



International Journal of Research Publication and Reviews

Journal homepage: www.ijrpr.com ISSN 2582-7421

A STUDY ON EMOTIONAL INTELLIGENCE IN HEALTHCARE WITH REFERENCE TO JEEVAN MULTISPECIALITY HOPITAL, AT DENKANIKOTTAI.

Mr. R. Naveen Prakash

Assistant Professor, Adhiyamaan College of Engineering(Autonomous), Hosur, Tamil Nadu, India

Email: naveenprakash.hr@gmail.com

Magesh G

II Year MBA, Department of Management Studies

Adhiyamaan College of Engineering(Autonomous), Hosur, Tamil Nadu, India

Email:mageshmagemagesh5@gmail.com

ABSTARCT

Emotional Intelligence (EI) is increasingly recognized as vital in healthcare, where professionals must manage emotionally charged situations, communicate empathetically with patients, and collaborate effectively under pressure. EI contributes to improved patient outcomes, reduced burnout, greater job satisfaction, and better team dynamics. This study assessed the role of EI among healthcare professionals at Jeevan Hospital using a mixed-methods approach. A structured questionnaire evaluated emotional awareness, regulation, empathy, communication skills, and the practical use of EI. Descriptive statistics revealed strong emotional awareness and empathy among staff but highlighted weaknesses in emotional regulation and feedback mechanisms. Many respondents reported stress, high workloads, and team communication challenges. The study recommends implementing EI training, regular emotional check-ins, and stress management strategies to improve emotional regulation, enhance patient care, and foster a more supportive work environment.

Keywords: Emotional Intelligence, Healthcare Professionals, Patient Care, Emotional Regulation,

Empathy, Communication, Stress Management, Job Satisfaction, Jeevan Hospital.

INTRODUCTION

Emotional intelligence (EI) came from the psychology domain and refers to “affection” (emotion) and “intellect” (intelligence), but its root nowadays has accelerated into the service industry, education, healthcare, human resources, and sports psychology. Emotions exist in every human being. Emotions affect us in every phase of our social, personal, and professional life. Emotions shape our behaviour, reaction, and response in social settings. When these emotions are coupled with intelligence, they can transform and strengthen one’s emotional experience.

Emotional intelligence is as a set of skills that contribute to the accurate expression emotion in oneself and others. It is concerned with understanding oneself and others and coping with the immediate surroundings to be more successful in dealing with environmental demands.

Healthcare professionals routinely encounter challenging situations such as delivering bad news, managing patient suffering, and working under pressure. These experiences require more than clinical expertisethey demand emotional awareness, empathy, and strong interpersonal skills. Research has shown that higher levels of EI among healthcare workers are associated with reduced

burnout, improved job satisfaction, enhanced teamwork, and better patient outcomes.

RESEARCH BACKGROUND

Emotional Intelligence (EI) plays a crucial role in healthcare, where professionals regularly face high-stress situations, emotional challenges, and the need for effective communication. EI involves the ability to recognize, understand, and manage one's own emotions while also responding empathetically to others. In healthcare, these skills are essential for improving patient care, team collaboration, and staff well-being.

Jeevan Multispeciality Hospital, known for its commitment to quality care, provides a suitable setting to study the role of EI among healthcare professionals. Despite strong clinical skills, staff often encounter emotional stress, communication barriers, and teamwork challenges that can impact patient outcomes and job satisfaction. This study aims to assess the level and impact of emotional intelligence among healthcare professionals at Jeevan Multispeciality Hospital. The findings will help identify gaps and support the development of EI-based training to enhance emotional regulation, teamwork, and the overall quality of care.

EMOTIONAL INTELLIGENCE

Emotional intelligence refers to the ability to perceive, understand, and manage one's own emotions and relationships. It involves being aware of emotions in oneself and others and using this awareness to guide thinking and behaviour. Emotionally intelligent individuals can motivate themselves, read social cues, and build strong relationships.

Daniel Goleman defines **Emotional Intelligence** as: **“The ability to recognize, understand, manage, and regulate emotions in ourselves and others.”**

IDENTIFIED PROBLEM

In today's rapidly evolving healthcare environment, professionals are faced with increasing demands, including complex patient care, high-pressure decision-making, and maintaining strong interpersonal relationships within multidisciplinary teams. Despite these challenges, emotional intelligence (EI)—the ability to recognize, understand, manage, and influence emotions in oneself and others—remains underemphasized in many healthcare organizations. The increasing recognition of EI's impact on leadership, communication, and conflict resolution suggests its importance in improving the quality of care and operational efficiency in healthcare settings.

Healthcare professionals often experience emotional burnout, stress, and poor team dynamics, which can ultimately affect patient outcomes and service delivery. There is a growing need for research that explores how emotional intelligence can enhance healthcare providers' ability to cope with high-stress environments, build better patient relationships, and foster a more collaborative and supportive work culture. This gap in understanding the role of EI within healthcare organizations has led to missed opportunities for improving both employee well-being and patient satisfaction.

OBJECTIVES OF THE STUDY

To Assess the Level of Emotional Intelligence Among Healthcare Professionals including doctors, nurses, allied health professionals, and support staff

To Explore the Relationship Between Emotional Intelligence and Patient Care Outcomes

To Explore the Role of Emotional Intelligence in Handling Crisis Situations in Healthcare

To Explore the Impact of Emotional Intelligence Training on Healthcare Professionals' Job Performance

To investigate the relationship between emotional intelligence and burnout among healthcare workers

To examine the impact of emotional intelligence on positive work environment and organizational commitment within the healthcare sector

REVIEW OF LITERATURE

Salovey, P., & Mayer, J. D. (1990). "Emotional Intelligence." *Imagination, Cognition, and Personality*, 9(3), 185-211. In this seminal article, Salovey and Mayer introduced the concept of emotional intelligence, defining it as the ability to monitor one's own and others' emotions, to discriminate between different emotions, and to use this information to guide thinking and actions. Their model laid the groundwork for future research on the role of EI in various professions, including healthcare.

Goleman, D. (1995). *Emotional Intelligence: Why It Can Matter More Than IQ*. Bantam Books. In this popular book, Goleman expanded on the importance of EI in professional success, including its significance in healthcare. He emphasizes that EI competencies, such as self-regulation, empathy, and motivation, are crucial for healthcare professionals to cope with the emotional demands of their work and prevent burnout.

Shanta, S., & Rathi, N. (2020). "Emotional Intelligence and its Impact on Burnout among Healthcare Professionals." *Journal of Health Management*, 22(4), 578-588. This study investigated the relationship between EI and burnout among healthcare professionals. The findings showed that EI significantly reduced burnout and emotional exhaustion, particularly among nurses and physicians. The research concluded that EI training could serve as an effective intervention to mitigate burnout and improve job satisfaction.

Goleman, D. (1998). "What Makes a Leader?" *Harvard Business Review*, 76(6), 93-102. Goleman's article explores the role of EI in leadership, asserting that emotional competencies are essential for effective leadership. In healthcare, leaders with high EI can better manage stress, enhance emotional well-being, and inspire their teams, which leads to better overall organizational performance.

Hojat, M., et al. (2011). "Empathy and Outcomes in Medical Education and Practice." *Happiness and Health: Well-being in International Perspective*. Springer. Hojat and colleagues studied the role of empathy, a key component of EI, in medical education and patient care. They found that higher levels of empathy correlated with better patient care, increased patient satisfaction, and improved clinical outcomes.

Jordan, P. J., et al. (2009). "Emotional Intelligence and Employee Work Outcomes: The Importance of Emotion Regulation." *Journal of Applied Psychology*, 94(5), 1566-1575. This study examined how emotional intelligence influences the work outcomes of healthcare employees. The findings indicated that EI contributes significantly to improved communication with patients, better handling of emotional situations, and enhanced patient outcomes.

McQueen, A. (2004). "The Influence of Nurse-Patient Interaction on Patient Outcomes." *Journal of Clinical Nursing*, 13(5), 163-168. McQueen's study highlights the importance of nurse-patient emotional interactions. The research shows that nurses with higher EI tend to have better relationships with patients, fostering trust and improving overall patient care, which leads to better outcomes and higher satisfaction.

Goleman, D. (1998). *Working with Emotional Intelligence*. Bantam Books. Goleman's book on EI in organizational settings discusses the importance of emotional intelligence in team dynamics. His

work suggests that healthcare teams with higher levels of EI function more cohesively, resolve conflicts more effectively, and collaborate more efficiently to provide high-quality care.

Kirkpatrick, H., et al. (2022), Examined the impact of EI on burnout and well-being among medical residents during the COVID-19 pandemic. The study found that EI had a protective effect against burnout and contributed to better physical well-being, highlighting the importance of EI during crisis situations.

Cohen, S. G., & Ledford, G. E. (2000). "The Effectiveness of Self-Managing Teams: A Quasi-Experiment." *Human Relations*, 53(7), 1129-1159. In this study, Cohen and Ledford examined the role of emotional intelligence in team dynamics. They found that emotionally intelligent teams in healthcare settings demonstrated better collaboration, improved problem-solving, and more effective patient care. The research emphasizes the role of EI in enhancing team performance and communication.

Mayer, J. D., Salovey, P., & Caruso, D. (2004). "Emotional Intelligence and Health." *Emotion Review*, 7(4), 103-112. Mayer and his colleagues' article discusses the broader impact of EI on healthcare outcomes, particularly in the context of teamwork. They conclude that EI helps healthcare professionals manage interpersonal relationships and navigate the emotional challenges of working in multidisciplinary teams.

Codier, E., et al. (2009), Investigated the relationship between EI and job satisfaction among nurses. The study concluded that nurses with higher EI reported better job satisfaction, improved interpersonal relationships, and a greater sense of personal accomplishment.

Hunsaker, S., et al. (2015), Reviewed the relationship between EI and nursing leadership. The review concluded that EI is a critical component of effective nursing leadership, influencing decision-making, conflict resolution, and team dynamics.

Boyatzis, R. E. (2006). "An Overview of the Emotional Intelligence Model." *The Emotional Intelligence Handbook*. Boyatzis's work on leadership highlights the impact of EI on leadership effectiveness. He suggests that leaders with high EI are able to inspire, motivate, and manage teams more effectively, leading to better healthcare outcomes and organizational success.

Cummings, G. G., et al. (2010). "The Influence of Leadership on Nurse Outcomes." *Journal of Nursing Management*, 18(4), 487-497. Cummings et al. explored the role of leadership in healthcare organizations and found that nurse leaders with higher emotional intelligence positively influenced job satisfaction, teamwork, and overall clinical performance. Their research showed that EI is crucial for effective leadership and improving staff outcomes.

Wong, C. S., & Law, K. S. (2002). "The Effects of Leader and Follower Emotional Intelligence on Performance and Attitude: An Exploratory Study." *The Leadership Quarterly*, 13(3), 243-274. This study examined the relationship between EI in both leaders and followers in a healthcare setting. It found that emotionally intelligent leaders were able to enhance the performance and attitude of their team members, leading to more efficient patient care and improved organizational outcomes.

Hughes, C., & Lazenby, D. (2015). "Developing Emotional Intelligence in Healthcare Students." *Journal of Medical Education*, 43(4), 321-331. Hughes and Lazenby's research focused on EI training for healthcare students. They concluded that EI training improved students' ability to manage emotions, interact effectively with patients, and work collaboratively in teams. The study recommended the integration of EI training into medical and nursing education programs.

Freshwater, D. (2008). "Emotional Intelligence in Healthcare: Integrating Theory into Practice." *Nursing Inquiry*, 15(1), 55-63. Freshwater's study explored the integration of EI training within healthcare settings. The findings suggested that EI development programs led to improved teamwork, better patient care, and increased job satisfaction among healthcare professionals.

Zeidner, M., Matthews, G., & Roberts, R. D. (2004), "Emotional Intelligence in the Workplace: A Critical Review", "EI as a predictor of job performance and well-being", A comprehensive

review showing EI's positive influence on stress management, teamwork, and communication—key for healthcare roles.

RESEARCH GAP

A research gap for a study on emotional intelligence (EI) in healthcare lies in the limited exploration of its long-term effects on healthcare professionals, particularly regarding sustained improvements in patient care and team dynamics. Most studies focus on short-term outcomes, such as communication or stress management, but long-term impact remains underexplored.

Additionally, there is a need for more research on EI across diverse healthcare roles, including allied health professionals and administrative staff. Cultural differences in emotional intelligence and its influence on patient care in multicultural settings also remain insufficiently studied. Finally, more objective, standardized tools for measuring EI in healthcare contexts are necessary to ensure more consistent and reliable research outcomes. Addressing these gaps would provide valuable insights into how EI can be integrated effectively across healthcare systems for improved outcomes.

RESEARCH METHODOLOGY

Descriptive research is a research design used to describe a phenomenon or situation. It involves collecting data through surveys, questionnaires, interviews, and observations.

Data collection is the process of gathering and collecting information from various sources to analyze and make informed decisions based on the data collected. This can involve various methods, such as surveys, interviews, experiments, and observation. The researcher collected the primary data through providing questionnaire to the respondents and the secondary data was collected through websites, online journals, published reports, review of literature from published articles.

Sampling methods refer to the techniques used to select a subset of individuals or units from a larger population for the purpose of conducting statistical analysis or research. Here the researcher used convenience sampling. Convenience sampling is a type of non-probability sampling method where participants are selected based on their availability and willingness to participate.

The population in the survey is the aggregate number of basic units. Here it applies to everyone, including the Employees, supervisors, managers etc
The researcher has taken 110 samples.

scale development refers to the systematic process of creating and validating a measurement instrument that quantifies abstract constructs such as attitudes, behaviours, abilities, or traits. Here, the researcher used Likert scale. The Likert scale is the most frequently used variations of the summated rating scale commonly used in the studies relating to attitudes and perceptions. Summated rating scales comprise statement that expressed either a favourable or an unfavourable attitude toward the objective of interest on a 5-point, 7-point or on any other numerical value.

A Questionnaire is a research tool or survey instrument that consists of a set of questions or prompts designed to gather information from individuals or groups of people. The types of questionnaires used in this research are open-ended, close-ended and demographic questionnaire

The tools used in this research are percentage analysis, chi-square test and ANOVA test.

A **hypothesis** in research is a clear, testable statement or prediction about the relationship between two or more variables. Here the researcher used Null Hypothesis and Alternate Hypothesis.

LIMITATION OF THE STUDY

The study at Jeevan Hospital may have been limited by a small sample size or lack of diversity in the participants, which may not fully represent the broader healthcare workforce. This could affect the generalizability of the findings to other healthcare settings or institutions

Much of the data on emotional intelligence might have been self-reported by healthcare professionals, which can introduce bias. Participants may overestimate or underestimate their emotional intelligence, leading to inaccurate assessments

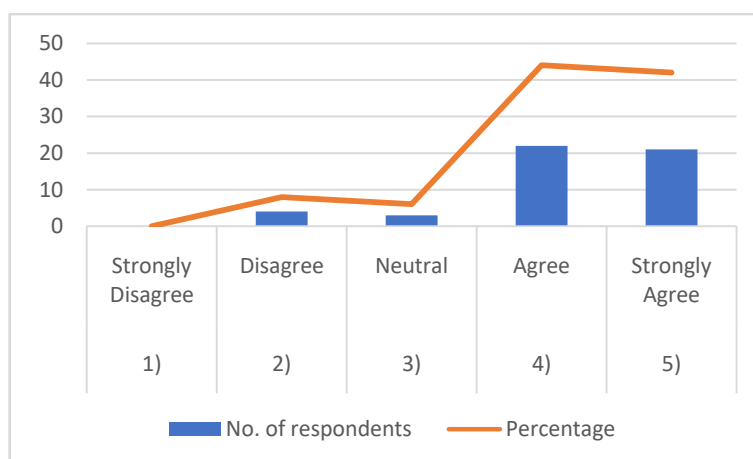
The focus on a single hospital, Jeevan Hospital, restricts the findings to that particular institution's culture, resources, and patient population. Results might not be applicable to other hospitals with different structures or demographics

The applicability of the study cannot be guaranteed as the opinions of workers may change in the future The duration of the research is limited

DATA ANALYSIS AND INTERPRETATION

Table 1. I am able to stay calm during patient emergency or difficult situation

S.no	Opinion	No. of respondents	Percentage
1)	Strongly Disagree	0	0
2)	Disagree	4	8
3)	Neutral	3	6
4)	Agree	22	44
5)	Strongly Agree	21	42
Total		50	100



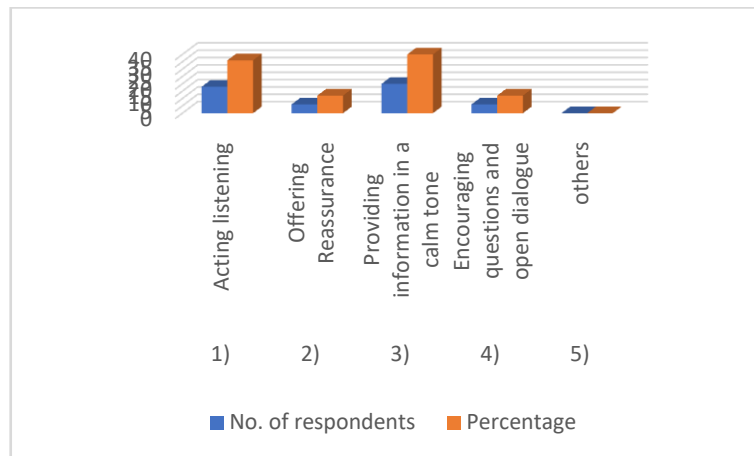
INTERPRETATION:

The table shows respondents' ability to stay calm during patient emergencies or difficult situations. 8% of the respondents disagree that they can stay calm during patient emergency, while 6% of the respondents were neutral, 44% of the respondents were agree and 42% of the respondents were strongly agree that they can stay calm during patient emergency or difficult situation.

Table 2. Communication strategies often used when interacting with distressed patients.

S.no	Opinion	No. of respondents	Percentage
1)	Acting listening	18	36
2)	Offering Reassurance	6	12
3)	Providing information in a calm tone	20	40

4)	Encouraging questions and open dialogue	6	12
5)	others	0	0
Total		50	100



INTERPRETATION:

The above table shows that 40% of the respondents most often use providing information in a calm tone as a communication strategy when interacting with distressed patients. Active listening is used by 36% of the respondents, while 12% of the respondents rely on offering reassurance and another 12% on encouraging questions and open dialogue. None of the respondents mentioned using other strategies.

CHI SQUARE TEST

Chi square test for gender of the respondents and Emotional Awareness of the respondents

NULL HYPOTHESIS (H₀): There is no significant relationship between emotional awareness and gender.

ALTERNATIVE HYPOTHESIS (H₁): There is a significant relationship between emotional awareness and gender.

Emotional Awareness×Gender

			Gender		Total
			Male	Female	
EmotionalAwareness	Agree	Count	11	11	22
		Row%	50.0%	50.0%	100.0%
		Column%	50.0%	39.3%	44.0%
		Total%	22.0%	22.0%	44.0%
	StronglyAgree	Count	11	17	28
		Row%	39.3%	60.7%	100.0%
		Column%	50.0%	60.7%	56.0%
		Total%	22.0%	34.0%	56.0%
Total		Count	22	28	50
		Row%	44.0%	56.0%	100.0%
		Column%	100.0%	100.0%	100.0%
		Total%	44.0%	56.0%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Sig. (2-tailed)	Exact Sig. (2-tailed)	Exact Sig. (1-tailed)
Pearson Chi-Square	.57	1	.449	.568	.319
Likelihood Ratio	.57	1	.449		
Fisher's Exact Test					
Continuity Correction	.22	1	.638		
Linear-by-Linear Association	.56	1	.453		
N of Valid Cases	50				

INTERPRETATION:

Since the p-values are greater than 0.05, we fail to reject the null hypothesis (H_0). This indicates that there is no significant association between emotional awareness and gender in this sample. Thus, based on the statistical analysis, gender does not appear to influence emotional awareness in this particular dataset.

Since both the **Pearson Chi-Square** and **Fisher's Exact Test** p-values are **greater than 0.05**, we **fail to reject** the null hypothesis. This means that there is **no significant relationship** between emotional awareness and gender.

SUMMARY OF FINDINGS

1. Most respondents, 48%, are satisfied with their physical working environment, while 32% are highly satisfied, 12% are neutral, and 8% are dissatisfied
2. Half of the respondents, 50%, rated their job efficiency, emotions, and satisfaction level as good, while 26% rated it excellent, 16% adequate, and 8% average
3. More than half, 56%, have a good attitude toward their job, while 16% rated it excellent, 18% average, and 10% adequate
4. The majority, 56%, strongly agree that they are aware of their emotions during patient interactions, while 44% agree, and no one disagrees or remains neutral
5. More than half, 52%, often notice their emotional state during stressful patient care situations, while 36% always do, and 12% sometimes do
6. A significant proportion, 56%, can recognize when a colleague is experiencing emotional distress, while 30% sometimes notice it, and 14% do not
7. A majority, 44%, agree that they can stay calm during patient emergencies, while 42% strongly agree, 8% disagree, and 6% are neutral
8. Most respondents, 60%, often know how to calm themselves when frustrated or overwhelmed, while 30% always do, 6% sometimes do, and 4% rarely do
9. Nearly half, 48%, manage their emotions in challenging situations by taking a break or walking away, while 26% prefer talking to a colleague or supervisor, 10% use deep breathing exercises, 4% practice mindfulness, and 12% use other methods
10. The majority, 52%, agree that they can easily understand patients' emotional concerns even when unspoken, while 44% strongly agree, and 4% remain neutral

11. More than half, 66%, often check in on patients' emotional well-being, while 22% always do, and 12% sometimes do
12. A significant portion, 40%, sometimes make an effort to comfort upset patients, while 36% often do, and 24% always do
13. All respondents, 100%, believe emotional support is just as important as physical care for patients
14. A combined 74% of respondents disagree or strongly disagree with feeling uncomfortable expressing emotions professionally, while 26% are neutral, and no one agrees
15. Nearly half, 40%, never receive feedback from colleagues regarding emotional interactions, while 36% receive it rarely, and 24% receive it sometimes
16. More than half, 56%, agree they can effectively communicate with patients from diverse backgrounds, while 32% strongly agree, and 12% are neutral
17. The most commonly used communication strategy with distressed patients is providing information in a calm tone, 40%, followed by active listening, 36%, reassurance, 12%, and encouraging open dialogue, 12%
18. More than half, 56%, agree they take time to assess patients' emotional needs before treatment, while 32% strongly agree, and 12% are neutral
19. A majority, 66%, agree that they feel confident in resolving emotional conflicts within their healthcare team, while 34% strongly agree, and no one disagrees or remains neutral
20. The impact of emotional intelligence on care quality is noticed often by 64% of respondents, always by 32%, and sometimes by 4%, with no one selecting rarely or never
21. All respondents, 100%, believe emotional intelligence contributes to better patient outcomes

SUGGESTIONS

The study found that most healthcare professionals at Jeevan Multispeciality Hospital are aware of Emotional Intelligence (EI) and recognize its importance, especially during high-stress patient care situations. Despite this awareness, there are gaps in emotional self-regulation and structured emotional support. To address these, the study recommends implementing regular EI training, mindfulness sessions, wellness programs, and emotional check-ins. These initiatives can enhance self-awareness, reduce burnout, and improve team communication and patient outcomes.

Additional recommendations include reducing long working hours, introducing designated break times, and creating quiet spaces for staff to decompress. Establishing a formal feedback system on emotional interactions, promoting diversity and inclusion training, and balancing workload through better task management are also suggested. These measures aim to create a more emotionally supportive work environment that promotes well-being among staff and delivers compassionate, high-quality care to patients.

CONCLUSION

The study on emotional intelligence (EI) in healthcare at Jeevan Hospital highlights the significant role EI plays in improving patient care, communication, and overall workplace dynamics. The findings suggest that healthcare professionals with high emotional intelligence are better equipped to manage stress, communicate effectively with patients and colleagues, and provide compassionate care. Furthermore, emotional intelligence contributes to a positive work environment, leading to improved team collaboration and reduced burnout.

At Jeevan Hospital, fostering emotional intelligence through training programs and organizational support can enhance the quality of care and promote a healthier work culture. The study underscores the importance of EI as an essential skill for healthcare professionals, emphasizing that its integration into daily practice can lead to better patient outcomes and staff satisfaction.

DIRECTIONS FOR FUTURE RESEARCH

1. **Longitudinal Studies:** Future studies could track emotional intelligence over time to assess the long-term impact of EI training on healthcare professionals and patient outcomes. This would help to understand the sustained benefits or challenges related to EI development in a healthcare setting.
2. **Comparative Studies:** Research could compare emotional intelligence across different hospitals or healthcare institutions to identify which organizational cultures and practices best support the development of EI and how this correlates with patient satisfaction and staff retention.
3. **Impact on Patient Outcomes:** Investigating the direct relationship between healthcare professionals' emotional intelligence and patient care outcomes could provide stronger evidence for the benefits of EI in healthcare settings, particularly in patient satisfaction and recovery.
4. **Emotional Intelligence in Specific Roles:** Further research could examine how emotional intelligence affects different roles within the healthcare system, such as doctors, nurses, administrative staff, and support teams, to understand its role in various job functions.
5. **Cultural and Demographic Factors:** Exploring how emotional intelligence manifests in healthcare professionals from diverse cultural and demographic backgrounds could provide insights into tailored approaches for EI training that account for differences in communication styles, stress management, and team dynamics.
6. **Technological Integration:** Future studies could also investigate how technology (e.g., AI or digital tools) can be used to enhance emotional intelligence training or help healthcare professionals manage emotional challenges in high-stress environments.

REFERENCES:

1. **D. Goleman, Emotional Intelligence: The 10th Anniversary Edition.** New York: Bantam Dell, 2006
2. **Salovey, P., & Mayer, J. D.** (1990). Emotional intelligence. *Imagination, Cognition, and Personality*, 9(3), 185-211
3. **Faye et al.,** "Study of emotional intelligence and empathy in medical postgraduates," *Indian Journal Psychiatry*, vol. 53, no. 2, April-June 2011, pp.140 144
4. **Tiwari, S., & Bhagat, D. (2021).** "Emotional Intelligence and Occupational Stress among Healthcare Workers in Meghalaya." *Indian Journal of Health and Wellbeing*, Indian Association of Health, Research and Welfare.
5. **Cherry, M. G., Fletcher, I., O'Sullivan, H., & Dornan, T. (2014).** "Emotional Intelligence in Medical Education: A Critical Review". Wiley-Blackwell.
6. **K. Maryniak,** "Emotional intelligence and nursing,"
7. **McDonald,** Emotional Intelligence in Healthcare Leaders. LAMBERT Academic Publishing, 2015
8. **S. P. Deshpande and J. Joseph,** "Impact of emotional intelligence, ethical climate, and behavior of peers on ethical behavior of nurses," *Journal of Business Ethics*, vol. 85, 2009, pp. 403–410
9. **Conte, M. J** (2005). A review and critique of measures of emotional intelligence
10. **Brindan-Suresh, C Buxton, J Feller, R. Pier Vincenzi, A. Nattu,** 2013, Human Resource Management in Healthcare: Creating Value Through Strengths-Based Approaches, McKinsey & Company, KF International
11. **M. Tudor,** "Particularities of emotional intelligence in healthcare, banking and education," *Management and Innovation for Competitive Advantage*, November 2015, pp. 555-562
12. **Carmeli, A. (2003).** The relationship between emotional intelligence and work attitudes, behavior and outcomes: An examination among senior managers. *Journal of Managerial Psychology*, 18(8), 788–813.

13. **Cherry, M. G., Fletcher, I., O’Sullivan, H., & Dornan, T. (2014).** Emotional intelligence in medical education: A critical review. *Medical Education*, 48(5), 468–478.
14. Codier, E., Kooker, B. M., & Shoultz, J. (2008). Measuring the emotional intelligence of clinical staff nurses: An approach for improving the clinical care environment. *Nursing Administration Quarterly*, 32(1), 8–14.
15. Codier, E., Kamikawa, C., & Kooker, B. M. (2009). Emotional intelligence, performance, and retention in clinical staff nurses. *Nursing Administration Quarterly*, 33(4), 310–316.
16. Goleman, D. (1995). *Emotional Intelligence: Why it can matter more than IQ*. Bantam Books.
17. Mayer, J. D., & Salovey, P. (1997). What is emotional intelligence? In P. Salovey & D. Sluyter (Eds.), *Emotional development and emotional intelligence: Educational implications* (pp. 3–31). Basic Books.