

The Emotional Pulse of Healthcare: A Situational Judgment Study of Professionals under Pressure

Neelima P.¹, Divya P.², Prabhakar Varma P.³, Ravi Sunder R.⁴

¹Principal, Professor, Department of Anatomy, Maharajah Institute of Medical Sciences, Nellimarla, Vizianagaram district, Andhra Pradesh, India

²Professor, Department of Pathology, Maharajah Institute of Medical Sciences, Nellimarla, Vizianagaram district, Andhra Pradesh, India

³Vice-Principal, Professor, Department of Community Medicine, Maharajah Institute of Medical Sciences, Nellimarla, Vizianagaram district, Andhra Pradesh, India

⁴Principal, Allied Medical Sciences, Professor & HOD, Department of Physiology, Maharajah Institute of Medical Sciences, Nellimarla, Vizianagaram District, Andhra Pradesh, India

Received: 01-05-2026 / Revised: 15-06-2026 / Accepted: 21-07-2026

Corresponding author: Dr. Ravi Sunder R.

Conflict of interest: Nil

Abstract

Background: Healthcare professionals work in emotionally demanding environments requiring rapid decisions, empathy, teamwork, and effective communication. Emotional intelligence (EI) has emerged as an important determinant of professional competence, resilience, and quality patient care.

Objective: To evaluate self-perceived emotional intelligence and functional emotional intelligence among healthcare professionals using a combination of self-report and performance-based assessment tools.

Methods: A cross-sectional observational study was conducted among healthcare professionals working in teaching and private hospitals. A total of 48 participants were recruited through convenience purposive sampling. Emotional intelligence was assessed using the Brief Emotional Intelligence Scale (BEIS-10) and a Situational Judgment Test (SJT) consisting of ten healthcare-related scenarios. Descriptive statistics were used to summarize responses and compare self-perceived and functional emotional intelligence domains.

Results: Participants demonstrated high levels of self-perceived emotional intelligence on the BEIS-10, with more than half selecting "Agree" or "Strongly Agree" for most items related to self-awareness, empathy, and emotional regulation. SJT responses indicated strong functional emotional intelligence, particularly in empathy (97.9%), accountability (97.9%), conflict management (87.5%), leadership under stress (91.7%), and supportive behavior toward colleagues (97.9%). Compared with BEIS scores, SJT responses displayed greater variability, suggesting a more realistic representation of emotional functioning under pressure.

Conclusion: Healthcare professionals reported high emotional intelligence, particularly in empathy and social skills. However, performance-based assessments revealed modest differences between perceived and actual emotional responses in stressful situations. Combining self-report and situational assessments may provide a more comprehensive evaluation of emotional intelligence in healthcare settings.

Keywords: Emotional intelligence, Healthcare professionals, Situational judgment test, BEIS-10, Empathy, Self-regulation.

DOI: 10.25258/ijcpr.18.8.159

This is an Open Access article that uses a funding model which does not charge readers or their institutions for access and distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>) and the Budapest Open Access Initiative (<http://www.budapestopenaccessinitiative.org/read>), which permit unrestricted use, distribution, and reproduction in any medium, provided original work is properly credited.

Introduction

Healthcare is often described as a science practiced through human relationships. Every ward round, emergency call, difficult conversation, and end-of-life decision requires not only clinical expertise but also emotional competence. Modern healthcare professionals work in environments characterized by uncertainty, time pressure, suffering, ethical dilemmas, and emotionally charged interactions with patients, relatives, colleagues, and multidisciplinary teams. In such settings,

intelligence alone is insufficient; the ability to understand, regulate, and effectively use emotions becomes equally important. Emotional intelligence (EI), first conceptualized by Salovey and Mayer as the ability to perceive, understand, manage, and utilize emotions in oneself and others, has evolved into a critical construct in healthcare education and practice [1]. Goleman later expanded this concept into five core domains—self-awareness, self-regulation, motivation, empathy, and social skills—

which collectively influence leadership, teamwork, communication, conflict resolution, and professional resilience [2]. Healthcare professionals constantly function under emotional pressure. A physician delivering bad news, a nurse managing an anxious relative, a physiotherapist motivating a frustrated patient, or a junior resident handling criticism during a busy shift all require emotional calibration in addition to technical competence. Failure of emotional regulation during such moments may result in impaired communication, medical errors, workplace conflicts, compassion fatigue, and burnout [3,4].

The healthcare workforce is increasingly facing unprecedented emotional demands due to rising patient expectations, increasing workload, workforce shortages, and rapid technological changes. Studies have shown that higher emotional intelligence is associated with improved doctor-patient relationships, enhanced patient satisfaction, better teamwork, reduced stress, lower burnout rates, and superior leadership effectiveness [5,6]. Emotional intelligence has also been linked with improved clinical performance, professionalism, and academic achievement among healthcare students and practitioners [7,8].

Despite its recognized importance, emotional intelligence remains the "silent curriculum" of healthcare education—rarely taught explicitly and infrequently assessed systematically. Traditional assessments continue to prioritize cognitive competence while overlooking emotional competence, despite evidence suggesting that emotional failures contribute significantly to communication breakdowns and adverse healthcare outcomes [9].

Most existing studies assess emotional intelligence using self-report questionnaires. While these tools provide valuable insight into perceived emotional abilities, they are vulnerable to self-enhancement bias and social desirability effects [10]. Healthcare professionals, owing to their training and professional identity, may perceive themselves as emotionally competent even when their behavioral responses under pressure differ considerably.

Situational Judgment Tests (SJTs) offer an alternative and potentially more realistic approach by assessing how individuals respond to emotionally challenging real-life situations rather than how they perceive themselves [11]. SJTs have gained prominence in healthcare recruitment and medical education because they evaluate practical judgment, professionalism, empathy, ethical reasoning, and interpersonal effectiveness in authentic clinical contexts [12].

The metaphor of an "emotional hijack," described by Goleman, is particularly relevant in healthcare

settings where stress can temporarily override rational decision-making and emotional regulation [2]. Understanding how healthcare professionals respond during these emotionally charged moments is essential for designing interventions that enhance resilience and patient care.

Although emotional intelligence has been extensively studied among medical students and nursing students, comparatively fewer studies have simultaneously examined both perceived emotional intelligence and functional emotional intelligence among practicing healthcare professionals using complementary assessment methods [13,14]. This creates an important gap in understanding whether healthcare workers merely believe they possess emotional competence or whether they consistently demonstrate emotionally intelligent behavior under pressure.

Therefore, the present study was undertaken to evaluate both self-perceived emotional intelligence using the Brief Emotional Intelligence Scale (BEIS-10) and functional emotional intelligence using a Situational Judgment Test among healthcare professionals working in real clinical environments.

By comparing what healthcare professionals think they would do with what they are likely to do in emotionally demanding situations, this study attempts to move beyond self-perception and explore emotional intelligence where it matters most—at the bedside, under pressure, and in moments that define the quality of healthcare delivery.

Objectives

1. To assess self-perceived emotional intelligence among healthcare professionals using BEIS-10.
2. To assess functional emotional intelligence using a Situational Judgment Test.
3. To compare self-perceived emotional intelligence with emotionally intelligent behaviors demonstrated in real-life clinical situations.

Methods

Study Design: A cross-sectional observational study.

Study Setting: The study was carried out among healthcare professionals working in selected teaching hospitals and private healthcare institutions.

Participants: Healthcare professionals including doctors, nurses, and allied health professionals were invited to participate.

Inclusion Criteria

- Healthcare professionals aged 21–60 years.
- Minimum one year of clinical experience.
- Currently employed in a hospital setting.
- Willingness to provide informed consent.

Exclusion Criteria

- Individuals experiencing active psychological distress.
- Administrative or non-clinical staff.
- Participants on prolonged medical leave.
- Individuals unwilling to complete the assessment.

Sample Size and Sampling Technique: A total of 48 healthcare professionals participated in the study. Participants were recruited using convenience purposive sampling.

Study Instruments

Brief Emotional Intelligence Scale (BEIS-10): The BEIS-10 is a validated self-report instrument consisting of ten items evaluating:

- Self-awareness
- Emotional regulation
- Empathy
- Social skills
- Positive emotional utilization

Responses were recorded using a five-point Likert scale ranging from strongly disagree to strongly agree.

Situational Judgment Test (SJT)

Functional emotional intelligence was assessed using ten healthcare-related scenarios involving:

- Criticism from colleagues
- Emotional patients
- Workplace stress
- Conflict management
- Accountability
- Professional communication
- Emotional coping

Participants selected the most appropriate response for each situation.

Ethical Considerations: Institutional Ethics Committee approval was obtained before commencement of the study. Participation was voluntary, informed consent was obtained, and confidentiality of responses was maintained throughout the study.

Statistical Analysis: Data were entered into Microsoft Excel and analyzed using descriptive statistics.

Frequencies and percentages were calculated for categorical variables. Comparative interpretation between BEIS and SJT domains was performed to identify differences between self-perceived and functional emotional intelligence.

Results

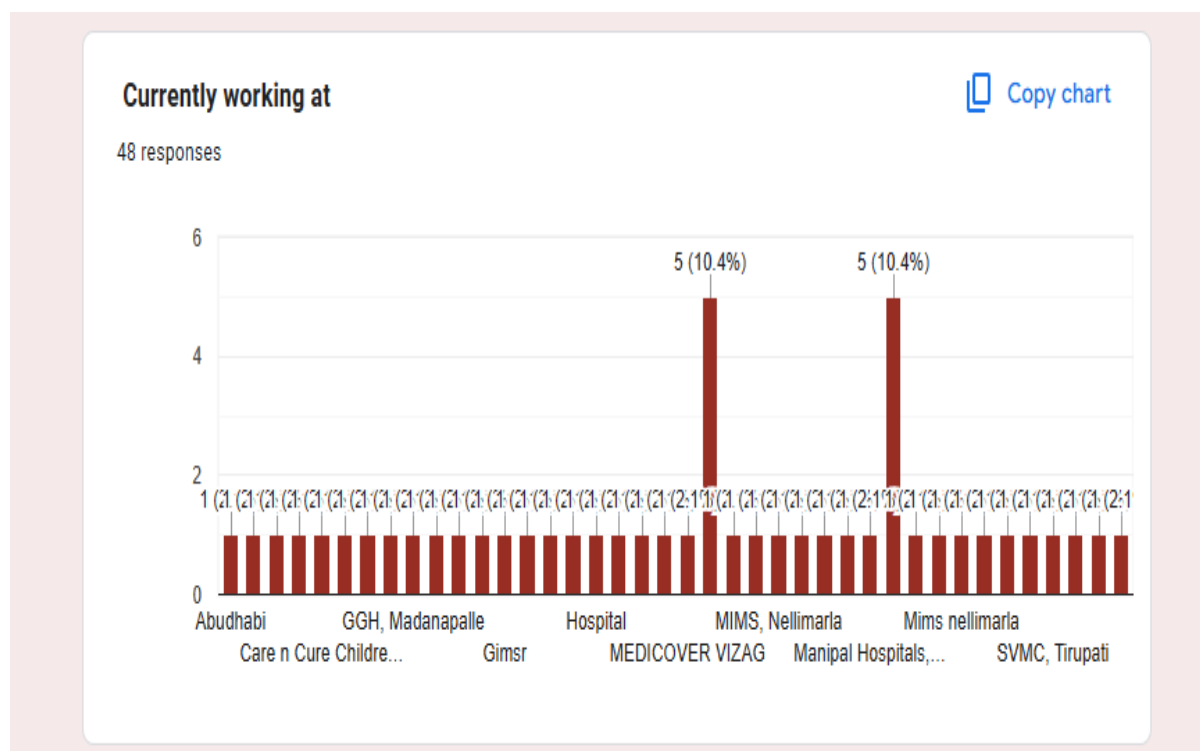


Figure 1: place of work

Self-Perceived Emotional Intelligence (BEIS-10): Most participants reported high emotional

intelligence across all domains. The majority agreed that they:

- Understood changes in their emotions (55%).
- Easily recognized their emotions (56%).
- Could identify others' emotions through tone of voice (63%).
- Recognized emotions through facial expressions.

- Helped others feel better during distress.
- Used positive emotions to overcome obstacles.

Very few participants selected "Disagree" or "Strongly Disagree" responses, indicating overall positive self-perception of emotional abilities.

Table 1: Summary of BEIS Responses

BEIS Domain	Predominant Response	Majority Percentage
Self-awareness	Agree	55–56%
Recognition of others' emotions	Agree	63%
Emotional regulation	Agree/Strongly Agree	High
Empathy	Agree	High
Social skills	Agree	High
Positive emotional utilization	Agree	High

Functional Emotional Intelligence (SJT): Participants generally selected emotionally intelligent responses to workplace scenarios.

Table 2: Situational Judgment Test Findings

Scenario	Most Selected Response	Percentage
Criticism in front of colleagues	Address privately later	60.4%
Emotional patient	Allow expression of feelings	87.5%
Team stress	Support team and prioritize tasks	91.7%
Repeated junior staff mistake	Explain kindly and support	89.6%
Angry relative	Remain calm and de-escalate	87.5%
Upset colleague	Ask if they are okay	97.9%
Documentation error	Report and correct immediately	97.9%
Rejected suggestion	Accept feedback positively	93.8%
Emotional exhaustion	Take a break or seek support	91.7%
Patient appreciation	Accept politely and thank patient	97.9%

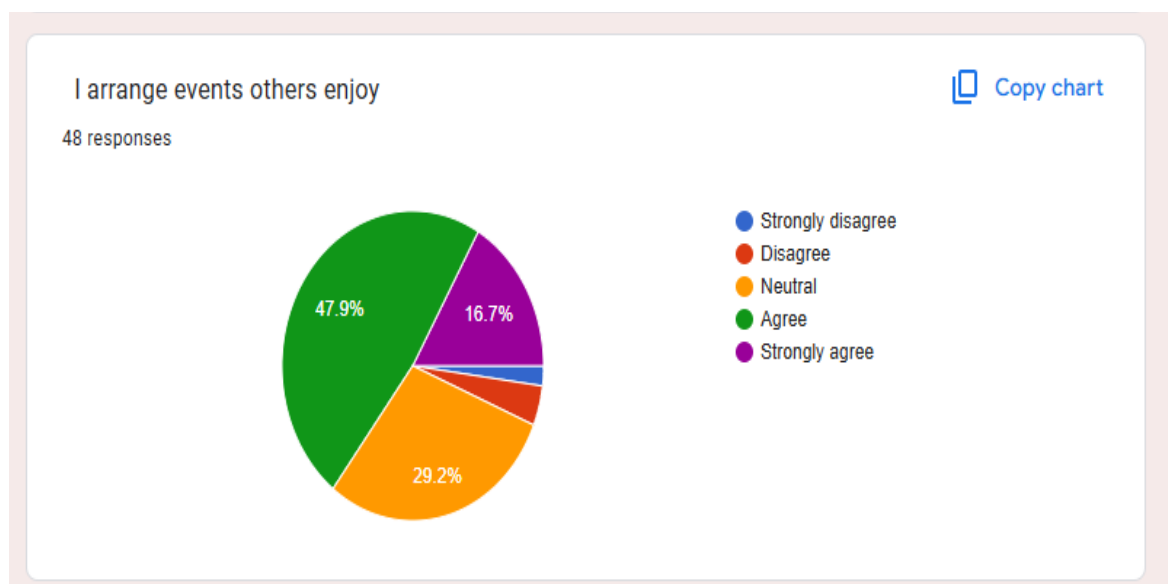


Figure 2: response to question –“I arrange events others enjoy”

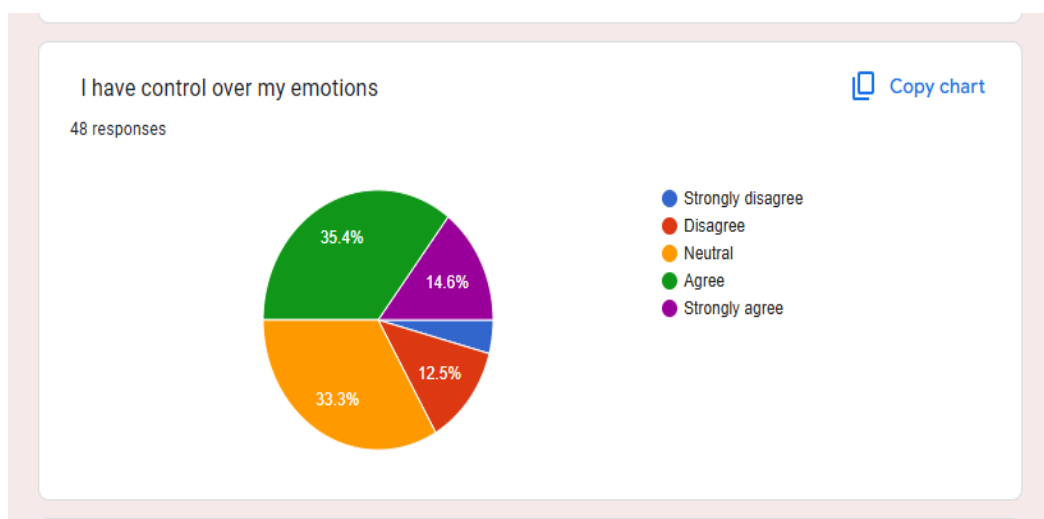


Figure 3: response to question- “I have control over my emotions”

Table 3: Comparative Analysis between BEIS and SJT

Emotional Intelligence Domain	BEIS Findings	SJT Findings	Interpretation
Self-awareness	High	Moderate to high	Good concordance
Self-regulation	High	Moderate	Some difficulty under stress
Empathy	High	Very high	Strong emotional sensitivity
Social skills	High	High	Consistent performance
Emotional management under pressure	High	Moderate to high	SJT more realistic

The findings suggest that self-reported emotional intelligence tends to be higher than behavior-based emotional intelligence, indicating possible self-enhancement bias in questionnaire responses.

Discussion

The present study explored emotional intelligence from two complementary perspectives: self-perceived emotional competence measured through BEIS-10 and functional emotional competence assessed through Situational Judgment Testing.

The findings highlight an important reality of healthcare practice: emotional intelligence is not merely a personality trait but a professional skill that becomes most visible when individuals work under pressure.

Participants demonstrated consistently high self-ratings across all domains of emotional intelligence, particularly in empathy, social skills, emotional awareness, and emotional management. These findings are comparable to previous studies reporting high levels of perceived emotional intelligence among healthcare professionals due to frequent exposure to emotionally demanding clinical interactions [5,13,15].

However, the SJT findings revealed greater variability and nuance in emotional responses, supporting earlier observations that self-reported emotional intelligence often exceeds demonstrated emotional competence in real-world situations [10,16]. This difference may be explained by social

desirability bias, professional identity expectations, and limited insight into one's own emotional responses during stressful circumstances. One of the most striking findings of the present study was the exceptionally high level of empathy demonstrated across scenarios involving distressed patients, upset colleagues, and anxious relatives. Empathy remains the cornerstone of patient-centered care and has consistently been associated with improved treatment adherence, patient satisfaction, reduced litigation risk, and better clinical outcomes (17,18). The findings suggest that healthcare professionals continue to preserve compassionate engagement despite increasing workplace pressures.

Similarly, accountability emerged as a major strength, with nearly all participants choosing to report and rectify documentation errors. This finding reflects an encouraging culture of patient safety and professionalism, which forms the foundation of modern healthcare systems [19]. Interestingly, self-regulation appeared comparatively weaker than empathy and social awareness. Scenarios involving criticism, conflict, and emotionally charged interactions showed more variability in responses. These findings align with Goleman's concept of the "amygdala hijack," in which stress temporarily overwhelms executive emotional control mechanisms and influences behavior [2]. Emotional regulation under pressure may therefore represent one of the most important targets for professional development programs.

The findings also reinforce the growing recognition that emotional intelligence should not be viewed as a fixed personality attribute but rather as a trainable clinical competency. Studies have demonstrated that structured emotional intelligence interventions can improve resilience, teamwork, leadership, communication skills, and burnout prevention among healthcare professionals [20,21].

An important contribution of this study lies in its dual-assessment methodology. While self-report measures remain useful for understanding emotional self-concept, they cannot fully capture how professionals behave in high-pressure clinical environments. SJTs provide an important bridge between emotional knowledge and emotional performance, allowing researchers to assess applied emotional intelligence in realistic situations [11,12].

From an educational perspective, the findings support increasing calls for integrating emotional intelligence training into competency-based medical education, nursing education, and allied health curricula. Simulation exercises, reflective practice, role-play sessions, communication workshops, and situational assessments may help transform emotional intelligence from an implicit expectation into an explicitly taught competency [22].

Healthcare is entering an era where artificial intelligence may assist with diagnosis, investigations, and treatment decisions. Yet empathy, compassion, emotional regulation, and human connection remain uniquely human capabilities that cannot be automated. In an age of rapidly advancing technology, emotional intelligence may become the defining feature that distinguishes excellent healthcare professionals from merely competent ones.

The present study therefore serves as a reminder that the future of healthcare depends not only on smarter machines but also on emotionally smarter clinicians.

Conclusion

Emotional intelligence remains a critical component of effective healthcare practice. While healthcare professionals reported high emotional intelligence through self-assessment, situational judgment testing provided a more realistic representation of emotional functioning under workplace pressure.

Empathy, accountability, and interpersonal skills emerged as the strongest emotional competencies, whereas self-regulation showed greater variability in challenging situations. Integrating emotional intelligence training and situational assessments into healthcare education and continuing

professional development may strengthen resilience, improve team dynamics, and enhance patient care outcomes.

References

1. Salovey P, Mayer JD. Emotional intelligence. *Imagination, Cognition and Personality*. 1990;9(3):185-211.
2. Goleman D. *Emotional Intelligence: Why It Can Matter More Than IQ*. New York: Bantam Books; 1995.
3. Shanafelt TD, Boone S, Tan L, et al. Burnout and satisfaction with work-life balance among physicians. *Arch Intern Med*. 2012;172(18):1377-1385.
4. West CP, Dyrbye LN, Shanafelt TD. Physician burnout: contributors, consequences and solutions. *J Intern Med*. 2018;283(6):516-529.
5. Weng HC, Chen HC, Chen HJ, et al. Doctors' emotional intelligence and patient satisfaction. *Med Educ*. 2008;42:703-711.
6. Arora S, Ashrafian H, Davis R, et al. Emotional intelligence in medicine: a systematic review. *Acad Med*. 2010;85(2):280-295.
7. Cherry MG, Fletcher I, O'Sullivan H, Dornan T. Emotional intelligence in medical education. *Med Educ*. 2014;48:468-478.
8. Codier E, Odell E. Measured emotional intelligence ability and grade performance in nursing students. *Nurse Educ Today*. 2014;34:608-612.
9. Epstein RM, Hundert EM. Defining and assessing professional competence. *JAMA*. 2002;287:226-235.
10. Brackett MA, Rivers SE, Shiffman S, et al. Relating emotional abilities to social functioning. *J Pers Soc Psychol*. 2006;91:780-795.
11. Lievens F, Patterson F. The validity and usefulness of SJTs in medical education and admissions. *Med Educ*. 2011;45:537-545.
12. Patterson F, Ashworth V, Good D, et al. Evaluation of situational judgement tests in medical selection. *Med Educ*. 2012;46:850-868.
13. Codier E, Kooker BM, Shoultz J. Measuring emotional intelligence among nurses and nursing students. *J Nurs Adm*. 2008;38(11):559-565.
14. Carr SE. Emotional intelligence in medical students: does it correlate with academic performance? *Med Educ*. 2009;43:1069-1077.
15. Freshwater D, Stickley T. The heart of the art: emotional intelligence in nurse education. *J Psychiatr Ment Health Nurs*. 2004;11:91-98.
16. Petrides KV. Psychometric properties of trait emotional intelligence questionnaires. In: *Assessing Emotional Intelligence*. Springer; 2009.

17. Hojat M, Louis DZ, Markham FW, et al. Physicians' empathy and clinical outcomes among diabetic patients. *Acad Med*. 2011;86:359-364.
18. Derksen F, Bensing J, Lagro-Janssen A. Effectiveness of empathy in physician-patient communication. *Patient Educ Couns*. 2013;93:142-149.
19. Institute of Medicine. *To Err is Human: Building a Safer Health System*. Washington DC: National Academy Press; 2000.
20. Slaski M, Cartwright S. Emotional intelligence training and stress reduction. *Stress Health*. 2003;19:233-239.
21. Nelis D, Quoidbach J, Mikolajczak M, Hansenne M. Increasing emotional intelligence through training. *Pers Individ Dif*. 2009;47:36-41.
22. Association of American Medical Colleges. *Core Entrustable Professional Activities for Entering Residency*. Washington DC: AAMC; 2014.