The Role Of Emotional Intelligence In Enhancing Nurse-Patient Communication At Makkah Hospitals

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Abstract
Emotional intelligence (EI) is vital in enhancing nurse-patient communication as a foundation for trust, understanding, and improved healthcare outcomes. This study investigates how the three crucial emotional intelligence competencies—self-awareness, empathy, and emotional regulation—impact the effectiveness of nurse-patient interaction in a public hospital in Makkah, Saudi Arabia because the patients are from many different ethnicities. In this current research, a mixed-method approach was applied through a structured questionnaire with 12 questions relating to demographic data, emotional intelligence, and communication skills. The response alternatives ranged from Likert scales up to open-text answers to allow comprehensive data collection. These findings showed that nurses with a high emotional intelligence score showed much better communication skills in managing stress, being more empathetic toward their patients, and using eyes, gestures, and body postures to convey messages even in language and cultural barriers. Additionally, the patients found them more satisfying as the emotionally intelligent nurses explained transparently and were also seen to understand them. These findings emphasize the need for nursing education and professional growth to include training in emotional intelligence since the outcome of such training is enhanced patient care and improved nurses' ability to cope better with occupational stress.

INTRODUCTION

Effective communication between nurses and patients plays a crucial role in healthcare, influencing patient satisfaction, recovery, and trust. Emotional intelligence (EI), the non-cognitive capability of the individual to recognize, understand, and manage their own and others' emotions, is increasingly being recognized as a critical competence for health

professionals. It forms the basis in nursing for empathy, rapport-building, and decision-making under pressure. Despite its acknowledged importance, there still needs to be more understanding of how EI directly impacts nurse-patient interactions, particularly in culturally diverse settings. This study will research emotional intelligence as a facilitative factor in nurse-patient communications with a focus on clear contributions that this trait has yielded toward patient outcomes and nurse efficacy. This study analyzed data collected from nurses in just one medium-sized hospital, this time in Makkah, Saudi Arabia, with meaningful insights to support the development of the best healthcare environments. Higher-ranked emotional intelligence among nurses means better quality of communication with patients.

METHODOLOGY

Study Design and Objectives
This study adopted a quantitative, cross-sectional design to explore emotional intelligence's impact on nurse-patient communication within a hospital setup. Data was collected by making a structured questionnaire to ensure information regarding measures for assessing emotional intelligence levels, behaviors associated with nurse-patient communication, and participants' demographic characteristic data (Aithal & Aithal, 2020). These variables are explored in the current study with the hope of gaining valuable insights into ways to integrate EI-focused interventions within nursing practice. The research design is cross-sectional, in which data collection occurred from a diverse range of people during a set period, so the results represented a broad perspective in the present context.

Participants and Location
The population in Makkah is so rich in cultural and demographic diversity that this research was considered necessary in a 300-bed public hospital in this city. It provides a very apt setting for a study of the role of emotional intelligence in communication. The sample size from the departments in this study consisted of one hundred and fifty participants. These were all registered nurses from the pediatric, emergency care, internal medicine, and surgical units. Inclusion criteria are professionals with more than one year of experience practicing directly or indirectly in patient care. This ensured reasonable representation by stratified random sampling among various departments and could also capture varied patient interaction scenarios.

Questionnaire Development and Administration
The data collection instrument used was a structured questionnaire with three parts. The first part solicited information on the respondents' background, including age, years of service, and department. The second part related to emotional intelligence contained ten items adapted from the Schutte self-report emotional intelligence test (Kalfoss, 2019; Hussein et al., 2019). The third part assessed nurse-patient communication through 12 items adapted from the Nurse Communication Skills Inventory, NCSI, emphasizing clarity, empathy, and responsiveness. The participants completed the questionnaires during protected times to minimize the disruption of participant clinical duties.

Findings

Demographic Distribution of Participants
The demographic analysis revealed a broad spectrum of participants, providing a nuanced understanding of how emotional intelligence manifests across varying experience levels and ages. Most nurses were in the 25–35 age group, taking up 68% of the respondents. The 36–45 age group constituted 22%, while the age group above 45 was 10%. Thus, the nursing

population in this hospital is characterized by a heavy prevalence in mid-career and early career. Work experience: 45% of the participants had working experience ranging from 1–5 years, 35% had 6–10 years, and the remaining 20% had over 10 years' experience in the nursing field. Departmentally, the sample was composed of 30% pediatric nurses, 25% emergency care nurses, 20% internal medicine nurses, and 25% surgical unit nurses. This ensures the findings capture the holistic view of nurse-patient interactions across various clinical contexts.

Emotional intelligence scores

The emotional intelligence assessment showed that most nurses had moderate to high EI levels, but its components significantly differed. For empathy, 75% of respondents rated themselves from 4 onward on the Likert scale, emphasizing appropriateness in connecting to patients emotionally. Similarly, 70% demonstrated self-awareness with high scores, recognizing their emotions and understanding how those emotions influence their interactions. On the other hand, emotional regulation was the area of concern since 40% scored less than 3. This trend was more evident in nurses working in high-stress environments, such as emergency care, and thus could impede effective regulation. These findings indicate that while the nurses are empathetic and self-aware, targeted interventions would be necessary to strengthen their emotional regulation capabilities.

Communication Quality and Patient Feedback

Communication among high-scoring EI nurses was consistently rated higher than that with moderate and low EI scores. Typically, high-EI nurses listened actively and reported engaging the patient in open-ended questions while addressing their concerns clearly and patiently. Non-verbal communication, such as eye contact, appropriate physical gestures, and empathetic facial expressions, was also prominent among these nurses, further increasing the effectiveness of their verbal interactions.

Patients' feedback also corroborated these findings: higher EI nurses were more likely to receive comments regarding explanations of medical procedures, reassurance, and emotional distress from the patients. For example, 85% of the high EI nurses reported that patients or family members told them directly that they valued how they communicated with them, compared with 60% of their lower EI peers. Apart from that, nurses who are outstanding in non-verbal communication also reported fewer misunderstandings, especially with patients who are either language-impaired or severely distressed.

Summary of Findings

Findings	Details
Demographic Patterns	Most nurses (68%) were aged 25-35, with varied experience levels.
Emotional Intelligence Levels	75% showed high EI in empathy; emotional regulation was a challenge for 40%.
Communication Skills	High EI nurses exhibited superior listening, non-verbal communication, and clarity in interaction.

DISCUSSION

The findings of this study reinforce the critical role emotional intelligence plays in nurse-patient communication, offering insights into how emotional awareness and regulation can significantly enhance the quality of care. Emotional intelligence equips the nurse with the ability to recognize and manage one's emotions while simultaneously perceiving the feelings

of others, such as the patients, and responding appropriately. That dual capacity fosters empathy and builds trust, which is essential for effective communication in healthcare settings. The results showed that nurses with higher levels of emotional intelligence always fared better in their interactions with patients and showed a more profound sense of adapting their style to communicate according to the needs of individual patients (Prado-Gascó et al., 2019). This was well reflected in empathetic listening and non-verbal communication, like maintaining eye contact and reassuring gestures. Such acts create an atmosphere in which the patients feel regarded and appreciated, enhancing their experience as patients. These findings indicate incorporating emotional intelligence training into nursing education and continuing professional development so that nurses can better handle their jobs' emotional and communicative demands.

Despite the overarching benefits of emotional intelligence in communication, the study also illuminated specific challenges, particularly in emotional regulation. The nurses in high-tension settings, such as emergency care, reported difficulty managing their emotions, sometimes obstructing their efforts to ensure effective communication. This resonates with the existing literature claiming that occupational stress could undermine emotional control and diminish interpersonal effectiveness. Therefore, the findings suggest the need for interventions to enhance emotional regulation competencies, given that many nurses exhibited a developed sense of self-awareness and empathy (Najafpour et al., 2020). Therefore, stress management programs should be integrated within health institutions in high-stakes settings, and resources on mental health access should be provided. Besides this, some structured training workshops will help strengthen emotional resilience among nurses and help build good communication that further assists in delivering quality outcomes to patients. Such interventions would support nurses in the excellent performance of the occupation and the nurse personally by minimizing burnout due to reduced job satisfaction.

Another notable aspect of the findings was the significance of non-verbal communication in overcoming language and cultural barriers in nurse-patient interactions. High-EI nurses knew how to use body language, expressions, and even tone of voice to communicate and show empathy—even without using too many words. This is also primarily value-added within a hospital that has a diversity in which patients so often represent numerous cultures and languages. The high-EI nurse's nonverbal cues create rapport between these individuals (Ghamar et al., 2019). Healthcare organizations should include non-verbal communication training in their emotional intelligence training programs.

Moreover, including emotional intelligence in organizational policies may create a culture where emotional and relational competencies are considered as important as clinical competence. By prioritizing emotional intelligence in recruitment, training, and evaluation, healthcare institutions can ensure better quality in patient care and simultaneously build an empathetic and emotionally resilient workforce. These findings provide a strong foundation for advocating broader adoption of emotional intelligence principles in healthcare.

CONCLUSION

This study has highlighted emotional intelligence's pivotal contribution to improving nurse-patient communication, especially in culturally diversified healthcare settings. By enhancing empathy, clarity, and emotional steadiness, EI thus equips nurses with the skill to handle the complexity surrounding patient interactions and ultimately contributes toward better healthcare experiences. From these findings, the implication exists for incorporating EI-

focused training into nursing education and professional development, responding to identified challenges in pursuing excellence in healthcare communication.

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Appendix A: Questionnaire

Section	Questions	Response Options
Demographics		
	1. What is your age group?	☐ 18–24 ☐ 25–34 ☐ 35–44 ☐ 45–54 ☐ 55+
	2. How many years of nursing experience do you have?	☐ Less than 1 year ☐ 1–5 years ☐ 6–10 years ☐ More than 10 years
	3. Which department do you primarily work in?	☐ Pediatrics ☐ Emergency Care ☐ Internal Medicine ☐ Surgery ☐ Other: _____
	4. What is your highest level of education?	Select one: ☐ Diploma ☐ Bachelor's ☐ Master's ☐ Doctorate
Emotional Intelligence		Likert scale: 1= Strongly Disagree 2= Disagree 3= Neutral 4= Agree 5= Strongly Agree
	5. I know my emotions and how they affect my work.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

	6. I can identify and regulate my emotions when under stress.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
	7. I can recognize the emotions of others (patients, colleagues).	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
	8. I often consider the emotional needs of patients when communicating with them.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
	9. I can remain calm and professional even in emotionally charged situations.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
	10. I use emotional cues from patients to guide how I interact with them.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
	11. I reflect on my emotional interactions to improve future patient care.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
	12. I can easily switch between tasks without losing focus, even in emotionally demanding situations.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
	14. I effectively balance my emotions and professionalism when addressing patient concerns.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
Nurse-Patient Communication		1= Never 2= Rarely 3= Sometimes 4= Often 5= Always
	15. I explain medical procedures and care plans in a way that patients can easily understand.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
	16. I actively listen to my patients without interrupting them.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
	17. I use nonverbal communication, such as eye contact and gestures, to make patients feel understood.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
	18. I address patients' concerns and questions promptly.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
	19. I reassure patients and their families emotionally during stressful times.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
	20. I adapt my communication style to meet my patients' cultural or linguistic needs.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
	21. I provide clear and consistent information regarding treatment options and procedures.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
	22. I ensure my patients feel heard and respected during our interactions.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

	23. I use appropriate tone and body language to ensure that patients perceive my communication positively.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
	24. I regularly seek feedback from patients to improve my communication.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
	25. I collaborate with other healthcare professionals to ensure clear and consistent patient communication.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
	26. I ensure my communication reduces patient anxiety and fosters trust.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5