**The Impact of Nurses’ Emotional Intelligence on Job Satisfaction and Patient Outcome: A Systematic Review**

**Abstract**

There has been criticism in the healthcare facilities in recent years about nurses' lack of job satisfaction, compassion, and care, which has a negative impact on patient outcomes. Recent research has shown how the emotional intelligence of nurses affects both job satisfaction and patient health care outcomes. The main clinical measure of nursing care quality is patient satisfaction. Job satisfaction is the measure of an employee's level of enjoyment at work. Improving the work happiness of nurses is essential to solving problems with patient contentment, high-quality results, and nursing staff retention in hospitals. This study aims to determine the impact of nurses' emotional intelligence on job satisfaction and patient outcomes by analyzing and synthesizing existing research. Using Boolean operators and a number of data sources, including the BPP library, PubMed, Medline, CINAHL, ResearchGate, and ScienceDirect, an extensive search was carried out to locate all pertinent studies published between 2011 and 2024. Using a PRISMA flow chart, articles were screened according to predetermined inclusion criteria. Ten articles were ultimately chosen, and JBI was used to evaluate the articles' quality. Ultimately, findings from the chosen articles were combined. Out of the ten articles that were chosen, the majority of the findings indicated a positive significant association between nurses' emotional intelligence and job satisfaction as well as patient outcomes, while the findings of a small number of articles indicated no significant relationship at all between emotional intelligence and these outcomes. One of the studies reported that 59% of the nursing participants had a high EI and that EI is highly correlated with age, work experience, relationships with coworkers, marital status, and family structure. Additionally, the majority of respondents (65%) reported middle-level job satisfaction, which has been found to be significantly correlated with factors like age, marital status, type of family, co-worker relationship, and number of children. Another study showed that EI significantly improves both nurse performance and work satisfaction. In conclusion, the data do not clearly show how a nurse's emotional intelligence (EI) influences patient outcomes and job satisfaction. The review's findings should, nevertheless, be interpreted cautiously and within their larger context. There is proof that improving a nurse's emotional intelligence may have a good effect on their work satisfaction and the outcomes for their patients. Additionally, there may be variations amongst groups that call for more research. It's critical to comprehend which facets of emotional intelligence are most pertinent to intervention, and avenues for future extensive study have been noted.

**Keywords:** Nursing, Patient, Job Satisfaction, Emotion, Support

**INTRODUCTION**

According to Mayer and Salovey (1995), emotional intelligence is the capacity to recognize emotions, comprehend them, integrate them to support cognition, and regulate them to foster personal development. According to some theories, emotional intelligence (EI) is made up of four primary skills: managing emotions, utilizing emotions to influence decisions, emotional perception and expression, and emotional understanding (Mayer and Salovey, 1997). According to Nightingale et al. (2018), patients can experience improved psychological well-being, improved health outcomes, and stimulation of patient satisfaction when nursing care is provided based on the caring behavior of the nurse. Thus, patient satisfaction serves as the primary clinical indicator of the quality of nursing care. When it comes to the advanced patient's needs, both physically and psychologically, that level of patient satisfaction rises (Nightingale et al., 2018). The degree to which workers enjoy their jobs is known as job satisfaction (Blegen and Mueller, 1987). Raising job satisfaction among nurses is a crucial factor in addressing issues related to patient satisfaction, quality outcomes, and nurse retention in hospitals (Mrayyan, 2005, 2006). For nurses to work well in the demanding hospital setting, they must have good working relationships with patients, managers, and other nurses. Furthermore, improving job satisfaction among nurses not only lowers attrition among the workforce but also aids hospital administrators in formulating strategies for decision-making, direction-giving, and hospital management (Lee and Lee, 2008). The good attitudes and sentiments that people have about their work are a gauge of how satisfied nurses are with their jobs. The individual may quit their work if this level of satisfaction declines (Sy et al., 2006). According to Teng et al. (2002), job satisfaction can improve a nurse's quality of life, lessen burnout, stress, and pressure at work, and improve the care and satisfaction of hospitalized patients. Emotional intelligence of nursing leaders stems from the recognition that effective leadership in the nursing profession goes beyond technical competence and includes interpersonal skills, empathy, and the ability to connect with and motivate others (Chávez and Yoder, 2015). This study is a systematic review on the impact of nurses’ emotional intelligence on job satisfaction and patient outcome. This chapter begins with the background, justification, and significance of the study, its aim, and objectives, followed by a research question and a brief summary of what the author would do. The nursing profession is one of dignity. Regardless of their individual circumstances, nurses work hard to provide their patients with high-quality care (Devi and Rani, 2020). Emotional intelligence (EI) is the capacity to recognize and integrate emotions to support cognition, understand emotions, and regulate emotions to improve one's personal and professional development. Emotional intelligence is a fundamental human relations requirement that calls for technical proficiency, psychologically oriented care, self-awareness, and the ability to help nursing staff solve problems related to health, education, and management (Landa and Zafra, 2010). The nursing profession necessitates the presence of influential and motivating role models and mentors to inspire their colleagues. Nurse leadership refers to the ability of nurses to influence the healthcare team and improve patient outcomes, even without formal authority (Chávez and Yoder, 2015). Bedside nurses are well positioned to identify and address clinical issues, as well as inefficiencies in organizational structures, processes, rules, and procedures, in order to deliver optimal patient care (Doherty, 2014). Nurses play a critical leadership role in hospitals, especially as patient care becomes more complex due to factors such as higher patient acuity, shorter hospital stays, and staffing shortages (Daly et al., 2014). The impact of nurse leadership on the healthcare team's ability to achieve positive patient outcomes is substantial. According to Salovey et al. (2003), emotional intelligence (EI) encompasses the capacity to effectively monitor one's own and others' emotions, discern among them, and utilize this knowledge to inform one's cognition and behavior. Individuals who are emotionally intelligent can adeptly manage, comprehend, and leverage their emotions to the advantage of both themselves and those around them. Beauvais and colleagues conducted a study to evaluate the link between emotional intelligence (EI) and the performance of nursing students (Beauvais et al., 2011). Some experts argue that the academic capabilities of nurses could be improved through the incorporation of lectures on emotional intelligence into the nursing curriculum. The largest sector of the burgeoning healthcare industry is comprised of registered nurses; however, retaining recent nursing graduates has consistently posed a challenge for the healthcare sector. With the exponential expansion of employment opportunities in the nursing field, it has become imperative to identify factors that are associated with high levels of performance and job retention among nurses (Singh, 2020). Numerous studies conducted outside the nursing sector have demonstrated a correlation between emotional intelligence and favorable employee performance, job satisfaction, and motivation. Initial research endeavors within the nursing sector have also revealed a correlation between the performance of nurses in clinics and hospitals and their emotional intelligence (Al‐Hamdan et al., 2017). Masih et al. (2023) conducted a correlational study at Mayo Hospital and Social Security Hospital in Pakistan over a period of six months to investigate the connection between patient satisfaction and the level of emotional intelligence in nurses working in tertiary care hospitals. The study included both male and female registered nurses and admitted patients. An observational checklist was utilized to assess the performance of the nurses and the patients. The data from the study participants was then analyzed. The results of the study indicated that there is no significant relationship between a nurse's emotional intelligence and patient satisfaction. In recent years, the National Health Service (NHS) in the United Kingdom has faced criticism for its culture, which is perceived as lacking empathy and caring and sometimes having a negative impact on patients. Francis and Lingard's (2013) analysis brought to light how the shortcomings of the NHS Trust were partly caused by the NHS personnel's deficiency in basic empathy and care. The Cavendish Review (2013) and the Berwick Review (2013) that followed both emphasized the need for better care within the NHS and offered suggestions for doing so. The government has released various policy guidelines pertaining to patient care in response to these reviews (Britain, 2015; NHS England, 2013). The Department of Health's Compassion in Practice policy document (Department, 2012) aimed to instill a compassionate culture within the constantly evolving National Health Service (NHS) before Francis and Lingard's (2013) publication. The rationale for conducting the study stems from the essential role that nurses have in shaping the quality of patient care and results. Emotional intelligence is increasingly being acknowledged as a crucial skill for effective leadership, particularly within the intricate and emotionally charged context of healthcare (Cavaness et al., 2020). Through investigating the connection between emotional intelligence in nurses job satisfaction and patient outcomes, this study seeks to provide empirical findings that can advise and direct healthcare organizations in refining their strategies for improved nursing practice and in the advancement of evidence-based practices in healthcare leadership, ultimately leading to improved patient experiences, enhanced quality of care, and better clinical outcomes, thereby positively influencing the healthcare system as a whole. The aim of the systematic review is to analyze and amalgamate current research to ascertain the influence of nurses’ emotional intelligence on job satisfaction and patient outcomes and ultimately contribute to a deeper comprehension of how emotional intelligence among nursing leaders can shape patient outcomes.

**Objectives**

The following objectives drove us to conduct this study:

1. To conduct a systematic review and analysis of current literature pertaining to the emotional intelligence of nurses ’and its association with patient satisfaction, quality of care, and clinical outcomes.

2. To identify the key components of emotional intelligence that hold the greatest sway in nurses and assess their potential influence on patient outcomes.

3. To offer evidence-based insights and recommendations for healthcare organizations to bolster the emotional intelligence competencies of nurses, with the aim of enhancing patient care and overall outcomes.

**Research Question**

What is the relationship between nurses' emotional intelligence, job satisfaction and patient outcomes?

**METHODOLOGY**

In order to efficiently achieve the objectives and explore the research question, systematic review method was employed in accordance with the protocols detailed in the PRISMA 2020 (Page *et al.,* 2021). The PRISMA 2020 checklist can be found in appendix A.

**Data sources and searches**

We employed the following databases to choose the articles: BPP library, PubMed, Medline, CINAHL, Research gate, and Science direct. The search approach used the Boolean operator OR between the keywords nursing leadership, job satisfaction, patients’ outcomes, and emotional intelligence and comparable MeSH phrases. To refine the search, phrases with diverse meanings were joined using the Boolean operator AND. The author limited the search to journal articles in English with the full text available. However, numerous studies were rejected as they referred to other human factors than emotional intelligence in addition to other healthcare professionals’ leaders than nursing leaders.

The search terms used were as follows: “impact'' OR ''influence” AND “emotional intelligence” OR “emotional competence” OR “social intelligence” OR “EI” AND empathy OR compassion OR care OR caring OR warmth OR sensitive\* AND nurse\* OR nursing\* OR nurse leaders OR “nursing leaders” OR midwife leaders AND job satisfaction OR job fulfillment AND patient outcome\* OR ''patient safety'' OR “patients' satisfaction\*.”

**Eligibility criteria and selection of studies process**

The table below displays the specific inclusion criteria that each of the selected studies that was included in this systematic review had to meet.

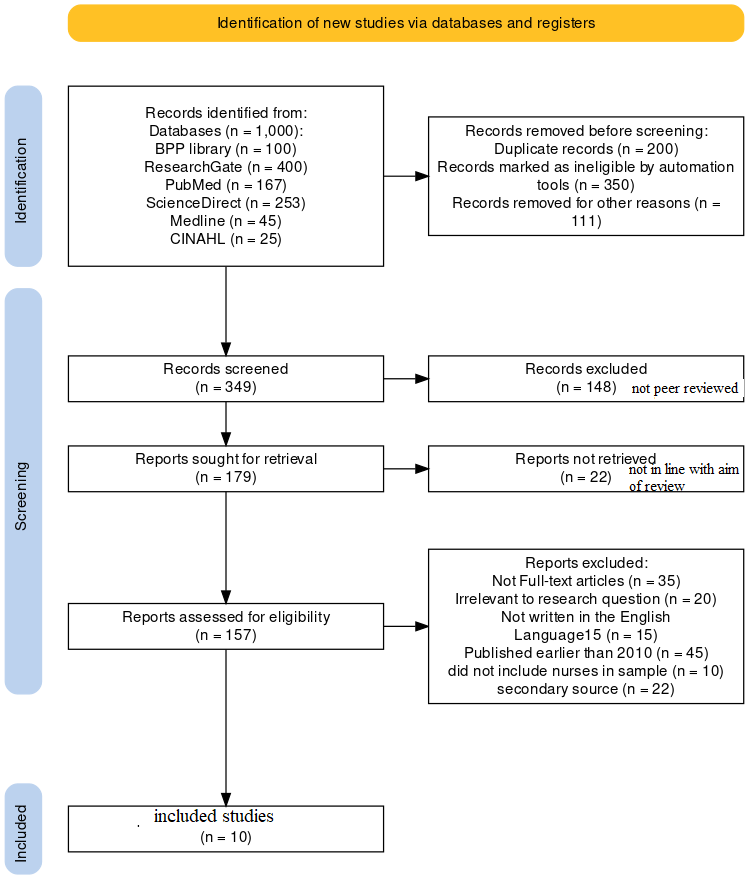
|  |  |
| --- | --- |
| **Inclusion criteria** | **Exclusion criteria** |
| Primarily researched articles  Full-text articles | Not primarily researched articles  Not full-text articles |
| Include nurses in the study sample | Sample does not include nurses |
| Written in English language | Not Written in English language |
| Published between 2011 and 2024 | Published earlier than 2011 |
| Peer reviewed | Not peer reviewed |

Table 1: Inclusion and exclusion criteria

We employed three main criteria to guide independent searches, retrievals, and study selection: (a) the existence of primary research; (b) the inclusion of nurses' emotional intelligence as a topic; and (c) the impact on job satisfaction and patient outcome. Further refinement was achieved by utilizing additional criteria, including peer-reviewed articles published in reputable journals and publications dated between 2011 and 2024. We created a list of potential articles for the systematic review after finishing the first selection process. This list was further whittled down, and appropriate additions and deletions were made to determine which final articles would be included in the systematic review. The present review was carried out in compliance with the PRISMA flow chart in Figure 1 (Page *et al.,* 2021), which offers a comprehensive set of steps for selection of articles to carry out systematic reviews and meta-analyses in an organized and methodical way. The initial search process yielded 1000 articles on emotional intelligence from various databases. After eliminating 200 duplicates (as shown in Figure 1) and accounting for 350 ineligible articles identified by automation tools, 111 additional articles were removed for other reasons, resulting in a total of 349 articles undergoing advanced screening. Of these, 148 were further screened out, and 22 articles were removed, leaving 157 articles to be assessed for eligibility. Thirty-five articles were not full-text articles, and twenty studies were deemed irrelevant to the research question. Fifteen articles were not written in the English language, and ten articles did not relate to nursing leadership and were thus omitted. We conducted a thorough review of the remaining seventy-seven articles. From this process, forty-five articles were removed because they were published earlier than 2010, and twenty-two articles were excluded as they were deemed to be secondary sources. Ten articles in total satisfied the requirements to be included.

**Study assessment**

Using the Joanna Briggs Institute Qualitative Assessment and Review Instrument Critical Appraisal Checklist, the quality of the articles included in this review was examined. Using the Joanna Briggs checklist, researchers can assess a study's methodological quality and assess the likelihood of bias in the study's conduct, design, and analysis. Five cross-sectional studies (1, 2, 6, 8, 9), four descriptive-correlational studies (3, 5, 7, 10), and one qualitative study (4) were included, as Tables 3, 4, and 5 in the appendix below illustrate. With regard to methodology and procedure, each of the included studies provided thorough and detailed descriptions, essentially adhering to the Joanna Briggs criteria (Tables 3–5). Few cross-sectional studies, nevertheless, specifically described any tactics to deal with the mentioned confounding factors. However, confounding is a continuum where different degrees of confounding influence can exist, as stated by Dekkers et al. (2019). Additionally, the qualitative study did not reveal the researcher's theoretical or cultural stance or potential influence on the research process in compliance with the Joanna Briggs guidelines. It is important to note that these kinds of omissions are typical in qualitative research, where the goal is to comprehend participants' subjectivity and let their viewpoints come to light organically (Dekkers *et al.,* 2019).



**Figure 1:** PRISMA flow chart presenting the search approach used in the systematic review(Page *et al.,* 2021).

**Data collection and data synthesis methods**

We gathered data from selected studies independently, extracting components, items, statements, or competencies. Particularly, the following information was taken out of each study: The study's title, authors' names, year of publication, methodology, instruments, sample characteristics, and an overview of the key conclusions and outcomes. After reviewing the extracted data multiple times, we coded and identified the overarching themes. Content analysis was used to synthesize the data, and themes were identified from the results. An initial set of codes was generated following a thorough review of the results and findings section of a selected article. As more articles were examined, these codes were further refined. A code tree was used to identify emerging themes, and each line of text was given a code. Sub-themes were identified and amalgamated based on the interpreted meanings. After additional examination, these sub-themes were reduced to a single overarching theme. During the review process, content analysis can help find and summarize important elements that are buried in a large body of data (Mikkonen and Kääriäinen, 2020). The themes regarding how nursing leaders' emotional intelligence affects their job satisfaction and patient outcomes were arranged based on Zhang and Wildemuth's (2009) recommended content analysis. Two levels of quality assurance were used to guarantee the accuracy of the findings. This assignment's author independently carried out the review process, which included categorizing, coding, going over the studies again, and improving the codes and categories. We then improved the analysis and finalized the findings. The methodology is shown in a structured manner to implement a systematic review as shown above, and articles that met inclusion criteria were selected, data was extracted, and synthesized.

**RESULTS**

The impact of nursing leaders' emotional intelligence on job satisfaction and patient outcomes was evaluated in ten (10) studies conducted in different countries. A multifactor EI assessment scale was used by most of these articles to assess their effects. The following describes the additional information found in the articles, such as the author, publication date, type of article, aim and objectives, method used, results, and limitations, along with recommendations as found in table 2 below.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S/No** | **Author and Date of publication** | **Peer Reviewed** | | **Aim and objective** | **Method used** | **Results/limitations /Recommendation** |
| **1** | Dinesh et al., 2023 | Yes | | The purpose of the study was to determine the association between emotional intelligence and job satisfaction among nurses. | Cross-sectional | 59% of staff nurses report having a high level of emotional intelligence. Emotional intelligence is highly correlated with age, work experience, relationships with coworkers, marital status, and family structure. Additionally, the majority of respondents (65%) reported middle-level job satisfaction, which has been found to be significantly correlated with factors like age, marital status, type of family, coworker relationship, and number of children.  There are certain constraints on this study. The study was limited to a single chosen centre. Therefore, generalisation is limited to the settings that have been chosen. There are sampling restrictions in the study. Since a convenient sampling technique was used, care should be taken when determining whether the inferential statistical correlation can be generalised. The scope of this study was limited to nurses.  A multicenter study is feasible. To ascertain the similarities and differences between nurses' emotional intelligence and job satisfaction, a comparative study can be carried out. Everybody's understanding in this field can be enhanced by longitudinal research. It might be possible to conduct a prospective study to assess nurses' emotional intelligence and job satisfaction. |
| **2** | Fatimah,T and Bayan,A., 2023 | | Yes | This study aimed to investigate the relationships between emotional intelligence and nurses’ work performance and work engagement | Cross-sectional | The findings also demonstrated a strong and positive correlation between nurses' job performance and emotional intelligence. Additionally, a strong and positive correlation between emotional intelligence and nurses' work engagement was discovered. This study's small sample size was a consequence of the participants' low response rate. Furthermore, this study was unable to investigate the causal relationship because of the cross-sectional design. The results of the study are less generalizable if they are restricted to nursing staff employed at a single healthcare facility. |
| **3** | Masih, O. Mukhtar, M. and Masih, S., 2023 | | Yes | To ascertain the relationship between nurses' emotional intelligence (EI) and patient satisfaction in medical and surgical departments of tertiary care hospitals. | Correlation study (Quantitative) | The results of this study indicate that the relationship between emotional intelligence and patient satisfaction is statistically not significant.  The findings showed that there was no statistically significant correlation between the emotional intelligence of nurses and patient satisfaction. It has been determined that there is no correlation between a nurse's emotional intelligence and patient satisfaction; additionally, the results were not statistically significant. |
| **4** | Dewi, K. T. S. 2020. | | Yes | The aim of this research was to ascertain how emotional intelligence and spiritual intelligence impacted nurses' performance and job satisfaction. | Qualitative | The result of the hypothesis test indicates that emotional intelligence significantly improves both nurse performance and work satisfaction. Additionally, spiritual intelligence significantly improves nurses' performance and job satisfaction. The study's small sample size and the fact that it was limited to one hospital prevent it from being broadly applicable, which are two of its limitations..  It is advised for a multi-center study to be done with bigger sample sizes. |
| **5** | Farhana, et. al 2023. | | Yes | The study's objective is to ascertain whether there is a relationship between nurses' emotional intelligence and job satisfaction in a few tertiary care facilities.. | Descriptive correlation(Quantitative study) | 79.2% of the nurses were highly emotionally intelligent. Based on Job Satisfaction Levels, the vast majority of participants (95.11%)expressedcontentment with their currentjobs. There is a statistically significant correlation between emotional intelligence and job satisfaction. It illustrates how those who possess high emotional intelligence generally behave in more constructive ways.  The results highlight the significance of employing emotional intelligence and familiarity with emotions, including the ability to identify, comprehend, regulate, and control emotions, in order to increase nurse job satisfaction and, consequently, improve the standard of nursing care. Management should prioritize emotional intelligence when hiring nursing staff. |
| 6 | Soriano-Vazquez, I, 2023. | | Yes | The purpose of this study is to evaluate how conflict management functions as a mediator in the relationship between nurses' emotional intelligence and job satisfaction. | A cross-sectional design was used. | There were 208 nurses in total, ranging in age from 18 to 65. The results verified that emotional intelligence and conflict management are positively correlated. Similarly, it was found that conflict management and job satisfaction were positively correlated. Furthermore, it has been established that conflict management functions as a mediator in the connection between emotional intelligence and job satisfaction.  The study emphasizes how crucial conflict resolution and emotional intelligence are in predicting nurses' job satisfaction. The findings imply that, particularly when conflict management techniques are included, interventions meant to improve emotional intelligence may be a useful means of raising job satisfaction.  It is important to consider the limitations of this study when interpreting the results. First off, the results' applicability to broader contexts may be limited by the possibility that the sample of nurses used does not fairly represent the larger nursing population. Future studies should take into account more diverse samples, such as nurses from different specializations, experience levels, and geographic locations, in order to overcome this limitation. Furthermore, the study's cross-sectional design makes it impossible to establish strong causal links between conflict resolution, emotional intelligence, and job satisfaction. It would be more appropriate to use a longitudinal design that tracks nurses over time in order to comprehend the causal and temporal dynamics between these variables. |
| 7 | Tagoe and Quarshie, 2017 | | Yes | This study looked at the connection between job satisfaction and emotional intelligence in nurses in Accra, Ghana. This study looked at the connection between job satisfaction and emotional intelligence among nurses in Accra, Ghana, in an effort to add to the body of evidence supporting research on the psychological health of nursing professionals. | Correlation study (Quantitative ) | The results revealed a strong positive relationship between the nurses' job satisfaction and emotional intelligence. However, there was no discernible gender difference in job satisfaction or emotional intelligence, according to the results. There are certain limitations to this study, despite the fact that it offers a fundamental foundation for future research on emotional intelligence in Ghanaian nurses and healthcare professionals in general. The aspects of the participants' jobs that they believe are significant and therefore contribute to their overall job satisfaction were not investigated in this study. Furthermore, the study did not examine the participants' performance on the different emotional intelligence components or other variables that might moderate or mediate these relationships. Thus, it is recommended that future research examine the different aspects of emotional intelligence and work-related factors as well as some moderating and mediating variables. Such research in the future could enlarge the sample size to improve the study's external validity. |
| 8 | Chauhan et al., 2022 | | Yes | The current study examines how nurses' performance is impacted by emotional intelligence (EI) and how job satisfaction acts as a mediating factor. | Cross sectional (Quantitative) | The findings suggest that there is a relationship between these three variables, and that the relationship between emotional intelligence and job performance is mediated by job satisfaction. The results of this study demonstrated that emotional intelligence (EI) significantly improves leadership, critical care, professional development, interpersonal relationships, planning, and teamwork aspects of job performance. These components include awareness of emotions, regulation of emotions, and management of emotions. It is advised that EI competency be given equal weight when hiring nursing staff, in addition to technical proficiency. Similar to this, since EI is one of the key components of an individual's persona, it must be included into performance reviews and guidelines for healthcare practices. |
| 9 | Seyedi et. al, 2021 | | Yes | The purpose of the current study was to look into the connection between emotional intelligence and nursing job burnout. | Cross sectional (Quantitative) | The results indicated that emotional intelligence and job satisfaction were not significantly correlated, but emotional intelligence and burnout were significantly correlated. It is recommended that emotional intelligence training programs be held in order to foster emotional intelligence in nurses. |
| 10 | Seyed et al.,2023 | | Yes | This aim of this study was to ascertain how hospital nurses’ moral intelligence and patient safety cultures relate to one another. | Correlation study(Quantitative) | The study's conclusions demonstrated a significant correlation between MI and the patient safety culture as well as the overall MI score. The influence of the nurses' mental health status on their questionnaire responses was one of the study's limitations. |

Table 2: Characteristics of selected articles

**Results of synthesis**

There were two main themes that came up that successfully answered the research question. Categories were found within each theme, illuminating the complexity of the subjects being studied. The following are the themes and the corresponding categories:

Theme 1: Job Satisfaction of Nurses

Categories:

(a)Job satisfaction and organizational commitment;

Theme 2: Patients Outcomes

(a) Patient satisfaction and Culture of patient safety;

**Job satisfaction and organizational commitment**

Numerous research endeavors have examined the correlation between emotional intelligence and job satisfaction, revealing its robust impact on the attitudes and behaviors of nursing staff. Job satisfaction and organizational commitment are two indicators of nurses' work attitudes; most nurses reported middle-level job satisfaction, while some respondents reported high levels of job satisfaction (Dinesh et al., 2023). The literature made it abundantly evident that EI frequently improved nurses' job satisfaction while also tangentially raising organizational commitment. Job satisfaction is a key indicator of employees' positive attitudes toward their jobs and organizations. According to a study by Farhana et al. (2023), emotional intelligence (EI) raises job satisfaction levels; most study participants expressed satisfaction with their jobs. They claimed that there is a statistically significant correlation between emotional intelligence and job satisfaction. It illustrates how those who possess high emotional intelligence generally behave in more constructive ways. The result of hypothesis testing shows that emotional intelligence has a significant positive effect on job satisfaction (Dewi, 2020). Research by Soriano-Vázquez et al. (2023) confirmed a positive relationship between conflict management and emotional intelligence and stated that there is a positive relationship between job satisfaction and conflict management. It also indicated that the ability of team leaders 'and the teams 'to become proactive is an interrelated dynamic that has a positive influence on team empowerment. According to Tagoe and Quarshie (2016), nurses with high EI and excellent interpersonal skills can build positive relationships with patients, families, and coworkers, which foster a positive work environment. Their research revealed a strong positive relationship between the nurses' job satisfaction and emotional intelligence. However, there was no discernible gender difference in job satisfaction or emotional intelligence, according to the results. Additionally, the mediating effects corroborate the notion that favorable work environments and compensation policies result in higher levels of job satisfaction among professional and nursing staff. These staff members who are content, in addition to possessing a higher emotional quotient, would perform better than those with lower emotional intelligence, demonstrating a greater sense of loyalty to the company. Emotional intelligence, however, is linked to the productivity and engagement of nurses at work. Additionally, their findings demonstrated a strong and positive correlation between nurses' work performance and emotional intelligence. Additionally, it was discovered that nurses' work engagement and emotional intelligence are positively and significantly correlated (Fatimah and Bayan, 2023). There was no significant relationship between emotional intelligence and job satisfaction, but there was a significant relationship between emotional intelligence and burnout (Seyedi et al., 2021).

**Patients Outcome**

In this theme, we showed the impact of EI on job performance, linking it to patient satisfaction and safety. Because emotional intelligence (EI) contributes to improved job performance, there is a higher likelihood of efficiency and effectiveness among employees who are content with their employer. The literature demonstrates that EI improves nurses' ability to perform their jobs. The study's conclusions demonstrate that emotional intelligence (EI) significantly improves job performance in areas like leadership, critical care, professional development, interpersonal relationships, planning, and teamwork. EI is also characterized by its awareness, regulation, and management of emotions. Positive work environments and compensation policies, according to the mediating effects, lead to higher levels of job satisfaction among professional and nursing employees. Employees with higher levels of job satisfaction and emotional quotient (EQ) also tend to perform better than those with lower levels, which improves patient satisfaction and safety outcomes (Chauhan et al., 2022). Nurse performance is significantly improved by emotional intelligence, and this has an impact on nurses' adherence to safety procedures (Dewi, 2020). Increasing MI can enhance patient safety culture, according to the Syed et al. (2023) report, which found a positive and significant correlation between the majority of patient safety culture dimensions and MI. According to Masih et al. (2023), there is a non-significant correlation between nurses' emotional intelligence and patient satisfaction, as evidenced by the statistically non-significant differences between patient satisfaction and emotional intelligence. According to Mousavi et al. (2023), the majority of the nurses who took part in the study had average scores of emotional intelligence and moral performance that were significantly correlated with the frequency of ethical performance. A higher percentage of people showed excellent ethical performance, a smaller percentage showed average ethical performance, and just 0.9 percent of people showed poor ethical performance. The test results also showed a statistically significant difference in the ethical performance of nurses and the relationship to gender, work experience, and job position, as well as the relationship between emotional intelligence and these factors. An important factor in a nurse's work performance, engagement, patient satisfaction, and safety is their emotional intelligence. High emotional intelligence nurses are able to sympathize with patients and coworkers as well as effectively understand and manage their own emotions. Better teamwork, communication, and general job satisfaction result from this. Patients are more satisfied and have greater faith in the medical staff when they feel more understood and cared for. Furthermore, nurses possessing high emotional intelligence are more capable of managing pressure-filled circumstances, making wise choices, and placing a high priority on patient happiness and safety (Seyed et al., 2023).

**DISCUSSION**

Previous studies have investigated the relationship between emotional intelligence and job satisfaction among nurses (Tagoe and Quarshie, 2017) and reported that there is a positive correlation between emotional intelligence and job satisfaction. Interestingly, this data agreed with the results of other findings that reported that there is a positive correlation between emotional intelligence and job satisfaction (Cekmecelioglu et al., 2012; Emdady and Bagheri, 2013; Lee and Ok, 2012; Mousavi et al., 2012; Trivellas et al., 2013). However, some of these studies used teachers as subjects. One could argue that the ability to sense, comprehend, control, and harness one's emotions is a prerequisite for a successful and productive career in nursing (Schutte et al., 2002). This suggests that emotional intelligence and job satisfaction are somewhat related. As a result, a nurse is more likely to report higher levels of job satisfaction at work if they use a notable amount of emotional intelligence in their job performance. The personal and social competencies that together comprise emotionally intelligent behavior are self-awareness, self-management, social awareness, and relationship management, all of which are traits that nurses frequently display (Anari, 2012). In the articles studied under this review, the majority of respondents had middle-level job satisfaction, while 35% had high-level job satisfaction, according to study results (Farhana et al., 2023; Dewi, 2020; Dinesh et al., 2023; Soriano-Vazquez, 2023), indicating a positive correlation between EI and job satisfaction. The obtained conclusion is in line with research findings (Al Faouri et al., 2014), which indicate that emotional intelligence has a significant impact on job satisfaction. The study's results also show a positive correlation between nurses' emotional intelligence and job satisfaction (Nagel et al., 2016). With strong emotional intelligence, a nurse can maintain self-control to react positively to any circumstance that arises and to recognize the appropriate course of action in the event that they run into difficulties solving a problem at work. A person with self-control will view a challenge at work as an opportunity for success. Positive emotions a nurse has for her work contribute to her high level of job satisfaction and that of the nurse personally. Oyeleye et al. (2019) found no relationship between the emotional quotient and the degree of job satisfaction experienced by nursing staff members, which contradicts the findings of this study. This difference could be caused by a variety of racial, cultural, and socioeconomic factors. Well-paid nurses may experience some degree of emotional safety and contentment. Nurses serve as the backbone of the family in today's society. On the other hand, a study found that nurses had low levels of job satisfaction (Kotei, 2014). This might be as a result of the rewards and goodies received. However, compared to nurses, midwives were found to be more likely to be unsatisfied (Datuah et al., 2022). Many factors that vary amongst nurses and situations impact job satisfaction. An empirical analysis of the relationship between job satisfaction and demographic factors is also provided by this study. The age, kind of family, relationship with coworkers, marital status, and number of children were found to be significantly correlated with job satisfaction. Reddy et al. (2015) found a strong correlation between work satisfaction and age group. Age-related improvements in job satisfaction are consistent with the results reported. In contrast to the findings, Salar et al. (2016) found a link between workers' gender and job satisfaction.A study on the relationship between emotional intelligence and job satisfaction was conducted by Seyedi et al. (2021). The findings indicated that the relationship management component of emotional intelligence is the only one that is significantly correlated with job satisfaction; no significant correlation was found with the other components. The findings of Mandip et al. (2012) are consistent with the results of the present investigation. They looked at the connection between job satisfaction and emotional intelligence. The findings showed that there is no significant relationship between emotional intelligence and job satisfaction. According to Farmer's (2004) study, there was no significant correlation found between emotional intelligence and job satisfaction. This contradicts the findings of Tagoe and Quarshie (2017), who found a positive correlation between emotional intelligence and job satisfaction. The discrepancy in their findings could be the consequence of the various methods used to measure emotional intelligence and work satisfaction. Tagoe and Quarshie (2017) measured emotional intelligence using the Schutte Self-Report Emotional Intelligence Inventory, which was created by Schutte et al. (1998). The Spector (1997) Job Satisfaction Survey (JSS) was utilized to gauge the concept of job satisfaction. Seyedi et al. (2021) used the Bradbury and Graves Emotional Intelligence Questionnaire, which was developed by Bradbury and Graves (2004) and translated and edited by Ganji (2005). The results show that EI enhances nurses' capacity to carry out their duties. The results of the study show that emotional intelligence (EI) greatly enhances job performance in areas such as planning, teamwork, leadership, critical care, professional development, and interpersonal relationships. The awareness, control, and management of emotions are additional traits of emotional intelligence. The mediating effects indicate that professional and nursing employees have higher levels of job satisfaction when they work in positive work environments and have favorable compensation policies. Higher job satisfaction and emotional quotient (EQ) among employees lead to better performance, which enhances patient satisfaction and safety results (Chauhan et al., 2022). In contrast, Weng et al. (2011) reported that the current study did not find any correlation between emotional intelligence (EI) and patient satisfaction. The results of earlier research on emotional intelligence (EI) have shown mixed results regarding the relationship between EI and patient satisfaction. Wagner et al. (2003), Weng et al. (2008), and Lopes et al. (2003) Only the happiness subscale of EI was found to be correlated with higher levels of patient satisfaction in one study that used Baron's measure (Wagner et al., 2003). According to another study, a doctor's nurse-rated emotional intelligence (EI) and patient satisfaction were positively correlated; however, a doctor's self-rated EI and patient satisfaction did not correlate (Weng et al., 2008). The self-perceived quality of social relationships was used as the satisfaction measure in the study that discovered a positive association (Lopes et al., 2003). These three studies used various emotional intelligence measures (Emotion Quotient Inventory [EQi], MSCEIT, WLEIS), different sources (patients versus doctors and not nurses), different raters (self versus external), and different samples (residents versus attending doctors). The non-significant correlation between emotional intelligence and patient satisfaction among nurses is supported by Masih et al. (2023), who report that there is no statistically significant difference between patient satisfaction and emotional intelligence. In contrast to the study by Atilla et al. (2013), which showed a positive and close relationship between the self-evaluation and emotion management subdimensions of emotional intelligence and the nursing satisfaction subdimension of patient satisfaction, Masih et al. (2023) reported a non-significant correlation between nurses' emotional intelligence and patient satisfaction, as evidenced by the statistically non-significant differences between patient satisfaction and emotional intelligence. Furthermore, the assessment of patient satisfaction is the main element involved in organizing, carrying out, and evaluating nursing care, according to Jun and Oh (2017). The connection between nurse emotional intelligence (EI) and patients' satisfaction with care has not received much research. At the hospital unit level, Adams and Iseler (2014) assessed the connection between nurses' emotional intelligence (EI) and patient satisfaction. This study measured EI using the MSCEIT, which views EI as an aptitude. The HCHAPS questionnaire was used to gauge patient satisfaction. The authors found that there was no significant correlation between the variables. Munro (2011) investigated the connection between patient satisfaction with care and nurse manager EI as assessed by the MSCEIT in a previous study. This study discovered a significant correlation between the two variables using a different patient satisfaction measure. The second objective of the current study was to investigate the relationship between nurse EI and patient satisfaction with nursing care by hospital unit. The five patient satisfaction variables (hospital rate, nurse courtesy and respect, nurse listening, nurse explaining, and nurse communication) showed non-significant positive relationships with nurses' emotional intelligence. This trend continued even after taking correlated observations into account. Consequently, there was no evidence to support the assertion that "nurse EI and patient satisfaction with nursing care by unit have a direct significant positive relationship." The National Health Service (NHS) in the United Kingdom has come under fire in recent years for its culture, which is said to lack compassion and care and occasionally has a detrimental effect on patients. Francis and Lingard's (2013) analysis brought to light how the shortcomings of the Mid Staffordshire Foundation NHS Trust were partly caused by the NHS personnel's deficiency in basic empathy and care. The ensuing Cavendish and Berwick reviews (2013) emphasized the necessity of better care within the NHS and offered suggestions for it. The government has released various policy guidelines pertaining to patient care in response to these reviews (Department of Health, 2015; NHS England, 2013). The Department of Health's Compassion in Practice policy document (Department, 2012) aimed to instill a compassionate culture within the constantly evolving National Health Service (NHS) before Francis and Lingard's 2013 publication. The six Cs of nursing—care, compassion, competence, communication, courage, and commitment—were introduced in this. The Department of Health (2012) stated that the goal of this document was to establish a culture in which all healthcare providers provide care based on these values.

**Implication on healthcare sector**

The studies indicate the necessity for emotional intelligence to be used in nursing practice and its connection with organizational commitment. Health facilities could do well by learning to support nurses in their emotional intelligence development (Cherry et al., 2014). With this in place, staff engagement and job satisfaction will be maximized, leading to better patient care outcomes (Nightingale et al., 2018). Improving the level of emotional intelligence among workers can create positive changes such as increased team member happiness, psychological empowerment, and quality of patient treatment (Awe et al., 2023). Large healthcare companies that want to sharpen their competitive edge in the marketplace should integrate cognitive and emotional intelligence learning programs and tactics into their human resources strategy (Nightingale et al., 2018). These two factors can increase the level of patient satisfaction, staff retention, and the success of the organization as a whole.

The findings illuminate the prevalence of EI in pre-medical education, especially when doctors need empathy and compassion for their patients. Emotional intelligence is a vital tool for implementing the recommendations during care, and treatment focuses more on compassionate care (Perez-Fuentes, 2018). Emotional intelligence is significant in nursing. It has an impact and affects the quality of care and nurse health (Li et al., 2021). There is a need for special focus on the strategies for fostering emotional intelligence among nursing teams, including "prolapsed emotional health," training on stress management, and arrangements for group meetings and communication (Lo et al., 2023). The revelations illuminate the essence of emotional intelligence and projects for better healthcare outcomes, especially the stresses and burnout of nurses.

The authors' research has been carried out very thoroughly. It turns out that it greatly affects the healthcare systems, especially aged care organizations. According to Nonehkaran et al. (2023), the development of emotional intelligence among personnel should be considered as the main component in staff development that will contribute to improved employee well-being, psychological empowerment, and better quality of patient care. Emotional intelligence becomes a factor that might lead to even better patient satisfaction levels and higher levels of staff retention, leading to success in the healthcare organization (Martos et al., 2021). Healthcare organizations need to pay attention to emotional intelligence in training and enhance its significance as part of the overall workforce development strategy.

**The impacts of the findings on the healthcare sector**

The findings indicate that emotional intelligence in the aged care setting was critical, and it affected employee well-being, authority, and the quality of care. Emotional intelligence in an aged care staff, for example, leads to job satisfaction for employees, better health outcomes for patients as well as organizational effectiveness (Wang et al., 2023). In the health sector, emotional intelligence is vital, especially among aged care settings, and brings forward the factors that contribute to employee outcomes in this context (Yu et al., 2023). Emotional intelligence's emotional repair component, which consists of uncovering and confronting negative emotions, is an indispensable tool in the fight against psychosocial hazards that nurses are subjected to, including burnout, psychosomatic complaints, and job dissatisfaction (Alinejad et al., 2023). Finally, along with the emotional intelligence factor, there was a strong positive relationship between organizational commitments. The policies should also include supportive interventions to increase organizational commitment and sustain high levels among nurses. Emotional intelligence is one of the most important traits that help nursing professionals in their work and in building organizational commitment. Healthcare institutions can raise the emotional intelligence of nurses and thereby make them more engaged and satisfied with the job and achieve better patient care outcomes through the understanding and promotion of emotional intelligence among them (Shahini et al., 2023). Mitigation of EI among nursing and midwifery students in the health sector should pay attention to demographic factors such as age, sex, ethnicity, and cultural backgrounds of students. Healthcare facilities and educational programs can use these findings to design focused interventions to improve student's EI skills (Stoichkova, 2023). When students are equipped with good communication skills, they are able to handle stress and show compassion to patients. The research work presents implications for the healthcare industry, showing that emotional intelligence among nursing staff members leads to motivation boost, productivity increase, and better patient care. According to Kanellakis et al. (2018), emotional intelligence directly addresses environmental factors in healthcare organizations, which may reduce the stress and burnout nurses’ experience. This will result in more happy and satisfied employees, lower turnover rates, and better healthcare for our patients (Stenhouse et al., 2016). Apart from that, integrating EI-based education into the medical curriculum may help develop professionalism and communication skills among healthcare providers (Lo et al., 2023). On the other hand, great care should be taken into consideration since EI measurement is not fully resolved yet, and there are methodological problems in measuring EI in this context (Janet, 2014). Intervention, which is aimed at creating an atmosphere of emotional intelligence among nurses, would be to the advantage of both staff and patients (Alnjadat & Al-Rawashdeh, 2021). Thus, the role of emotional intelligence for both nurse executives and physicians is not yet well established, and studies are needed to clear the obscurity.

The review pointed out many limitations and gaps in the research, including the need for a unified theory about EI and the difficulty of assessing it quantitatively in the context of medicine (Karimi et al., 2021). However, questions about the safety of EI for decision-making about medical school admission without solid evidence to show its predictive value were also brought up (Al-Oweidat et al., 2023). It is necessary to make high-quality research later to support and sharpen the initial results from the evidence base. Furthermore, this study emphasized the necessity of considering those points and maintaining a cautious attitude toward the findings.

Future research could tackle these limitations by using representative samples of a larger size and including objective measures of emotional intelligence in the process. The second group of studies can be dedicated to studies on the effectiveness of various interventions aimed at boosting the emotional intelligence of nursing teams. In addition, these studies can be used for the evaluation of the long-term impact of these interventions on healthcare delivery and patient outcomes.

**Limitations of study**

The majority of the research methodologies used in this literature review were cross-sectional, which can occasionally make it difficult to establish a cause and effect relationship completely because the data may not always be robust enough to explain complex problems. It's frequently helpful to include different study designs, like longitudinal studies, to obtain a more thorough understanding. It should be highlighted that the review's scope was limited to studies that were published only in the English language; unpublished dissertations and any pertinent content from the grey literature outside of the designated publication sources were not taken into account. As such, it is imperative to recognize that this review might not offer a comprehensive summary of all relevant issues pertaining to the topic. Furthermore, the review relied on single-center studies, which might not accurately reflect different settings or a larger population. It might restrict how broadly the results can be applied. A more diversified sample representation can be obtained by incorporating studies from various centers.

**Conclusion**

This review discovered evidence linking nurses' emotional intelligence (EI) to job satisfaction and patient outcomes, such as patient safety and satisfaction, nurses' compassionate behaviors, and the potential benefits of interventions aimed at improving EI in nurses for both staff and patients. It is less evident from the data how a nurse's EI affects patient outcomes and job satisfaction. However, the results of the review should be regarded tentatively and in the context of the previously mentioned limitations. The possible integration of emotional intelligence (EI) as a teaching tool in medical education presents a fresh strategy for enhancing both clinical and educational outcomes.

In healthcare leadership, emotional intelligence of nurses plays a critical role in influencing job satisfaction and patient outcomes. Higher emotional intelligence in nurses allows them to connect and understand patients more effectively, which improves patient outcomes. Additionally, it increases nurses' job satisfaction, which is important for a conducive and productive workplace. Emotional intelligence is vital for leadership positions in the healthcare industry. Leaders who possess a high degree of emotional intelligence are able to effectively support and inspire their nursing staff. Nurses experience greater job satisfaction as a result, which eventually affects patient outcomes. Healthcare executives can improve patient care and the organization's overall performance by creating a positive and encouraging work environment.

**Recommendation**

To strengthen the body of evidence and facilitate upcoming systematic reviews that concentrate on particular aspects of EI and its effects on patient outcomes and job satisfaction, high caliber future research is required. Training programs in emotional intelligence for nurses should be considered by healthcare organizations. Improving emotional competencies like empathy, self-awareness, and relationship-building abilities can benefit them in the workplace and improve patient outcomes. Developing encouraging workplaces that appreciate and encourage emotional intelligence should be a top priority for leaders in the healthcare industry. As part of this, chances for professional development should be given, open communication should be encouraged, and nurses' emotional wellbeing should be valued. Nurses can identify areas for improvement and customize interventions by routinely assessing and monitoring their emotional intelligence levels. Tools for self-evaluation, peer and patient feedback, and continuing professional development are useful for achieving this.

**Ethical Approval**

It is important to respect the intellectual property, rights, and contributions of owners of the selected articles; proper credit was given to the owners by way of proper citation and referencing according to the BPP Harvard format. Relevant literature was searched, selected, and evaluated, interpreting and distilling evidence from the selected research reports without bias or alterations. In order to maximize the ethical significance of the review findings, we ensured that there was audience-appropriate transparency in the communication of the insights obtained through the review.

Disclaimer (Artificial intelligence)

Author(s) hereby declare that NO generative AI technologies such as Large Language Models (ChatGPT, COPILOT, etc.) and text-to-image generators have been used during the writing or editing of this manuscript.

**Reference**

Al-Faouri, I., Al-Ali, N., and Al-Shorman, B. (2014) ‘The influence of emotional intelligence training on nurses? Job satisfaction among Jordanian nurses’, *European Journal of Scientific Research*, 117(4), pp.486-494.

Al‐Hamdan ,Z., Oweidat, I.A., Al‐Faouri, I.and Codier, E.(2017) ‘Correlating Emotional intelligence and job performance among Jordanian hospitals’ registered nurses’, *InNursing forum*, Vol. 52, No. 1, pp. 12-20.

Alinejad, V., Parizad, N., Almasi, L. et al. (2023) ‘Evaluation of occupational stress and job performance in Iranian nurses: the mediating effect of moral and emotional intelligence’, *BMC Psychiatry* 23, pp.769.

Alnjadat, R., and Al-Rawashdeh, A. (2021)’ Confounding Factors Affecting the Emotional Intelligence Amongst Jordanian Nursing and Midwifery Undergraduate Students During the COVID-19 Pandemic's Outbreak: A Cross-Sectional Study Using USMEQ-i’,*Frontiers in psychology*, 12, 770261.

Al-Oweidat, I., Shosha, G.A., Baker, T.A. et al. (2023) ‘The relationship between emotional intelligence and organizational commitment among nurses working in governmental hospitals in Jordan’, *BMC Nurs* 22, pp.195.

Anari, N. N. (2012) ‘Teachers: Emotional intelligence, job satisfaction and organizational commitment’, *Journal of Workplace Learning*, 24, pp.256–269.

Atilla,G., ÇARIKÇI, I.H and Erdem, R.(2013) ‘Emotional intelligence-patient satisfaction relationship in hospitals: The example of Isparta city center’, *Afyon KocatepeUniversity Faculty of Economics and Administrative Sciences Journal*, 15(1): pp.101-19.

Awe, A.O, David-Olawade, A.C, Ayodele-Awe, I., Feng, H., Odetayo, A., Afolalu, T.D, Ladan. H., Olawade, D.B. (2023) ‘Predictors and influencing factors of emotional intelligence among nurses in the North East England, United Kingdom’, *J Educ Health Promot*;12:pp.236.

Beauvais, A.M, Brady, N, O'Shea, E.R. and Griffin, M.T. (2011) ‘Emotional intelligence and nursing performance among nursing students’, *Nurse education today*, 31(4):pp.396-401.

Berwick, D. (2013) ‘A promise to learn-a commitment to act: improving the safety of patients in England’, *Department of Health*.

Britain, G. (2015) ‘Culture Change in the NHS: Applying the lessons of the Francis Inquiries’, *Stationery Office*.

Cavaness, K., Picchioni, A., and Fleshman, J. W. (2020) ‘Linking Emotional Intelligence to Successful Health Care Leadership: The Big Five Model of Personality’, *Clinics in colon and rectal surgery*, 33(4), pp.195–203.

Castelino, P. S., & Mendonca, T. L. (2021). Emotional Intelligence in Nursing: The Heart of the Art – A Review. Journal of Complementary and Alternative Medical Research, 14(3), 1–6. https://doi.org/10.9734/jocamr/2021/v14i330244

Cavendish, C. (2013) ‘The Cavendish review: an independent review into healthcare assistants and support workers in the NHS and social care settings’, *Department of Health.*

Cekmecelioglu, H. G., Gunsel, A., & Ulutas, T. (2012) ‘Effects of emotional intelligence on job satisfaction: An empirical study on call center employees’, *Procedia* -*Social and Behavioral Sciences*, 58, pp.363–369.

Chávez, E. C., and Yoder, L. H. (2015) ‘Staff Nurse Clinical Leadership: A Concept Analysis’, *Nursing Forum,* 50 (2): pp.90–100.

Cherry, M., et al. (2014) ‘Emotional intelligence in medical education: A Critical Review’, *Medical Education*, 48: pp. 468–478.

Daly, J., D. Jackson, J. Mannix, P. Davidson, and M. Hutchinson. (2014) ’The Importance of Clinical Leadership in the Hospital Setting’, *Journal of Healthcare Leadership,* 6: pp.75–83.

Datuah,J.N, Aninanya, G.A, Habib, I., and Aryee, P.A.( 2022) ‘Socio-demographic correlates of job satisfaction among nurses and midwives in health facilities in the bole district of the savannah region, ghana’, *UDS Internat J Develop*, 8(2):pp.674-87.

Dekkers, O.M, Vandenbroucke, J.P, Cevallos, M., Renehan, A.G, Altman, D.G, et al. (2019) ‘COSMOS-E: Guidance on conducting systematic reviews and meta-analyses of observational studies of etiology’, *PLOS Medicine* 16(2): e1002742

Department of Health. (2012) ‘Compassion in practice: Nursing, midwifery and care staff. Our vision and strategy. Commissioning Board Chief Nursing Officer and DH Chief’, *Nursing Adviser.*

Department of Health. (2015) ‘Compassion in practice: Nursing, midwifery and care staff. Our vision and strategy. Commissioning Board Chief Nursing Officer and DH Chief’, *Nursing Adviser.*

Devi, H.R and Rani, J.A.(2020) ‘A descriptive study to assess the emotional intelligence among staff nurses at selected hospitals of Bangalore’, *Int J Appl Res*, 6(7):pp.112-6.

Dewi, K. T. S. (2020) ‘The influence of spiritual intelligence and emotional intelligence on job satisfaction and nursing performance’, *International Journal of Social Science and Business*, 4(1), pp.66-73.

Doherty, J. (2014) ‘Leadership from ‘below’? Clinical Staff and Public Hospitals in South Africa’, *Briefing Note,* No. 4.

Emdady, M., & Bagheri, N. (2013) ‘The relation between emotional intelligence and job satisfaction’, *European Journal of Experimental Biology*, 3, pp.554–558.

Farmer, S. (2004) ‘The relationship of emotional intelligence to burnout and job satisfaction among nurses in early nursing practice’, *Salt Lake*: *University of Utah Eccles Health Sciences Library*.

Francis, R. (2013) ‘Report of the Mid Staffordshire NHS Foundation Trust public inquiry: executive summary’, (Vol. 947). *The Stationery Office*.

Hussain, A., and Burdey, D. M. B. (2023) ‘Mediating Role of Emotional Intelligence Between The Relationship Of Occupational Stress And Clinical Performance Among Nurses’, *Bulletin of Business and Economics (BBE*), 12(3), pp.177-184.

Janet, W (2014) ‘The awareness of emotional intelligence by nurses and support workers in an acute hospital setting’, *Journal of Health Sciences*, 2 (9), pp. 458-464.

Jun, E.Y., and Oh, H. (2017) ‘Patient needs and satisfaction with nursing care after day surgery based on a patient-centered care framework’, *Clinical Nursing Research,* 26(3), pp.301-17.

Kanellakis, K., Karakasidou, E. and Koutsoukis, N. (2018) ‘The Role of Occupational Stress and Emotional Intelligence in Working Healthcare and Medical Environments’, *BMC Psychology*, 9, pp.1516-1529.

Karimi, L., Leggat, S.G., Bartram, T. et al. (2021) ‘Emotional intelligence: a predictor of employees' well-being, quality of patient care, and psychological empowerment’, *BMC Psychol* 9, pp.93.

Landa, J.M.A and Zafra, E.L. (2010) ‘The impact of emotional intelligence on nursing: An overview’, *Psychol*. 1(1),pp.50-80.

Lee, J., and Ok, C. (2012) ‘Reducing burnout and enhancing job satisfaction: Critical role of hotel employees’ emotional intelligence and emotional labor’, *International Journal of Hospitality Management*, 31, pp.1101–1112.

Li, X., et al. (2021) ‘Relationship between emotional intelligence and job well-being in Chinese Registered Nurses: Mediating effect of communication satisfaction’, *BMC Nurs* 20, Vol. 8, Issue 4, pp. 1778-1787.

Lo, W.-Y.; Lin, Y.-K.; Lin, C.-Y.; Lee, H.-M. (2023) ‘Invisible Erosion of Human Capital: The Impact of Emotional Blackmail and Emotional Intelligence on Nurses' Job Satisfaction and Turnover Intention’, *Behav. Sci*, 13, pp.37.

Lopes,P.N, Salovey, P., and Straus, R.(2003) ‘Emotional intelligence personality, and the perceived quality of social relationships’, *Pers Indiv Differ*,35,pp.641–58

Majidi, S. A., Fakoorfard, Z., & Safarmohammadi, H., and Leily, E. (2023) ‘The Relationship between Moral Intelligence and Patient Safety Culture in Nurses’, *Journal of Caring Sciences*. 12, pp.241-247.

Martos Martínez, Á.; Pérez-Fuentes, M.d.C.; Molero Jurado, M.d.M.; Simón Márquez, M.d.M.; Barragán Martín, A.B.; Gázquez Linares, J.J. (2021) ‘Empathy, Affect, and Personality as Predictors of Engagement in Nursing Professionals’, *Int. J. Environ. Res. Public Health,* 18, pp.4110.

Masih, O., Mukhtar, M.,and Masih, S. (2023) ‘Relationship between Patient’s Satisfaction and level of emotional Intelligence in Nurses Working in Tertiary Care Hospital: Relationship between Patient’s Satisfaction and level of emotional Intelligence’, *Pakistan Journal of Health Sciences*. Pp.93-97.

Mikkonen, K. and Kääriäinen, M. (2020) ‘Content Analysis in Systematic Reviews in the application of content analysis in nursing science research’, Eds.; *Springer: Cham*, *Switzerland*.

Zhang, Y. and Wildemuth, B.M.(2009) ‘Qualitative analysis of content. In Applications of Social Research Methods to Questions in Information and Library Science; Wildemuth, B., Ed.; *Libraries Unlimited*: Westport, CT, USA, pp. 308–319.

Mousavi, S. H., Yarmohammadi, S., Nosrat, A. B., & Tarasi, Z. (2012) ‘The relationship between emotional intelligence and job satisfaction of physical education teachers’, *Annals of Biological Research*, 3, 780–788.

Mshellia, P. S., Malachy, O. Y., Sabo, B., and Abu-Abdissamad, A. M. (2016) ‘Emotional intelligence and contextual performance among nursing professionals in Jos Metropolis, Plateau State, *Nigeria. Journal of good governance and sustainable development in Africa,* 3(1), pp.19-33.

Munro, J. C. (2011) ‘Nurse manager emotional intelligence as a predictor to registered nurse job satisfaction and RN perceptions of the practice environment and the relationship to patient, nursing and hospital outcomes

Nagel, Y., Towell, A., Nel, E., and Foxall, F. (2016) ‘The emotional intelligence of registered nurses commencing critical care nursing. *Curationis*, 39(1), pp.1-7.

NHS England, (2013) ‘Compassion in Practice – One Year on. Retrieved from [https://www.england.nhs.uk/wp-content/uploads/2016/05/cip-one-year-on.pdf. Accessed 28th February,2024](https://www.england.nhs.uk/wp-content/uploads/2016/05/cip-one-year-on.pdf.%20Accessed%2028th%20February,2024).

Nightingale, S., et. al, (2018) ‘The impact of emotional intelligence in health care professionals on caring behavior towards patients in clinical and long-term care settings: Findings from an integrative review’, *International Journal of Nursing Studies*, Volume 80, pp. 106–117.

Nonehkaran, E.A., Mozaffari, N., Iranpour, S. et al. (2023) ‘Identifying the predictors of turnover intention based on nurse managers' toxic leadership behaviours among nurses in Iran: a cross-sectional correlational study’, *BMC Health Serv Res* 23, pp.1201.

Oyeleye, B.R, Audu, T. and Achaku, M (2019) ‘Effect of Emotional Intelligence on Job Satisfaction among Nursing Professionals in Selected Hospitals within Jos Metropolis, Plateau State, Nigeria’, *Nigeria Journal of Management Sciences*, 6(1), pp1-12.

Page, M.J. et al. (2021) ‘The PRISMA 2020 statement: An updated guideline for reporting systematic reviews’, *BMJ*, 372, pp.71.

Paunova, M. (2015) ‘The emergence of individual and collective leadership in task groups: A matter of achievement and ascription’, *The Leadership Quarterly*, 26(6), pp.935–957.

Pérez-Fuentes, M.D.C.; Molero Jurado, M.D.M.; Gázquez Linares, J.J.; Oropesa Ruiz, N.F. (2018) ‘The Role of Emotional Intelligence in Engagement in Nurses’, *Int. J. Environ. Res. Public Health*, 15, pp.1915.

Prufeta, P. (2017) ‘Emotional Intelligence of Nurse Managers: An Exploratory Study’, *J. Nurs. Adm*. 47(3), pp.134–139.

Reddy, K.R, Rao, B.M, and Satyanarayana, N. (2015) ‘A study on job satisfaction among nursing staff in a tertiary care teaching hospital’, *J Busi Manag*. 17(3), pp.20-40.

Salar, A.R, Zare,S., Salar, H, Salar, E.(2016) ‘The survey of the job satisfaction rate in the nurses working in the training hospitals of Zahedan University of Medical Sciences’, *Int J Med Res Heal Sci*.,5 (7S), pp.300-5.

Salovey, P., Mayer, J.D., Caruso, D., Lopes, P.N., Lopez, S.J. and Snyder, C.R. (2003) ‘Emotional Intelligence, Personality, and the Perceived Quality of Social Relationships. Personality and Individual Differences’, *Pers Indiv Differ*, 35, pp.641-658.

Schutte, N. S., Malouff, J. M., Simunek, M., McKenley, J., and Hollander, S. (2002) ‘Characteristic emotional intelligence and emotional well-being’, *Cognition and Emotion*, 16, pp.769–785.

Seyed, M. A., Fakoorfard, Z.,Safarmohammadi, H., and Leily, E. (2023) ‘The Relationship between Moral Intelligence and Patient Safety Culture in Nurses’, *Journal of Caring Sciences*. 12, pp.241-247.

Seyedi, P., Beiranvand, A., Fereidouni, H.and Qolami, M. (2021) ‘Investigating the relationship of emotional intelligence with job satisfaction and burnout in nurses’, *Journal of Fundamentals of Mental Healths*. Vol. 23 (2), pp. 149-153.

Shahini, M., Telaku, N., Sopjani, I., Kamberi, M., Fetahu, D., Murtezaj, D. (2023) ‘Emotional intelligence as a protective factor against mental health problems of health workers’, *Population Medicine*, 5, pp.32.

Singh, A. (2020) ‘Emotional Intelligence and Other Constructs: A Literary Analysis’, *Journal Press India*.

Soto-Rubio, A.; Giménez-Espert, M.d.C.; Prado-Gascó, V. (2020) ‘Effect of Emotional Intelligence and Psychosocial Risks on Burnout, Job Satisfaction, and Nurses’ Health during the COVID-19 Pandemic’, *Int. J. Environ. Res. Public Health*, 17, pp.7998.

Stenhouse, R., et al. (2016) ‘Do emotional intelligence and previous caring experience influence student nurse performance? A comparative analysis’, *Nurse Education Today*: Volume 43, pp. 1-9.

Stoichkova, E. (2023) ‘Emotional Intelligence as the Core of Successful Individual and Professional Performance of Healthcare Professionals’, *Journal of Research in Humanities and Social Science*, Volume 11, Issue 2, pp: 172-177.

Sy, T., Tram, S., and O’hara, L.A. (2006) ‘Relation of employee and manager emotional intelligence to job satisfaction and performance’, *J Vocat Behav*, 68(3), pp.461-73.

Tagoe, T. and Quarshie, E. (2017) ‘The relationship between emotional intelligence and job satisfaction among nurses in Accra’, *Nursing open*, 4, Pp.84-89.

Taiye, B. H., Kehinde, B. H., Abdul, M., & Mustapha, H. B. (2019). Occupational Stress and Job Satisfaction among Nurse Educators in Ahmadu Bello University, Zaria. Journal of Education, Society and Behavioural Science, 29(4), 1–9. https://doi.org/10.9734/jesbs/2019/v29i430116

Trivellas, P., Gerogiannis, V., and Svarna, S. (2013) ‘Exploring workplace implications of Emotional Intelligence (WLEIS) in hospitals: Job satisfaction and turnover Intentions’. *Procedia-Social and Behavioral Sciences*, 73,pp.701–709.

Tzeng, H.M, Ketefian,S.,and Redman, R.W. (2002) ‘Relationship of nurses assessment of organizational culture, job satisfaction and patient satisfaction with nursing care’, *Int J Nurs Stud*, 39(1), pp. 79-84.

Wagner, P.J, Moseley, G.C, Grant, M.M, Gore, J.R, and Owens, C.(2002)Physicians’ emotional intelligence and patient satisfaction. *Fam Med.* 34:750–4.

Wang, C., et al. (2023). The mediating effect of job performance between emotional intelligence and turnover intentions among hospital nurses during the COVID-19 pandemic: *A path analysis. Collegian* 30, pp. 247-253.

Weng, H.C, Chen, H.C, Chen, H.J, Lu, K,and Hung, S.Y.(2008) ‘Doctors’ emotional intelligence and the patient–doctor relationship’, *Med Educ,* .42, pp.703–11.

Yu, C. et al., (2023) ‘The Mediating Role of Emotion Management, Self-Efficacy and Emotional Intelligence in Clinical Nurses Related to Negative Psychology and Burnout’, *Dave Medical Press*. Volume,16, pp. 3333—3345.

**Appendix**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Authors and Year | Q1 | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 |
| Dinesh et.al,2023 | √ | √ | √ | √ | √ | √ | √ | √ |
| Fatimah,T and Bayan,A., 2023 | √ | √ | √ | √ | √ | √ | √ | √ |
| Soriano-Vazquez, I., 2023 | √ | √ | √ | √ | √ | √ | √ | √ |
| Chauhan et al., 2022 | √ | √ | √ | √ | √ | √ | √ | √ |
| Seyedi et al., 2021 | √ | √ | √ | √ | √ | √ | √ | √ |

Table 3. JBI critical appraisal checklist for analytical cross-sectional studies.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Authors and Year | Q1 | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 |
| Masih, O., Mukhtar, M. and Masih, S.,2023 | √ | √ | √ | √ | √ |  | √ | √ |
| Farhana et al., 2023 | √ | √ | √ | √ | √ | √ | √ | √ |
| Tagoe and Quarshie, 2017 | √ | √ | √ | √ | √ | √ | √ | √ |
| Seyed et al.,2023 | √ | √ | √ | √ | √ | √ | √ | √ |

Table 4. JBI critical appraisal checklist for analytical descriptive correlation studies.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Authors and Year | Q1 | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 |
| Dewi, K. T. S. 2020. | √ | √ | √ | √ | √ | No | No | √ |

Table 5. JBI critical appraisal checklist for analytical qualitative studies.