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A STUDY TO ASSESS EMOTIONAL INTELLIGENCE AMONG NURSING STUDENTS IN A SELECTED NURSING COLLEGE AT MANGALORE

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ABSTRACT

Background: *Emotional intelligence (EI) is the ability to recognize, understand, and manage one's own emotions as well as those of others. In nursing education, EI plays a crucial role in enhancing self-awareness, communication, stress management, and professional competence.*

Objectives

1. To assess the level of emotional intelligence among nursing students.

2. To determine the association between emotional intelligence and selected socio-demographic variables.

Methodology*: A quantitative descriptive research design was used for the study. The study was conducted in a selected nursing college in Mangalore. A sample size of total of 160 B.Sc. Nursing students (4th and 6th semester) were selected using non-probability convenient sampling technique. Data was collected by using a structured socio-demographic proforma and a standardised Emotional Intelligence Scale. Data was analysed using frequency, percentage, mean, and standard deviation and inferential statistics (chi square test).*

Result*: The findings revealed that the majority 115 (71.8%) of the students had moderate emotional intelligence, 26 (16.2%) had high emotional intelligence, and 19 (11.8%) had low emotional intelligence. A significant association was observed between emotional intelligence levels and selected socio-demographic variables at $p \leq 0.05$.*

Conclusion: *The study concluded that most nursing students possess moderate emotional intelligence. Strengthening emotional intelligence through structured training programs may enhance coping abilities, academic performance, and quality patient care.*

Keywords: *Emotional intelligence, Nursing students, Self-awareness, Stress management, Mangalore.*

INTRODUCTION

Adolescence is an important stage of life with significant emotional, social, and developmental changes. During this period, individuals learn to manage emotions, build relationships, and develop skills essential for adulthood. Emotional intelligence (EI) is the ability to recognize, understand, manage, and use one's own emotions as well as those of others effectively. (Schutte & Malouff, 2011). Several studies have shown that socio-demographic factors, such as age, gender, family type, parental education, and socio-economic status, influence the development of emotional intelligence (Saini, 2020; Stglic, Cilar, & Novale, 2022). In nursing education, emotional intelligence plays an important role in developing self-confidence, assertiveness, effective communication, and positive relationships. Enhancing EI helps nursing students cope with stress, manage conflicts, and provide empathetic, patient-centered care. As nursing students face emotional intelligence during clinical practice, developing emotional competence is essential to improve their performance, well-being, and professional readiness.

Assessing emotional intelligence among nursing students can help identify their emotional strengths and areas requiring improvement. This study was undertaken to evaluate the emotional intelligence levels of nursing students and examine its association with selected socio-demographic variables.

OBJECTIVES

1. to assess the level of emotional intelligence among nursing students.
2. to find out the association of emotional intelligence with selected demographic variables,

METHODOLOGY

The study was conducted in a selected nursing college in Mangalore. A quantitative descriptive research design was used to select 160 samples of 4th and 6th semester B.Sc. Nursing by using non probability convenient sampling technique. Baseline proforma consisted of 8 items and Standardized Schutte emotional intelligence scale consisted of 33 items was used to collect data. Permission obtained from the concerned management of the Athena college of nursing to conduct study. Informed consent was obtained from Nursing students for data collection. The data was analyzed using descriptive and inferential statistics .

RESULTS: The findings of the study have been organized under four sections:

Section I: Demographic Characteristics Of Nursing Students

Section II: Frequency And Percentage Distribution Of Emotional Intelligence Levels

Section III: Range, Mean, And Standard Deviation Of Emotional Intelligence Scores

Section IV: Association Between Socio-Demographic Variables And Emotional Intelligence Levels

Section I: Demographic Characteristics

Table 1 presents the demographic profile of the 160 nursing students included in the study.

Table 1: Frequency and Percentage Distribution of Demographic Characteristics of Nursing Students (n = 160)

No.	Variable	Category	Frequency	Percentage (%)
1	Age (years)	17–18	3	1.8
		19–20	89	55.6
		21–22	57	35.6
		>22	11	6.8
2	Gender	Male	2	1.3
		Female	158	98.7
3	Family type	Nuclear	142	88.7
		Joint	18	11.3
4	Place of living	Home	17	10.7
		Hostel	143	89.3
5	Order of birth	1st	88	55.0
		2nd	54	33.7
		3rd or above	18	11.3
6	Father's education	Illiterate	3	1.9
		Secondary	49	30.6
		Higher secondary	60	37.5
		Graduation	29	18.1
		Post-graduation	11	6.9
		Professional	8	5.0
7	Mother's education	Illiterate	2	1.3
		Secondary	36	22.5
		Higher secondary	59	36.8
		Graduation	35	21.8
		Post-graduation	15	9.4
		Professional	13	8.1
8	Family income (₹)	10,000–20,000	60	37.5
		20,001–30,000	29	18.7
		30,001–40,000	34	21.3
		>40,000	37	23.1

The majority of students (89; 55.6%) were aged 19–20 years. Most were female (158; 98.7%), from nuclear families (142; 88.7%), and residing in hostels (143; 89.3%). More than half (88; 55%) were first-born children.

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Regarding parental education, the majority of fathers (60; 37.5%) and mothers (59; 36.8%) had completed higher secondary education. A substantial proportion of students (60; 37.5%) reported a family income between ₹10,000–20,000 per month.

Section II: Level of Emotional Intelligence

Table 2 displays the frequency and percentage distribution of nursing students according to emotional intelligence (EI) levels.

Table 2: Distribution of Nursing Students According to Level of Emotional Intelligence (n= 160)

EI Level	Range of Scores	Frequency	Percentage (%)
Low	<111	19	11.8
Moderate	111–136	115	71.8
High	137–165	26	16.2

It is evident from Table 2 that the majority of students, 115 (71.8%), had moderate emotional intelligence. A total of 26 (16.2%) students demonstrated high emotional intelligence, whereas 19 (11.8%) had low emotional intelligence.

Section III: Range, Mean, and Standard Deviation of Emotional Intelligence Scores

Table 3 presents the range, mean, and standard deviation for each domain of emotional intelligence.

Table 3: Range, Mean, and Standard Deviation of Emotional Intelligence Scores (n= 160)

Domain	Score Range	Observed Range	Mean	SD
Perception of Emotions	9–50	23–46	33.82	2.43
Managing Own Emotions	18–45	21–42	34.35	3.66
Managing Others' Emotions	9–36	23–35	32.57	2.93
Utilization of Emotions	6–29	16–29	22.72	2.68
Total EI Score	33–160	83–152	121.46	9.88

The mean scores indicate that nursing students scored highest in Managing Own Emotions (34.35 ± 3.66), followed by Perception of Emotions (33.82 ± 2.43), Managing Others' Emotions (32.57 ± 2.93), and Utilization of Emotions (22.72 ± 2.68). The overall mean total EI score was 121.46 ± 9.88.

Section IV: Association Between Socio-Demographic Variables and Emotional Intelligence Levels

Table 4 presents the chi-square analysis examining the association between EI levels and selected socio-demographic variables.

Table 4: Association Between Socio-Demographic Variables and Emotional Intelligence Levels (n = 160)

Variable	Category	Good EI (N%)	Average EI (N%)	Poor EI (N%)	χ^2
Age	17–18	0	3 (100)	0	5.0
	19–20	10 (11)	67 (75)	12 (13)	
	21–22	10 (17)	40 (70)	7 (12)	
	>22	3 (27)	8 (72)	0	
Gender	Male	0	2 (100)	0	0.84
	Female	31 (19)	111 (70)	16 (10)	
Family type	Nuclear	23 (16)	101 (71)	18 (12)	0.78
	Joint	3 (16)	14 (77)	1 (5)	
Place of living	Home	0	13 (76)	4 (23)	4.55
	Hostel	23 (16)	103 (72)	17 (11)	
Birth order	1st	18 (21)	38 (65)	12 (13)	11.33
	2nd	5 (9)	43 (72)	6 (11)	
	3rd	5 (27)	13 (72)	0	

Father's education	Illiterate	0	1 (33)	2 (66)	10.69
	Secondary	6 (12)	37 (75)	5 (10)	
	Higher secondary	8 (13)	41 (68)	11 (18)	
	Graduation	2 (6)	24 (82)	3 (10)	
	Post-graduation	2 (18)	8 (72)	1 (9)	
	Professional	2 (25)	6 (75)	0	
Mother's education	Illiterate	1 (50)	0	1 (50)	13.96
	Secondary	3 (8)	29 (80)	4 (11)	
	Higher secondary	12 (20)	42 (70)	6 (10)	
	Graduation	5 (14)	26 (72)	4 (11)	
	Post-graduation	0	12 (80)	3 (20)	
	Professional	3 (23)	9 (69)	1 (7)	
Family income	10,000–20,000	13 (21)	40 (66)	7 (11)	6.01
	20,001–30,000	3 (10)	19 (65)	7 (24)	
	30,001–40,000	7 (20)	25 (73)	2 (5)	
	>40,000	6 (72)	27 (72)	4 (10)	

Chi square analysis showed that emotional intelligence levels varied across the selected socio-demographic variables. The calculated χ^2 values were 5.00for age, 0.84 for gender, 0.78 for family type, 4.55 for place of living, 11.33 for birth order, 10.69 for father's education, 13.96 or mother's education, and 6.01 for family income. These results indicate significant associations between EI levels and birth order of sample this suggest that birth order may influence EI levels.

DISCUSSION

The present study assessed the emotional intelligence (EI) of nursing students and its association with selected socio-demographic variables. The findings indicate that the majority of participants 115(71.8%) demonstrated moderate emotional intelligence, while 26 (16.2%) had high EI and 19 (11.8%) had low EI. These results suggest that most nursing students possess an adequate ability to perceive, understand, and manage their own emotions and those of others, which is essential for effective clinical practice and patient care.

The demographic profile revealed that most students were female (158; 98.7%), aged 19–20 years (89; 55.6%), from nuclear families (142; 88.7%), and residing in hostels (143; 89.3%). A significant proportion were first-born children (88; 55%), with fathers (60; 37.5%) and mothers (59; 36.8%) having completed higher secondary education. A similar pattern was observed regarding family income, with 60 students (37.5%) reporting a monthly income between ₹10,000–20,000.

Chi-square analysis demonstrated that EI levels were significantly associated with several socio-demographic variables, including age, gender, family type, place of living, birth order, parental education, and family income. The results indicate significant associations between EI levels and birth order of sample this suggest that birth order may influence EI levels. These findings align with prior research indicating that socio-demographic factors can influence emotional intelligence, as family environment, parental education, and socio-economic status contribute to the development of emotional and social skills in young adults (Schutte & Malouff, 2011; Saini, 2020).

The study also confirms previous research conducted among nursing students in similar contexts. For example, a descriptive study at Ashwini College of Nursing, Thrissur (2024) found varying levels of EI among first-year BSc nursing students, with significant associations between EI and demographic variables such as age and year of study. While differences in percentages were noted, the general trend indicates that moderate EI is most common among nursing students, supporting the notion that nursing education partially develops emotional competencies, but targeted interventions may be necessary to enhance EI further.

Developing emotional intelligence in nursing students is critical because it influences stress management, interpersonal communication, empathy, and clinical decision-making. Students with higher EI are better equipped to manage the emotional demands of clinical practice, establish therapeutic relationships with patients, and maintain professional well-being. The present findings underscore the importance of incorporating structured emotional intelligence training into the nursing curriculum to enhance students' coping skills, adaptability, and overall professional competence.

CONCLUSION

The study revealed that the majority of nursing students (115; 71.8%) exhibited moderate emotional intelligence, while 26 students (16.2%) demonstrated high EI and 19 students (11.8%) had low EI. Most participants were female, aged 19–20 years, first-born, and from nuclear families, with parental education primarily at the higher secondary level. A significant proportion reported a family income between ₹10,000–20,000.

Chi-square analysis indicated significant associations between emotional intelligence levels and socio-demographic factors, including age, gender, family type, place of living, birth order, parental education, and family income. The results indicate significant associations between EI levels and birth order of sample this suggest that birth order may influence EI levels. These findings highlight the influence of socio-demographic variables on the development of emotional intelligence among nursing students.

Overall, the study suggests the need for targeted interventions to enhance emotional intelligence in nursing education, such as structured training programs, workshops on stress management, and activities promoting self-awareness and empathy. By strengthening emotional competencies, nursing students can improve their clinical performance, patient interactions, and personal well-being, ultimately contributing to more effective and compassionate healthcare delivery.

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