI sub-dimensions, emotional awareness scored lowest, while

empathy and social skills were better developed. Statistically significant differences were observed between students' EI and factors such as academic grade, marital status, financial background, and prior exposure to EI or stress management training. The authors concluded that structured interventions could enhance motivation and empathy, improving professional readiness. Barkhordari and Rostambeygi[6] compared Emotional Intelligence levels between freshman and senior nursing students at Islamic Azad University of Yazd, Iran, using the Bar-On Emotional Quotient questionnaire. They found no significant difference in total EI scores between the two groups. However, a positive association was noted between the father's educational level and students' Emotional Intelligence, suggesting that socio-environmental and familial factors contribute to emotional development. The authors inferred that emotional maturity may not progress automatically through academic advancement alone, emphasizing the need for deliberate educational strategies to build Emotional Intelligence.

Freshwater and Stickley[7] described Emotional Intelligence as "the heart of the art" in nursing education, arguing that empathy, reflection, and self-awareness are fundamental to ethical and therapeutic nursing practice. McQueen[8] similarly highlighted that Emotional Intelligence influences nurses' motivation, resilience, and the quality of patient care, proposing that emotionally competent nurses are better equipped to handle occupational stress and deliver compassionate care. The NHS Leadership Academy[9] identified emotional intelligence as a core healthcare leadership competency, emphasizing self-awareness, self-management, and compassion as key behaviours for effective healthcare leadership. This model underscores the importance of aligning Emotional Intelligence development with leadership training in nursing education.

Birks, McKendree, and Watt[10] found that healthcare students with higher Emotional Intelligence reported lower stress and greater academic satisfaction, indicating that emotional regulation supports resilience and well-being. Codier et al.[11] further demonstrated that Emotional Intelligence enhances clinical nursing performance through improved interpersonal communication, therapeutic relationships, and conflict resolution. A recent innovation by Sims et al.[12] integrated structured reflections and guided self-assessment into classroom learning for nursing students. The intervention improved emotional regulation, empathy, and stress management, reinforcing the value of embedding Emotional Intelligence focused modules throughout nursing curricula.

METHODOLOGY

A descriptive cross-sectional study design was adopted to assess the dimensions of emotional intelligence among B.Sc. Nursing students in a selected College of Nursing, Chumoukedima, Nagaland. The study received ethical approval from the Institutional Review Board of the Christian Institute of Health Sciences and Research, on *10th July 2024* (Ref. No. CIHSR-IEC/2024-25/Exp Rev/13). A total of 184 B.Sc. Nursing students who met the inclusion criteria were selected using the total enumerative sampling technique. The inclusion criteria comprised all students enrolled in the B.Sc. Nursing program who were willing to participate and provided informed consent. Students who were absent during data collection or declined participation were excluded. Data collection was carried out using the Emotional Intelligence Questionnaire developed by the National Health Service (NHS), United Kingdom, which measures five core dimensions of emotional intelligence: *self-awareness, self-motivation, empathy, social skills,* and *managing emotions.* The tool was chosen for its reliability and practical applicability in healthcare education contexts.

A structured demographic data sheet was also administered to gather background information such as age,

gender, year of study, and order of birth. Prior to data collection, participants were informed about the purpose of the study, assured of confidentiality and anonymity, and provided written informed consent. The data were compiled, coded, and entered into a statistical software package for analysis. Descriptive statistics (frequency, percentage, mean, and standard deviation) were used to summarize demographic variables and Emotional Intelligence dimension scores. Inferential statistics, specifically the Chi-square test, were applied to examine associations between emotional intelligence dimensions and selected demographic variables. The results were interpreted using percentage cutoffs provided in the NHS Emotional Intelligence framework, categorizing each Emotional Intelligence domain into three levels- Strength**,** Attention**,** and Development Priority to identify areas of competence and those requiring improvement among the nursing students.

RESULTS:

The data was collected from 184 nursing students, and the finding are represented as follows:

Demographic variables

Variables	Category	Frequency	Percentage
Age	18-22 years	140	76.1
	>22-26	41	22.1
	>26 years	3	1.6
Gender	Male	171	92.9
	Female	13	7.1
Class	I Year B.Sc Nursing	50	27.2
	II Year B.Sc Nursing	46	25
	III Year B.Sc Nursing	48	26.1
	IV Year B.Sc Nursing	40	21.7
Order of birth	First	77	41.8
	Second	38	20.7
	Third	32	17.4
	Fourth	16	8.7
	Fifth	6	3.3
	Sixth	5	2.7
	Seventh	3	1.6
	Other	7	3.8

Most of the students were from the age group 18-22 years. The female representation is more, by the nature of the nursing program, which is a female dominated study program. The student's representation in each class is as per the seats allotted. Coincidentally, most of the participants were the first child in their family. Among all the demographic variables analyzed, the study finding showed statistically significant associations with specific domains of Emotional Intelligence—particularly self-awareness, managing emotions, and empathy. All other variables, including age, gender, type of school, parental education, and place of education, did not show any statistically significant relationship with Emotional Intelligence. The highest-scoring emotional intelligence domains were Self-awareness (M = 38.34) and Empathy (M = 36.09), indicating areas of strength among students, while Social skills (M = 32.85),

Managing emotions (M = 31.48) and Motivating oneself (M = 32.29) scored lower, suggesting these may require greater attention.

Table: Emotional Intelligence Profile of Respondents

EI Dimension	Strength (%)	Attention (%)	Development (%)	Interpretation
Self-awareness	**78.3**	21.0	0.5	Clear strength is that the nursing students can recognize emotions, strengths, and their impact on others.
Self-motivation	26.1	**73.9**	0.0	Majority need support in resilience, initiative, and optimism. Structured interventions recommended.
Empathy	**57.1**	42.9	0.0	Over half show strength; room for improvement in perspective-taking and compassionate response.
Social skills	38.0	**60.9**	1.1	Most participants need training in teamwork, communication, and relationship-building.
Managing emotions	23.9	**75.0**	1.1	Emotional regulation is a key development area; majority require interventions for stress management.

Overall, the Nursing students demonstrate strength (35-50) in self-awareness and empathy, while self-motivation, social skills, and managing emotions fall predominantly in the "attention" range (18–34), with some in the "development priority" range (10–17). This indicates that although participants are emotionally aware, they require targeted interventions to translate awareness into resilience, interpersonal effectiveness, and emotional regulation.

The Chi-Square analyses for various emotional intelligence domains indicate that there is **no** statistically significant association between the year of study among the B.Sc Nursing students, and the EI categories (Strength, Attention, Development) in any domain, with p-values ranging from 0.345 to 0.725. The exception is one domain, which shows a borderline trend toward association ($p = 0.060$), but it does not reach conventional significance at the 5% level. Overall, these results suggest that academic year does not significantly influence the distribution of EI competencies among nursing students, although some domains may show a slight trend toward variation. The Chi-Square analyses examining the relationship between total emotional intelligence (TEI) and position among siblings in the family consistently revealed no statistically significant associations, as all Pearson Chi-Square p-values were well above the 0.05 threshold ($p = 0.642$, $p = 0.562$, $p = 0.947$, $p = 0.844$, and $p = 0.971$). This indicates that TEI and its domains are distributed independently of sibling position, and that being the first-born, middle-born, last-born, or an only child does not significantly influence emotional intelligence levels. In practical terms, the position among siblings does not play a determining role in shaping the emotional intelligence of nursing students, suggesting that other demographic, educational, or contextual factors may have greater influence.

DISCUSSION:

Objective 1: To evaluate the dimensions of emotional intelligence among nursing students using a standardized Emotional Intelligence scale

The analysis of emotional intelligence dimensions revealed that self-awareness (78.3%) and empathy (57.1%) emerged as the strongest domains, indicating that most nursing students are capable of recognizing their emotions, strengths, and weaknesses, and are also able to understand and respond to the emotions of others. This aligns with findings by Štiglic et al. (2018), who reported that self-awareness and empathy were among the most developed emotional intelligence components in nursing students across multiple European countries, suggesting that nursing education naturally emphasizes reflection and empathy as core professional values. Conversely, self-motivation (26% strength), social skills (38% strength), and managing emotions (23.9% strength) were identified as weaker domains, with the majority of the nursing students requiring attention in these areas. These results suggest that while students can recognize emotions, they often struggle to translate this awareness into resilient behaviours, sustained motivation, and effective teamwork. Similar findings were noted by Cerit & Beser (2014), who reported that emotional regulation and motivation were the least developed skills among Turkish nursing students, indicating that stress and workload may negatively impact these competencies. Likewise, Holston & Taylor (2017) emphasized that nursing students often require targeted interventions to build resilience and interpersonal skills, which are not always fully addressed in standard curricula. The weaker scores in emotional regulation are particularly significant, as the inability to manage emotions effectively in high-stress clinical environments may contribute to stress, burnout, and impaired decision-making. This observation is consistent with Barkhordari & Rostambeygi (2013), who found that students with higher emotional intelligence reported better stress management and clinical performance.

Objective 2: To examine the relationship between emotional intelligence and selected demographic variables

The findings further suggest that demographic factors may influence EI development. While the present data indicated variations in emotional intelligence domains, detailed relationships with specific demographic variables (such as age, year of study, or prior clinical exposure) require deeper statistical analysis. Previous studies provide supporting evidence that demographic variables are important predictors of emotional intelligence levels. For example, Kaya, Şenyuva, & Bodur (2018) found a positive relationship between critical thinking and emotional intelligence across academic progression, suggesting that emotional intelligence develops with age and educational maturity. Similarly, Štiglic et al. (2018) demonstrated that nursing students' emotional intelligence competencies varied significantly by country, academic year, and cultural background, highlighting the influence of contextual and demographic factors. Additionally, Holston & Taylor (2017) reported that younger students or those in early stages of their nursing education often score lower on emotional intelligence dimensions compared to senior students, indicating that exposure to clinical practice and professional socialization contribute to emotional intelligence development. These findings reinforce the need to integrate progressive emotional intelligence -focused training throughout the nursing curriculum to ensure that demographic differences in experience and maturity do not disadvantage certain groups of students. The results indicate that self-awareness and empathy are well-developed among nursing students, but motivation, emotional regulation, and social skills require significant capacity-building. These findings are consistent with existing literature, which suggests that while empathy and awareness are core nursing attributes, motivation and regulation are more vulnerable to stressors inherent in clinical training (Cerit & Beser, 2014; Štiglic et al.,

2018). Furthermore, demographic factors such as age, academic level, and clinical exposure play a role in shaping EI development (Kaya et al., 2018; Holston & Taylor, 2017).

Recommendations for Enhancing Emotional Intelligence among Nursing Students

1. Integrate Emotional Intelligence Training
2. Mentorship and Peer Support Programs
3. Workshops on Stress and Emotional Regulation
4. Enhance Communication and Teamwork Skills
5. Continuous Evaluation and Feedback

Conclusion

The present study demonstrated that nursing students possess considerable strengths in self-awareness (78.3%) and empathy (57.1%), indicating their ability to recognize personal emotions and understand others' perspectives—core attributes for compassionate nursing practice. However, self-motivation (26.1%), social skills (38%), and managing emotions (23.9%) were identified as domains requiring targeted development. These findings underscore the need for integrating emotional intelligence enhancement strategies within nursing education. Structured interventions such as mentorship, reflective practice, and resilience training can cultivate emotionally competent nurses capable of managing stress, maintaining motivation, and delivering holistic, patient-centered care. Strengthening EI not only supports students' personal growth but also contributes to better teamwork, professional conduct, and the quality of healthcare delivery.

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