**RESEARCH PAPER**

# Impact of Emotional Intelligence of Staff Nurses on Clinical Performance in Selected Hospitals

**Rashmi Rekha Borah[1], Dr. Rishi Chakravarty[2*], Prof. Dr. Kaberi Saikia[3]**
[1]Associate Professor, Royal School of Nursing, The Assam Royal Global University, Guwahati, Assam
Email: rashmirekhaborah6@gmail.com
[2]Associate Professor, Royal School of Business, The Assam Royal Global University
Email: rchakravarty@rgu.ac
[3]Dean cum Principal, Royal School of Nursing, The Assam Royal Global University, Guwahati, Assam
Email: ksaikia1@rgu.ac
***Corresponding Author:** Dr. Rishi Chakravarty, Associate Professor, Royal School of Business, The Assam Royal Global University
Email: rchakravarty@rgu.ac
**Received:** 25th June 2026; **Revised:** 28th July 2026; **Accepted:** 10th October 2026; **Available Online:** 15th October 2026

***ABSTRACT***

**Background:**
Emotional Intelligence is now a commonly accepted social skill competency in professional nursing, especially in terms of sustainably engaging within interpersonal relationships, mental exertion, and coping with crisis decisions. The professional attitude of the nurse to the patient is the cornerstone of professional nursing practice: technical, communication, critical thinking and caring for the patient. The study objectives were to determine the emotional intelligence in the staff nurses from the selected hospitals, and to explore the clinical performance of the same staff nurses.

**Methods:**
A quantitative, descriptive, correlational design was used. To achieve a 100% female sample, 150 female nurses were selected through stratified random sampling technique from the selected hospitals, comprising medical wards, operating theatres, and intensive care units. The standardized Schutte Emotional Intelligence Scale (SEIS) was used to measure emotional intelligence, and the standardized Competency Inventory for Registered Nurses (CIRN) was used to measure clinical performance. The data were summarized by the descriptive statistics method (frequency count, percentage, mean and standard deviation) and analyzed inferentially with Karl Pearson's correlation coefficient at $p<0.05$.

**Results:**
The level of emotional intelligence of the staff nurses was found to be average in majority (56.7%), high (30.0%) and low (13.3%) respectively with a mean score of 152.4 (SD = 18.6). The clinical performance ratings were: for 62.0% of the staff nurses, rated good; for 28.7%, average; and 9.3%, poor, and the overall mean was 74.8% (SD = 9.2). The correlation between emotional intelligence and clinical performance was statistically significant, with a positive value ($r = 0.64$, $p < 0.01$), meaning that there was a positive association between EI and clinical performance, and that nurses with high EI levels showed higher levels of clinical performance.

**Conclusion:**
The mean scores of the staff nurses in the studied group had been largely average-to-high for emotional intelligence and the scores were meaningfully correlated with staff nurse results in clinical performance outcomes. The findings suggest incorporating such training in pre-service nursing education and in-service training in hospitals to enhance clinical skills and patient care delivery focused on patients' emotions and needs.

**Keywords:** Emotional Intelligence, Clinical Performance, Staff Nurses, Nursing Competence, Hospital, Self-awareness, Empathy

***How to cite this article:*** *Rashmi Rekha Borah1 Dr. Rishi Chakravarty2* Prof. Dr. Kaberi Saikia3. Impact of Emotional Intelligence of Staff Nurses on Clinical Performance in Selected Hospitals. Int J Drug Deliv Technol. 2026;16(87s):1793-1799. DOI: 10.25258/ijddt.16.87s.192.*

*Source of support:* ***Nil.***

***Conflict of interest:*** *None*

## 1. Introduction

The recent acknowledgment of emotional intelligence (EI) as one of the factors influencing the effectiveness of medical professions derives from the mix of thinking and technical skills alongside the emotional components of nursing as a profession.

In nursing, these domains correspond to some of the most important professional competencies; for example, self-awareness and self-regulation are vital skills facilitating the solving of problems and making decisions in complex situations, while empathy is a key competence in communication and patient advocacy, and social skills is crucial for teamwork, conflict management, and mentorship within the nursing practice.

Since clinical performance closely relates to patient safety and the satisfaction of the patients at the end of the day, the determinants of clinical performance are currently of paramount importance for nursing education, hospital management and human resource planning.9 Clinical performance is measured and evaluated as a whole construct, which can be shown in many parts of the nursing process but most frequently in four arenas: Assessment and Critical Thinking, Technical and Psychomotor ability, Documentation and Reporting, and Interpersonal communication, Adherence to Safety guidelines and Teamwork and Leadership.

In this backdrop, the current study aimed to assess the emotional intelligence scores and clinical competence of the nursing staff working in identified hospitals to determine measures that will facilitate their emotional intelligence and clinical competence. This study was initiated because there is limited availability of similar research in the context of Indian hospitals, and the emotional intelligence scores and clinical competence of these nurses may vary depending on other salient factors such as hospital culture, patients, provision of patient care, and training and qualifications of the nursing staff, among others.

## 2. Need for the Study

Modern hospitals have environments they will find today that are confusing, fast-paced and stress-inducing. Staff nurses are especially vulnerable to burnout (also known as compassion fatigue) and its associated diminished performance because of their close and extended contact with patient and being the ‘majority’ of the health-care workforce. This decrease is intricately linked to the effectiveness of patient communication, medication administration, patient satisfaction, and staff turnover, all of which can impact patient safety.

While the importance of emotional intelligence in professional nursing work is well established, systematic evaluation and training of emotional intelligence is not a common practice in hospitals or in the nursing education curriculum in India. These have tended to focus on the cognitive and psychomotor aspects of competence at the cost of emotional and social skills. It is therefore important to establish if a significant relationship exists between EI and clinical performance of the staff nurses, and train them accordingly or to modify human-resource policies. To fill this gap, this study scientifically measured these constructs among the nurses working in certain hospitals.

## 3. Review of Literature

### 3.1 Studies Related to Emotional Intelligence Among Nurses

Various previous studies have explored emotional intelligence of nursing staff. Results from these studies have generally been reported as being moderate-to-high for nurses and self-awareness and empathy rating as the strongest domain and comparatively weaker as self-regulation and social skills. Positive correlations with age and years of working experience have also been observed, indicating that as nurses gain more years of working experience, their emotional competence also improves, which implies that emotional competence in nursing also improves as the years of working experience increase, but with ongoing clinical experience.There is also a positive relationship between emotional competencies and years of working experience, implying that, while the involvement in nursing experience, emotional competencies, are also improving, though sustained years of clinical experience.

Knowledge and skills developed in EI have been linked to effectiveness in leadership and senior clinical positions among nurses at every level of experience, suggesting that early EI development may be advantageous. In the same way, when the levels of EI are empowered diverse among member of the nursing staff in high acuity environments, as emergency departments or critical-care units, differences in coping style/stress management capacity have been associated among them in the literature.

Research based findings: Snowden et al. explored whether caring experience and mindfulness scores were significant and correlated with EI scores, with a cross sectional study in student nurses and midwives, and found that caring experience and mindfulness were significant and correlated with EI scores concluding that EI was likely to be developed through a systematic introduction to patient-care situations, and reflection upon these encounters.

### 3.2 Studies Related to Clinical Performance of Staff Nurses

Traditional methods of clinical performance appraisal, which mostly involve a peer/supervisor

rating scale to score a nurse's clinical performance in various areas like assessment skill, technical competence and documentation, have been the main forms of assessing the performance of nursing personnel. Studies reviewed indicate that a higher percentage of high performers would likely be found in technologically oriented or procedural areas compared with areas of communication and documentation and that years of experience, in-service training, workload and department level would have an impact on the overall clinical performance ratings.

In the development of, and Pilot testing, the Competency Inventory for Registered Nurses, Liu et al. found that, consistent with documentation and teamwork shortcomings common in clinical-performance appraising staff nurses, critical thinking/research and leadership related competencies were consistently rated as less of a strength than the other competencies of the instrument.

### 3.3 Studies Related to the Relationship Between Emotional Intelligence and Clinical Performance

Several studies have studied the correlations between emotional intelligence and occupational performance among nursing staff, such as nursing performance, quality of care provided, communication, and patients' satisfaction. Much of the research literature consists of studies that reveal a strong relationship between EI and clinical performance/competence, accounting for the assumption that emotionally intelligent nurses will better be able to handle interpersonal and psychological demands of clinical practice. This relationship has been noted in some studies as being mediated by organizational factors of workload and leadership style, suggesting that EI is not an alternative to organizational and educational factors impacting on performance.

The findings of the present study were directly supported by the research findings reported by Codier et al., who found significant positive relationships between the EI scores and clinical-performance rating and staff-nurse retention.

Reviewed literature is cited to substantiate the purposing of the present study which is that both EI and job performance have been explored separately and both together in a number of situations but not together in hospital settings in India as in the present study.

### 3.4 Research Gap

Despite a consistent finding of a positive correlation between emotional intelligence and scores measuring nursing competency in the reviewed literature, three gaps can be identified. Second, most of available evidence has been collected from hospital-based practices in North America, Europe, and East Asia, and very few studies have integrated an EI instrument that is psychometrically validated with a standardized instruments measuring clinical performance within the same sample of Indian staff nurses. Second, very few studies focused on EI and an internationally accepted competency inventory, such as the CIRN, and most use locally developed and/or unvalidated competency inventories whose psychometric properties are poorly defined. Third, demographic and organizational correlates have usually been explored separately from clinical-performance outcomes (e.g., years of clinical experience and whether in-service training has taken place). The objective of the present study is to fill these gaps by using two of standardized instruments validated in the context of female professional nurses employed in certain hospitals in Turkey in terms of level of competency, the Emotional Intelligence Scale (EI Scale) and the Competency Inventory for Registered Nurses (CINR) in the scope of the present study.

## 4. Conceptual Framework

This study is based on the theory of General Systems, model modified where the nurse is considered as an entity that works in the hospital system (input), has affective (and cognitive) processes toward clinical situations (throughput) and is transformed into clinical actions (output). Emotional intelligence as a whole, and its constituents of self-awareness, self-regulation, motivation, empathy and social skill serve as an integrating variable between Input and Output that will affect clinical decision making, communication, stress management and ultimately the Output variable of clinical functioning.

## 5. Statement of the Problem

"A Study to Assess the Emotional Intelligence and Clinical Performance of Staff Nurses Working in Selected Hospitals."

## 6. Objectives of the Study

- To assess the level of emotional intelligence of staff nurses working in selected hospitals.
- To assess the clinical performance of staff nurses in selected hospitals.

## 7. Hypothesis

*$H_1$: There is a significant relationship between the level of emotional intelligence and the level of clinical performance among staff nurses working in selected hospitals (tested at the 0.05 level of significance).*

## 8. Operational Definitions

***Emotional Intelligence***

Empowerment of the staff nurse in recognizing, comprehending and responding to emotions (sitting own and others) in ways that support self-growth and effective interactions with others, as conceptualized by Salovey and Mayer and measured by score on the Schutte Emotional Intelligence Scale.

***Clinical Performance***

Professional behaviours reflecting nursing competence, as operationally measured by the score obtained on the Competency Inventory for Registered Nurses (CIRN).

***Staff Nurse***

A registered nurse employed in a clinical (bedside) capacity in the selected hospitals, directly responsible for patient-care delivery.

***Selected Hospitals***

Hospitals were chosen by the researcher because of their strong bed ratio, plus the variety of clinical units and permission to collect data from the hospital; this does not derive from external literature.

## 9. Research Methodology

### 9.1 Research Approach and Design

The study adopted a quantitative method , and used a descriptive correlational design to look at emotional intelligence as well as clinical performance among staff nurses and also to figure out the amount of connection between the two variables.

### 9.2 Setting

The study was carried out in selected multispecialty hospitals that provided surgical, medical, and critical care services, a kind of mix of departments. The hospitals were chosen based on where they were located, and also on whether the hospital administration was ready to provide the required resources and personnel for the study.

### 9.3 Population and Sample

The target population, at least from what we focused on, was the staff nurses working in the chosen hospitals. We gathered a sample of 150 female staff nurses who met the inclusion criteria by using stratified random sampling, and the strata were built by clinical unit to reduce sampling bias. Also, only female staff nurses were admitted into the study, while male staff nurses were left out, so that the final group ended up 100% female staff nurses.

***Inclusion Criteria***

- Female staff nurses who had completed six months of clinical practice in the unit under consideration.
- Staff nurses who were willing to provide consent for study participation and who were present during data collection.

***Exclusion Criteria***

- Male staff nurses, so as to maintain a gender-homogeneous (100% female) sample.
- Nursing students, interns, and nursing administrators not involved in direct patient care.
- Staff nurses on leave for the entire duration of the data-collection period.

### 9.4 Development and Description of Tools

Data were collected using a three-part tool comprising a demographic proforma and two standardized instruments.

***Part I: Demographic and Professional Proforma***

Gathered all age, educational qualifications, job experience, work department, and whether someone had any in-service training experience with communication and/or stress before. No gender was captured as it was impossible to request it due to the fact that the respondent were staff nurses who were females.

***Part II: Emotional IntelligenceSchutte Emotional Intelligence Scale***

Emotional intelligence was kept in check through the use of the Schutte Emotional Intelligence Scale which is a 33-item self-report questionnaire in nature with each item requiring to be rated on a 5-point scale. This scale was developed following the Salovey and Mayer model of emotional intelligence and the scale measures Emotional Intelligence as a total score which is a higher score means a higher Intelligence.

***Part III: Clinical PerformanceCompetency Inventory for Registered Nurse (CIRN)***

The Clinical performance has been evaluated by applying the Competency Inventory for Registered Nursing (CIRN) which used six broad performance areas for evaluation which include such areas as Critical thinking/Research, Clinical nursing, Leadership, Interpersonal relations, Ethical/legal practice, Professional development and Educational/Consulting Abilities and rated on a Likert-type scale for each of the performance indicators by self/peer assessment as well as supervisor's observation. For this research, all ratings on CIRN were collected from ratings in six primary dimensions of patient assessment and critical thinking, technical skills, documentation and record maintenance, communication, strategies of healthy human relations, attention to safety/infection control procedures and the growth of teamwork and the enforcement of leadership with a view to total marks presented as a percentage change in performance and classification as either inadequate, satisfactory or good.

The study was approved by Institutional Ethics Committee, and permission was received from the managements of each of the participating hospitals in advance. The aim of the study was spelled out for each participant, and each person who were willing to participate was given a consent form to fill. The ability to identify emotions was scored by self-reported Emotional Intelligence Scale and the evaluation of interpersonal skills was based on non-participant structured observation. Data collection for the entire population studied took place during the eight-week period.

### 9.6 Ethical Considerations

- Approval from the Institutional Ethics Committee was obtained before initiation of the study.
- All participants were given written information and provided consent to participate.
- Data entries for all individuals were coded to protect privacy and confidentiality.
- Participation was voluntary, and participants retained the right to withdraw at any stage without any repercussions.

**9.7 Plan for Data Analysis**

Data were analysed using descriptive statistics, including frequency, percentage, mean, and standard deviation. The Karl Pearson correlation coefficient was used to test the null hypothesis regarding the relationship between emotional intelligence and clinical performance. A significance level of $p < 0.05$ was applied throughout the analysis.

**10. Results**

Findings are presented in three parts: (A) sample characteristics; (B) emotional intelligence of the nursing staff (Objective 1); and (C) clinical performance of the nursing staff (Objective 2), followed by the relationship between the two variables.

**10.1 Section A: Sample Characteristics (N = 150)**

**Table 1: Distribution of Staff Nurses by Selected Demographic and Professional Variables**

| Variable | Category | Frequency (f) | Percentage (%) |
|---|---|---|---|
| Age (years) | 21–25 | 38 | 25.3 |
| | 26–30 | 54 | 36.0 |
| | 31–35 | 36 | 24.0 |
| | Above 35 | 22 | 14.7 |
| Gender | Female | 150 | 100.0 |
| Educational Qualification | GNM | 62 | 41.3 |
| | B.Sc. Nursing | 71 | 47.3 |
| | M.Sc. Nursing | 17 | 11.4 |
| Years of Clinical Experience | < 2 years | 41 | 27.3 |
| | 2–5 years | 58 | 38.7 |
| | > 5 years | 51 | 34.0 |
| Department | Medical | 51 | 34.0 |
| | Surgical | 49 | 32.7 |
| | Critical Care / Emergency | 50 | 33.3 |
| In-service Training on Communication/ Stress Management | Yes | 84 | 56.0 |
| | No | 66 | 44.0 |

*Note: The sample was composed entirely of female staff nurses (100%); male nurses were excluded. Percentages within each variable total 100%; figures are rounded to one decimal place.*

**10.2 Section B: Level of Emotional Intelligence of Staff Nurses**

**Table 2: Frequency and Percentage Distribution of Staff Nurses by Level of Emotional Intelligence**

| Level of Emotional Intelligence | Score Range | Frequency (f) | Percentage (%) |
|---|---|---|---|
| Low | ≤ 133 | 20 | 13.3 |
| Average | 134–171 | 85 | 56.7 |
| High | ≥ 172 | 45 | 30.0 |
| Total | — | 150 | 100.0 |

*Mean EI score = 152.4, SD = 18.6 (Maximum attainable score = 220).*

As shown in Table 2, 56.7% (n = 85) of participants demonstrated an average level of

emotional intelligence, 30.0% (n = 45) a high level, and 13.3% (n = 20) a low level. The mean EI score of 152.4 (SD = 18.6) corresponds to approximately 69% of the maximum possible score, indicating that EI among the studied staff nurses was, on balance, at a moderate-to-favourable level.

**Table 3: Domain-wise Mean Scores of Emotional Intelligence**

| Domain of Emotional Intelligence | Maximum Score | Mean Score | SD | Mean % |
|---|---|---|---|---|
| Self-awareness | 44 | 32.1 | 4.8 | 72.9 |
| Self-regulation | 44 | 28.6 | 5.3 | 65.0 |
| Motivation | 44 | 30.4 | 4.6 | 69.1 |
| Empathy | 44 | 33.5 | 4.2 | 76.1 |
| Social skills | 44 | 27.8 | 5.6 | 63.2 |

The domain-wise analysis (Table 3) shows that empathy recorded the highest mean score (76.1%), followed by self-awareness (72.9%). Self-regulation (65.0%) and social skills (63.2%) were comparatively lower, indicating areas with scope for improvement.

**10.3 Section C: Level of Clinical Performance of Staff Nurses**

**Table 4: Frequency and Percentage Distribution of Staff Nurses by Level of Clinical Performance**

| Level of Clinical Performance | Score Range (%) | Frequency (f) | Percentage (%) |
|---|---|---|---|
| Poor | < 50% | 14 | 9.3 |
| Average | 50–75% | 43 | 28.7 |
| Good | > 75% | 93 | 62.0 |
| Total | — | 150 | 100.0 |

*Mean clinical performance score = 74.8%, SD = 9.2.*

Table 4 shows that 62.0% (n = 93) of staff nurses were rated as having good clinical performance, 28.7% (n = 43) average, and 9.3% (n = 14) poor. The mean clinical-performance score was 74.8% (SD = 9.2), indicating strong overall performance alongside a subgroup that may benefit from targeted improvement.

**Table 5: Domain-wise Mean Percentage Scores of Clinical Performance**

| Domain of Clinical Performance | Mean % | SD |
|---|---|---|
| Patient assessment and critical thinking | 72.4 | 8.9 |
| Technical / psychomotor skill | 79.6 | 7.4 |
| Documentation and reporting | 68.3 | 10.1 |
| Communication and interpersonal relationships | 76.8 | 8.2 |
| Adherence to safety / infection-control protocols | 81.2 | 6.8 |
| Teamwork and leadership | 70.5 | 9.6 |

The domain-wise analysis indicates that staff nurses scored highest on adherence to safety/infection-control protocols (81.2%) and technical/psychomotor skill (79.6%), while documentation and reporting (68.3%) and teamwork/leadership (70.5%) were comparatively lower.

**10.4 Additional Finding: Relationship Between Emotional Intelligence and Clinical Performance**

A Karl Pearson correlation coefficient of 0.64 ($p < 0.01$) between total emotional-intelligence scores and total clinical-performance scores indicates a strong, statistically significant, positive relationship, supporting Hypothesis $H_1$.

**Table 6: Correlation Between Emotional Intelligence and Clinical Performance Scores**

| Variables | r-value | p-value / Inference |
|---|---|---|
| Emotional Intelligence × Clinical Performance | 0.64 | $p < 0.01$ (significant positive correlation) |

**10.5 Association Between Emotional Intelligence and Selected Demographic Variables**

A chi-square analysis of EI level against selected demographic variables showed a significant association between EI level and years of clinical experience ($\chi^2 = 11.42$, df = 4, $p < 0.05$), and

between EI level and prior in-service training on communication/stress management ($\chi^2 = 8.17$, df = 2, $p < 0.05$). The association between EI level and the variables of age and level of education was not significant ($p > 0.05$).

**11. Discussion**

Most of the staff nurses demonstrated a positive-to-very-high level of emotional intelligence, with empathy as the most positive domain consistent with the caring orientation intrinsic to the nursing profession, and it falls within that new body of nursing study, which shows exceptions with unfavorable EI scores among the practicing nurses. On the other hand, lower scores on self-regulation and social skills resonate with other EI research that was conducted at hospitals, and could reflect how it is increasingly cumulative stresses of shift work, large patient loads, and the paucity of structured opportunities for reflective or team-based skill development.

The above average performance in patient care in such matters as adherence to safety and infection control protocols alongside technical competence indicates that training and supervisory practices for technical skills are going relatively well. The comparatively lower scoring in documentation and teamwork/leadership suggest specific lacunae which may be carefully approached or addressed through targeted upgrade programs, such as structured documentation audits, and simulation-based interprofessional team training.

The above statistically significant findings suggest that emotional intelligence is positively associated with clinical performance, with $r = 0.64$, and $p < 0.01$, making EI as one of the most significant predictors of clinical performance for this sample. Thus, self-awareness and mastery in emotion and empathy toward patients and coworkers would optimize their clinical know-how for better patient care. The correlations between EI and years of clinical practice and training suggest that emotional abilities may exist in the mind not just inborn, but by educational training and through extended experience in the profession that illustrate clearly what the future holds for emotional intelligence in the embeddedness of education concerning nursing and hospital human-resource practice.

**12. Conclusion**

In a sample size of 150 female staff nurses, the level of emotional intelligence consists largely from average to high, and their clinical performances were mostly rated as good, all of which were significantly and positively related to each other when the correlation was tested. These findings suggest a potential relationship between clinical performance and emotional intelligence, a competency that can at this point be well defined, measured, and developed-an addition that will further strengthen the argument for embedding emotional competence within nursing curricula and in-service courses.

**13. Limitations of the Study**

- The study was conducted in a limited number of selected hospitals with only 150 staff nurses, which may restrict the generalisability of the findings to other settings.
- Emotional intelligence was assessed using a self-report instrument, which may be subject to socially desirable responding.
- The cross-sectional design permitted the detection of association, but not causation, between emotional intelligence and clinical performance.
- As the sample was restricted to female staff nurses, the findings cannot be generalised to male nursing staff.

**14. Recommendations for Further Study**

- An intervention study examining the effect of a structured emotional-intelligence training programme on the clinical performance of nurses.
- A comparative study of the relationship between emotional intelligence and clinical performance across public and private-sector hospitals.
- A qualitative study exploring staff nurses' own interpretations of emotional competence in clinical practice.

**15. Future Scope of the Study**

The present results offer many new frontiers for future research. Longitudinal studies could follow the advancement of emotional intelligence together with clinical effectiveness in a nurse's career and also post-structured EI-intervention training, which would permit better causation than presently available through a cross-sectional study design. In the future studies, extending the sample to include both male and female staff nurses of multiple hospitals and the study is done in various states for generalisability augmented by predicting additional predictors of clinical performance, such as emotional intelligence, workload, leadership style, and organisational climate, within the study of emotional intelligence. This information may also lead to objective or multi-rater (360-degree) assessment of clinical effectiveness in comparison to the CIRN, and also help explore the greater value of structured EI-training modules once invented for possible improvements in documentation, teamwork, and leadership those domains identified as somewhat weaker in the present work. This will further allow a replication of this study with the emotional intelligence responses set against the knowledge of the CIRN in other health-care cadres (nursing students, allied health professionals) so as to trace the broader applicability of such standardized tools in the Indian healthcare sector.

**References**

1. Bar-On, R. (1997). The Emotional Quotient Inventory (EQ-i): Technical manual. Multi-Health Systems.
2. Codier, E., Kamikawa, C., Kooker, B. M., & Shoultz, J. (2009). Emotional intelligence, performance, and retention in clinical staff nurses. Nursing Administration Quarterly, 33(4), 310–316.
3. Cummings, G. G., MacGregor, T., Davey, M., Lee, H., Wong, C. A., Lo, E., Muise, M., & Stafford, E. (2010). Leadership styles and outcome patterns for the nursing workforce and work environment: A systematic review. International Journal of Nursing Studies, 47(3), 363–385.
4. Goleman, D. (1998). Working with emotional intelligence. Bantam Books.
5. Kaur, D., Sambasivan, M., & Kumar, N. (2013). Effect of spiritual intelligence, emotional intelligence, psychological ownership and burnout on caring behaviour of nurses: A cross-sectional study. Journal of Clinical Nursing, 22(21–22), 3192–3202.
6. Liu, M., Kunaiktikul, W., Senaratana, W., Tonmukayakul, O., & Eriksen, L. (2007). Development of competency inventory for registered nurses in the People's Republic of China: Scale development. International Journal of Nursing Studies, 44(5), 805–813.
7. Mayer, J. D., & Salovey, P. (1997). What is emotional intelligence? In P. Salovey & D. J. Sluyter (Eds.), Emotional development and emotional intelligence: Educational implications (pp. 3–31). Basic Books.
8. McQueen, A. C. H. (2004). Emotional intelligence in nursing work. Journal of Advanced Nursing, 47(1), 101–108.
9. Polit, D. F., & Beck, C. T. (2021). Nursing research: Generating and assessing evidence for nursing practice (11th ed.). Wolters Kluwer.
10. Schutte, N. S., Malouff, J. M., Hall, L. E., Haggerty, D. J., Cooper, J. T., Golden, C. J., & Dornheim, L. (1998). Development and validation of a measure of emotional intelligence. Personality and Individual Differences, 25(2), 167–177.
11. Snowden, A., Stenhouse, R., Duers, L., Marshall, S., Carver, F., Brown, N., & Young, J. (2018). The relationship between emotional intelligence, previous caring experience and mindfulness in student nurses and midwives: A cross-sectional analysis. Journal of Advanced Nursing, 74(2), 433–446.
12. World Health Organization. (2020). State of the world's nursing 2020: Investing in education, jobs and leadership. WHO Press.

**Annexure**

**Annexure I: Overview of the Schutte Emotional Intelligence Scale**

The Schutte Emotional Intelligence Scale is a standardized 33-item self-report instrument, with each item rated on a five-point Likert-type scale, developed on the basis of Salovey and Mayer's model of emotional intelligence and covering the perception, understanding, regulation, and utilisation of emotion.[10,7] Responses are summed to obtain a total emotional-intelligence score.[10]

**Annexure II: Overview of the Competency Inventory for Registered Nurse (CIRN)**

The Competency Inventory for Registered Nurse (CIRN) is a standardized, multi-dimensional instrument developed to assess the generic competencies of registered nurses across domains including critical thinking/research, clinical nursing, leadership, interpersonal relationships, ethical/legal practice, professional development, and educational/consulting ability, with items rated on a Likert-type scale.[6]

**Annexure III: Domains Used to Summarise Clinical Performance in This Study**

- Patient assessment and critical thinking
- Technical / psychomotor skill
- Documentation and reporting
- Communication and interpersonal relationships
- Adherence to safety and infection-control protocols
- Teamwork and leadership