

Emotional Intelligence: A Competence Analysis for Public Health Care Providers

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Abstract: The idea of emotional intelligence (EI) as a critical set of managerial abilities may be traced back to the public health care service providers of today. Emotional intelligence is characterized by proficiency in social skills, self-awareness, self-regulation, self-motivation, and intrapersonal and interpersonal domains. (Goleman, 2006) This field of study supports the spread of emotional intelligence to effective management in nearly all service sectors. Examples that are familiar to managers and service providers in the healthcare industry are used to further categorize the need for developing such abilities in these organizations. Studies have shown compelling evidence that individuals who become leaders in a group typically possess higher IQs than those who do not. It is said that intelligence is the capacity to appropriately adjust to any given environment. (Freshman, 2002) It is this capacity to navigate uncertainty that sets leaders apart from non-leaders. The intention in this research article is to study the degree of emotional intelligence possessed by paramedical personnel in public health care service provider (Brackett, 2004). Understanding emotional intelligence in the context of the health care industry is the goal of this article, and to contrast emotional intelligence based on demographic variables like age and gender. Along with figuring out the relationship between age and EQ Score, other goals include assessing the EQ proficiency of different healthcare professionals. Training suggestions and assessment resources are also provided based on the research findings.

Keywords: Emotional intelligence, Emotional Quotient (EQ), Empathy, health care service providers, leadership training, management skills.

Introduction:

The most searched-for topic in the fields of management consulting and leadership training right now is Emotional Intelligence. When an article about it was first published in 1998 in the Harvard Business Review, it attracted more readers than any other piece the journal had written in the preceding forty years. Daniel Goleman, a science journalist for the New York Times, started studying the subject in the early 1990s. (Cherniss, 2000) His book Emotional Intelligence, which was released in 1995, has become the most read and most mentioned resource in that field to date. (Goleman, 2006) Since then, emotional intelligence (EI) has come to be seen as a prerequisite for getting along with co-workers and is currently used as a main leadership and managerial competency evaluation instrument. High EI executives are well-suited to the health care industry. The majority of the biggest issues that people deal with are health-related. Providing patients or clients with high-quality care is a challenge for health administrators. (Griffith, 2000) In a time when human and financial resources were few. When a substantial segment of the population cannot afford to pay their expensive medical expenses, how can we guarantee that everyone has access to health care delivery system and seeks out public healthcare providers? Health care administrators have to be able to look past the short-term problem and understand how decisions may affect people in the long run because of ethical and humanitarian concerns like patient privacy and protection, human genetics, and more. (Fleshman, 2020) A leader with high EI must possess the sensitivity to identify these deeply human challenges and take prompt, appropriate action. There are two goals for which this study report is being given. The first step is to evaluate the EI of the employees or paramedical professionals who work directly with patients. Second, we will use their EQ Score to map the competency of the paramedical staff and provide certain training policies and the most effective ways to execute them. The need for greater patient-centred treatment is being emphasized by numerous health care systems worldwide. Patient-focused health care is a complex concept that addresses information requirements, views the patient holistically, promotes concordance, and fortifies the relationship between the patient and the healthcare practitioner. The capacity of healthcare providers to comprehend the viewpoint of their patients and deliver patient-centred care, nonetheless, varies. At least some of this diversity may be explained by the fact that professionals differ from one another in their personal traits. Analysing the unique qualities of healthcare providers and how they could connect to patient-centred care is a relatively new and little-studied method. The significance of any particular one of these factors does not appear to have a clearcut response. Numerous psychological methodologies can be used, such as Analysing personality traits, researching attitudes and views, and exploring the concept of multiple intelligences, which goes beyond mere intelligence.

Emotionally Intelligence

It is not novel, but rather can be interpreted as the next big thing in training, combining interpersonal skills, personality theory, common sense, and conventional wisdom. Though Salovey and Mayer formally established the phrase "emotional intelligence" in 1990, philosophical and religious writings have long attempted to emphasize the value of cultivating awareness and behaviour monitoring in relation to empathetic behaviour. Put another way, throughout documented history, consideration has been given to intrapersonal abilities like self-awareness, observation, and thought, as well as interpersonal skills like empathy, compassion, and trust. (Sucksmith, 1012) For instance, the Hindu classic Bhagavad-Gita, which was written millennia before the common era, states that human awareness and emotion management are important, "That man is disciplined and happy who can prevail over the turmoil that springs from desire and anger, here on earth ..." (Freshman, 2002) Emotional reactions and behaviour started to be studied both theoretically and experimentally in the early 20th century as psychology grew. It's noteworthy that what we are now calling Emotional Intelligence (EI) talents or skills have long been recognized for their value and significance in human connections. Because of this, working on improving emotional intelligence might make people feel as though they are experiencing things again because of comparable experiences. The work being done with EQ is new and exciting, though, because these abilities are increasingly seen as skills to be acquired rather than less malleable personality characteristics. Scholars and professionals nowadays understand different facets of emotional intelligence by referencing psychological research conducted throughout the years. Research on psychological and emotional intelligence (EI) is becoming more and more important, which supports the importance of EI in a variety of professional environments. Rosenthal, for instance, discovered that those who were more adept in reading others' emotions also had greater success in social and professional contexts. According to Bachman's research, friendliness, warmth, and emotional expressiveness are important components of effective leadership in the US Navy. Stress management skills were found to be predictive of net profits, sales per square foot, and sales per employee in a study of retail chain managers.

The study of social and emotional intelligence has gained popularity in recent years. In many schools nowadays, social and emotional learning (SEL) programs are mandated as part of the curriculum. These initiatives aim to lessen bullying, promote academic achievement, and enhance the health and wellbeing of the students. It also helps in the day to day life. (Jones, 2017)

Genesis of Emotional Intelligence

With the advent of the 21st century and the development of many scientific tools researchers began focusing on the consequences of socio-emotional talents. In 1937, Thorndike and Stein began characterizing and measuring social intelligence. Further, David Wechsler discussed two forms of intelligence: "intellective" and "non-intellective" in the 1940s. These terms denoted the social emotional set of skills and the conventional intelligence quotient (IQ) set of capabilities, respectively. Wechsler described 'affective and cognitive abilities,' or psychological competencies linked to behaviour, attitude, and transformation, as the so-called 'non-intellective' talents" (Wechsler, 2001). A good EQ score helps with connection-making, lowering tension in the team, resolving conflict, and improving job satisfaction. Particularly in the medical industry when individuals are already suffering from illnesses. A plethora of assessment instruments have been created to evaluate emotional intelligence. These assessments usually belong to one of two categories: ability tests or self-assessment questionnaires. Since self-assessment tests are the simplest to administer and evaluate, they are the most commonly employed. Examinees evaluate their own behaviour by answering questions or statements. When it comes to a statement such as "I often feel that I understand how others are feeling," the examinee has the option to indicate whether they strongly agree, disagree, or disagree somewhat. Ability tests, on the other hand, gauge a participant's ability by having them respond to various circumstances. Individuals who sit for these exams often have to demonstrate their abilities, which are then assessed by an external party. In our investigation, we used the self-report test, which involves mailing out a series of questionnaires and recording the responses.

Emotional Intelligence in Health Care Sector

The need for greater patient-centred treatment is being emphasized by numerous health care systems across the globe. Nonetheless, there are disparities in the capacity of medical personnel to comprehend the viewpoints of their patients and deliver patient-centred treatment. Professionals vary from each other in their personal qualities, which may partially explain this difference.

Examining the distinctive characteristics of healthcare professionals and their potential relationship to patient-centred care is a relatively new and understudied approach. There does not seem to be a definitive answer about the importance

of any one of these aspects in particular. Various psychological approaches can be employed, including the examination of personality traits, the study of attitudes and viewpoints, and the investigation of the notion of multiple intelligences, which surpasses IQ.

Emotional intelligence (EI) is one such personal trait that has been used in the healthcare business to raise the bar for patient-centred care, and its use is becoming more and more acknowledged. A growing number of people are realizing the potential benefits of emotional intelligence (EI) in the medical, nursing, diagnostic, and other health care domains. Emotional intelligence (EI) has been suggested to be essential to best practices, particularly in the context of patient-centred care. Considering this, this paper defines emotional intelligence (EI), reviews research on its advantages, and discusses direct and indirect applications of EI to raise the bar for patient-centred care.

Emotional intelligence is one of the skill sets needed to maintain safety in the healthcare context. The four emotional intelligence skills—applying emotions to reasoning, understanding and controlling emotions, and identifying emotions in oneself and others—not only enhance patient care but also patient safety. Self-awareness is the ability to recognize one's emotions, motivations, values, and goals as well as how this impact one's thoughts and behaviour. With a high EQ one can build connection, resolve dispute, lower team tension, and raise work satisfaction. Ultimately, a high EI level corresponds to a high EQ Score and can increase team productivity and employee retention.

Literature Review:

(A, 2014) “Perceived emotional intelligence in nursing: psychometric properties of the Trait Meta-Mood Scale”. According to this study, the Trait Meta-Mood Scale is a useful, valid, and trustworthy instrument for assessing emotional intelligence perception in a nursing setting. It should be the goal of training programs to support nurses' emotional intelligence.

(AE, 2021) “Emotional intelligence in professional nursing practice: A concept review using Rodgers's evolutionary analysis approach” state that four characteristics of emotional intelligence are found to be common, despite the fact that there are many discrepancies in the what is meant by emotional intelligence.

(Akerjordet, 2010) “The state of the science of emotional intelligence related to nursing leadership: an integrative review”. The implications for nursing leadership are stated in this paper. The environment around us and individual differences should be taken into consideration while examining the dynamics of emotional intelligence (EI), since the latter can be beneficial in certain situations but detrimental in others.

(Arieti, 1977) “Cognitive components in human conflict and unconscious motivation.” It claims that psychoanalysis acknowledges that basic physiological organization and innate life are not the exclusive origins of psychological motivation from a cognitive standpoint.

(Arora, 2010) “Emotional intelligence in medicine: a systematic review through the context of the ACGME competencies”. Many of the competences that modern medical curricula aim to impart are correlated with the EI measures found in this paper. To find out if training can raise EI and enhance clinical and educational outcomes, more research is needed.

(Brackett, 2004) “Emotional Intelligence and its Relation to Everyday Behaviour”. It claims that among male college students, but not for female students, EI was substantially linked to maladjustment and bad behaviours.

(Branick, 2009) “Comparison of trait and ability measures of emotional intelligence in medical students”. It claims that several assessments meant to gauge emotional intelligence (EI) do not measure the same thing. There was a correlation between the characteristic measure and personality but not between the ability measure and personality.

(Bricks, 2007) “Emotional intelligence and patient-centred care”. To ascertain the evidential foundation for EI's growing popularity, papers pertaining to empirical analyses of the concept in a range of contexts were located. According to the assessment, a significant amount of additional research is necessary before the usefulness of the notion of emotional intelligence can be established.

(Choudhary, 2015) “Teaching communications skills to medical students: Introducing the fine art of medical practice”. It argues that one of the fundamental skills for medical professionals is excellent communication. Developing effective

communication skills in early life will benefit medical students and future practitioners. The curriculum of medical schools should include regular training on effective communication.

(Cohen, 2004) "The empathy quotient: an investigation of adults with Asperger syndrome or high functioning autism, and normal sex differences." This demonstrated that women outscored men by a wide margin. Both an empathy deficit and a sex difference in empathy within the general population are revealed by the EQ.

(Fernandez, 2012) "Developing Emotional Intelligence for Healthcare Leaders" In addition to demonstrating appropriate usage, provide examples of their dangerous usage also. It also demonstrates tactics for developing the seventeen essential skills that are the cornerstones of both personal and professional success.

(Freshman, 2002) "Emotional intelligence: a core competency for health care administrators" It states that the empirical studies in the field attest to EI's contributions to efficient management. Examples that health care administrators are familiar with help to further clarify the significance of acquiring these abilities in healthcare organizations. Resources for assessments and training recommendations are offered.

(Gardner, 1983) "Emphasizing the Concept of Spiritual Intelligence from Islamic and Western Perspectives on Multiple Intelligence". seeks to compare Western theories of MI with Islamic viewpoints in relation to spiritual intelligence.

(K Prasad, 2023) "Emotional intelligence and psychology of well-beings of students". The results imply that although psychological well-being and emotional intelligence are significant concepts, there may not always be a substantial correlation between them among college students. To fully understand the intricate relationship between psychological health and emotional intelligence, more research is required.

(Martinez-Pons, 2000) "Emotional Intelligence as a Self-Regulatory Process: A Social Cognitive View". A self-regulation model of emotional intelligence was created by integrating the social cognitive SR ideas of motivation, goal-setting, strategy use, and self-evaluation with the EI components of the inclinations to be aware of, organize, and control one's emotions.

(Sucksmith, 1012) "Empathy and emotion recognition in people with autism, first-degree relatives, and controls". This study replicates earlier research showing empathy deficits in individuals with ASC and reports fresh results of sex differences in emotion detection among people with ASC. It is described how empathy metrics might be used as quantitative end phenotypes for ASC.

(Whissell, 1996) "Predicting the size and direction of sex differences in measures of emotion and personality". Support the model's ability to predict sex differences, with the majority of differences tending to occur in the anticipated direction. However, normal sex differences are smaller in magnitude and less common than stereotypical ones.

Methodology:

The primary data has been collected using 60 items. A questionnaire was designed to measure empathy in adults. The questionnaire was developed by Simon Baron-Cohen at ARC (The Autism Research Centre) at the University of Cambridge, which is available at <https://psychology-tools.com/test/empathy-quotient>.

The questionnaire has been set up in a Google form and sent to various paramedical staff of a regional Public Healthcare Service Provider located in western Odisha, a state of India.

This questionnaire aims to gauge how sensitive you are to other people's emotions and how much other people's feelings impact you.

The score has been calculated by assigning two points to 'strongly disagree' and one point for each 'slightly agree' options for all the negatively implied questions and two points for 'strongly agree' and one point for each 'slightly agree' options for all the positively implied questions with not assigning any points to few neutrally implied questions.

According to the developers of the questionnaire the scores are segregated as follows.

1-20 = The individual's capacity for seeing emotions in others and reacting suitably is extremely poor.

21-40 = The individual's capacity for seeing emotions in others and reacting suitably is below average.

41-60 = The individual's capacity to empathize with others and react correctly is mediocre. The individual is skilled at providing patients with considerate treatment.

61-80 = The individual has a very high aptitude for perceiving emotions in others and reacting accordingly.

The data was collected for both male and female employees ranging from 19 to 65 years of age.

Objective-

1. To compare the emotional intelligence on the basis of demographic factors for eg: -gender, age.
2. To determine the EQ level of the various health care workers.
3. To know the relation between age and EQ Score.

Hypothesis

H₀- There is no significant relation between age and EQ Score

H₁- There is a significant relation between age and EQ Score

Results:

The data used in this article has been collected from the paramedical staff of a Public Health care facility located in western Odisha. According to the scores of EQ calculated on each individual i.e. 50 male and 50 female staff based on the questionnaire it is found that the average EQ score for males are 34.8 and the average EQ score for females are 36.04. The graphical representation of these set of data are given below in Figure 1 with and the correlation in Table 1.

Gender	Average EQ Score
Male	34.8
Female	36.04

Table 1

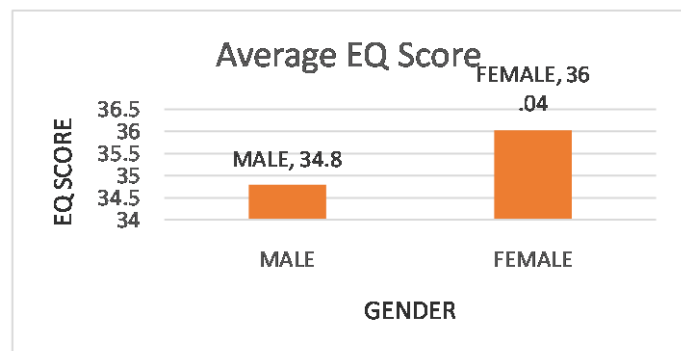


Figure 1

Further in Table 2 is a comparison between the age group of the staff and the average EQ score calculated. It gives a generalized idea about how age affects the EQ of a person working in health care service providing organization. The parameters taken for this analysis are a 5-year gap of age from the youngest of the staff respondents to the oldest one irrespective of their gender. The graphical representation here shows how the EQ score differs with various age groups. It is evident that EQ scores are better with older respondents.

AGE	EQ Score
upto 20	29.33
20-25	36.00
26-30	36.70
31-35	36.04
36-40	37.05
41-45	31.25
46-50	33.17
51-55	37.50
56-60	36.67
61-65	34.00

Table 2

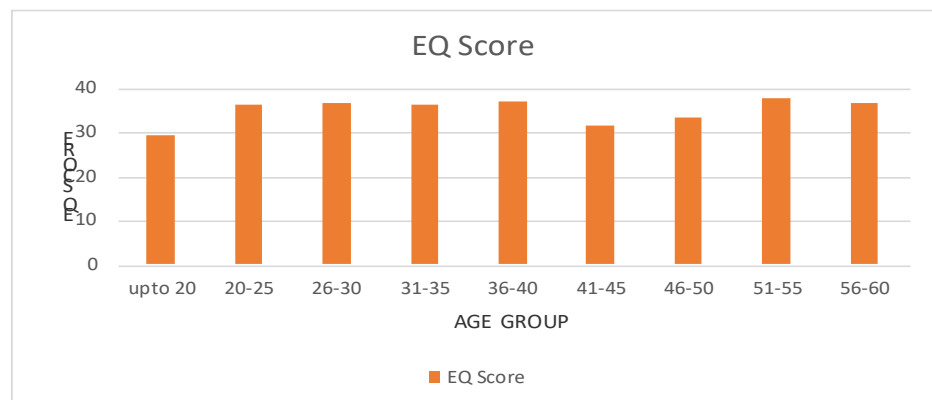


Figure 2

With growing age and experience the understanding of different emotions within oneself and towards others are seen increasing in the case of the respondents here.

In the next table i.e. Table 3 shows the number of people with different categories of EQ score where “Low” is denoted to the score between 1-20, “Moderate” is for 21-40 , “Good” for 41-60 and “Excellent” for above 60.

EQ level	No of respondents with assigned EQ values
Low	10
Moderate	58
Good	32
Excellent	0

Table 3

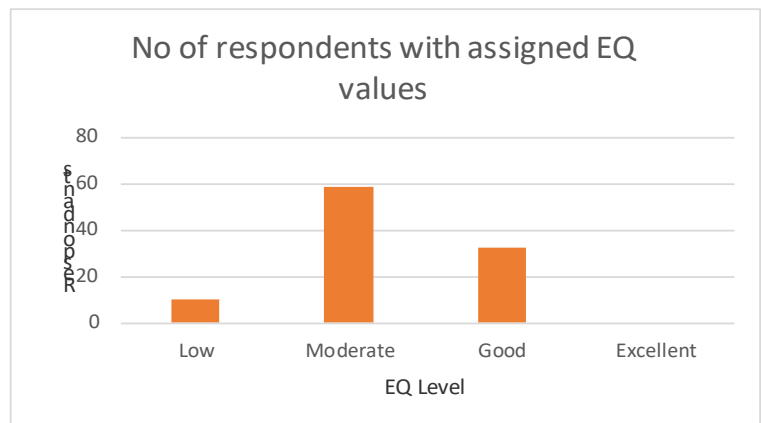


Figure 3

Table 4 shows the correlation between the various age groups and EQ score of the respondents. As the significant value is 0.501 which is greater than 0.05, the null hypothesis is rejected which means there is a significant relation between age and EQ score. Which further concludes that age plays a significant role as part of the respondents' behaviour and empathy towards the patients or clients.

Correlations			
age		age	EQ_Score
	Pearson Correlation	1	.242
	Sig. (2-tailed)		.501
EQ_Score	N	10	10
	Pearson Correlation	.242	1
	Sig. (2-tailed)	.501	
	N	10	10

Table 4

Discussion:

Due to poor social skills or inability to empathize with others, people with low EI may find it challenging to establish relationships. Additionally, they could struggle to control their emotions and use them to motivate acceptable action.

It's common knowledge that individuals who have the most success and fulfilment in life are not the most intellectually gifted. There are various brilliant academics who do terribly in their relationships, employment, and social interactions. One's intelligence quotient (IQ) or intellectual prowess is insufficient to succeed in the workplace on its own and not just in the healthcare industry specifically, but in every other service industry as well.

An individual's capacity to connect with people and the outside environment is a social benefit that comes with emotional intelligence. In addition to reducing stress and balancing the nervous system through social communication, social intelligence allows people to distinguish between friends and foes, gauge others' communication interest, and demonstrate empathy.

The association between staff behaviour and challenging behaviour shown by people with intellectual disabilities (ID) has been the subject of recent research. As a result, studies on interventions targeted at paramedic personnel are necessary. The effectiveness of staff training targeted at emotional intelligence and interactions between staff and

patients was the main focus of the current study. It is advised that the health care service providing staff receive efficient training in emotional intelligence, coping mechanisms, and emotions.

Enhancing the emotional intelligence and coping skills of the para medical staffs might be accomplished through training focused on emotional intelligence and staff-patient interactions. It is imperative to underscore the necessity of conducting additional research to examine the correlation between staff traits and organizational elements, as well as their mediating function in the efficacy of staff training.

There are several methods that people might enhance or grow their own EI. Examples include learning to question others about their ideas and feelings, acknowledging how one's body responds to particular emotions, and learning to apologize when one is wrong.

Since emotional intelligence is a flexible trait, one might try to get better at recognizing his own emotions as well as those of others.

One can forge closer bonds with others and forge better connections by increasing the factor called emotional intelligence. Additionally, it can strengthen the ability to bounce back from setbacks and deal with stress and other unpleasant emotions mostly faced by staff from health care industry.

Conclusion:

In this research article we attempted to assess the Emotional Intelligence level of the para medical staff of a regional public healthcare facility based on their gender and age group to find out how it varies through their gender. The data has been collected by a questionnaire of 60 questions for a detailed assessment of the empathy levels and Emotional Quotients Score. A healthy EQ Score is imperative to a high level of empathy which is absolutely unavoidable in case of health care industry. With the increased demand of high EQ at workplace a better service to the patients and working environment and facility to the staff can be ensured. As a suggestion to further study in this area a futuristic approach to increase the EI can be applied and the improvement can be measured and assessed to map the competencies and bridge the gap that has been traced through this research. In this regard parameters like self-motivation, self-awareness, self-expression group activities like stress management, cognitive reconstruction, mindful listening, soft-skill training, High performance system training and various upgraded study material can also be suggested to be included.

This study demonstrates the relationship between respondents' EQ scores and different age groups. Additionally, it finds that there is a strong correlation between EQ score and age. He goes on to say that respondents' behaviour and empathy for the patients or clients are significantly influenced by their age.

People need leaders who can manage under uncertainty and adjust to the unpredictability of our new reality like the Covid 19 pandemic. During these trying times, a health care leader with emotional intelligence (EI) will have the self-assurance to maintain order and fortify their company. Other managers in the company will be able to lead their staff members by creating an EI training program. One of the best ways to re-establish a stable workforce is to help the health care administrative to develop resilience.

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References:

- Akerjordet, K., & Severinsson, E. (2010). The state of the science of emotional intelligence related to nursing leadership: An integrative review. *Journal of Nursing Management*, 18(4), 363-382
- Aradilla-Herrero, A., Tomas-Sabado, J., & Gomez-Benito, J. (2014). Perceived emotional intelligence in nursing: Psychometric properties of the Trait Meta-Mood Scale. *Journal of Clinical Nursing*, 23(7-8), 955-966
- Arora, S., Ashrafian, H., Davis, R., Athanasiou, T., Darzi, A., & Sevdalis, N. (2010). Emotional intelligence in medicine: A systematic review through the context of the ACGME competencies. *Medical Education*
- Beasley K (May 1987). "The Emotional Quotient". *Mensa*: 25-29
- Beldoch M, Davitz JR (1976). The communication of emotional meaning. Westport, Conn.: Greenwood Press. p. 39. ISBN 9780837185279. OCLC 647368022.
- Birks YB, Watt IS. Emotional intelligence and patient-centred care. *J R Soc Med* 2007; 100(8): 368-374.

- Brackett MA, Mayer JD, Warner RM. Emotional intelligence and its relation to everyday behaviour. *Pers Indiv Differ* 2004; 36: 1387–1402.
- Brannick, M. T., Wahi, M. M., Arce, M., Johnson, H.-A., Nazian, S., & Goldin, S. B. (2009). Comparison of trait and ability measures of emotional intelligence in medical students. *Medical Education*, 43(11), 1062-1068.
- C.F. Dye, *Leadership in Healthcare: Values at the Top* (Chicago: Health Administration Press, 2000).
- C.M. Whissell, "Predicting the Size and Direction of Sex Differences in Measures of Emotions and Personality," *Genetic, Social & General Psychology Monographs* 22 (1996): 255.
- Choudhary A, Gupta V. Teaching communications skills to medical students: Introducing the fine art of medical practice. *Int J App Basic Med Res* 2015; 5(4): 41–44.
- Colman A (2008). *A Dictionary of Psychology* (3 ed.). Oxford University Press. ISBN 9780199534067.
- DeLongis et al., "The Impact of Daily Stress on Health and Mood: Psychological and Social Resources as Mediators," *Journal of Personality and Social Psychology* 54 (1988): 486–495.
- E Sucksmith, C Allison, S Baron-Cohen, B Chakrabarti, RA Hoekstra. Empathy and emotion recognition in people with autism, first-degree relatives, and controls. 51(1): *Neuropsychologia* 98-105 (2012).17. S. Arieti, "Cognitive Components in Human Conflict and Unconscious Motivation," *Journal of the American Academy of Psychoanalysis* 5 (1977): 5–16.
- Fernandez CSP, Peterson HB, Holmström SW, Connolly AM. Developing emotional intelligence for healthcare leaders. In: Fabio AD, ed. *Emotional intelligence – new perspectives and applications*. Rijeka, Croatia: InTech; 2012.
- Freshman, Brenda & Rubino, Louis. (2002). *Emotional intelligence: a core competency for health care administrators*. The health care manager. 323-329
- Goleman, et al. (2023). "What Makes a Leader?". *Harvard Business Review*. 76: 92–105.
- H. Gardner, *Frames of Mind: The Theory of Multiple Intelligences* (New York: Basic Books, 1983). 18. J.D. Mayer and P. Salovey, "Emotional Intelligence," *Imagination, Cognition and Personality* 9, (1990): 185– 211.
- J. Griffith, "Towards Evidence-Based Health Administration Education: The Tasks Ahead," *Journal of Health Administration Education* 18 (2000): 251–262.
- Jovanovski A (2020-03-28). "[Emotional Intelligence](#)". Trainers Library. Retrieved 2023-03-26.
- L.R.Wyatt Knowlton, "An Exploratory Study of Michigan Grantmaker Attributes and Competencies" (PhD diss., Western University, 2000).
- Loop FD. *Leadership and medicine*. Gulf Breeze, FL: Fire Starter Publishing; 2009.
- Martinez-Pons M. Emotional intelligence as a self-regulatory process: a social cognitive view. *Imagination, Cognition and Personality* 1999; 19: 331–350
- Mayer JD, Roberts RD, Barsade SG (2008). "Human abilities: emotional intelligence". *Annual Review of Psychology*. 59: 507–36.
- Mikolajczak M, Van Belleghem S. Increasing emotional intelligence to decrease healthcare expenditures: how profitable would it be? *Pers Indiv Differ* 2017; 116: 343–347.
- Nightingale S, Spiby H, Sheen K, Slade P. The impact of emotional intelligence in health care professionals on caring behaviour towards patients in clinical and long-term care settings: findings from an integrative review. *Int J Nurs Stud* 2018; 80: 106–117
- Palmer B, Donaldson C, Stough C. Emotional intelligence and life satisfaction. *Pers Indiv Differ* 2002; 33: 1091–1100.
- Parke MR, Seo MG, Sherf EN. Regulating and facilitating: the role of emotional intelligence in maintaining and using positive affect for creativity. *Journal of Applied Psychology* 2015; 100(3): 917–934.
- Petrides KV, Furnham A (November 2001). "Trait Emotional Intelligence: Psychometric Investigation with Reference to Established Trait Taxonomies". *European Journal of Personality*. 15 -26
- R. Anderson et al., "Program Directors' Recommendations for Transforming Health Services Management Education," *Journal of Health Administration Education* 18 (2000): 153–173
- R. Bar-On, *The Emotional Quotient Inventory (EQ-I): A Test of Emotional Intelligence* (Toronto: Multi-Health Systems, 1996).
- R. Boyatzis, *The Competent Manager: A Model for Effective Performance* (New York: John Wiley and Sons, 1982).
- R.C. Coile, *Millennium Management: Better, Faster, Cheaper Strategies for Managing 21st Century Healthcare Organizations* (Chicago: Health Administration Press, 1998).
- Raghubir AE. Emotional intelligence in professional nursing practice: a concept review using Rodgers's evolutionary analysis approach. *IJANS* 2018; 5: 126e130.
- Rey L, Quintana-Orts C, Mérida-López S, Extremera N (2018-07-01). "[Emotional intelligence and peer cybervictimisation in adolescents: Gender as moderator](#)". 26 (56): 09-18. doi:10.3916/c56-2018-01. ISSN 1134-3478.
- S. Berger and G. Hawthorne, "Rethink the Doc-Organization Relationship," *Modern Healthcare* 29 (1999): 46.
- Simon Baron-Cohen, Sally Wheelwright. The empathy quotient: an investigation of adults with Asperger syndrome or high functioning autism, and normal sex differences. 34(2): *J Autism Dev Disord* 163-75 (2004)

Skarbalienė, Aelita. (2019). Emotional intelligence in healthcare. Medical Science Pulse. 13. 10.5604/01.3001.0013.1537.

VL Ruggieri. Empathy, Social Cognition And Autism Spectrum Disorders. 56 Suppl 1: Rev Neurol 13-21. 2013.