

Emotional Intelligence as a Core Competency in Healthcare Professionals: Evidence from a Cross-Sectional Study**Lakshmi Sarapalli¹, Tatapudi Susmitha Madhuri², Ragam Ravi Sunder³, Neelima P.⁴**¹Assistant Professor, Department of Physiology, Maharajah Institute of Medical Sciences, Nellimarla, Vizianagaram district, Andhra Pradesh, India²Assistant Professor, Department of Physiology, Maharajah Institute of Medical Sciences, Nellimarla, Vizianagaram district, Andhra Pradesh, India³Professor and HOD, Department of Physiology, Principal of Allied Medical Sciences, Maharajah Institute of Medical Sciences, Nellimarla, Vizianagaram district, Andhra Pradesh, India⁴Principal & Professor, Department of Anatomy, Maharajah Institute of Medical Sciences, Nellimarla, Vizianagaram district, Andhra Pradesh, India

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Abstract**Background:** Emotional intelligence (EI) is increasingly recognized as an essential competency for healthcare professionals, influencing communication, teamwork, empathy, leadership, stress management, and patient care. Higher emotional intelligence has been associated with improved clinical decision-making, reduced burnout, and enhanced professional relationships. Despite its importance, limited studies have evaluated EI among multidisciplinary healthcare professionals in Indian teaching institutions.**Objectives:** To assess the emotional intelligence of healthcare professionals using the Brief Emotional Intelligence Scale (BEIS-10) and explore demographic variations.**Methods:** A cross-sectional questionnaire-based study was conducted among 49 healthcare professionals from a teaching institution. Emotional intelligence was assessed using the validated Brief Emotional Intelligence Scale (BEIS-10). Descriptive statistics were used to summarize scores. Inferential analyses including independent t-test, one-way ANOVA, and correlation analyses were planned to evaluate demographic differences.**Results:** The overall mean BEIS-10 score was 8.70 ± 1.94 (median = 9; range = 1–10), indicating generally high emotional intelligence among participants. Most respondents demonstrated good awareness and regulation of emotions.**Conclusion:** Healthcare professionals demonstrated high levels of emotional intelligence. Strengthening EI through faculty development and professional training may further improve teamwork, communication, leadership, and patient-centered care.**Keywords:** Emotional intelligence, BEIS-10, healthcare professionals, faculty, empathy, medical education.**DOI:** 10.25258/ijcpr.18.8.25

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Introduction

Healthcare delivery extends beyond technical competence and clinical expertise to encompass effective communication, empathy, professionalism, teamwork, and leadership. These competencies collectively determine the quality of patient care and healthcare outcomes. Emotional intelligence (EI), defined as the ability to perceive, understand, regulate, and utilize emotions in oneself and others, has emerged as one of the most important non-cognitive competencies required for healthcare professionals [1,2].

Mayer and Salovey conceptualized emotional intelligence as a set of cognitive abilities involving emotional perception, understanding, facilitation of thought, and emotional regulation [1]. Goleman later expanded this framework by emphasizing self-awareness, self-regulation, motivation, empathy, and social skills as the five major domains of emotional intelligence that contribute to workplace success [2]. These domains are particularly relevant in healthcare settings, where professionals frequently encounter emotionally demanding

situations requiring resilience, compassion, and effective interpersonal communication.

Healthcare professionals routinely care for critically ill patients, communicate difficult diagnoses, support grieving families, resolve workplace conflicts, and function within multidisciplinary teams. These emotionally charged environments require clinicians to regulate their own emotions while simultaneously recognizing and responding appropriately to the emotions of patients and colleagues. Higher emotional intelligence has therefore been associated with improved patient satisfaction, enhanced teamwork, greater leadership effectiveness, and reduced medical errors [3–6].

Increasing evidence suggests that emotional intelligence contributes significantly to physician well-being. Individuals with higher EI experience lower occupational stress, reduced burnout, greater job satisfaction, improved resilience, and better coping mechanisms during challenging clinical situations [7–10]. Emotional intelligence has also been linked to improved clinical reasoning, decision-making, professionalism, and patient-centered communication, all of which are essential competencies in Competency-Based Medical Education (CBME) [11,12].

Within healthcare education, emotionally intelligent faculty members positively influence students through role modeling, mentorship, constructive feedback, and supportive learning environments. Faculty possessing high emotional intelligence demonstrate greater teaching effectiveness, stronger interpersonal relationships, and enhanced leadership abilities [13,14]. Consequently, many accreditation agencies and medical education organizations increasingly recognize emotional intelligence as an important graduate attribute.

Several instruments have been developed to measure emotional intelligence, including the Mayer–Salovey–Caruso Emotional Intelligence Test (MSCEIT), Emotional Quotient Inventory (EQ-i), Schutte Self-Report Emotional Intelligence Test (SSEIT), Wong and Law Emotional Intelligence Scale (WLEIS), and the Brief Emotional Intelligence Scale (BEIS-10). Among these, the BEIS-10 provides a concise, reliable, and validated measure suitable for large-scale surveys among healthcare professionals [15,16].

Although numerous studies have investigated emotional intelligence among undergraduate medical and nursing students, comparatively fewer studies have examined multidisciplinary healthcare professionals working in academic institutions [17–20]. Existing evidence also indicates considerable variability in emotional intelligence according to

professional discipline, years of experience, gender, and workplace environment [21–23]. Understanding these differences may facilitate targeted faculty development programs aimed at strengthening communication skills, leadership, emotional resilience, and collaborative practice.

Given the increasing emphasis on professionalism, competency-based education, and holistic healthcare delivery, evaluating emotional intelligence among healthcare professionals has become highly relevant. Therefore, the present study assessed emotional intelligence using the Brief Emotional Intelligence Scale (BEIS-10) among healthcare professionals in a teaching institution.

Objective: To assess emotional intelligence among healthcare professionals using the Brief Emotional Intelligence Scale (BEIS-10).

Materials and Methods

Study Design: Cross-sectional observational study.

Study Setting: Teaching healthcare institution.

Study Participants: Healthcare professionals from medicine, nursing, physiotherapy, and allied health sciences.

Sample Size: 49 participants.

Sampling Technique: Convenience sampling.

Inclusion Criteria

- Healthcare professionals willing to participate
- Faculty members and clinicians involved in healthcare delivery

Exclusion Criteria

- Incomplete questionnaires
- Non-consenting participants

Study Tool

The Brief Emotional Intelligence Scale (BEIS-10) consists of ten self-reported items assessing:

- Emotional awareness
- Emotional regulation
- Emotional utilization
- Emotional appraisal of others
- Higher scores indicate better emotional intelligence.

Data Collection: Data were collected through an online Google Form after obtaining informed consent.

Statistical Analysis: Data were analyzed using SPSS version 29. Continuous variables were summarized as mean $\pm$ SD.

Categorical variables were expressed as frequency and percentage.

The following statistical tests were planned:

- Independent t-test
- One-way ANOVA
- Pearson correlation
- Cronbach's alpha

$P < 0.05$ was considered statistically significant.

Results

Participant Characteristics: A total of 49 healthcare professionals participated in the study.

Of these, 33 (67.3%) were female and 16 (32.7%) were male. Participants represented different academic positions, including Professors, Associate Professors, Assistant Professors, Tutors, and other healthcare professionals. Most respondents were affiliated with Maharajah's Institute of Medical Sciences (65.3%), while the remaining participants belonged to other teaching hospitals and healthcare institutions.

Table 1: Demographic Characteristics of Participants (n = 49)

Characteristic	Frequency	Percentage
Gender		
Male	16	32.7
Female	33	67.3
Academic Designation		
Professor	11	22.4
Associate Professor	4	8.2
Assistant Professor	10	20.4
Tutor	5	10.2
Others	19	38.8
Institution		
Maharajah's Institute of Medical Sciences	32	65.3
Other institutions	17	34.7

Overall Emotional Intelligence: Among the participants included in the emotional intelligence analysis, the mean BEIS-10 score was 8.70 ± 1.94 , with a median score of 9 and scores ranging from 1 to 10. These findings indicate that the study participants generally possessed a high level of emotional intelligence.

Table 2: Overall BEIS-10 Scores

Variable	Value
Mean	8.70
Standard deviation	1.94
Median	9
Minimum	1
Maximum	10

The distribution of BEIS-10 scores suggests that the majority of healthcare professionals demonstrated favourable emotional competencies, particularly in emotional awareness, regulation, and interpersonal understanding.

Currently working at

49 responses

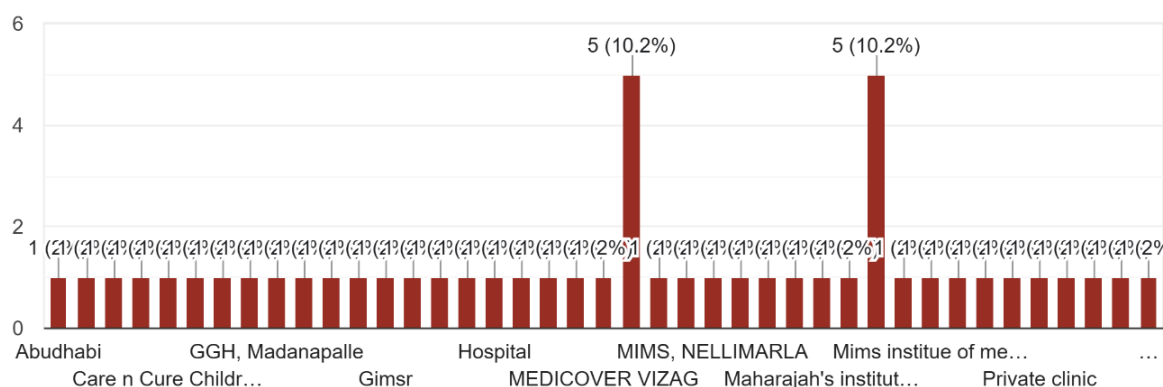


Figure 1: workplace distribution

Select the best appropriate option in self-assessing your emotional intelligence quotient. I know why my emotions change

49 responses

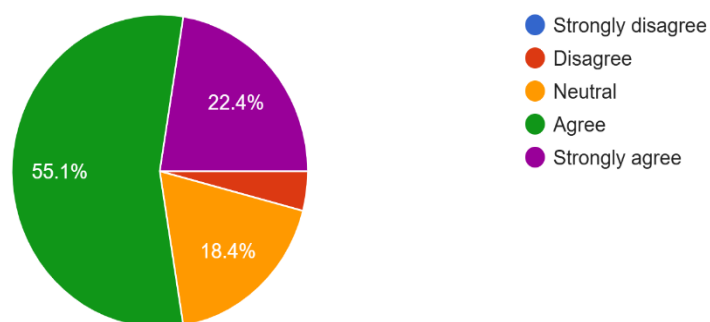


Figure 2:

I have control over my emotions

49 responses

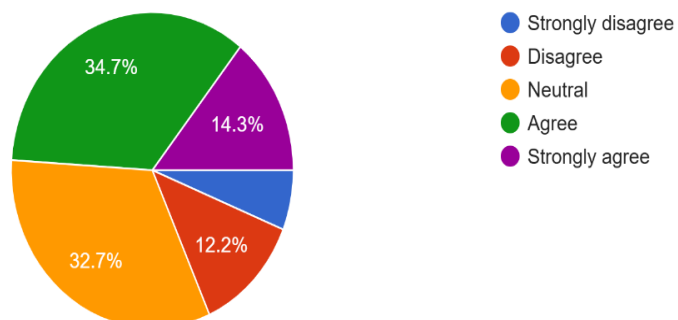


Figure 3:

Discussion

The present study assessed emotional intelligence among healthcare professionals using the Brief Emotional Intelligence Scale (BEIS-10). The participants demonstrated a high overall emotional intelligence, with a mean score of 8.70 ± 1.94 (median = 9), suggesting that most respondents possessed well-developed abilities in emotional awareness, emotional regulation, empathy, and emotional utilization. Although different studies have used varying scoring methods for the BEIS-10 and other EI instruments, the overall findings consistently indicate that healthcare professionals generally exhibit moderate-to-high emotional intelligence, supporting the observations of the present study.

The observed high emotional intelligence is encouraging because healthcare professionals routinely work in emotionally demanding environments characterized by critically ill patients, ethical dilemmas, time pressure, multidisciplinary collaboration, and frequent interpersonal interactions. Emotional intelligence enables clinicians to regulate their emotions, communicate empathically, manage conflicts effectively, and make balanced clinical decisions, thereby contributing to improved patient safety and quality of care [3,5]. A multicentre study among 89 pre-hospital emergency nurses using the BEIS-10 reported a medium-to-high level of emotional intelligence, with a total BEIS-10 score of 28.0 ± 9.58 (possible range 10–50). Participants demonstrated greater competence in recognizing and regulating the emotions of others than in managing their own emotions. Although the scoring method differs from that used in the present study, both investigations consistently demonstrate that healthcare professionals generally possess favourable emotional intelligence profiles. The similarity of findings across different healthcare settings suggests that emotional intelligence is an established professional attribute among experienced healthcare workers.

The present findings also align with the comprehensive systematic review by Prentice et al., which synthesized evidence from 145 studies involving healthcare professionals. The review concluded that emotional intelligence levels across physicians, nurses, pharmacists, and allied health professionals were generally average to above average, irrespective of the measurement instrument employed. Furthermore, emotionally intelligent professionals consistently demonstrated superior communication skills, teamwork, leadership behaviour, and adaptability. These findings reinforce the observation that emotional intelligence is a common characteristic among

healthcare professionals and contributes substantially to professional effectiveness.

Our findings are consistent with the systematic review by Arora et al., who reported that emotional intelligence is positively associated with physician performance, effective communication, leadership, and teamwork. Their review highlighted that emotionally intelligent clinicians establish stronger therapeutic relationships, collaborate more effectively within multidisciplinary teams, and demonstrate enhanced professionalism. These attributes are particularly relevant in competency-based medical education, where communication, collaboration, and professionalism are considered core competencies [3].

Similarly, Cherry et al. emphasized that emotional intelligence supports reflective practice, empathy, resilience, and lifelong learning among healthcare professionals. Faculty members with higher emotional intelligence are better equipped to provide constructive feedback, mentor learners, manage conflicts, and create psychologically safe learning environments. The relatively high emotional intelligence observed among participants in the present study may therefore reflect increasing institutional emphasis on faculty development, communication skills training, and competency-based educational practices [11].

Several investigators have explored the relationship between emotional intelligence and occupational well-being. Miao et al., in a meta-analysis, demonstrated that higher emotional intelligence is associated with greater job satisfaction and improved workplace performance while simultaneously reducing occupational stress and emotional exhaustion [8].

Likewise, Pérez-Fuentes et al. found that emotionally intelligent healthcare professionals exhibited significantly lower burnout, greater resilience, and better psychological well-being. These findings suggest that emotional intelligence functions as an important protective factor against occupational stress, a particularly relevant issue in the post-pandemic healthcare environment [9]. Recent hospital-based research similarly found that healthcare professionals with moderate-to-high emotional intelligence experienced more favourable psychological outcomes than those with lower emotional intelligence.

Previous research has also demonstrated positive associations between emotional intelligence and patient-centred care. Weng et al. reported that surgeons with higher emotional intelligence achieved greater patient satisfaction through improved empathy and communication. Emotional intelligence facilitates accurate recognition of

patients' emotional needs, improves shared decision-making, strengthens therapeutic relationships, and enhances adherence to treatment recommendations [5]. Consequently, emotional intelligence is increasingly regarded as an essential component of quality healthcare rather than merely a desirable personality characteristic.

Although subgroup analyses were beyond the primary objective of the present study, previous investigations have reported variable demographic influences on emotional intelligence. Some studies have observed marginally higher empathy-related emotional intelligence among female healthcare professionals, whereas others reported no significant gender differences after adjustment for experience and workplace characteristics [18,28]. Similarly, emotional intelligence has been reported to increase with professional experience, reflecting progressive development of interpersonal skills, emotional regulation, and reflective practice during clinical careers [21]. Future studies with larger samples could explore these demographic relationships in greater detail.

An additional strength of the present study is the use of the Brief Emotional Intelligence Scale (BEIS-10), a concise instrument derived from the original Emotional Intelligence Scale and developed using Mayer and Salovey's theoretical framework. The BEIS-10 has demonstrated acceptable internal consistency and construct validity, making it suitable for rapid assessment in busy healthcare environments. Nevertheless, psychometric evaluations recommend interpreting BEIS-10 findings alongside complementary measures because of its brevity and comparatively lower test-retest stability than longer emotional intelligence instruments.

The high emotional intelligence observed in the present study has important implications for healthcare education and workforce development. Modern competency-based curricula increasingly emphasize communication skills, professionalism, teamwork, leadership, empathy, and physician well-being. Emotional intelligence training through reflective practice, simulation, communication workshops, mentorship programmes, and faculty development initiatives may further strengthen these competencies and contribute to improved educational and patient-care outcomes. Overall, the findings of the present study corroborate the growing body of international evidence demonstrating that emotional intelligence is an important determinant of professional effectiveness in healthcare.

The consistently moderate-to-high emotional intelligence observed across studies supports the integration of emotional intelligence assessment

and training into faculty development programmes and continuing professional education.

Strengths

- Utilized a validated emotional intelligence instrument.
- Included multidisciplinary healthcare professionals.
- Simple and reproducible methodology.
- Practical implications for faculty development.

Limitations

- Small sample size.
- Single-center study.
- Self-reported questionnaire.
- Cross-sectional design limits causal inference.

Conclusion

Healthcare professionals in the present study demonstrated generally high emotional intelligence, highlighting strengths in emotional awareness and regulation.

Emotional intelligence should be incorporated into continuing professional development, leadership training, and faculty development programs to enhance interpersonal effectiveness, teamwork, and patient-centered care.

Larger multicenter studies are warranted to establish normative emotional intelligence profiles among healthcare professionals.

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