RESEARCH PAPER

Assessment of Emotional Intelligence and Self-Esteem Among Nursing Students in a Selected Nursing College of Kolkata, West Bengal

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ABSTRACT

Background: Emotional intelligence (EI) and self-esteem are integral psychological assets that shape the academic performance, professional behaviour, and mental well-being of nursing students. In demanding healthcare training environments, deficits in either construct may predispose students to stress, burnout, and compromised patient care delivery. Systematic assessment of these constructs can provide the evidence base for targeted psychological support interventions within nursing education.

Objectives: (1) To assess the level of emotional intelligence among nursing students. (2) To assess the level of self-esteem among nursing students. (3) To determine the correlation between emotional intelligence and self-esteem. (4) To find the association between EI and self-esteem with selected demographic variables.

Methodology: A quantitative descriptive correlational research design was employed. A total of 260 nursing students from a selected nursing college in Kolkata, West Bengal, were recruited using simple random sampling. Emotional intelligence was assessed using the Brief Emotional Intelligence Scale (BEIS-10) and self-esteem was measured using the Rosenberg Self-Esteem Scale (RSES). Descriptive statistics, Pearson's correlation coefficient, and Chi-square tests were applied. Significance was set at $p < 0.05$.

Results: The majority of nursing students (52.3%) demonstrated moderate EI and 48.5% had moderate self-esteem on the RSES. The mean BEIS-10 score was 33.46 (SD = 5.71) and the mean RSES score was 24.18 (SD = 4.32). A statistically significant positive correlation was found between EI and self-esteem ($r = 0.48$, $p < 0.001$). Significant associations were found between EI and year of study ($\chi^2 = 14.22$, $p = 0.007$) and between self-esteem and family support ($\chi^2 = 9.76$, $p = 0.008$).

Conclusion: Nursing students exhibited moderate levels of both emotional intelligence and self-esteem, with a significant positive correlation between the two constructs. Structured EI and self-esteem development programmes integrated into the nursing curriculum are strongly recommended.

Keywords: Emotional intelligence, self-esteem, nursing students, BEIS-10, Rosenberg Self-Esteem Scale

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INTRODUCTION

Emotional intelligence (EI), first conceptualised by Salovey and Mayer (1990) and widely disseminated by Goleman (1995), refers to the capacity to perceive, understand, manage, and effectively use emotions in oneself and in interpersonal relationships.[1,2] In the nursing profession, EI underpins therapeutic communication, empathetic patient-centred care, conflict resolution, and professional resilience under high-pressure clinical conditions.[3] Nursing students who possess higher EI demonstrate improved clinical decision-making, reduced academic stress, and greater professional satisfaction.[4]

Self-esteem, defined as the subjective evaluation of one's own worth and competence, is equally fundamental to the psychological well-being and professional development of nursing students. Rosenberg (1965) conceptualised self-esteem as a global positive or negative attitude toward the self.[5] Students with high self-esteem are more likely to approach clinical challenges with confidence, persist in the face of adversity, and engage constructively with peers and patients.[6] Conversely, low self-esteem is associated with anxiety, depression, academic underperformance, and vulnerability to burnout in healthcare training.[7]

The interrelationship between EI and self-esteem is well-established in psychological literature. Individuals with greater emotional awareness and regulation typically hold a more positive self-concept, while higher self-esteem enables more adaptive emotional expression and management.[8] Understanding both constructs simultaneously in the nursing education context offers a

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more comprehensive picture of students' psychological readiness for professional practice.

Despite the recognised importance of these constructs, there is a paucity of studies specifically addressing EI and self-esteem together among nursing students in West Bengal. The present study was therefore undertaken to assess and correlate EI and self-esteem among nursing students enrolled in a selected nursing college of Kolkata.

NEED FOR THE STUDY

Nursing education in urban centres such as Kolkata is characterised by demanding academic schedules, rigorous clinical postings, frequent examinations, and the expectation of acquiring a wide range of professional competencies within a limited time frame. These educational demands are often compounded by long clinical hours, exposure to patient suffering and death, interpersonal challenges with peers and faculty, and concerns regarding future employment opportunities. Such stressors place nursing students at an elevated risk of emotional dysregulation, psychological distress, and diminished self-worth.[9,10] Studies have consistently shown that nursing students experience moderate to high levels of stress throughout their training, which may negatively affect academic performance, clinical competence, and overall well-being.[11]

In addition, the transition from adolescence to professional adulthood coincides with the nursing education period, making students particularly vulnerable to fluctuations in self-esteem and emotional stability. Students who are unable to manage emotions effectively may experience anxiety, frustration, poor interpersonal relationships, and reduced confidence in clinical settings.[12] Conversely, students with higher emotional intelligence and healthy self-esteem are better equipped to cope with academic pressures, adapt to clinical environments, communicate effectively with patients, and demonstrate professional resilience.[13]

The Indian Council of Medical Research (ICMR) and other national health agencies have increasingly recognised mental health promotion and psychological well-being among healthcare trainees as important priorities for strengthening the healthcare workforce.[14] However, despite growing awareness of mental health concerns among health professional students, few several institutions have established systematic mechanisms to identify students with low emotional intelligence or poor self-esteem before these issues contribute to burnout, absenteeism, attrition, reduced academic achievement, or compromised patient safety.[15] Early assessment of these psychological attributes may therefore play a crucial role in developing targeted interventions aimed at enhancing student well-being and professional competence.

The simultaneous assessment of emotional intelligence and self-esteem offers a comprehensive understanding of the psychological strengths and vulnerabilities of nursing students. Evidence suggests that emotionally intelligent individuals tend to possess a more positive self-concept, while higher self-esteem facilitates adaptive emotional regulation, effective coping, and better interpersonal functioning.[8] The use of both BEIS-10 and RSES in tandem enables a rapid, cost-effective, and evidence-based approach to assessing psychological readiness among nursing students. Findings generated through such assessments can guide the development of counselling services, mentoring initiatives, stress-management programmes, and curriculum innovations aimed at fostering emotionally competent and confident future nurses. The present study therefore seeks to address an important gap in the literature by examining emotional intelligence and self-esteem among nursing students in a selected nursing college of Kolkata and exploring the relationship between these two essential psychological constructs.

REVIEW OF LITERATURE

Christianson (2020) conducted an integrative review examining emotional intelligence and critical thinking among nursing students. The review reported that emotional intelligence was positively associated with academic engagement, clinical judgment, communication skills, and patient safety outcomes. The author emphasized that emotional intelligence should be incorporated into nursing curricula to enhance students' professional competence and readiness for clinical practice.[18]

Batran (2024) assessed emotional intelligence and its associated factors among nursing students and found that the majority of participants demonstrated moderate to high levels of emotional intelligence. Senior students reported significantly higher emotional intelligence scores than junior students, suggesting that emotional competencies develop progressively throughout nursing education.[19]

Park et al. (2024) investigated the influence of emotional intelligence, caring efficacy, and social support on clinical competency among nursing students. The study revealed that emotional intelligence was a significant predictor of clinical competence, effective patient care, and adaptation to clinical environments. Students with higher emotional intelligence demonstrated greater confidence and professional performance during clinical training.[20]

Bsharat et al. (2024) examined the relationship between emotional intelligence and self-esteem among nursing students and reported a significant positive association between the two constructs. The findings indicated that students with higher emotional intelligence tended to possess better self-esteem, stronger interpersonal relationships, and greater psychological resilience.[21]

Benjamin et al. (2024) compared emotional intelligence and self-esteem among Indian and Saudi Arabian nursing students. The study demonstrated that both emotional intelligence and self-esteem significantly influenced academic achievement, psychological well-being, and clinical performance. A positive relationship was observed between the two variables across both cultural settings.[22]

Castelino et al. (2024) conducted a pilot study exploring emotional intelligence, self-esteem, and empathy among nursing students. The researchers found that emotional intelligence was positively correlated with self-esteem and empathetic behaviour. Students with higher emotional intelligence reported greater self-confidence, emotional stability, and interpersonal effectiveness.[23]

Ruiz Ortega, Sánchez Álvarez, and Berrios Martos (2024) investigated the combined effects of emotional intelligence and psychological well-being on academic success among undergraduate nursing students. The study identified emotional regulation and self-esteem as strong predictors of academic achievement, resilience, and overall well-being. The authors recommended early assessment and promotion of these psychological attributes during nursing education.[24]

Albagawi et al. (2025) explored the mediating role of self-esteem and mental well-being in the relationship between emotional intelligence and learning motivation among undergraduate nursing students. The findings demonstrated that self-esteem significantly mediated the relationship between emotional intelligence and academic motivation, highlighting the interconnected nature of these constructs.[25]

Sallam (2025) examined emotional intelligence and self-esteem among nursing students and reported that students with higher emotional intelligence exhibited significantly better self-esteem, communication skills, and coping abilities. The study recommended implementing emotional intelligence development programmes as part of nursing education.[26]

Sharma et al. (2025) evaluated the effectiveness of emotional intelligence skill-training programmes among nursing students and found significant improvements in emotional intelligence scores following structured educational interventions. The authors concluded that emotional intelligence can be developed through targeted training, reflective learning, and mentorship programmes.[27]

The reviewed literature consistently demonstrates that emotional intelligence and self-esteem are positively associated with academic achievement, clinical competence, psychological well-being, resilience, and professional readiness among nursing students. Despite increasing international evidence, limited studies have simultaneously examined emotional intelligence and self-esteem among nursing students in West Bengal. Therefore, the present study seeks to assess and correlate emotional intelligence and self-esteem among nursing students in a selected nursing college of Kolkata.

OBJECTIVES OF THE STUDY

1. To assess the level of emotional intelligence among nursing students using the BEIS-10.
2. To assess the level of self-esteem among nursing students using the Rosenberg Self-Esteem Scale.
3. To determine the correlation between emotional intelligence and self-esteem among nursing students.
4. To find the association between emotional intelligence and selected demographic variables.
5. To find the association between self-esteem and selected demographic variables.

HYPOTHESES

H1: There is a relationship between emotional intelligence and self-esteem among nursing students at $p < 0.05$.

H2: There is an association between emotional intelligence and selected demographic variables at $p < 0.05$.

H3: There is an association between self-esteem and selected demographic variables at $p < 0.05$.

MATERIALS AND METHODS

A quantitative correlational study was conducted among 260 GNM and B.Sc. Nursing students selected through simple random sampling from a selected nursing college affiliated with the West Bengal University of Health Sciences (WBUHS), West Bengal. The study aimed to assess emotional intelligence and self-esteem and determine the relationship between these variables. Data were collected using a structured socio-demographic questionnaire, the Brief Emotional Intelligence Scale (BEIS-10), and the Rosenberg Self-Esteem Scale (RSES). The socio-demographic questionnaire was validated by subject experts and demonstrated satisfactory validity (CVI = 0.85), while the BEIS-10 and RSES are standardized instruments with established validity and reliability. Ethical clearance was obtained from the Institutional Ethics Committee, and administrative permission was obtained. Written informed consent was obtained from all participants, and confidentiality and anonymity were maintained throughout the study. Data were analysed using Jamovi. 2.0. Descriptive statistics were used to summarize the data, while Pearson's correlation coefficient was computed to determine the relationship between emotional intelligence and self-esteem. Chi-square tests were applied to examine associations between selected demographic variables and study outcomes.

RESULTS

Section I: Demographic Profile of Nursing Students

Table 1: Frequency and percentage distribution of nursing students according to socio-demographic variables (n = 260)

S.No.	Variable	Category	f	% (n=260)
1	**Age (in years)**	17–20	136	52.3

		21–25	112	43.1
		26–30	12	4.6
2	**Sex**	Female	228	87.7
		Male	32	12.3
3	**Programme & Year**	GNM 1st Year	38	14.6
		GNM 2nd Year	36	13.8
		GNM 3rd Year	34	13.1
		B.Sc. Nursing 1st Year	40	15.4
		B.Sc. Nursing 2nd Year	38	14.6
		B.Sc. Nursing 3rd Year	36	13.8
		B.Sc. Nursing 4th Year	38	14.6
4	**Religion**	Hindu	186	71.5
		Muslim	38	14.6
		Christian	24	9.2
		Others	12	4.6
5	**Type of Family**	Nuclear	194	74.6
		Joint	54	20.8
		Extended	12	4.6
6	**Place of Residence**	Hostel	142	54.6
		Home (Day Scholar)	104	40.0
		Paying Guest	14	5.4
7	**Monthly Family Income (₹)**	< 10,000 (Lower)	42	16.2
		10,001–25,000 (Lower-middle)	80	30.8
		25,001–50,000 (Middle)	90	34.6
		> 50,000 (Upper)	48	18.5
8	**Availability of Social/Family Support**	Present	214	82.3
		Absent	46	17.7
9	**Previous Counselling/Mental Health Education**	Yes	68	26.2
		No	192	73.8

Table 1 reveals that the majority of nursing students were aged 17–20 years (52.3%), predominantly female (87.7%), a distribution consistent with the gender composition of nursing education in West Bengal. Most students (71.5%) identified as Hindu. The majority resided in hostel accommodation (54.6%) and came from nuclear families (74.6%). The largest income category was middle class ₹25,001–50,000/month (34.6%), followed by lower-middle class (30.8%). Most students (82.3%) reported having an available social or family support system, and 73.8% had no prior exposure to counselling or mental health education, indicating scope for preventive psychological initiatives.

Section II: Assessment of Level of Emotional Intelligence (BEIS-10)

Table 2: Frequency and percentage distribution of nursing students according to level of emotional intelligence (BEIS-10, n = 260)

Level of EI (BEIS-10)	Score Range	Frequency (f)	Percentage (%)
Low EI	10–25	54	20.8
Moderate EI	26–38	136	52.3
High EI	39–50	70	26.9
Total	10–50	260	100

Table 3: Descriptive statistics of BEIS-10 scores and subscale-wise mean scores (n = 260)

BEIS-10 Domain	Min	Max	Mean	SD
Appraisal of Own Emotions (Items 1, 6)	2	10	6.42	1.63
Appraisal of Others' Emotions (Items 2, 7)	2	10	6.78	1.54
Regulation of Own Emotions (Items 3, 8)	2	10	6.55	1.71
Regulation of Others' Emotions (Items 4, 9)	2	10	7.04	1.49
Utilisation of Emotions (Items 5, 10)	2	10	6.67	1.58
Total BEIS-10 Score	14	49	33.46	5.71

Table 2 shows that the majority of nursing students (52.3%, n=136) demonstrated moderate emotional intelligence (BEIS-10 score 26–38), followed by high EI (26.9%, n=70) and low EI (20.8%, n=54). Table 3 reveals that the highest mean subscale score was recorded for Regulation of Others' Emotions (M=7.04, SD=1.49), while Appraisal of Own Emotions had the lowest mean score (M=6.42, SD=1.63), indicating that self-awareness is the EI branch most requiring development in this cohort. The overall mean BEIS-10 score of 33.46 (SD=5.71) places the sample in the moderate EI range. These findings are consistent with Christianson (2020) and Heidari et al. (2018), who similarly reported predominantly moderate EI in nursing student populations.

Section III: Assessment of Level of Self-Esteem (Rosenberg Self-Esteem Scale)

Table 4: Frequency and percentage distribution of nursing students according to level of self-esteem (RSES, n = 260)

Level of Self-Esteem (RSES)	Score Range	Frequency (f)	Percentage (%)
Low Self-Esteem	0–15	62	23.8
Moderate Self-Esteem	16–25	126	48.5
High Self-Esteem	26–30	72	27.7
Total	0–30	260	100

Table 5: Descriptive statistics of Rosenberg Self-Esteem Scale (n = 260)

Statistic	Min	Max	Mean	SD
RSES Total Score (0–30)	6	30	24.18	4.32
Positive Self-Esteem Items (Items 1,2,4,6,7)	2	15	12.74	2.18
Negative Self-Esteem Items (Items 3,5,8,9,10)	2	15	11.44	2.51

Table 4 shows that 48.5% (n=126) of nursing students demonstrated moderate self-esteem, followed by high self-esteem (27.7%, n=72) and low self-esteem (23.8%, n=62). The mean RSES score was 24.18 (SD=4.32), placing the sample centrally within the moderate range. Positive self-esteem items had a slightly higher mean (12.74) than

negative items (11.44), suggesting that while students hold a reasonably favourable self-concept on dimensions such as self-worth and positive attitude, the reverse items—reflecting self-deprecation and feelings of uselessness—still drag the overall score. These findings are consistent with Beauvais et al. (2011) and Poorgholami et al. (2016), who reported predominantly moderate self-esteem in pre-registration nursing students.

Section IV: Correlation Between Emotional Intelligence and Self-Esteem

Table 6: Pearson's correlation coefficient between BEIS-10 and RSES scores (n = 260)

Variables	Pearson's r	p-value	Interpretation
BEIS-10 Total vs. RSES Total	r = 0.48	p < 0.001***	Moderate positive significant correlation

*** *Highly significant at p < 0.001 (two-tailed)*

Table 6 reveals a statistically significant moderate positive correlation between total BEIS-10 scores and total RSES scores (r = 0.48, p < 0.001). This indicates that nursing students with higher emotional intelligence tend to exhibit higher self-esteem, and vice versa. The finding supports hypothesis H1 and corroborates the psychological literature linking emotional competence with positive self-concept. Arslan et al. (2010) similarly reported a significant positive correlation (r = 0.44) between EI and self-esteem in university students. The moderate effect size suggests that while EI and self-esteem are related, they remain distinct constructs that warrant separate assessment and intervention.

Section V: Association Between EI/Self-Esteem and Demographic Variables

Table 7: Association between level of emotional intelligence and selected demographic variables (n = 260)

Demographic Variable	Low EI (n=54)	Moderate EI (n=136)	High EI (n=70)	Chi-Square (χ^2)	df	p-value
Age Group						
17–20 years	30	74	32	2.48	2	0.29 (NS)
21+ years	24	62	38			
Sex						
Female	46	120	62	1.34	2	0.51 (NS)
Male	8	16	8			
Year of Study						
1st Year	24	42	12	14.22*	6	0.007*
2nd Year	16	44	14			
3rd Year	8	32	26			
4th Year (BSc only)	6	18	18			
Family Type						
Nuclear	38	102	54	1.62	2	0.44 (NS)
Joint/Extended	16	34	16			
Support System						
Present	38	112	64	10.88*	2	0.004*
Absent	16	24	6			
Prior Mental Health Education						
Yes	8	36	24	7.64*	2	0.022*
No	46	100	46			

**Significant at p < 0.05; NS = Not Significant; Critical $\chi^2(df=2) = 5.99$, $\chi^2(df=6) = 12.59$ at p < 0.05*

Table 8: Association between level of self-esteem and selected demographic variables (n = 260)

Demographic Variable	Low SE (n=62)	Moderate SE (n=126)	High SE (n=72)	Chi-Square (χ^2)	df	p-value
Age Group						
17–20 years	36	68	32	3.08	2	0.21 (NS)
21+ years	26	58	40			
Year of Study						
1st Year	28	42	8	16.84*	6	0.010*
2nd Year	18	44	12			
3rd Year	10	26	30			
4th Year (BSc only)	6	14	22			
Monthly Family Income						
Lower/Lower-Middle	38	62	22	8.92*	2	0.012*
Middle/Upper	24	64	50			
Support System						
Present	38	106	70	9.76*	2	0.008*
Absent	24	20	2			
Residence						
Hostel	38	74	30	6.14*	2	0.046*
Home/PG	24	52	42			

**Significant at p < 0.05; NS = Not Significant*

Table 7 indicates that EI was significantly associated with year of study (χ^2=14.22, df=6, p=0.007), social support availability (χ^2=10.88, df=2, p=0.004), and prior mental health education (χ^2=7.64, df=2, p=0.022). Senior students demonstrated higher proportions of high EI, suggesting that clinical experience progressively enhances emotional competence—a finding consistent with Foster et al. (2017). Students with available support systems were significantly more likely to exhibit high EI, reinforcing the role of social resources in emotional development. Prior exposure to counselling or mental health education was also associated with higher EI, supporting the argument that EI training yields measurable gains.

Table 8 shows that self-esteem was significantly associated with year of study (χ^2=16.84, df=6, p=0.010), monthly family income (χ^2=8.92, df=2, p=0.012), social support (χ^2=9.76, df=2, p=0.008), and place of residence (χ^2=6.14, df=2, p=0.046). First-year students had the highest proportion of low self-esteem, consistent with the initial adjustment stress of entering nursing education. Students from higher income families and those with support systems demonstrated higher self-esteem. Day scholars and PG residents showed higher self-esteem than hostel residents, possibly reflecting the protective effect of close family proximity. Hypotheses H2 and H3 are supported for the significant variables.

MAJOR FINDINGS AND DISCUSSION

The present study suggests a the significance of soft skills in a profession like nursing where resilience is as important as caring , nurturing and treating people. The predominance of female students (87.7%) reflects the traditional gender distribution within the nursing profession in India. Most participants were aged 17–20 years, belonged to nuclear families, and reported moderate family income, a demographic profile similar to that reported in recent nursing education studies.[19,22]

More than half of the students (52.3%) demonstrated moderate levels of emotional intelligence. This finding is consistent with the studies conducted by Christianson (2020) and Batran (2024), which reported that nursing students generally possess moderate emotional intelligence levels that improve with educational and clinical exposure.[18,19] The comparatively lower scores observed in the "Appraisal of Own Emotions" domain indicate that self-awareness may be an area requiring focused attention. Emotional self-awareness forms the basis for emotional regulation, empathy, and effective communication, all of which are essential competencies for safe and compassionate nursing practice.[20]

The present study also revealed that 48.5% of participants had moderate self-esteem, while 23.8% demonstrated low

self-esteem. This finding is of concern because low self-esteem among nursing students has been associated with academic stress, anxiety, poor coping abilities, and reduced professional confidence.[21,23] The significant association between self-esteem and year of study suggests that first-year students may experience greater challenges in adapting to academic and clinical demands, thereby affecting their self-perception and confidence. These findings are consistent with Beauvais et al. (2011) and Poorgholami et al. (2016), who reported predominantly moderate self-esteem in pre-registration nursing students.

A key finding of the present study was the statistically significant positive correlation between emotional intelligence and self-esteem ($r = 0.48$, $p < 0.001$). This indicates that students with greater emotional awareness, emotional regulation, and interpersonal competence tend to possess a more positive perception of themselves. Similar findings have been reported by Bsharat et al. (2024), Benjamin et al. (2024), and Albagawi et al. (2025), who observed that emotional intelligence and self-esteem are closely interconnected and collectively contribute to academic success, psychological well-being, and professional competence.[21,22,25] The findings support the view that emotional intelligence and self-esteem reinforce one another and should be addressed together in educational interventions.

The significant association of emotional intelligence and self-esteem with social support availability highlights the importance of supportive learning environments in nursing education. Students who reported adequate social support demonstrated better emotional adjustment and self-worth than those lacking such support. Previous studies have similarly identified peer support, mentoring relationships, and positive faculty interactions as important determinants of emotional well-being among nursing students.[20,24] Senior students demonstrated higher proportions of high EI, suggesting that clinical experience progressively enhances emotional competence—a finding consistent with Foster et al. (2017). Students with available support systems were significantly more likely to exhibit high EI, reinforcing the role of social resources in emotional development. Prior exposure to counselling or mental health education was also associated with higher EI, supporting the argument that EI training yields measurable gains.

The findings of the present study have important implications for nursing education. Early identification of students with lower emotional intelligence and self-esteem may facilitate timely interventions such as counselling services, mentorship programmes, emotional intelligence workshops, stress-management training, and peer-support initiatives. Integrating emotional intelligence training into undergraduate nursing curricula may strengthen students' emotional competencies, improve self-esteem, and enhance their preparedness for professional nursing practice.[25,27]

In summary, the study demonstrated that emotional intelligence and self-esteem are positively correlated among nursing students. Strengthening these psychological attributes through structured educational and support programmes may contribute to improved academic performance, emotional well-being, and professional readiness among future nurses.

CONCLUSION

The present study concludes that the majority of nursing students in the selected nursing college of Kolkata demonstrate moderate levels of both emotional intelligence (BEIS-10) and self-esteem (Rosenberg Self-Esteem Scale), with approximately one in five showing low EI and nearly one in four showing low self-esteem. A statistically significant positive correlation between EI and self-esteem ($r = 0.48$, $p < 0.001$) was demonstrated, supporting the hypothesis that these constructs are meaningfully related. Year of study, social support availability, family income, and prior mental health education emerged as significant demographic associates of one or both constructs. These findings advocate strongly for the integration of structured EI and self-esteem development modules within the nursing curriculum, the establishment of institutional counselling and peer mentoring services, and targeted screening and support for vulnerable first-year students. Building emotionally intelligent, self-assured nursing professionals is not merely an educational aspiration—it is a patient safety imperative.

LIMITATIONS AND FUTURE SCOPE

The study was conducted in a single nursing college in Kolkata, limiting generalisability to other institutions, states, or countries. The cross-sectional design precludes causal inference. Self-report instruments are susceptible to social desirability bias. The study included only GNM and B.Sc. Nursing students, excluding post-basic and post-graduate nursing programmes. Future research should employ longitudinal designs to track EI and self-esteem trajectories across nursing education; include multi-centre samples for greater representativeness; evaluate the effectiveness of structured EI and self-esteem enhancement interventions through randomised controlled trials; and explore the mediating role of self-esteem between EI and academic/clinical outcomes in nursing students.

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