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Emotional Intelligence in Managing Challenging Patient Interactions: Individual, Team and Organisational Practice

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Emotional Intelligence in Managing Challenging Patient Interactions: Individual, Team, and Organisational Practice

Abstract

Nursing involves constant exposure to emotionally demanding situations, requiring management of both interpersonal and clinical challenges. Emotional intelligence (EI) offers a framework for understanding how nurses perceive, regulate, and respond to these demands. This paper examines EI's role in fostering resilience at individual, team, and organisational levels, highlighting its contribution to emotional regulation, adaptive coping, communication, and psychological safety. However, overemphasis on EI risks individualising responsibility and overlooking systemic stressors, such as workload and staffing pressures. While valuable, EI alone is insufficient; it must be supported by organisational structures and culture to sustain staff wellbeing and enable compassionate, effective care.

Introduction

Nurses regularly encounter situations that are both clinically complex and emotionally demanding. Patients and their families often experience fear, uncertainty, and a loss of control, which may be expressed not through calm communication but through agitation, refusal of care, anger, or persistent questioning. Relatives, in particular, may exhibit frustration or hostility, further intensifying the emotional burden on staff. In some cases, this distress can escalate into verbal abuse, threats, or even physical violence directed at healthcare professionals. Evidence from NHS England (2026) indicates that such incidents are common and can significantly impact staff wellbeing, contributing to burnout, anxiety, and reduced job satisfaction.

Such encounters highlight the emotional labour inherent in nursing (Zhang et al., 2025). Emotional labour refers to the effort involved in managing one's own emotions while responding appropriately to the emotional needs of others (Edward et al., 2017). In practice, nurses are expected to maintain a calm, respectful, and compassionate demeanour, even when faced with distress, frustration, or hostility. This frequently requires the regulation, and at times suppression, of their own emotional responses in order to sustain professional and therapeutic interactions.

This process involves both intrapersonal awareness, through recognising and managing one's own emotions, and interpersonal sensitivity, through interpreting and responding to the emotional cues of patients and their families. As a core component of nursing practice, emotional labour not only shapes the quality of therapeutic relationships but also plays a significant role in influencing patient outcomes and staff wellbeing.

EI provides a valuable lens through which to understand how clinicians perceive, regulate, and respond to the emotional demands inherent in care. Early conceptualisations by Peter Salovey and John D. Mayer (1990) defined EI as the ability to perceive, understand, and manage

emotions in oneself and others, establishing an ability-based model centred on emotional processing. This was later expanded by Daniel Goleman (1995), who conceptualised EI as a broader set of competencies, including self-awareness, self-regulation, motivation, empathy, and social skills, highlighting its relevance to workplace performance and interpersonal effectiveness. In the context of emotional labour, EI can therefore be understood as underpinning the capacities required to navigate emotionally complex interactions, integrating emotional awareness with effective regulation and responsive engagement.

However, while EI offers a valuable framework for understanding how nurses engage with the emotional dimensions of care, it should not be positioned as a singular solution to the challenges of practice. Critiques within the literature caution that an overemphasis on EI risks individualising responsibility for coping, potentially obscuring systemic contributors to stress such as staffing shortages, workload intensity, and organisational culture (Linsley & Jones, 2025; Naggar et al., 2025). Evidence from healthcare research indicates that burnout and stress are more strongly associated with organisational conditions, including high job demands, inadequate staffing support, and sustained workload pressures, than with individual capability alone (NHS England, 2025).

Accordingly, although EI may function as a protective factor that can enhance wellbeing and support the delivery of high-quality care, it operates within, rather than independently of, these broader structural conditions (Karimi et al., 2021). The capacity to enact emotionally intelligent practice is therefore not exercised in isolation, but is shaped by team dynamics, leadership, and the wider healthcare environment.

The Individual Nurse: Exploring Emotional Intelligence in Clinical Practice

At the level of the individual practitioner, EI is a multidimensional construct that shapes how nurses engage with the emotional complexity of clinical care (Karimi, et al., 2021). Rather than a single skill, it comprises interrelated capacities that influence how emotions are recognised, interpreted, and managed in oneself and others, particularly in emotionally charged interactions where maintaining professionalism and therapeutic relationships is essential (Nightingale, et al., 2018).

This relationship between EI and resilience can be understood through established theoretical frameworks. Richard Lazarus and Susan Folkman's transactional model of stress conceptualises stress as arising from a perceived imbalance between demands and coping resources (Lazarus and Folkman, 1984); within this model, EI supports resilience by enhancing appraisal processes and enabling more accurate evaluation of stressors (Peña-Sarrionandia, et al., 2015; Delgado et al., 2017). Similarly, Arlie Hochschild's theory of emotional labour highlights the expectation that professionals regulate and sometimes modify emotional expression as part of their role (Hochschild, 2012) with more recent research demonstrating its ongoing relevance in contemporary nursing contexts (Zhang et al., 2025).

A key element of emotional intelligence is social awareness, which involves the ability to perceive and interpret the emotional states of others. While empathy, the recognition and sharing of another person's feelings, can foster understanding and connection, repeatedly internalising patients' distress can be emotionally taxing, particularly in high-pressure healthcare environments (Steindl et al., 2021). Building on this, Paul Gilbert (2009) emphasises a critical distinction: whereas empathy involves "feeling with" someone, compassion involves "feeling for" them while maintaining a degree of emotional distance. Compassion entails recognising another's suffering and being motivated to alleviate it without becoming overwhelmed by their emotional state.

In nursing practice, this distinction underscores the importance of moving from unmoderated empathy toward compassion. Compassion enables clinicians to respond constructively to distressing situations, supporting patients therapeutically while safeguarding their own emotional wellbeing (Sinclair et al., 2016). It aligns closely with the regulatory component of EI, helping nurses maintain professional boundaries, exercise sound judgement, and deliver care in a manner that is both emotionally attuned and sustainable. By contrast, reliance on empathy alone, while valuable for understanding, can lead to emotional over-arousal and increase the risk of burnout when practitioners repeatedly internalise the suffering of others. Shifting the focus from empathy to compassion therefore supports both high-quality patient care and the long-term wellbeing of healthcare staff.

Relationship management represents the outward expression of EI, translating internal awareness and regulation into effective, sustainable interactions with patients, families, and colleagues (Hurley & Linsley, 2026). Nurses achieve this through a combination of practical strategies: actively listening and attending to verbal and non-verbal cues; tailoring communication to meet individual needs; regulating their own emotional responses to maintain calm and professionalism; and engaging compassionately to respond to suffering without becoming overwhelmed. These behaviours enable nurses to de-escalate distress, foster trust, and support collaborative problem-solving, both within care teams and in interactions with patients and families.

In addition, reflective practice underpins effective relationship management. By reviewing and evaluating their interactions, nurses refine their responses to complex emotional situations, strengthen professional judgement, and reinforce resilience in high-pressure environments. Through this integration of EI, compassion, and reflective strategies, relationship management not only enhances patient experience and therapeutic engagement but also helps nurses navigate the demands of emotional labour in a way that protects their own wellbeing and promotes sustainable, high-quality care.

A third core component of EI, self-awareness, underpins both social awareness and relationship management. Self-awareness involves recognising one's own emotions, understanding their impact on thoughts and behaviours, and acknowledging personal strengths and limitations (Goleman, 1995). In nursing practice, self-awareness enables

clinicians to identify early signs of stress, fatigue, or emotional over-arousal, allowing proactive strategies to prevent burnout. By reflecting on their own emotional responses, nurses can adapt their interactions, maintain professional boundaries, and ensure that emotional labour is managed in a sustainable way.

Moreover, self-awareness supports ethical decision-making and professional judgement. Nurses who are attuned to their own emotional states are better equipped to recognise when personal biases, stress, or fatigue might influence patient care. This awareness fosters deliberate, considered responses rather than reactive behaviours, reinforcing both patient safety and therapeutic effectiveness. Integrated with social awareness and relationship management, self-awareness completes a triad of EI that enables nurses to navigate the emotional complexity of clinical practice.

The Team Environment: Emotional Intelligence in Collective Practice

While EI is often conceptualised as an individual capability, its significance extends strongly to the team environment, where resilience is increasingly understood as a collective and relational process (Delgado et al., 2020; West et al., 2018). Within clinical settings, resilience emerges not solely from individual coping strategies but through patterns of interaction, communication, and shared meaning-making within teams (Traynor, 2018). In this context, EI operates as a collective resource that shapes how teams respond to emotionally demanding situations, support one another, and sustain effective patient care (Karimi et al., 2021).

Key theoretical frameworks help to contextualise this collective dimension of resilience. Amy Edmondson's concept of psychological safety refers to a shared belief that it is safe to take interpersonal risks, such as speaking up, asking questions, or admitting uncertainty (Edmondson, 1999). Similarly, relational coordination theory highlights the importance of communication characterised by shared goals, shared knowledge, and mutual respect (Gittell, 2016). Together, these frameworks emphasise that emotionally intelligent practice at team level is not simply the sum of individual competencies but is embedded within relational dynamics that enable or constrain open communication and collaborative functioning (Delgado et al., 2020; Moloney et al., 2018).

A key benefit of EI at the team level is enhanced social awareness. Teams with high collective EI are more attuned to the emotional cues of patients, relatives, and colleagues, allowing them to anticipate and respond proactively to distress or conflict (Steindl et al., 2021; Karimi et al., 2021). This shared sensitivity enables more nuanced interpretations of behaviour. For example, during handovers or debriefs, teams may collectively identify that patient agitation reflects unmet needs such as unmanaged pain, unfamiliar environments, or communication barriers (Zhang et al., 2025). This reduces the likelihood of attributing behaviour solely to individual characteristics and instead supports a more contextually informed understanding. In doing so, teams enact the principles of values-based nursing, including dignity, respect, and compassion, through coordinated and empathetic responses (Sinclair et al., 2017).

Consistency of approach represents another important advantage of team-based EI. When team members respond in a coordinated and predictable manner, patients are more likely to feel understood, safe, and emotionally supported (Miao et al., 2017; Karimi et al., 2021). Consistency in communication, reassurance, and the management of distress reduces uncertainty, particularly for patients experiencing anxiety or vulnerability. For instance, when a patient repeatedly expresses concern about a procedure, a team that collectively provides clear, calm explanations reinforces trust and emotional stability. This alignment reflects not only effective teamwork but also shared emotional understanding, demonstrating how EI contributes to the delivery of coherent, patient-centred care (Hurley & Linsley, 2026).

Emotional regulation at the team level also plays an important role in supporting resilience. Rather than being solely an individual process, emotional regulation can occur collectively through processes of co-regulation, where team members influence and stabilise one another's emotional responses during periods of stress (Moloney et al., 2018). Teams that model calm, respectful interactions create environments that buffer individual stress, reduce conflict, and prevent escalation in emotionally charged situations. This shared regulation reinforces professional values and contributes to a supportive climate for both staff and patients (Traynor, 2018).

Relationship management within teams is similarly strengthened by EI. Teams characterised by high relational EI demonstrate effective communication, constructive conflict resolution, and sustained interpersonal trust (Karimi et al., 2021; Miao et al., 2017). These dynamics support adaptive coping during complex or high-pressure situations and reduce the risk of error by encouraging open dialogue and shared problem-solving. Furthermore, emotionally intelligent teams are more likely to engage in reflective practice, using discussion and debriefing as opportunities to learn from experience and improve care delivery (Zhang et al., 2025). Integrating emotional awareness into these processes fosters a culture of openness, curiosity, and continuous improvement, aligning with the ethical and relational foundations of nursing practice (Sinclair et al., 2017; Steindl et al., 2021).

However, a critical perspective highlights that the benefits of EI at team level are contingent upon the broader organisational and cultural context. Hierarchical structures within healthcare can inhibit emotional expression and limit opportunities for open communication (Nembhard and Edmondson, 2006; West et al., 2018). Power dynamics may prevent junior staff from speaking up, even when they possess the emotional insight to identify concerns. In such environments, the potential of EI to enhance teamwork and resilience is constrained, as psychological safety is undermined. This illustrates that EI alone is insufficient to transform team functioning without supportive structural conditions (Traynor, 2018; Dall'Ora et al., 2020).

The clinical relevance of these dynamics is particularly evident following critical incidents. Teams that engage in emotionally intelligent debriefing, characterised by openness, compassion, and non-judgement, demonstrate reduced moral distress and enhanced capacity

for learning and adaptation (Zhang et al., 2025; Delgado et al., 2020). These processes enable teams to collectively process emotional experiences, integrate learning, and strengthen future responses. However, the effectiveness of such practices depends on the presence of psychologically safe and non-hierarchical environments that support honest reflection (Edmondson, 1999; Nembhard and Edmondson, 2006).

Leadership and Organisational Culture

At the organisational level, resilience is shaped not only by individual and team capabilities but by wider structural conditions, including leadership, culture, and resource allocation (West et al., 2018; Traynor, 2018). From a systems perspective, resilience emerges through the interaction of multiple elements within the healthcare environment rather than residing within individuals alone (Hollnagel et al., 2018). Organisational theories, including systems theory and high-reliability organisation (HRO) principles, emphasise the importance of communication, adaptability, and continuous learning in sustaining safe and effective practice (Weick and Sutcliffe, 2015). Within this context, EI becomes institutionalised through leadership approaches, workplace policies, and cultural norms that either enable or constrain emotionally responsive care (Karimi et al., 2021; Delgado et al., 2020).

Leadership plays a central role in shaping how emotional demands are understood and managed in practice. Leaders who demonstrate emotionally intelligent behaviours, such as empathy, self-awareness, and relational sensitivity, set the tone for how staff engage with the emotional complexities of care (Gerhardt et al., 2026). By recognising that patient behaviour is often rooted in distress, fear, or unmet needs, leaders can encourage staff to move beyond judgement and towards understanding. This reframing supports reflective discussion, psychologically safe communication, and a culture in which emotionally challenging interactions are explored rather than avoided. In doing so, leadership facilitates the integration of EI into everyday clinical practice, aligning with values-based approaches that prioritise compassion, relational ethics, and patient-centred care.

Organisations further support emotionally intelligent practice through structured opportunities for reflection, supervision, and learning. Mechanisms such as clinical supervision, reflective practice groups, team debriefing sessions, and communication skills training provide spaces in which staff can process emotionally challenging experiences in a supportive environment (Kinman et al., 2020; Zhang et al., 2025). These initiatives contribute to the development of emotional awareness, regulation, and attributional insight, enabling nurses to better interpret and respond to complex behaviours. In this way, EI becomes embedded within organisational routines rather than remaining an implicit or individual expectation (Karimi et al., 2021).

Workplace policies also play a critical role in shaping the emotional climate of care. Staffing levels, workload management, and access to wellbeing resources directly influence the extent to which nurses are able to engage in emotionally intelligent practice (Dall'Ora et al., 2020;

Shah et al., 2021). When organisations acknowledge emotional labour as an inherent component of nursing work, they are better positioned to support staff in managing its psychological impact (Moloney et al., 2018). Policies that promote psychological safety, compassionate leadership, and staff wellbeing reinforce the idea that high-quality care is inseparable from workforce wellbeing (Edmondson, 1999; West et al., 2018). This alignment is central to workforce sustainability, as it recognises that emotionally supported staff are better able to sustain compassionate, patient-centred care over time (Traynor, 2018; Delgado et al., 2020).

However, a critical perspective highlights tensions in how EI and resilience are operationalised at an organisational level. There is growing concern that some organisations promote EI training and resilience-building initiatives as relatively low-cost solutions to complex systemic problems (Foster et al., 2021; West et al., 2018). For example, encouraging mindfulness, emotional self-regulation, or EI workshops without addressing unsafe staffing levels, excessive workloads, or hierarchical barriers risks placing responsibility for coping on individual practitioners (Dall'Ora et al., 2020; Shah et al., 2021). In this way, resilience discourse can inadvertently shift attention away from structural failings, framing burnout and emotional fatigue as individual deficits rather than organisational issues (Kinman et al., 2020).

Evidence supports this critique, suggesting that interventions focused solely on individual EI have limited long-term impact unless they are accompanied by broader structural support, including adequate staffing, effective supervision, and organisational justice (West et al., 2018; Delgado et al., 2020). Without these conditions, the capacity of individuals and teams to enact emotionally intelligent practice is significantly constrained, highlighting that EI must be supported by the system to achieve sustainable outcomes (Moloney et al., 2018; Traynor, 2018).

Therefore, organisational commitment, rather than individual capability alone, emerges as the primary determinant of sustainable resilience. Embedding EI within leadership practices, policies, and organisational culture is essential but must be accompanied by tangible investment in workforce conditions (Karimi et al., 2021; Foster et al., 2021). Only through this integrated approach can emotionally intelligent practice move beyond rhetoric and become a meaningful component of healthcare delivery, ensuring that staff wellbeing and patient-centred care are mutually reinforced (Sinclair et al., 2017; Steindl et al., 2021).

Integration: A Multi-Level Perspective

A socio-ecological perspective emphasises that resilience in healthcare emerges through the interaction of individual, team, and organisational factors rather than residing at any single level. At the individual level, EI supports emotional regulation, cognitive appraisal, and adaptive coping. At the team level, relational EI shapes communication, psychological safety, and collective responses to stress. At the organisational level, structures, leadership, and culture determine the extent to which these capabilities can be effectively enacted.

These levels are interdependent rather than hierarchical. Individual competencies are shaped and either enabled or constrained by team dynamics and organisational conditions, while team functioning is similarly influenced by broader structural factors. Overemphasising EI at the individual level risks obscuring these interconnections, potentially reinforcing a culture in which nurses are expected to manage emotional challenges independently, despite systemic pressures.

A more comprehensive understanding of resilience therefore requires moving beyond purely individualised models towards approaches that recognise the collective and structural nature of healthcare work. Within this framework, EI remains a valuable component, but one that must be enacted within supportive teams and underpinned by organisational commitment to staff wellbeing.

Conclusion

EI plays a key role in supporting resilience in nursing practice, with relevance across individual, team, and organisational contexts. At the individual level, EI enables nurses to engage in emotional regulation, reflective appraisal, and adaptive coping, supporting effective responses to emotionally complex clinical situations. At the team level, collective EI enhances communication, fosters psychological safety, and facilitates coordinated, compassionate care. Organisational factors, leadership, culture, and structural conditions, determine the extent to which emotionally intelligent behaviours can be enacted and sustained.

However, EI is not a comprehensive solution to the challenges of emotionally demanding healthcare work. Overreliance on EI risks reinforcing narratives of individual responsibility, potentially obscuring systemic factors such as staffing levels, workload, and organisational culture. Evidence indicates that without adequate structural support, even highly emotionally intelligent practitioners remain vulnerable to stress and burnout.

A multi-level perspective is therefore essential. Resilience should be understood as a dynamic, relational process arising from the interaction of individual capabilities, team dynamics, and organisational systems. Within this framework, EI is a valuable but partial contributor. Sustainable resilience requires both the development of emotional competencies and organisational commitment to environments that enable staff to practise safely, reflectively, and compassionately.

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