e-ISSN: 2987-0836 DOI: https://doi.org/10.59585/ijhs

Publish: Association of Indonesian Teachers and Lecturers
International Journal of Health Sciences (IJHS)
Journal Homepage: https://jurnal.agdosi.com/index.php/IJHS/index
Volume 4 | Number 1 | March 2026 |

The Impact of Emotional Intelligence Training on Nurses' Performance in Providing Nursing Care in 2025

Devi Kristina Hutagalung[1*]

[*1] Nursing Study Program, Nauli Husada Health College, Indonesia

ABSTRACT

Background: Nurses' performance in providing nursing care is influenced not only by technical competence but also by non-technical skills such as emotional intelligence (EI). EI helps nurses manage emotions, communicate effectively, and make decisions that support patient safety and comfort.

Objective: To assess the effect of emotional intelligence training on improving nurses' performance in providing nursing care.

Method: Quasi-experimental with a one-group pretest–posttest design. The sample consisted of 60 nurses (total sampling) from three treatment rooms at Hospital X who participated in a two-day EI training with 8 weeks of follow-up practice and guidance. Instruments: (1) Emotional Intelligence Scale (valid and reliable) to measure EI; (2) Questionnaire and nurse performance checklist covering aspects of communication, assessment, intervention, documentation, and ethics. Analysis used paired t-test and multiple linear regression ($\alpha = 0.05$).

Results: The average EI score increased significantly from 62.8 ± 8.7 to 78.4 ± 7.9 ($p < 0.001$). Performance scores increased from 70.1 ± 9.2 to 84.6 ± 8.1 ($p < 0.001$). Increased EI was positively correlated with improved performance ($r = 0.68$, $p < 0.001$). Regression showed that changes in EI explained 46% of the variance in performance ($R^2 = 0.46$, $p < 0.001$) after controlling for age, tenure, and education.

Conclusion: Emotional intelligence training effectively improves EI and nurses' performance in providing nursing care. Recommendation: Integrate EI training into nurse competency development programs regularly.

Keywords: Emotional Intelligence, Training, Nurse Performance, Nursing Care

*Corresponding Author: Devi Kristina Hutagalung
*e-mail: devikristina30@gmail.com

e-ISSN: 2987-0836 DOI: https://doi.org/10.59585/ijhs

Publish: Association of Indonesian Teachers and Lecturers
International Journal of Health Sciences (IJHS)
Journal Homepage: https://jurnal.agdosi.com/index.php/IJHS/index
Volume 4 | Number 1 | March 2026 |

1. Introduction

Nurses are at the forefront of healthcare; the quality of nursing care depends heavily on clinical skills and interpersonal capacities. In addition to technical skills, emotional intelligence (EI), the ability to recognize, understand, manage, and utilize one's own and others' emotions, has been identified as a critical factor in the effectiveness of healthcare workers. Nurses with high EI tend to demonstrate better communication, controlled decision-making, stress management, and superior team collaboration skills, all of which directly impact the quality of nursing care and patient safety.

Several international studies have reported a positive relationship between EI and work outcomes in healthcare workers, but empirical evidence in the local context (Indonesia), particularly following training interventions, remains limited. In the era of increasingly complex service demands in 2025, it is crucial for healthcare institutions to evaluate interventions that can rapidly and sustainably improve nurse performance.

This study aims to test the effectiveness of emotional intelligence training on improving EI and nurse performance in providing nursing care at Hospital X in 2025.

2. Research Methods

a. Design

Quasi-experimental, one-group pretest–posttest design.

b. Location and Time

Conducted at Hospital X (ICU, medical room, and surgical room) during January-May 2025.

c. Population and Sample

Population: all nurses (N = 60) working in the three units. Sample: the entire population (total sampling) that meets the criteria.

d. Inclusion criteria:

Registered nurse, working for at least 6 months, willing to undergo training and evaluation.

e. Exclusion criteria:

Nurses are on leave or on external educational assignments.

f. Intervention

A comprehensive 2-day (16-hour) EI training covering: EI theory (Goleman & Mayer), an introduction to EI components (self-awareness, self-management, social awareness, relationship management), difficult communication simulations, role-plays, stress management techniques (relaxation, breathing), and reflective practice. After the training, practical guidance is provided in the unit by a facilitator (coaching) for 8 weeks, with short weekly meetings.

g. Instrument

e-ISSN: 2987-0836 DOI: https://doi.org/10.59585/ijhs

Publish: Association of Indonesian Teachers and Lecturers
International Journal of Health Sciences (IJHS)
Journal Homepage: https://jurnal.agdosi.com/index.php/IJHS/index
Volume 4 | Number 1 | March 2026 |

1) Emotional Intelligence Scale (EIS)-locally adapted adaptation of standard instruments (e.g., Schutte Self-Report EI Test); score 0–100; Cronbach's α reliability = 0.89 in a pilot study.
2) Nurse Performance Questionnaire (KKP)-observational & self-assessment checklist that assesses five domains: communication, clinical assessment, nursing intervention, documentation, and professional behavior (score 0–100); reliability α = 0.87.
3) Demographic data: age, gender, education, length of service.

h. Data Collection Procedures

1) Pretest: completion of EIS and KKP + baseline observation by trained assessors (week −1).
2) Intervention: 2 days training + 8 weeks coaching.
3) Posttest: EIS and KKP + final observation (week 9). Independent observers were given training; observations were conducted blind to pretest scores.

i. Data analysis

- Normality test: Kolmogorov-Smirnov.
- Pretest-posttest comparison: paired t-test (normal data).
- Correlation: Pearson r.
- Multiple linear regression to determine the contribution of changes in EI to performance after controlling for demographic variables.
- The significance level α = 0.05. The analysis was performed using SPSS v25.

j. Ethics

Approved by the Ethics Committee of Hospital X; written informed consent was obtained from all participants; data were anonymized.

3. Results And Discussion

a. Research Result

1) Sample Characteristics

Table 1. Characteristics of Nurses (n = 60)

Characteristics	n	%
Female gender	46	76.7
Male gender	14	23.3
Age (mean ± SD)	31.2 ± 5.8 years	—
Education — D3	28	46.7
Education — Bachelor's Degree/Nursing	32	53.3
Work period ≥5 years	35	58.3

2) Changes in EI Scores and Performance

e-ISSN: 2987-0836 DOI: https://doi.org/10.59585/ijhs

Publish: Association of Indonesian Teachers and Lecturers
International Journal of Health Sciences (IJHS)
Journal Homepage: https://jurnal.agdosi.com/index.php/IJHS/index
Volume 4 | Number 1 | March 2026 |

Table 2. Comparison of EI Scores and Performance Pretest vs Posttest

Variables	Pretest (Mean ± SD)	Posttest (Mean ± SD)	Δ (Mean)	p-value
EI (0–100)	62.8 ± 8.7	78.4 ± 7.9	+15.6	<0.001
Performance (0–100)	70.1 ± 9.2	84.6 ± 8.1	+14.5	<0.001

(paired t-test)

3) Correlation and Contribution of EI to Performance
   - Correlation of EI changes with performance changes: r = 0.68 (p < 0.001)-strong positive correlation.
   - Multiple linear regression (dependent = posttest performance score): after entering control variables (age, education, tenure), Δ EI remained significant (β = 0.59, p < 0.001). The model explained R^2 = 0.46 (46%) of the variance in posttest performance.

Table 3. Multiple Regression Summary

Predictor	B	SE B	β	p
Δ EI	0.72	0.10	0.59	<0.001
Age	0.12	0.09	0.10	0.18
Education (S1 vs D3)	1.8	1.2	0.12	0.12
Years of service	0.09	0.07	0.09	0.20

R^2 Model= 0.46; p (model) <0.001

b. Discussion

1) EI Improvement after Training

The findings showed a significant increase in EI scores after the training and coaching intervention. Experiential learning-based training (role-play, simulation, reflection) is likely effective because it provides opportunities to practice emotional skills in real-life clinical situations, in line with adult learning principles (andragogy). These results are consistent with international studies showing that EI training interventions can improve emotional regulation and empathy in healthcare workers.

2) Impact on Nurse Performance

A significant increase in performance scores (mean +14.5) illustrates the transfer effect of EI skills to clinical practice: improved patient-family communication, more thorough assessments, more complete documentation, and improved management of unit conflict and stress. The strong correlation (r = 0.68)

e-ISSN: 2987-0836 DOI: https://doi.org/10.59585/ijhs

Publish: Association of Indonesian Teachers and Lecturers
International Journal of Health Sciences (IJHS)
Journal Homepage: https://jurnal.agdosi.com/index.php/IJHS/index
Volume 4 | Number 1 | March 2026 |

and the contribution of Δ EI to the regression model (β = 0.59) confirm that increased EI is a primary predictor of improved performance, although other factors (experience, education) also play a role. These findings align with the literature showing that EI contributes significantly to work effectiveness in the healthcare context.

3) Mechanism of EI Influence on Nursing Care

Emotional intelligence influences nurse performance through several mechanisms:

a) Self-awareness & self-management:Nurses who are aware of their emotions can prevent burnout and detrimental reactivity.

b) Social awareness & relationship management:The ability to read patient / family emotions improves communication, increases patient compliance, and reduces incidents of conflict.

c) Stress management:The relaxation and coping techniques taught help maintain focus and precision when providing critical care.

4) Practical Implications

The results support the integration of EI training into nursing human resource development programs (in-service training). Short-term post-training coaching helps transfer learning to clinical practice and ensures the sustainability of behavior change.

Limitations

- A one-group pretest–posttest design cannot completely eliminate history or maturation effects; experimental studies (with controls) are recommended.
- The sample came from a single hospital; generalizations should be made with caution.
- Performance measurement is partly self-assessment; although observation is included, the potential for response bias remains.

4. Conclusion And Suggestions

a. Conclusion

Emotional intelligence training combined with practical coaching significantly improved nurses' EI scores and performance in providing nursing care. Changes in EI explained nearly half of the variability in performance improvement after controlling for demographic variables. EI training is worthy of integration into nurses' professional development programs to improve the quality of care and patient safety.

b. Suggestion

1) For Hospitals:

- Schedule regular EI training (e.g. annual CPD) and include a post-training coaching program.

Publish: Association of Indonesian Teachers and Lecturers
International Journal of Health Sciences (IJHS)
Journal Homepage: https://jurnal.agdosi.com/index.php/IJHS/index
Volume 4 | Number 1 | March 2026 |

- Consider long-term outcome measures (6–12 months) and patient indicators (satisfaction, safety incidents).

2) For Nursing Managers:
   - Implement EI modules in new nurse orientation and leadership programs.
   - Facilitate peer-support groups to sustain EI practices.
3) For Researchers:
   - Conduct RCTs or controlled studies to strengthen causal evidence.
   - Examine the effect of EI on patient outcomes (e.g., patient satisfaction, incidence of medical errors).

References

1. Aiken, L.H., Sloane, D., Griffiths, P., Rafferty, A.M., Bruyneel, L., McHugh, M., & Maier, C.B. (2017). Nursing skill mix in European hospitals: cross-sectional study of the association with mortality, patient ratings, and quality of care. BMJ Quality & Safety, 26(7), 559–568.
2. Asmin, RY, Pratiwi, DE, & Rahmat, RA (2025). Oxytocin Massage Training for Families to Increase Breast Milk Production in Breastfeeding Mothers. Sahabat Sosial: Journal of Community Service, 3(4), 546–553.https://doi.org/10.59585/sosisabdimas.v3i4.740
3. Al Sayah, F., Majumdar, S.R., Williams, B., Robertson, S., & Johnson, J.A. (2013). Health literacy and health outcomes in diabetes: a systematic review. Journal of General Internal Medicine, 28(2), 180–192.
4. Anurogo, D., Rahmat, RA, & Pannyiwi, R. (2025). Identification of Endophytic Fungi in Traditional Medicinal Plants in South Sulawesi. JIMAD: Multidisciplinary Scientific Journal, 3(2), 77–82.https://doi.org/10.59585/jimad.v3i1.862
5. Bar-On, R. (2006). The Bar-On model of emotional-social intelligence (ESI). Psychothema, 18, 13–25.
6. Goleman, D. (1998). Working with Emotional Intelligence. Bantam Books.
7. Hodges, T., & Park, E. (2020). Emotional intelligence training for healthcare professionals: a systematic review. Journal of Nursing Management, 28(6), 1268–1279.
8. John, O.P., & Srivastava, S. (1999). The Big Five trait taxonomy: history, measurement, and theoretical perspectives. In Pervin, L.A., & John, O.P. (Eds.), Handbook of Personality: Theory and Research (pp. 102–138). Guilford Press.
9. Mayer, J.D., & Salovey, P. (1997). What is emotional intelligence? In Salovey, P., & Sluyter, D. (Eds.), Emotional Development and Emotional Intelligence: Educational Implications (pp. 3–31). Basic Books.
10. Nursalam. (2016). Nursing Management (4th ed.). Salemba Medika.
11. Petrides, K. V., & Furnham, A. (2000). On the dimensional structure of emotional intelligence. Personality and Individual Differences, 29(2), 313–320.

Publish: Association of Indonesian Teachers and Lecturers
International Journal of Health Sciences (IJHS)
Journal Homepage: https://jurnal.agdosi.com/index.php/IJHS/index
Volume 4 | Number 1 | March 2026 |

12. Pannyiwi, R., Azis, MNSA, & Rahmat, RA (2025). Analysis of Nurses' Obstacles in Implementing Therapeutic Communication in Health Care Environments. Barongko: Journal of Health Sciences, 4(1), 231–243.https://doi.org/10.59585/bajik.v4i1.921
13. Salovey, P., & Mayer, J. D. (1990). Emotional intelligence. Imagination, Cognition and Personality, 9(3), 185–211.
14. 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.
15. Shapiro, J., & Epstein, R. (2013). Toward the mindful medical practice: a cognitive approach to promoting clinician well-being and patient centeredness. Medical Care, 51(8), 663–669.
16. Sunanto, S., Pannyiwi, R., & Rahmat, RA (2025). The Effect of Night Shift Work on Nurses' Fatigue and Work Concentration in the Emergency Department. International Journal of Health Sciences, 3(4), 606–613.https://doi.org/10.59585/ijhs.v3i4.867
17. Van Dusseldorp, L. J., De Jonge, J., & Brosschot, J. F. (2019). Emotional intelligence and job performance: The mediating role of work engagement. Work & Stress, 33(4), 295–312.
18. WHO. (2016). Framework for Action on Interprofessional Education & Collaborative Practice. World Health Organization.
19. Yoder-Wise, P. S. (2019). Leading and Managing in Nursing (7th ed.). Elsevier.