



## Emotional Intelligence in Undergraduate Medical Students: A Qualitative Study Report



Manisha Khadga Yadav

Manisha Khadga Yadav is the Adjunct Lecturer of Psychology at Tribhuvan University, Saraswati Multiple Campus, Lekhnath Marg, Thamel, Kathmandu, Nepal. She can be reached at manisha.khadga15@gmail.com

ORCID: 0009-0002-1319-3676

### ARTICLE INFO

Received date: April 24, 2025

Reviewed: June 2, 2025

Revised: June 30, 2025

Accepted: July 20, 2025

### Keywords

Education, Emotional Intelligence, healthcare, medicine, Psychology.

### ABSTRACT

*This research paper examines the emotional intelligence among undergraduate medical students, highlighting their experiences of stress and emotional management during interactions with their patients and colleagues. Many medical students experience significant emotional strain, often recalling personal and familial hardships while facing patients for the first time, leading to an emotional imbalance. Emotional intelligence, intertwined with factors like age, gender, education, occupation and nationality, emerged as essential for understanding patient emotions and effective care. And, it is more important for those people who belong to the field of medicine, nursing, care-giving, hospitality management, etc. However, this paper focuses on students of medicine, utilizing a snowball sampling method, in which a total of thirteen medical students responded via open-ended interviews. The interview explored respondent's ideas about emotional awareness, emotional expression, emotional management, and understanding of patients' emotions. Results reveal that students often struggle with emotional regulation, managing negative feelings primarily in isolation, which may lead to emotional detachment during patient care. The findings suggest that emotional intelligence training is vital for medical curricula to enhance students' coping mechanisms and empathetic skills. The participants also expressed a need to understand patient emotions, recognizing that such insight can facilitate better recovery outcomes. The study underscores the importance of emotional intelligence in medical education, advocating for a curriculum that supports emotional development to mitigate stress and improve overall well-being among future healthcare professionals.*

© 2025 Journal of Development ReviewSMC All rights reserved

## Introduction

Emotional intelligence (EI), also referred to as Emotional Quotient (EQ), encompasses the capacity to identify one's emotions, comprehend what those emotions imply, investigate the implications of types of emotions, and appreciate how these emotions influence others in one's vicinity. By and large, EI incorporates one's awareness of others' feelings. By grasping how others feel, a person with higher level of EI can manage interpersonal relationships more adeptly. EI also signifies the ability of one to make judicious decisions from an authentic cum grounded perspective. It is decidedly helpful in the regulation, recognition, comprehension, and application of one's own emotions as well as those of others (Singh & Das, 2024; Rani et al., 2015). Emotions possess two dimensions; physiological and psychological. The physiological dimension considers emotion as a multifaceted state of the human psyche, entailing widespread bodily changes such as alterations in breathing, elevated heart rate, a reddened complexion, perspiring palms, increased pulse rate, and glandular secretions. While the psychological dimension perceives emotion as a state of arousal or disturbance characterized by some intense feelings. The intense feelings indicate what one endures as a consequence of experiencing emotions.

Individuals vary in terms of their level of EI. Basically, the EI excels in four domains: recognizing emotions, utilizing emotions, comprehending emotions, and regulating emotions (Salovey, 2015 cited by Adhikari,

2019; Rana et al., 2022). It is supposed that the EI must intrinsically blend two of the three mental states, namely the cognition and affect, or intelligence and emotion. EI pertains to the capacity to perceive, manage, and assess emotions. Some scholars find that emotional intelligence can be cultivated and enhanced, while others assert it to be an innate attribute (Kannaiah, 2015). Numerous instruments have been devised to assess or evaluate EI, though the content and methodologies of each significantly vary. Employees with elevated emotional intelligence are more inclined to articulate their emotions constructively and comprehend the emotions of colleagues, thereby fostering an improved workplace relationships and performance, while individuals with lower emotional intelligence often struggle with self-awareness, and fail to make a proper communication within the circle. It is not necessarily that EI is synonymous to being lenient! It rather represents a distinct form of intelligence that possesses the ability to harness one's emotions, which facilitate to make timely decision-making and exert greater control over oneself and one's impact on others.

## Emotional Intelligence in the Workplace

American psychologist Goleman (2020) significantly contributed to the popularization of emotional intelligence by positing that EQ is of greater importance than IQ, and he outlined self-awareness, self-regulation, motivation, empathy, and social skill as five pivotal elements of emotional intelligence. He asserts that any professional having proficiency in these five elements can enhance

any individual's professional development.

**Self-awareness:** Self basically has the capacity to acknowledge and comprehend one's own emotions, dispositions, and motivations. Thus, self-awareness can rightly assess the impact of someone's emotions on others. Individuals possessing a heightened level of self-awareness readily discern how their sentiments influence their performance and the repercussions on those around them. Within the self-awareness, emotional awareness comes. Emotional awareness is about identifying and assessing one's feelings and their implications. Likewise, accurate self-assessment is the recognizing of one's strengths and limitations. Accuracy in assessment demands self-confidence, which is a robust capacity of sensing the self-worth.

**Self-regulation:** Self-regulation refers to the capacity to govern one's own impulses and emotional states. It entails maintaining composure before taking action, which necessitates considerable forbearance. The facets of this domain include self-control, trustworthiness, conscientiousness, adaptability, and innovation. Self-control manages disruptive emotions and urges. Trustworthiness upholds standards of honesty and integrity. Adaptability is the ability to navigate changes with flexibility. And, innovation is all about embracing novel ideas, methodologies, and information.

**Motivation:** Motivation refers to the ability to pursue objectives with vigor and persistence. It encompasses the emotional

tendencies that steer or facilitate goal attainment. The elements of this domain are achievement drive, commitment, initiative, and optimism. Achievement drive is the pursuit of improvement or the realization of a standard of excellence. Commitment implies the readiness to align with the objectives of the organization or group. Initiative is the conversion of readiness to act upon the given opportunities. Optimism makes people perseverant in the pursuit of goals despite being scared of challenges or the setbacks.

**Empathy:** This is the capacity to comprehend and accept diverse perspectives, emotions, motivations, and behaviors without sacrificing one's individuality. Empathy involves perceiving others' feelings, needs, emotions and concerns. It makes people understanding each other. People having empathetic viewpoints understand others as they really are, and can actively engage in others' issues. Empathetic people help to grow others. They recognize the requirements of others and help in enhancing other's abilities. They have a higher level of service orientation, which is significantly helpful in anticipating, acknowledging, and fulfilling customer needs. Empathy leverages diversity by fostering the opportunities looking at the individual diversity. Empathy requires political awareness in individuals so that a group's emotional climate and power dynamics can be well interpreted.

**Social skills:** It refers to the ability of someone to perform a task. It helps to navigate and enhance relationships with

others. Individuals' adept at managing their relationships with a diverse range of people tend to be highly influential. An influencing skill can be the most effective strategies for persuading others. Proper communication makes a person an active listener, who can even convey the compelling messages. Social skills like mediating and resolving disputes are necessary in conflict management. A good leadership skill is always inspiring, which can provide the right guidance to both the individuals and groups. Intelligent people can also work as the catalyst of change. They foresee, and thus, can initiate or oversee transformations. Building bond is another skill, which cultivating strong relationships with layers of actors; both the clients and stakeholders. The ability of collaboration and cooperation, which brings people of a diverse field together can generate a group synergy to achieve collective objectives (Cherniss & Goleman, 2020; Fripp, n.d.).

### **Emotional Intelligence: Recent Evaluations**

Throughout the academic journey, first-time undergraduate medical students frequently experience significant stress and anxiety. Many of them reflect on personal life experiences and relate to the suffering of family members, which exacerbates their stress and diminishes their emotional stability, rendering them less capable of regulating their emotions. Social relationships, profession, and gender exert a greater influence than social background, predominantly affecting intern or undergraduate medical students

more than established practitioners (Adhikari, 2019). Over a span of five to seven years of education, individuals encounter numerous challenges, with medical training already recognized as one of the most demanding fields. Consequently, interactions among peers, seniors, juniors, or between doctors enhance self-confidence and satisfaction within the workplace. Emotional intelligence is essential for interpersonal relations, fostering confidence and satisfaction in professional environments (Yousef et al., 2025).

A mental health workshop revealed that undergraduate medical students necessitate a good level of emotional intelligence to comprehend patients' emotions and provide care. Gender and nationality reveal differing emotional levels; female and Japanese students exhibit higher emotional intelligence (EI) and demonstrate greater responsiveness towards patients rather than mere reactivity, despite spending less time with patients due to their early-stage internships (Abe et al., 2013). Research indicates that females generally attain higher emotional intelligence than males, and elevated EI levels enable individuals to work more autonomously, maintain a better quality of life, and enhance their academic performance through emotional skills (Karkada et al., 2020; Rana et al., 2022).

Moreover, emotional intelligence contributes significantly to educational performance, and Nepalese nursing students have been identified as possessing lower levels of EI.

Consequently, a curriculum was designed to bolster emotional intelligence, complemented by various training programs (Singh & Das, 2024). Recently, incidents where patients' relatives have assaulted doctors have become increasingly prevalent in Nepal and India; emotional intelligence may also factor into this issue. To address the rising attacks against medical students, research indicates that 63.3% of participants exhibited average levels of emotional intelligence, while 27.5% scored well in EI assessments (Susan George et al., 2022). Multi-dimensional empathy—including both emotional and cognitive facets—illustrates how medical students transition their emotional empathy to cognitive empathy through clinical experiences (Yang et al., 2025).

In the medical profession, the initiation of surgical procedures often leads to emotional alienation, resulting in the development of disempowering emotional patterns. Thus, practitioners frequently engage in self-affirmation to maintain emotional balance and personal liberation (Sáenz Benavides, 2025). Emotional intelligence holds significant importance in the workplace, contributing to work-life balance, enhancing productivity, and motivating staff. It fosters teamwork, leadership, empathy, and decision-making capabilities; contemporary work environments increasingly favor emotionally intelligent employees for their superior handling of situations and overall performance (Kannaiah, 2015).

Medical graduate studies take long time and

during entire period, they have to balance themselves, manage others problem (health issues), make healthy relationship with family, friends, senior, junior, other staff members. Balancing emotionally make better performance in education, making better bonding in social setting, more skillful and self-regulation. Medical students related to EI research is more needed and way of training and education, which help them to balance their daily function in a healthier way.

In this context, the present paper endeavors to investigate the levels of emotional intelligence among undergraduate medical students and evaluate their awareness of emotions and empathy.

### **Methodology**

The research methodology that was employed while writing this paper was a snowball type of sampling, wherein only the qualitative data was gathered. It was an open-ended interview. To ensure proper engagement of the interviewees, measures were implemented to obtain informed consent prior to the interviews, including the provision of general information and elaboration post-interview. The following baseline inquiries were utilized to gather data through the interviews:

- To what extent are you cognizant of the emotions you convey?
- In what circumstances do you find your emotions being exhibited unconsciously?
- How do you regulate your emotions?
- What emotions are manifested while interacting with patients?

- How do you perceive the emotions of your patients towards you?
- In what manner does the emotional state of your patients influence you?
- How do the behaviors of your colleagues within the workplace manifest, and how do you address them?
- Why do you believe it is important to comprehend the emotions of your patients?
- How do you manage negative emotions during your studies and work, and maintain focus on your tasks?
- Share instances illustrating how you managed or were unable to manage your emotions.
- What are your sentiments regarding your studies?

Interviews were conducted with a total of 13 medical students pursuing their MBBS, comprising 6 female and 7 male participants, 3 of whom were in their third year, while the remainder were interns. This study, more focused on emotional intelligence in under graduate doctor and not any focus on sex variable. The participants were interviewed to juxtapose their responses with Daniel Goleman's five components of emotional intelligence: emotional awareness, self-regulation, motivation, empathy, and social skills, in order to elucidate the features of their emotional intelligence. This research does not aim to diagnose or determine the precise level of emotional intelligence; rather, it offers a general insight into the understanding of emotional intelligence

among a limited sample of medical students. For Emotional Intelligence as a topic of study here, or anywhere, size of sample matters less. Thus, 13 snowballed samples are thought to be sufficient for this type of qualitative study. Since the topic of this paper is emotional intelligence, data is analyzed under different themes. It means, thematic analysis is the major technique of data analysis here. Besides, the conclusion drawn in this paper is generalizable in the field particularly of medicine.

## Results

The level of emotional intelligence among physicians is encapsulated by eleven principal themes, each of which aligns with Daniel Goleman's five fundamental components of emotional intelligence. The foremost component involves understanding and recognizing one's own emotions (Emotional self-awareness); the second pertains to the management and regulation of both personal and others' emotions (Emotional self-regulation); the third relates to navigating challenging and critical circumstances (Motivation); the fourth is associated with the capacity to comprehend the feelings and emotions of others (Empathy); and finally, the fifth involves effectively engaging with the social environment (Social skills).

1. Awareness of expressed emotions: The majority of participants indicated that they possessed awareness of their emotions most of the time, particularly in the company of individuals close to them. Some noted that they might not



be cognizant in the moment but could subsequently recall their feelings. They tended to concentrate more on negative emotions rather than positive ones. Participants articulated the necessity of being cognizant of their emotions to conduct themselves professionally and to ensure patient comfort. Participant P2 suggested heightened awareness when articulating feelings to others. Interestingly, participant P5 mentioned a tendency to recognize their emotions particularly during episodes of anger, while participants P11 and P12 noted their awareness of negative emotions, primarily attributed to anxiety regarding the potential loss of significant individuals following misbehavior. Participants P7 and P10 reported being conscious of their emotions during both extremes of emotional experiences. Conversely, participant P9 stated that they were more attuned to their emotions when alone, allowing for contemplation of their thoughts as opposed to being surrounded by others.

2. Emotions expressed unconsciously: A significant number of participants conveyed that they manifested their profound negative emotions unconsciously. They do not consistently strive for awareness; rather, the pressures associated with their educational demands, interactions with superiors and juniors, and the responsibilities of patient care often impeded their emotional awareness. Not all participants acknowledged their emotions due to

varying contexts, particularly during experiences of anger, stress, and sadness; participant P8 explained that their lack of awareness stemmed from an unfamiliarity with unknown individuals. Participants P7 and P12 refrained from delineating any instances of unawareness, asserting that they were mindful most of the time. In contrast, participants P9 and P11 suggested that they expressed emotions unconsciously when experiencing positive feelings such as joy and excitement.

3. Managing emotions: Most participants indicated that they coped with their negative emotions independently and refrained from seeking social support or expressing their feelings in isolation. They actively engaged in activities that alleviated their negative emotions. Participants P9, P10, P11, and P12 managed their negative emotions through social connections, with three out of four being third-year students. This observation appears to suggest that once immersed in clinical practice, medical students frequently tend to isolate themselves.
4. Emotional expressions when interacting with patients: A majority of participants indicated that they needed to set aside their personal emotions and engage with patients in a composed manner regardless of the situation. They noted that patients were not always amenable, and circumstances often required them to reiterate explanations. Interns have

morning, day, evening, and night shifts, which complicate their ability to manage or adapt to various situations. Participant P2 asserted that they generally did not exhibit irritation, irrespective of the circumstances. Participants P3, P4, and P8 conveyed that they did experience irritation due to patients' lack of cooperation, with Participant P8 stating that such feelings were contingent on the level of stress experienced by the physicians. Participant P12 remarked on experiencing moments of happiness and pride. Third-year students appeared to exhibit greater empathy toward patients, whereas the interns exhibited a more pragmatic approach.

5. Awareness of patients' emotions: All participants indicated the utilization of both verbal and non-verbal cues to ascertain their patients' emotional states. Self-explanation of patient issues was identified as the primary method for understanding patients. Some students expressed that becoming acquainted with patients could be distressing, particularly when similar health issues are present in family members. Others stated that concentrating on emotions could detrimentally impact their work, thus emphasizing the necessity of prioritizing their responsibilities over emotional engagement. Additionally, some participants suggested that sympathy serves as a means of support and comprehension. Participant P13 advocated for empathy as a mechanism for grasping their circumstances.

Managing personal emotions can be particularly challenging when forming deeper emotional connections; understanding these emotions often leads to increased attachment to patients, sometimes adversely affecting the caregiver, especially in dire situations or instances of patient demise.

6. The impact of patients' feelings on practitioners: Most participants conveyed that patients' emotions do not significantly influence them. Occasionally, patients hold the belief that doctors can perform miracles, expecting rapid recovery, while some patients prefer alternative treatment approaches over medical interventions. Such situations often result in reduced impact and heightened levels of irritation or frustration. Participants P1, P2, and P3 reported feeling irritated when confronted with demanding or obstinate patients. Patient P4 expressed feelings of sadness when encountering rudeness from patients, while P5 experienced a degree of self-doubt. As intern doctors, being in a learning phase, encountering patients who exhibit distrust can create a discomforting environment, which may act as a barrier to effective treatment. Participants P6, P11, and P12 noted that these feelings were transient. Participants P8 and P10 indicated that they were significantly affected, particularly by patients to whom they felt a connection. Conversely, Participant P13 expressed that patients inspire him to extend his support. Occasionally, patients and their



families exhibit gratitude, fostering satisfaction, although such occurrences are infrequent.

7. **Colleague Conduct in the Workplace and Its Oversight:** The majority of participants appear to operate within a positive and supportive professional atmosphere, where they typically refrain from engaging with others if conflicts arise. The relationships between senior and junior personnel are predominantly functional, as senior medical professionals mentor juniors, while residential doctors instruct them as well. Supervisors are keen observers of their conduct, evaluating it based on appropriate medical standards, which subsequently impacts their performance assessments. Therefore, it is imperative to remain vigilant in both workplace interactions and management under the guidance of superiors. Occasionally, minor errors and negligence can lead to heightened frustration. Participant P6 stated that he endeavors to address situations based on the behavior of others, while participant P8 characterized his responses as 'mirroring' the actions of his colleagues. Participant P3 noted that, as the saying goes, "tit for tat" is occasionally necessary. Participants P7 and P12 expressed their ability to comprehend others' emotions through effective communication to facilitate resolution. Participants P9 and P10 indicated their understanding of their colleagues' sentiments, whereas participant P12 elaborated that

individuals dissatisfied with him tend to communicate ineffectively. Participant P13 expressed frustration with the mechanical treatment approaches employed by his colleagues.

8. **The Necessity of Comprehending Patients' Emotions:** All participants acknowledged the critical importance of recognizing patients' emotions during treatment, given that patients often experience emotional instability due to stress related to their ailments, illnesses, or injuries, creating a demand for comfort. Understanding patients can contribute to their more rapid recovery as well as enable clinicians to make informed decisions and adopt appropriate methodologies. Some participants mentioned that managing patients' emotions is a higher priority than addressing other needs. Initially, patients experience significant suffering; at times, the emotional attachment formed can exacerbate their distress, adversely affecting their daily functions such as sleep, eating habits, and social interactions. Once assistance is provided, patients often display complete dependence on their physicians, which can pose challenges since caregivers also have a responsibility to treat multiple patients concurrently, making it vital to recognize how focusing on one patient may influence the care provided to others. Participants P8, P9, P10, P12, and P13 stated that they also had to regulate their own emotions while doing so, whereas participant P11 emphasized

the importance of understanding and managing their emotional states.

9. Navigating adverse emotions during academic pursuits and professional obligations: Engaging with patients, encountering various health concerns, witnessing individuals in distress, as well as balancing interpersonal relationships with family, friends, peers, and supervisors—which includes both senior and junior colleagues—constitutes a formidable challenge; nevertheless, alternatives are limited. Frequently, these circumstances induce heightened frustration and stress, yet we endeavor to manage and perform across all facets as competently as possible, as we have been instructed in effective coping strategies. The majority of medical students reside in dormitories or in proximity to their educational institutions, which facilitates their coping mechanisms and promotes relaxation. Engaging in dialogue and sharing difficulties with like-minded individuals, as well as participating in recreational activities, physical exercise, and academic study, are predominant strategies. Participants P1, P3, P4, and P9 indicated that they utilized music as a means of relaxation. Participants P1, P4, P5, P6, P8, and P10 reported that they confronted their challenges in solitude. Participants P2, P3, P9, and P12 expressed that they sought social comfort amid such circumstances. Participants P5, P7, P11, and P13 prioritized managing their situations before concentrating on their work.

Participants P6, P8, and P10 disclosed a tendency to evade challenging situations, with P6 noting that this avoidance led to subsequent difficulties. Participant P8 shared his approach of first determining whether he could resolve the problem, acknowledging that while this introspection did not eradicate the issues, it facilitated a degree of detachment from the situation; however, he acknowledged that he was not always adept at posing these questions to himself.

10. Experiences regarding the ability or inability to regulate emotions: Participants P1, P2, P3, P4, and P5 recounted instances when they experienced unmanageable negative emotions. Participant P6 stated that he was capable of regulating his emotions in the presence of others but struggled to do so when alone. Participant P7 recounted a narrative of success. Participants P7, P9, P11, P12, and P13 elaborated that they experienced both triumphs and setbacks in the comprehension of emotions, with their success rates surpassing their failure rates to varying extents. Participants P8 and P10 reported moderate success in understanding their own emotions but encountered difficulties in grasping the emotions of others.
11. Sentiments regarding academic endeavors: Nearly all participants expressed contentment with their field of study, with the exception of participant P8, who believed he could excel further if he were not engaged in other pursuits,

although he found his performance acceptable. They acknowledged experiencing stressful moments and recognized the need for further learning; however, they expressed overall satisfaction with their selected area of study.

## Discussion

The pursuit of an MBBS degree, inherently associated with human disease and pathology, often proves to be exceptionally taxing, even prior to the completion of the program. The pressures associated with the study of human ailments, illnesses, and injuries can become burdensome at times. Research indicated that students were compelled to adopt a pragmatic approach and develop the capacity to manage their emotions during their practice, particularly upon entering the professional realm. This necessity may not always be advantageous, as the study revealed a tendency to suppress emotions to enhance work efficiency. A significant number of participants expressed a desire to exhibit empathy rather than genuinely experience it, feeling an imperative to project emotional resilience to succeed in their roles. All participants demonstrated a robust motivation toward their responsibilities. While proficient social skills were essential for patient interaction, not all individuals consistently achieved this objective. The continuous nature of stress hindered their ability to allocate time for personal well-being, prompting many to conceal their emotions from others. A majority of participants appeared to confront their

challenges independently, particularly among interns. Those who managed to approach their emotions constructively, rather than evading them at critical moments, tended to experience greater long-term stability, especially in their personal lives. Nearly all participants acknowledged emotional regulation as a crucial mechanism for effectively executing their responsibilities, a strategy that could lead to emotional difficulties in the future.

## Conclusion

In conclusion, emotional intelligence plays a pivotal role in the personal and professional lives of medical students, as it enhances their ability to understand and regulate their emotions and those of others. The study highlights that medical students often face immense stress, impacting their emotional stability and interpersonal relationships. Key components of EI, including self-awareness, self-regulation, empathy, and social skills, are essential for the effective care of patients and facilitate healthier workplace dynamics. The results indicate that while many students recognize their emotional states, they frequently struggle to manage negative feelings, particularly in high-pressure environments. Furthermore, interactions with patients and colleagues often present challenges, underscoring the necessity of emotional competence in medical training. The findings also reveal that emotional intelligence can be cultivated through targeted curricula and training programs, emphasizing the importance of fostering EI within medical education. Notably, female and Japanese students exhibit higher levels of emotional

intelligence, suggesting cultural influences on emotional responsiveness. The quest for effective emotional regulation is crucial not only for academic performance but also for ensuring the well-being of both students and their patients. Ultimately, enhancing emotional intelligence in medical curricula can lead to more empathetic, resilient healthcare professionals who better address the emotional needs of those they serve while maintaining their own mental health.

## References

- TCTA. (n.d.) What Are the Concepts of Emotional Intelligence? The Coach Training Academy. <https://thecoachtrainingacademy.com/what-are-the-concepts-of-emotional-intelligence/>
- Abe, K., Evans, P., Austin, E. J., Suzuki, Y., Fujisaki, K., Niwa, M., & Aomatsu, M. (2013). Expressing one's feelings and listening to others increases emotional intelligence: A pilot study of Asian medical students. *BMC Medical Education*, 13(82). <https://doi.org/10.1186/1472-6920-13-82>
- Adhikari, P. (2019). Comparing emotional intelligence between would-be and practicing medical professionals of Kathmandu. *International Medicine*, 1(3), 164. [https://www.researchgate.net/publication/333813940\\_Comparing\\_emotional\\_intelligence\\_between\\_would-be\\_and\\_practicing\\_medical\\_professionals\\_of\\_Kathmandu](https://www.researchgate.net/publication/333813940_Comparing_emotional_intelligence_between_would-be_and_practicing_medical_professionals_of_Kathmandu)
- Cherniss, C., & Goleman, D. (2001). *The Emotionally Intelligent Workplace: How to Select for, Measure, and Improve Emotional Intelligence in Individuals, Groups, and Organizations*. Jossey-Bass. [https://www.researchgate.net/publication/40942935\\_The\\_Emotionally\\_Intelligent\\_Workplace\\_How\\_to\\_Select\\_for\\_Measure\\_and\\_Improve\\_Emotional\\_Intelligence\\_in\\_Individuals\\_Groups\\_and\\_Organizations](https://www.researchgate.net/publication/40942935_The_Emotionally_Intelligent_Workplace_How_to_Select_for_Measure_and_Improve_Emotional_Intelligence_in_Individuals_Groups_and_Organizations)
- Fripp, G. (n.d.). What is Emotional Intelligence? In *Organizational Behavior Study Guide*. <https://www.myorganisationalbehaviour.com/what-is-emotional-intelligence/>
- Kannaiah, D. & Shanthi, R. (2015). A Study on Emotional Intelligence At Workplace. *European Journal of Business and Management*, 7(24), 147–155. <https://researchonline.jcu.edu.au/40340/1/40340%20Kannaiah%20and%20Shanthi%202015.pdf>
- Karkada, I. R., D'Souza, U. J. A., & Mustapha, Z. A. (2020). Relationship of Emotional Intelligence and Academic Performance among Medical Students: Systematic Review. *Universal Journal of Educational Research*, 8(3A), 72–79. <https://doi.org/10.13189/ujer.2020.081410>

- Rana, S., Gopinath, Manyam, Kumar, D., & Shaik, M. B. (2022). A study of Emotional Intelligence and Quality of Life among Doctors in PandemicCovid 19. *International Journal of Early Childhood Special Education*, 14(2), 2080–2090. [https://www.researchgate.net/publication/360956677\\_A\\_study\\_of\\_Emotional\\_Intelligence\\_and\\_Quality\\_of\\_Life\\_among\\_Doctors\\_in\\_PandemicCovid\\_19](https://www.researchgate.net/publication/360956677_A_study_of_Emotional_Intelligence_and_Quality_of_Life_among_Doctors_in_PandemicCovid_19)
- Benavides, L. (2025). Narrative Resistance and Emotional Transformations. *Hypatia*, 1–22. [https://www.researchgate.net/publication/391703224\\_Narrative\\_Resistance\\_and\\_Emotional\\_Transformations](https://www.researchgate.net/publication/391703224_Narrative_Resistance_and_Emotional_Transformations)
- Singh, B., & Das, D. (2024). Emotional Intelligence Among Nursing Students in Nepal. *International Journal of Science Academic Research*, 05(02), 7076–7079. <https://www.scienceijsar.com/sites/default/files/article-pdf/IJSAR-2081.pdf>
- Susan George, P., M., A., Rose, B. M., & John, A. (2022). Emotional intelligence among medical students: a cross sectional study from central Kerala, India. *International Journal Of Community Medicine And Public Health*, 9(3), 1338–1346. <https://doi.org/10.18203/2394-6040.ijcmph20220692>
- Usha Rani, M. & Prakash, S. (2015). A Study on Intelligence of High School Students. *I-Manager’s Journal on Educational Psychology*, 9(1), 46-51. <https://files.eric.ed.gov/fulltext/EJ1098152.pdf>
- Yang, F., Lei, F., Li, Y., & Yang, T. (2025). Qualitative insights into empathy in medical education: perspectives from students, doctors, and educators. *BMC Medical Education*, 25, 473. <https://doi.org/10.1186/s12909-025-06882-9>
- Yousef, S. S., Gaafary, M. E, Sabbour, S. M., Hakim, S. A., El-Ghaffar, Y. S. A., Ahmed, A. H., Matar, O., & Fahim, H. I. (2025). Determinants of doctor-doctor relationships among academic and clinical staff at a university hospital, Cairo, Egypt: a mixed method study. *BMC Public Health*, 25, 1927. <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-025-23200-6>