

Evaluating the Effectiveness of Emotional Intelligence Training on Team Collaboration in Nursing Practice

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Abstract

This study investigates the impact of structured emotional intelligence (EI) training interventions on team collaboration within nursing practice environments. While emotional intelligence has been recognized as important in healthcare settings, there remains a significant gap in understanding how targeted EI development specifically influences collaborative behaviors among nursing teams. We conducted a mixed-methods longitudinal study across three hospital units, implementing a novel EI training protocol that integrates mindfulness practices, conflict resolution techniques, and perspective-taking exercises specifically designed for healthcare contexts. Quantitative measures included the Emotional Intelligence Appraisal, Team Collaboration Scale, and patient satisfaction scores, while qualitative data were gathered through semi-structured interviews and observational assessments. Results demonstrated statistically significant improvements in team communication effectiveness ($p \leq 0.01$), conflict resolution capabilities ($p \leq 0.05$), and mutual support behaviors ($p \leq 0.01$) following the intervention. Notably, the experimental group showed a 34

1 Introduction

The complex and high-stakes environment of modern healthcare demands exceptional teamwork and collaboration among nursing professionals. Effective collaboration has been consistently linked to improved patient outcomes, reduced medical errors, and enhanced job satisfaction among healthcare providers. However, traditional approaches to improving teamwork in nursing have often focused on technical skills and procedural protocols, overlooking the critical role of emotional intelligence in fostering genuine collaborative relationships. Emotional intelligence, defined as the capacity to recognize, understand, and manage emotions in oneself and others, represents a potentially transformative dimension of nursing practice that remains underexplored in systematic intervention research.

Current literature acknowledges the importance of emotional intelligence in healthcare leadership and patient interactions, but there is limited empirical evidence regarding its specific impact on team collaboration dynamics within nursing units. The nursing environment presents unique emotional challenges, including exposure to suffering, high-stakes decision-making, and interpersonal conflicts, all of which can strain collaborative relationships. This study addresses this gap by developing and evaluating a comprehensive emotional intelligence training program specifically designed to enhance collaborative capabilities in nursing teams.

Our research questions focus on whether targeted emotional intelligence training can significantly improve measurable aspects of team collaboration, how such training influences the emotional climate of nursing units, and whether these effects are sustained over time. We hypothesize that nurses who receive structured emotional intelligence development will demonstrate enhanced collaborative behaviors, improved conflict resolution skills, and greater psychological safety within their teams compared to those who do not receive such training.

This investigation contributes to the literature by moving beyond correlational studies to examine causal relationships through intervention research. Furthermore, our approach integrates elements from positive psychology, organizational behavior, and clinical nursing practice to create a holistic training model that addresses the unique emotional demands of healthcare environments. The findings have practical implications for nursing education, staff development programs, and organizational strategies aimed at enhancing teamwork and patient care quality.

2 Methodology

2.1 Research Design

This study employed a mixed-methods longitudinal design with both quantitative and qualitative components to comprehensively evaluate the impact of emotional intelligence training on nursing team collaboration. The research was conducted over a twelve-month period across three medical-surgical units in a large academic medical center. A quasi-experimental approach was utilized, with one unit serving as the experimental group receiving the emotional intelligence intervention, while the other two units functioned as control groups continuing with standard practice.

The emotional intelligence training intervention consisted of a structured eight-week program delivered in two-hour weekly sessions, followed by four monthly reinforcement workshops. The training curriculum was developed through an extensive literature review and consultation with experts in nursing education, organizational psychology, and emotional intelligence research. The program incorporated four core modules: self-awareness and emotional recognition, emotional regulation strategies, empathy and perspective-taking, and relationship management in high-stress environments.

Each training session combined didactic instruction with experiential learning activities, including role-playing clinical scenarios, guided reflection exercises, and group discussions of real workplace challenges. The training emphasized practical application of emotional intelligence skills in daily nursing practice, with participants completing weekly action plans to implement specific strategies in their work environments.

2.2 Participants

A total of 84 registered nurses participated in the study, with 28 in the experimental group and 56 across the two control groups. Participants ranged in experience from new graduates

to nurses with over thirty years of clinical practice. The sample was predominantly female (92

2.3 Measures and Data Collection

Quantitative data were collected at three time points: baseline (pre-intervention), immediately post-intervention, and six months following the intervention completion. The primary quantitative measures included the Emotional Intelligence Appraisal, a validated instrument assessing four domains of emotional intelligence; the Team Collaboration Scale, which measures perceptions of teamwork and collaborative behaviors; and the Nursing Unit Cultural Assessment Tool, which evaluates the emotional climate and psychological safety within work units.

Additionally, objective measures of collaboration were obtained through analysis of incident reports related to communication breakdowns, patient satisfaction scores specifically addressing teamwork perceptions, and rates of interdisciplinary consultation. Qualitative data were gathered through semi-structured interviews with 24 participants (12 from the experimental group and 12 from control groups) and approximately 40 hours of direct observation of team interactions during shift changes, patient handoffs, and interdisciplinary rounds.

2.4 Data Analysis

Quantitative data were analyzed using repeated measures ANOVA to examine changes over time between groups, with post-hoc tests to identify specific areas of improvement. Correlation analyses explored relationships between emotional intelligence scores and collaboration measures. Qualitative data underwent thematic analysis using a constant comparative approach, with multiple researchers independently coding transcripts and field notes to ensure reliability. Integration of quantitative and qualitative findings followed a convergent parallel design, allowing for triangulation of results and deeper interpretation of the intervention's effects.

3 Results

The implementation of the emotional intelligence training program yielded significant improvements across multiple dimensions of team collaboration. Quantitative analysis revealed statistically significant increases in emotional intelligence scores among the experimental group compared to control groups ($F(2,81) = 8.47, p \leq 0.001$), with particularly strong gains in the domains of emotional awareness ($p \leq 0.01$) and relationship management ($p \leq 0.001$).

Team collaboration measures showed substantial improvement following the intervention. The experimental group demonstrated a 34

Qualitative findings provided rich contextual understanding of these quantitative improvements. Interview participants from the experimental group described enhanced ability to recognize and respond to colleagues' emotional states, particularly during stressful clinical situations. One nurse explained: "I used to get frustrated when my coworkers seemed

distracted or short-tempered. Now I'm better at recognizing when someone is overwhelmed and offering support instead of reacting defensively.

Observational data revealed notable changes in communication patterns within the experimental group. Nurses demonstrated more active listening behaviors, increased use of empathetic responses during conflicts, and more frequent checking-in with colleagues regarding emotional wellbeing. These behavioral changes appeared to create a positive feedback loop, with improved interactions reinforcing psychological safety and further enhancing collaborative willingness.

The sustainability of these effects was examined through six-month follow-up assessments. While some attenuation of initial gains was observed, the experimental group maintained significantly higher levels of emotional intelligence and collaborative behaviors compared to both baseline measures and control groups. This suggests that the intervention produced meaningful, lasting changes in team functioning rather than temporary improvements.

Unexpected findings emerged regarding the impact of emotional intelligence training on interdisciplinary collaboration. Nurses in the experimental group reported improved relationships with physicians, respiratory therapists, and other healthcare professionals, suggesting that enhanced emotional capabilities generalized beyond nursing team boundaries. This cross-disciplinary effect represents an important secondary benefit with implications for overall healthcare team performance.

4 Discussion and Conclusion

This study provides compelling evidence that structured emotional intelligence training can significantly enhance team collaboration in nursing practice. The findings demonstrate that emotional capabilities are not merely innate traits but developable skills that, when systematically cultivated, can transform team dynamics and improve collaborative effectiveness. The success of our intervention highlights the importance of moving beyond technical competence in nursing education and professional development to include explicit attention to emotional intelligence.

The mechanisms through which emotional intelligence training influenced collaboration appear multifaceted. Enhanced self-awareness allowed nurses to better recognize their emotional triggers and manage reactions during stressful interactions. Improved empathy skills facilitated deeper understanding of colleagues' perspectives, reducing misinterpretations and defensive responses. The relationship management component provided practical strategies for navigating conflicts constructively and building psychological safety within teams.

Several limitations warrant consideration. The study was conducted within a single institution, potentially limiting generalizability. The quasi-experimental design, while practical in clinical settings, cannot eliminate all potential confounding variables. Additionally, the relatively small sample size and predominantly female participant pool suggest caution in extrapolating findings to more diverse nursing populations.

This research makes several original contributions to the literature. First, it demonstrates the causal impact of emotional intelligence development on collaborative behaviors through intervention research, moving beyond correlational evidence. Second, it provides a detailed model for emotional intelligence training specifically tailored to nursing contexts, addressing

unique emotional demands of healthcare environments. Third, it reveals the potential for emotional intelligence interventions to enhance not only intra-professional collaboration but also interdisciplinary teamwork.

Future research should explore the optimal timing and duration of emotional intelligence training, examine its impact on specific patient outcomes, and investigate potential moderating factors such as organizational culture and leadership support. Longitudinal studies tracking the career development of nurses who receive early emotional intelligence education would provide valuable insights into long-term benefits.

In conclusion, this study establishes emotional intelligence training as a viable and effective strategy for enhancing team collaboration in nursing practice. As healthcare continues to evolve toward team-based models of care, the intentional development of emotional capabilities represents a promising approach to building the relational foundation necessary for excellence in patient care. Nursing education programs and healthcare organizations should consider integrating emotional intelligence development into their curricula and professional development initiatives to foster the collaborative capacity essential for modern healthcare delivery.

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