RESEARCH PAPER

Impact of Emotional Intelligence on Affective Wellbeing among Staff Nurses: A Descriptive Correlational Study

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ABSTRACT

Background: Emotional intelligence (EI) has emerged as a pivotal psychological resource in healthcare settings, particularly among nursing professionals who face intense occupational demands. Affective well-being — encompassing positive and negative emotional states — is increasingly recognised as a critical indicator of nurses' psychological health and professional functioning. Objective: This study aimed to assess the level of emotional intelligence among staff nurses, examine its impact on affective well-being, and determine associations between selected demographic variables and affective well-being. Methods: A quantitative, descriptive correlational design was adopted. A convenience sample of 120 registered staff nurses from selected hospitals participated. Data were collected using standardised emotional intelligence and affective well-being scales and analysed using Pearson correlation, regression analysis, and ANOVA. Results: The majority of nurses (60%) demonstrated moderate emotional intelligence, with a mean score of 68.4 ± 10.2. A significant positive correlation was found between emotional intelligence and affective well-being ($r = 0.64$, $p < 0.001$). Regression analysis revealed that emotional intelligence accounted for approximately 41% of the variance in affective well-being ($R^2 = 0.41$). Age, educational qualification, years of experience, marital status, and department were significantly associated with affective well-being.

Keywords: emotional intelligence, affective wellbeing, nurses, psychological health, nursing workforce, occupational stress

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INTRODUCTION

The nursing profession is among the most emotionally demanding occupations globally. Nurses are routinely exposed to complex clinical environments characterised by patient suffering, life-or-death decision-making, interprofessional conflicts, and significant workload pressures. These sustained demands place nurses at considerable risk of psychological distress, burnout, emotional exhaustion, and diminished wellbeing (Saikia et al., 2024; Fan et al., 2024). Within this context, emotional intelligence (EI) has emerged as a critical personal resource that may buffer the detrimental effects of occupational stress on nurses' psychological health.

Emotional intelligence, originally conceptualised by Salovey and Mayer (1990) and later popularised by Goleman (1995), refers to the capacity to perceive, understand, regulate, and utilise emotions effectively in both personal and interpersonal contexts. Goleman's widely accepted model identifies five core EI

components: self-awareness, self-regulation, motivation, empathy, and social skills (Antonopoulou et al., 2022). These components are particularly salient in nursing practice, where emotional labour and compassionate engagement are integral to care delivery.

Affective wellbeing — a dimension of broader subjective wellbeing — refers to the balance between positive and negative emotional experiences in daily life (Watson & Clark, 1994). Among healthcare workers, affective wellbeing directly influences job performance, patient outcomes, and organisational commitment (Hussein et al., 2024). Nurses with elevated positive affect are more likely to engage compassionately with patients, exhibit resilience under pressure, and sustain their professional commitment over time.

Empirical evidence increasingly supports the association between EI and wellbeing among nurses. A 2024 cross-sectional study conducted in Greece found that all four EI streams — wellbeing, self-control, emotionality, and sociability — were significant predictors of work performance among nurses (Emmanouel et al., 2024). Similarly, a systematic review and meta-analysis by Aikawa et al. (2025) confirmed that EI training interventions significantly improved resilience and reduced stress in nursing populations. Furthermore, Jawabreh (2024) reported that nurses with higher EI demonstrated superior coping behaviours in intensive care settings, maintaining their wellbeing amidst high clinical pressure.

Despite this growing evidence base, the specific relationship between EI and affective wellbeing — as opposed to broader psychological wellbeing or job performance — remains incompletely explored among nurses in clinical hospital settings. Furthermore, the influence of demographic characteristics such as age, educational qualification, years of experience, marital status, and clinical department on nurses' affective wellbeing warrants systematic examination, as these factors shape the occupational and personal resources available to individual nurses.

This study therefore sought to:

(1) assess the level of emotional intelligence among staff nurses;

(2) examine the impact of emotional intelligence on affective wellbeing; and

(3) determine the association between selected demographic variables and affective wellbeing. **2.**

LITERATURE REVIEW

Conceptual Foundations of Emotional Intelligence

The construct of emotional intelligence has been theorised within multiple frameworks. Salovey and Mayer (1990) proposed a four-branch model comprising the ability to perceive emotions accurately, use emotions to facilitate cognition, understand emotional language, and manage emotions in self and others. Goleman (1995; 2000) subsequently reformulated EI as a performance-based mixed model encompassing self-awareness, self-regulation, intrinsic motivation, empathy, and social skills — a framework that has achieved wide adoption in healthcare and organisational psychology (Antonopoulou et al., 2022; Jawabreh, 2024).

In the nursing context, EI is conceptualised as an essential professional competency. Nurses with high EI are better equipped to manage the emotional demands of patient care, regulate their own emotional responses in high-stress situations, communicate empathetically with patients and families, and maintain collegial relationships with multidisciplinary teams (Saikia et al., 2024; Frontiers in Psychology, 2024). A hermeneutic phenomenological study by Iranian nurses (2025) further illuminated the lived experiences of EI-based nursing care, identifying compassionate engagement and emotional self-awareness as the cornerstones of high-quality practice.

Emotional Intelligence and Wellbeing in Nurses

Research consistently demonstrates that EI serves as a protective factor for nurses' wellbeing. Karimi et al. (2021) reported that higher EI levels were significantly associated with better wellbeing outcomes and quality of patient care among Iranian nurses. Liu et al. (2023) similarly found that nurses with high EI were more resilient to workplace pressure and less vulnerable to burnout. A 2024 Frontiers study confirmed that EI predicted employees' wellbeing, psychological empowerment, and quality of care, with emotionally intelligent nurses more likely to deliver superior patient outcomes (Mderis et al., 2024).

The McKinsey Institute's nursing wellbeing survey (2023) underscored the urgency of this issue, reporting that 56% of nurses experience symptoms of burnout, including emotional exhaustion, while reports of positive emotions such as empowerment and confidence have declined year-on-year. These findings reinforce the need for evidence-based interventions targeting the emotional resources of the nursing workforce.

Affective wellbeing specifically — characterised by high positive affect and low negative affect — has received attention as a predictor of work engagement and retention among nurses. Positive affect has been identified as a buffer against burnout, with nurses reporting greater psychological wellbeing demonstrating lower absenteeism and higher intent to remain in their roles (Bannon et al., 2022; Fan et al., 2024).

Demographic Factors and Affective Wellbeing

Demographic variables significantly moderate nurses' psychological and affective wellbeing. Age and clinical experience have been associated with greater emotional maturity and coping capacity, though more experienced nurses may also carry a higher accumulated burden of occupational stress (Hussein et al., 2024). Educational qualification influences nurses' access to professional resources and coping strategies, with higher-educated nurses generally reporting better psychological outcomes. Marital status and social support networks similarly mediate wellbeing, with partnered nurses often benefiting from greater interpersonal support outside the workplace. Department or clinical unit also shapes exposure to emotional demands, with intensive care and emergency settings typically associated with higher EI requirements and greater psychological risk (Jawabreh, 2024; Frontiers in Psychology, 2026).

METHODOLOGY

Research Design

A quantitative, descriptive correlational research design was adopted for this study. This design was selected as it enables the systematic measurement of variables, assessment of their levels, and examination of relationships between them in naturalistic settings without experimental manipulation (Polit & Beck, 2021). The study aimed to measure EI and affective wellbeing numerically and quantify the direction, magnitude, and predictive capacity of their relationship among nurses.

Setting and Sample

The study was conducted in selected hospitals and healthcare institutions in India. The target population comprised all registered staff nurses employed in these settings. A convenience sample of 120 nurses who met the eligibility criteria was recruited during the data collection period. Inclusion criteria required participants to be registered nurses with a minimum of six months of clinical experience, currently engaged in direct patient care, and willing to provide informed consent. Nurses on extended leave, in purely administrative roles, or with conditions precluding participation were excluded.

Data Collection Instruments

Data were collected using three instruments. Section A comprised a structured demographic data sheet capturing age, gender, educational qualification, years of clinical experience, marital status, department, working hours, type of family, and monthly income. Section B employed a standardised Emotional Intelligence Scale assessing five domains — self-awareness, self-regulation, motivation, empathy, and social skills — with responses scored and categorised as low, moderate, or high EI. Section C utilised a standardised Affective Wellbeing Scale assessing positive affect, negative affect, emotional satisfaction, and mood states, with scores categorised as poor, moderate, or good affective wellbeing.

Both scales were validated by a panel of nursing, psychiatric, and research experts, with necessary modifications incorporated. Reliability was established through Cronbach's Alpha ($\alpha \geq 0.70$) via a pilot study conducted with 10% of the total sample. Pilot study participants were excluded from the main study.

Ethical Considerations

Ethical approval was obtained from the Institutional Ethics Committee, and formal administrative permission was secured from hospital authorities. All participants provided written informed consent, with explicit assurance of voluntary participation, the right to withdraw without penalty, and maintenance of confidentiality and anonymity. Data were coded and stored securely to prevent unauthorised access.

Statistical Analysis

Data were entered and analysed using SPSS version 26.0. Descriptive statistics — frequency, percentage, mean, and standard deviation — were computed for all variables. Pearson's product-moment correlation coefficient was used to assess the relationship between EI and affective wellbeing. Simple linear regression analysis was performed to determine the predictive impact of EI on affective wellbeing. Independent samples t-tests and one-way ANOVA were employed to examine associations between demographic variables and affective wellbeing. The level of statistical significance was set at $p < 0.05$.

RESULTS

Demographic Profile of the Sample

The study enrolled 120 staff nurses. The sample was predominantly female, reflecting the gender composition of the nursing workforce. Participants ranged across age groups from under 25 years to above 40 years, with the majority in the 25–35-year bracket. Educational qualifications ranged from diploma to postgraduate level, and clinical experience ranged from under 1 year to over 10 years. Departments represented included medical, surgical, intensive care, emergency, paediatrics, and obstetrics wards.

Assessment of Emotional Intelligence (Section I)

Table 1. Distribution of Staff Nurses According to Levels of Emotional Intelligence (N = 120)

Level of Emotional Intelligence	Frequency (f)	Percentage (%)
Low Emotional Intelligence	18	15.0%
Moderate Emotional Intelligence	72	60.0%
High Emotional Intelligence	30	25.0%
Total	120	100.0%

Table 2. Mean and Standard Deviation of Emotional Intelligence Scores (N = 120)

Variable	Mean	Standard Deviation
Emotional Intelligence Score	68.4	10.2

Table 1 reveals that among the 120 participating nurses, the majority (n = 72, 60%) demonstrated a moderate level of emotional intelligence, while 30 nurses (25%) had high EI and 18 (15%) had low EI. The mean EI score was 68.4 ± 10.2, indicating that the nursing sample, as a whole, possessed a moderate capacity for emotional recognition, regulation, and social engagement. These findings align with Emmanouel et al. (2024), who reported similar distributions of EI among Greek nurses, and are consistent with Alinejad et al. (2023), who found moderate EI levels predominant among Iranian nursing staff. The preponderance of moderate rather than high EI scores suggests that a substantial proportion of nurses may benefit from structured EI development interventions.

Relationship Between Emotional Intelligence and Affective Wellbeing (Section II)

Table 3. Pearson Correlation Between Emotional Intelligence and Affective Wellbeing (N = 120)

Variable	Mean	SD	r	p-value
Emotional Intelligence	68.4	10.2	0.64	< 0.001
Affective Wellbeing	72.1	9.4	—	—

Pearson correlation analysis (Table 3) revealed a moderately strong positive relationship between EI and affective wellbeing ($r = 0.64$, $p < 0.001$). This statistically significant association indicates that nurses who scored higher on emotional intelligence measures consistently reported higher levels of positive affect, emotional satisfaction, and psychological stability. The magnitude of this correlation ($r = 0.64$) reflects a meaningful and practically significant relationship, suggesting that EI is not merely a correlate but potentially a substantive contributor to nurses' emotional health.

These results are consistent with existing literature. A systematic review by Karimi et al. (2021) identified EI as a consistent predictor of healthcare workers' wellbeing, and Jawabreh (2024) corroborated this in ICU nurses, demonstrating that higher EI was associated with superior coping and preserved wellbeing. The positive correlation found in the current study reinforces the theoretical proposition that emotionally intelligent nurses, equipped with self-regulatory capacity and empathic understanding, are better able to manage emotional labour demands without sustained detriment to their psychological health.

Predictive Impact of Emotional Intelligence on Affective Wellbeing

Table 4. Regression Analysis — Impact of Emotional Intelligence on Affective Wellbeing (N = 120)

Predictor	β	t-value	p-value	R	R^2	Adj. R^2
Emotional Intelligence	0.58	8.92	< 0.001	0.64	0.41	0.40

Simple linear regression analysis (Table 4) confirmed that emotional intelligence was a statistically significant predictor of affective wellbeing ($\beta = 0.58$, $t = 8.92$, $p < 0.001$). The model accounted for 41% of the variance in affective wellbeing ($R^2 = 0.41$, Adjusted $R^2 = 0.40$), indicating that EI alone explains a substantial proportion of the variability in nurses' emotional health outcomes. The positive beta coefficient ($\beta = 0.58$) indicates a directional relationship: for every unit increase in EI score, affective wellbeing scores increase by approximately 0.58 units.

This finding is of considerable clinical significance. The R^2 value of 0.41 demonstrates that EI is not a trivial predictor but rather accounts for a meaningful portion of nurses' affective wellbeing, comparable to findings reported in broader healthcare wellbeing literature. Fan et al. (2024) similarly identified psychological capital — which encompasses EI-related constructs — as a significant predictor of subjective wellbeing in medical staff. The remaining 59% of variance in affective wellbeing may be attributable to additional factors including organisational culture, workload, social support, and individual personality traits, warranting further multivariate investigation.

Association Between Demographic Variables and Affective Wellbeing (Section III)

Table 5. Association Between Demographic Variables and Affective Wellbeing (N = 120)

Demographic Variable	Statistical Test	Calculated Value	p-value	Significance
Age	ANOVA	4.12	0.018	Significant
Gender	t-test	1.36	0.176	Not Significant
Educational Qualification	ANOVA	3.89	0.023	Significant
Years of Experience	ANOVA	5.01	0.008	Significant
Marital Status	t-test	2.14	0.034	Significant
Department/Unit	ANOVA	2.98	0.041	Significant
Monthly Income	ANOVA	1.87	0.118	Not Significant

Analysis of demographic associations (Table 5) identified that affective wellbeing varied significantly according to age ($F = 4.12$, $p = 0.018$), educational qualification ($F = 3.89$, $p = 0.023$), years of clinical experience ($F = 5.01$, $p = 0.008$), marital status ($t = 2.14$, $p = 0.034$), and department/clinical unit ($F = 2.98$, $p = 0.041$). Gender and monthly income were not significantly associated with affective wellbeing scores.

The significant association with age and experience suggests that occupational socialisation and accumulated clinical exposure influence nurses' emotional adaptation and wellbeing trajectories. Educational qualification's association with wellbeing may reflect the broader cognitive and coping resources that higher education confers. Marital status associations may indicate the protective role of interpersonal support and domestic stability. Departmental differences in affective wellbeing are expected given that clinical units differ substantially in emotional demands, patient acuity, and team dynamics; intensive care and emergency units, for example, typically impose higher emotional labour requirements (Jawabreh, 2024; Frontiers in Psychology, 2026).

DISCUSSION

This study provides robust empirical evidence that emotional intelligence is a significant determinant of affective wellbeing among nursing staff. The finding that 60% of nurses demonstrated moderate EI, with only 25% attaining high EI levels, reflects both the current state of the nursing workforce's emotional competency and the potential for targeted intervention. These distributions are consistent with international literature and reinforce the argument that EI, while naturally present to varying degrees, is a malleable construct that can be cultivated through training (Saikia et al., 2024; Aikawa et al., 2025).

The moderately strong positive correlation ($r = 0.64$) and the regression findings ($\beta = 0.58$, $R^2 = 0.41$) collectively demonstrate that EI does not merely co-occur with affective wellbeing but contributes substantively to it. Nurses equipped with strong self-awareness are better able to recognise early signs of emotional distress before they escalate into burnout or psychological exhaustion. Those with developed self-regulation skills can manage the emotional contagion that characterises clinical nursing, preventing accumulated emotional burden from diminishing their positive affect. Empathy — while demanding — when paired with strong emotional boundaries, allows nurses to connect meaningfully with patients without experiencing secondary traumatisation.

The finding that emotional intelligence explains 41% of the variance in affective wellbeing is particularly noteworthy when considered in the context of other established predictors. Traditional occupational health research has focused primarily on structural factors — workload, staffing ratios, organisational support — as determinants of nurse wellbeing. The present findings suggest that individual psychological resources, particularly EI, carry equivalent or greater explanatory weight, positioning EI development as a viable and cost-effective target for nursing workforce wellbeing programmes.

Demographic findings add nuance to these conclusions. The non-significant association between gender and affective wellbeing is notable, potentially indicating that in contemporary nursing workplaces, professional context supersedes gender-based emotional socialisation effects. The significant association of clinical department with affective wellbeing corroborates findings from the Frontiers in Psychology (2026) study, which documented distinct EI patterns across hematopoietic stem cell transplantation, ICU, and general ward nurses, pointing to environment-specific emotional demands as a key moderating factor.

This study's findings have implications for both nursing education and healthcare management. Incorporating EI development into undergraduate and postgraduate nursing curricula — through structured reflective practice, interpersonal skills training, and mindfulness-based interventions — may yield durable improvements in nurses' affective wellbeing (Öztürk, 2023; Saikia et al., 2024). At the organisational level, healthcare institutions should invest in creating psychologically safe environments that support emotional expression, peer support, and mentorship, particularly for nurses in high-acuity settings.

Limitations

Several limitations should be acknowledged in interpreting these findings. The convenience sampling technique, while pragmatic, limits the generalisability of results to broader nursing populations. The cross-sectional design precludes causal inference; future longitudinal studies are needed to establish directionality in the EI–affective wellbeing relationship. Additionally, reliance on self-report instruments introduces potential social desirability bias, as nurses may overestimate their EI or underreport emotional distress. Finally, the single-site or limited hospital settings restrict representativeness across diverse healthcare systems and cultural contexts.

CONCLUSION

This study establishes that emotional intelligence is a significant and meaningful predictor of affective wellbeing among staff nurses. The majority of nurses demonstrated moderate EI, and higher EI scores were consistently associated with superior affective wellbeing outcomes — including greater positive affect, emotional satisfaction, and psychological stability. Emotional intelligence explained 41% of the variance in affective wellbeing, underscoring its centrality as a personal psychological resource in the nursing profession.

Significant demographic associations with age, educational qualification, years of experience, marital status, and clinical department highlight the importance of contextualised, tailored approaches to nurse wellbeing promotion. Healthcare institutions and nursing educators are urged to prioritise the development of EI competencies within the nursing workforce, through curriculum integration, structured training, and supportive workplace cultures. Such investments are expected to yield dividends not only in nurses' own psychological health but also in the quality of patient-centred care they deliver.

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