

Emotional Intelligence Level in Students of a Health Sciences Higher Education Institution in Portugal

Isabel Araújo¹, Fernanda Pombal², Joana Gonçalves³, Mariana Nogueira⁴, Sandra Miranda⁵, Lia Sousa^{6*}

¹ Doutoramento. Escola Superior de Saúde do Vale do Ave, IPSN/CESPU, Vila Nova de Famalicão, Portugal; orcid.org/0000-0002-1721-9741

² Licenciatura. Escola Superior de Saúde do Vale do Ave, IPSN/CESPU, Vila Nova de Famalicão, Portugal; orcid.org/0000-0002-2827-210X

³ Licenciatura. Escola Superior de Saúde do Vale do Ave, IPSN/CESPU, Vila Nova de Famalicão, Portugal;

⁴ Licenciatura. Escola Superior de Saúde do Vale do Ave, IPSN/CESPU, Vila Nova de Famalicão, Portugal;

⁵ Licenciatura. Escola Superior de Saúde do Vale do Ave, IPSN/CESPU, Vila Nova de Famalicão, Portugal;

⁶ Doutoramento. Escola Superior de Saúde - Instituto Politécnico de Viana do Castelo, Viana do Castelo; UICISA: E - Unidade de Investigação em Ciências da Saúde: Enfermagem (UICISA:E), Portugal; orcid.org/0000-0003-1749-4695

* Corresponding author: liao@ess.ipvic.pt

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Abstract

Introduction

Health education requires high levels of emotional intelligence, involving the development of competencies that enable individuals to recognize, understand, and effectively manage emotions, thereby fostering emotional and intellectual growth in future health professionals.

Objective

To assess the level of Emotional Intelligence among a group of higher education students enrolled in health sciences programs and to explore the relationship between Emotional Intelligence and sociodemographic variables.

Methods

A quantitative, descriptive, and cross-sectional study was conducted in February 2024. Data were collected using a questionnaire comprising sociodemographic information and the Schutte Emotional Intelligence Scale, validated for use in Portugal. A total of 178 students from a private institution in Northern Portugal participated in the study. Data were analyzed using IBM SPSS Statistics (version 29.0), applying descriptive and inferential statistical analyses.

Results

Participants demonstrated a high level of Emotional Intelligence, with a mean total score of 72.20%. Age and marital status were significantly associated with emotion perception, while sex was associated with the perception of others' emotions. Students with higher Emotional Intelligence were generally older, married or in a domestic partnership, Portuguese, female, and enrolled in the Nursing undergraduate program.

Conclusion

The findings indicate that participants demonstrated competencies in managing and understanding both their own emotions and those of others, reflecting a high level of Emotional Intelligence. Nevertheless, there is a need to integrate individualized strategies aimed at promoting the development of Emotional Intelligence, thereby contributing to more comprehensive training of health professionals.

Keywords

Emotional Intelligence; Universities; Health Sciences Students; Portugal.

Introduction

Personal and interpersonal development depends on the ability to recognise, understand and manage emotions. Said skills, known as Emotional Intelligence (EI), have been gaining prominence in both academic research and professional practice, and are now recognised as a determining factor for adaptation, well-being, as well as effective performance in different contexts. The concept of EI is associated with the ability to perceive, evaluate and manage emotions, both one's own and those of others, facilitating decision-making and problem-solving.¹⁻³

The literature has shown that EI contributes significantly to academic and professional success, influencing the quality of social interactions, empathy and the ability to deal with adverse situations. Recent studies show that higher levels of EI in health students are associated with better academic performance, greater empathy, less stress and greater communication and clinical interaction skills.⁴ Despite this evidence, some studies on EI in academic contexts have shown great variability in the measures used and have focused predominantly on medical and nursing students, with little evidence on other health professions and populations in Portugal.⁽³⁻⁵⁾ Additionally, EI has been identified as an important predictor of psychological well-being. Longitudinal studies with health students show that specific components of EI, such as the ability to evaluate others' emotions and to use one's own emotions adaptively, are positively related to life satisfaction and inversely associated with burnout.⁶ These findings reinforce the importance of developing emotional competences during academic training, with a direct impact on well-being and the future quality of care provided to patients.

The concept of EI was first proposed by Salovey and Mayer (1990) and later popularised by Goleman (1995). Salovey and Mayer's model describes EI as a form of intelligence that integrates four main components: correct perception and expression of emotions; emotional facilitation of thought; understanding of emotions; and the ability to deal with emotions to achieve goals.⁽⁵⁻⁹⁾ This model stands out for presenting EI as a cognitive competence, differentiating it from personality traits and emphasising its role in emotional regulation and problem-solving.

In the academic context, EI has been studied as a determining factor in student well-being and performance. The transition to higher education is characterised by significant changes, such as increased autonomy and academic responsibility, as well as the need to adapt to new social and emotional contexts.⁵

In higher education students, EI is related to the quality of interpersonal relationships and teamwork skills, essential competences for health professionals. The development of emotional skills can be boosted by academic and professional experiences, namely through interaction with colleagues, teachers and patients during clinical training, as well as by pedagogical interventions aimed at developing EI.^(4,6,15)

Therefore, the aim of this study was to assess the level of EI of a group of higher education students attending courses in the health sciences, exploring the relationship between EI and sociodemographic variables. The guiding question of the study was: What is the level of EI of higher education students attending health science courses, and how is it related to sociodemographic variables?

Methods

Type of study

The study adopted a quantitative, descriptive and cross-sectional design.

Selection and description of participants

The study participants were students enrolled in health sciences programmes at a private health sciences higher education institution in the northern Portugal. The accessible population was 896 students, of whom a sample (n) of 178 participants was taken (Response rate (178/896 ≈ 19.9%). The sample was selected on the basis of non-probability for convenience and was made up of students from seven degree programmes: Nursing, Pharmacy, Clinical Physiology, Physiotherapy, Medical Imaging and Radiotherapy, Osteopathy and Podiatry. Inclusion criteria were all students enrolled on these courses.

Data collection

The data collection instrument used was a questionnaire made up of two separate sections. The first included sociodemographic questions, allowing participants to be characterised in terms of age, sex, marital status, nationality and course attended. The second section included the Schutte Emotional Intelligence Scale (EIES), based on the Salovey and Mayer model, which was psychometrically validated for the Portuguese context by Vicente et al. in 2014.⁹

The EIES, adapted for the Portuguese population, consists of 27 items, organised into four factors: Perception of Own Emotions, Sociocognitive Component of Emotions, Perception of Others' Emotions and Difficulty in Understanding Emotions. The answers were recorded on a five-point Likert scale, ranging from 1 ("Strongly Disagree") to 5 ("Strongly Agree"). The total score obtained reflects the participants' level of EI, with scores ranging from 27 to 135 points, with higher scores indicating greater EI. In the validation study of the scale's

psychometric properties for Portugal, it was found to have adequate sensitivity and good subject discrimination. It also shows good reliability indicators, with an internal consistency of $\alpha = 0.887$.⁹ The questionnaire was administered online using the Google Forms platform. Data collection took place in February 2024. The questionnaire link was distributed via the Inforestudante platform with support from the student secretariat.

Data analysis

Data were analysed using the Statistical Package for the Social Sciences¹⁰ software, version 29.0. Three stages of statistical analysis were carried out: univariate descriptive, bivariate and inferential.

In the univariate descriptive analysis, sociodemographic variables were categorised and presented as absolute and relative frequencies. The factors of the Schutte Emotional Intelligence Scale (EIES) were described using measures of central tendency and dispersion.

The bivariate analysis made it possible to explore the relationship between qualitative and quantitative variables, comparing the different sociodemographic groups according to their EI scores.

For the inferential analysis, the statistical tests were selected according to the nature of the variables and the assumptions of normality and homogeneity of variance. The Kolmogorov-Smirnov test was used to check the normality of the distributions. When the assumptions of normality were not met, the Kruskal-Wallis test was used to compare differences between more than two independent groups. When the assumptions were met, one-way ANOVA was used. Student's t-test was used to compare two independent groups, and Levene's test was used to assess the homogeneity of variances. The level of statistical significance adopted was $p < 0.05$.

Ethical and legal considerations

To ensure full compliance with ethical principles in the research, formal requests for authorisation were made to the Ethics Committee (EC) of the School of Higher Education where the study was carried out and to the institution's management (Opinion CE/IPSN/CESPU-52/23). After approval, the participants were asked for their free and informed consent, ensuring that they received clear information about the study, including its objectives, the confidentiality of the data, the voluntariness of participation and the right to withdraw at any time without prejudice. The informed consent was validated by the students before they filled in the questionnaire, thus ensuring compliance with the ethical principles of research on human beings.

Results

Sociodemographic characterisation

The study sample consisted of $n=178$ higher education students attending degree courses in the health sciences (Table 1).

Table 1. Sociodemographic characterisation of students enrolled in health sciences courses at a private health sciences higher education institution in northern Portugal ($n=178$).

Variables	n=178	
Age group	18 to 24 years old	147 (82,6%)
	25 to 31 years old	14 (7,9%)
	32 to 38 years	6 (3,4%)
	39 to 47 years	11 (6,2%)
Sex	Male	17 (9,6%)
	Female	161 (90,4%)
Marital status	Single	161 (90,4%)
	De facto union / Married	16 (9%)
	Divorced / Widowed	1 (0,6%)
Nationality	Portuguese	163 (91,6%)
	Spanish	1 (0,6%)
	Brazilian	5 (2,8%)
	Colombian	1 (0,6%)
	French	8 (4,5%)
Programme	Degree in Nursing	128 (71,9%)
	Degree in Pharmacy	3 (1,7%)
	Degree in Clinical Physiology	3 (1,7%)
	Degree in Physiotherapy	33 (18,5%)
	Degree in Medical Imaging and Radiotherapy	6 (3,4%)
	Degree in Osteopathy	
	Degree in Podiatry	4 (2,2%)

In terms of age group, the majority of participants were between 18 and 24 years old (82.6%), followed by 25 to 31 years old (7.9%), 39 to 47 years old (6.2%) and 32 to 38 years old (3.4%). With regard to gender, there was a predominance of females (90.4%) compared to males (9.6%). As for marital status, the vast majority of students were single (90.4%), while 9% were married or in a de facto union and 0.6% divorced or widowed. With regard to nationality, the majority of participants were Portuguese (91.6%), with 8.5% belonging to other nationalities (Brazilian, Spanish, Colombian and French). Regarding the course attended, the majority of students were enrolled in the Nursing Degree (71.9%), followed by Physiotherapy (18.5%), Medical Imaging and Radiotherapy (3.4%), Osteopathy (2.2%), Pharmacy and Clinical Physiology (1.7% each) and Podiatry (0.6%).

Students' level of EI

To facilitate the interpretation of the results, the scores obtained on the Emotional Intelligence Scale (27–135 points) were converted into percentages using the formula: (obtained score / maximum possible score) × 100, resulting in a scale ranging from 0 to 100%.

The results obtained through the EIES indicated an overall level of EI above average in the sample, with an average total score of 72.20%. This figure suggests that, in general, the participants have a relatively high ability to perceive, understand and manage emotions, which are fundamental skills for their personal and professional development (table 2).

Table 2. EI level of students enrolled in health sciences programmes at a private health sciences higher education institution in northern Portugal (n=178).

EIES factors	Mean	Standard Deviation
Factor 1: Perception of Own Emotions (0 to 100%)	74,42	12,15
Factor 2: Sociocognitive Component of Emotions (0 to 100%)	72,97	13,39
Factor 3: Perception of Others' Emotions (0 to 100%)	72,19	11,50
Factor 4: Difficulty in Understanding Emotions (0 to 100%)	63,20	19,13
Total EIES Score (0 to 100%)	72,20	10,17

When analysing the specific factors of the scale, it was found that Perception of Own Emotions was the domain in which the students demonstrated the greatest competence, with an average of 74.42%. This result indicates that the participants have a good ability to recognise and express their emotions, which can contribute to better emotional adjustment and more effective academic performance.

The second factor with the highest score was the Sociocognitive Component of Emotions, with an average of 72.97%. This domain refers to the ability to use emotions to facilitate thinking and decision-making, suggesting that students are able to integrate emotions into their reasoning and problem-solving.

Perception of Others' Emotions had a slightly lower average (72.19%), but was still high, showing that students are able to recognise emotions in others, a crucial aspect for empathy and interpersonal interaction, essential skills for healthcare professionals.

On the other hand, the factor with the lowest score was Difficulty in Understanding Emotions, with an average of 63.20%. This result suggests that, despite students' general ability to perceive and express emotions, there may be some difficulty in understanding emotional nuances and interpreting more complex emotions. This limitation could have an impact on how they deal with emotionally demanding situations, particularly in the context of clinical practice.

Overall, the students showed a high level of EI, with particular emphasis on perceiving their own emotions and using emotions in their thinking. However, the lower score in the factor of understanding emotions may have an impact on how they deal with emotionally demanding situations, particularly in the context of clinical practice, and it is necessary to work on this through pedagogical and training strategies focused on strengthening EI in the academic and professional context.

Association between sociodemographic variables and level of EI

The results of the descriptive and inferential statistical analysis made it possible to assess the relationship between the level of EI and the sociodemographic variables of higher education students in the area of health sciences (Table 3).

Table 3. Summary of the relationship between the level of EI and sociodemographic variables.

Variables	Test value (gl)	Significance level of the relationship
EI and Age	H(3) = 10.78	p=0.013 (significant)
EI and Sex	t(176) = 2.94	p=0.004 (significant)
EI and marital status	F(2,175) = 4.19	p=0.017 (significant)
EI and Nationality	t(176) = 1.02	p=0.310 (not significant)
EI and Course	F(6,171) = 1.47	p=0.198 (not significant)

Relationship between Age and Level of EI

The data revealed that older students (39-47 years old) had the highest scores in the EIES, namely in the factors Perception of Own Emotions (85.10%), Sociocognitive Component of Emotions (79.29%) and Perception of Others' Emotions (76.89%). The inferential analysis confirmed that age was statistically associated with the Perception of Own Emotions factor (p=0.013), suggesting that with advancing age, students develop greater emotional awareness and mastery over their emotions. However, age was not statistically significantly associated with the other EI factors.

Relationship between sex and level of EI

The results showed that females tended to have higher scores in all the EI factors compared to males. In particular, there was a statistically significant difference in the Perception of Others' Emotions factor (p=0.004), where women showed a greater ability to recognise and interpret others' emotions.

Relationship between marital status and level of EI

With regard to marital status, students who were married or in a de facto union showed a higher level of EI than those who were single or divorced/widowed. In particular, this group scored higher in the factors Perception of Own Emotions (82.64%), Sociocognitive Component of Emotions (78.99%) and Difficulty in Understanding Emotions (72.92%). The inferential analysis confirmed a statistically significant association between marital status and the Perception of Own Emotions factor (p=0.017), suggesting that individuals in "stable" relationships may develop greater self-awareness and emotional management.

Relationship between Nationality and Level of EI

The nationality variable did not show statistically significant differences in students' EI (p>0.05). However, it was found that students of Portuguese nationality generally obtained slightly higher scores in the Perception of Own Emotions, Sociocognitive Component of Emotions and Difficulty in Understanding Emotions factors, while students of other nationalities showed higher scores in the Perception of Others' Emotions factor. These results suggest that, although there are no statistically significant differences, cultural aspects can influence emotional perception and expression.

Relationship between Course and Level of EI

Students studying for a degree in Nursing generally had higher levels of EI compared to students from other health-related degrees. However, no statistically significant differences were found between the course and the EI factors (p>0.05), indicating that the students' level of EI is not decisively influenced by the course attended.

To summarise, the statistical analysis revealed that age, sex and marital status were variables that showed a statistically significant relationship with at least one of the EIES factors, while nationality and course showed no relevant influence. These results highlight the importance of considering individual and social factors in the development of EI, reinforcing the need for educational strategies that promote the emotional development of students in higher education.

Discussion

EI has been gaining prominence in academic research and professional practice, as it is an essential factor for the humanisation and quality of care in healthcare, especially in nursing. EI is important for the effective action of more humanised nursing care, since professionals with greater mastery of emotional skills are able to



establish more empathetic and effective relationships with patients.⁸In addition, the ability to recognise and manage emotions contributes significantly to professional performance and well-being in the workplace.⁽¹¹⁾ Recent studies indicate that higher education students in healthcare courses have high perceptions of EI, highlighting the relevance of this skill in the training context and preparing them for the emotional challenges inherent in clinical practice.⁽¹²⁾ Recent studies corroborate these results. A study published in 2024¹² evaluated nursing students and found high mean scores for EI (143.1 ± 21.6), with 91.3% classified as having "high" levels of EI, also identifying that academic year and age were significant predictors of EI development.¹³In addition, another study found a significant increase in EI between the first and third year of training, suggesting that EI is a skill that can be developed throughout the academic career.⁽¹⁵⁾Another study showed that higher levels of EI are associated with better academic performance, greater empathy, communication skills and stress management, reinforcing the importance of its development during academic training.⁴Other research has shown that specific components of EI, such as the perception of others' emotions and the adaptive use of one's own emotions, contribute to greater life satisfaction and less burnout, suggesting that EI is a fundamental competence for student well-being.⁶

The concept of EI is associated with the ability to perceive, evaluate and manage emotions, both one's own and those of others, facilitating decision-making and problem-solving.^{1-3,5}In the context of higher education, especially in health science courses, EI is crucial, since students are exposed to situations of high emotional stress and need skills to deal with interpersonal and professional challenges in a balanced and effective way.⁽³⁻⁵⁾ It was found that higher education students attending health courses had high levels of EI. This result corroborates previous studies which indicate that courses with clinical practice promote greater development of EI and that this competence can evolve throughout the academic career.^{4,6}

With regard to the relationship between sociodemographic variables and the level of EI, it was found that age was a determining factor, with older students having higher scores in the Perception of Own Emotions and Sociocognitive Component of Emotions factors. This trend is in line with the existing literature, which suggests that life experience contributes to a better development of EI.⁵Some results reinforce this association, indicating that older students tend to have higher scores in specific emotional dimensions.^(6,13)

Sex also showed an influence on EI, with female students presenting higher scores in the four factors Perception of Own Emotions, Sociocognitive Component of Emotions, Perception of Others' Emotions and Difficulty in Understanding Emotions. These results are in line with previous research which identified significant differences in EI between the sexes, with female students showing higher values in dimensions such as perception of own emotions, perception of others' emotions and sociocognitive skills.⁵These results are in line with previous research which identified significant differences in EI between the sexes, although another study carried out in Portugal found that these differences may depend on the context and the instrument used.^(6,13)

With regard to marital status, students who were married or in a de facto union showed higher levels of EI compared to single students, especially in the Perception of Own Emotions factor. Said result reinforces the idea that relational experiences can contribute to greater emotional development, highlighting the importance of interpersonal interactions and social support for the maturation of emotional competences.³

The nationality of the participants and the course attended did not show statistically significant relationships with EI, suggesting that individual and contextual factors have a more relevant impact on the development of EI than nationality or the specific area of study.⁸

These results reinforce the importance of developing EI as a fundamental competence for future health professionals. Considering that EI has an impact on the quality of interaction with patients and the well-being of professionals, it is essential that curricula incorporate strategies to strengthen these competences.⁴Some authors emphasise that educational interventions and gradual clinical experiences can significantly increase EI levels throughout the academic course, highlighting the possibility of targeted pedagogical planning.^(4,6,14)

The results of this study highlight the relevance of EI in undergraduate health education, showing that students have high levels of EI, particularly in perceiving their own emotions, understanding the emotions of others and regulating emotions to facilitate decision-making. The need to supplement the development of EI in the academic curriculum was highlighted, given its impact on the quality of interaction with patients, stress management in clinical contexts and the humanisation of the care provided. Considering that healthcare professions require empathy and resilience, it is essential to invest in pedagogical strategies that promote EI, preparing future professionals for the challenges of the profession.

Conclusion

The present study strengthens the importance of EI in the training of healthcare students, highlighting its relevance to professional practice. The results showed a high level of EI, showing that the participants possess essential skills such as identifying and expressing their own emotions, understanding the emotions of others

and regulating emotions for more effective decision-making. Some sociodemographic variables, such as age, sex and marital status, were found to be associated with differences in EI levels, highlighting the need for adapted pedagogical strategies to enhance the development of these skills throughout academic training.

It is essential that the curricula of health courses systematically integrate strategies for developing EI, promoting competences such as empathy, emotional regulation and resilience in future professionals. In addition, institutional policies should support educational programmes and interventions that strengthen EI, contributing to the humanisation of care and the well-being of health professionals.

Limitations of the study

The present study has limitations that must be taken into account when interpreting the results. The main limitation is the use of a non-probabilistic convenience sample, which restricts the generalisability of the results to the group of students who took part in the study. Also, the research focused on students from a single higher education institution, limiting the diversity of contexts and experiences that could enrich the analysis of EI, and the response rate was only around 20%. Another limitation stems from the quantitative methodology based on the EIES which, despite its validity and reliability, restricts participants' responses. In addition, no contextual variables were analysed, such as previous clinical experience or specific training in EI, which could influence the results. There are also the common limitations of cross-sectional studies, which do not allow definitive cause and effect relationships to be established due to the lack of temporal follow-up. It is therefore suggested that future studies adopt mixed methodologies, broaden the diversity of the sample and consider external factors that may have an impact on the development of EI in students.

Authorship and Contributions

IA: Study conception and design; Data analysis and interpretation; Critical review of the manuscript; Approval of the final version of the manuscript and assumption of responsibility for it.

FP: Study conception and design; Data analysis and interpretation; Critical review of the manuscript; Approval of the final version of the manuscript and assumption of responsibility for it.

JG: Data collection; Data analysis and interpretation; Manuscript writing; Approval of the final version of the manuscript and assumption of responsibility for it.

MN: Data collection; Data analysis and interpretation; Manuscript writing; Approval of the final version of the manuscript and assumption of responsibility for it.

SM: Data collection; Data analysis and interpretation; Manuscript writing; Approval of the final version of the manuscript and assumption of responsibility for it.

LS: Study conception and design; Data analysis and interpretation; Critical review of the manuscript; Approval of the final version of the manuscript and assumption of responsibility for it.

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No conflicts of interest were declared by the authors.

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Statement on data availability

The database used in this study can be accessed upon request and is subject to restrictions.

References

1. Monteiro CJCP. Contributo da literacia em saúde mental para a inteligência emocional e o bem-estar numa amostra de adolescentes da população portuguesa [dissertação de mestrado]. Coimbra: Universidade de Coimbra; 2022.
2. Sanches AMHF. Implicações da inteligência emocional na qualidade de vida no trabalho dos indivíduos das diferentes gerações [dissertação de mestrado]. Coimbra: Instituto Superior de Contabilidade e Administração de Coimbra; 2022.
3. Oliveira ÂM, Santos GR, Silva LLPP, Souza Dimarães CC. O uso da inteligência emocional como uma habilidade para o ambiente de trabalho. *Rev Contemp*. [Internet]. 2024 [citado 2025 dez 05];4(10):e6211. Disponível em: <https://doi.org/10.56083/RCV4N10-122>
4. Lee D, Burrows T, James D, Wilkinson R, Surjan Y. Emotional intelligence evaluation tools used in allied health students: A scoping review. *J Med Radiat Sci*. [Internet]. 2025 [citado 2025 dez 05];72(2):177–192. Disponível em: <https://doi.org/10.1002/jmrs.851>

5. Santos E, Ferreira M, Ribeiro C, Cardoso AP, Cunha M, Campos S. Inteligência emocional em estudantes do ensino superior. *Millenium J Educ Technol Health*. [Internet]. 2023 [citado 2025 dez 05];(13e):e29759. Disponível em: <https://doi.org/10.29352/mill0213e.29759>
6. Carvalho VS, Guerrero E, Chambel MJ. Emotional intelligence and health students' well-being: A two-wave study with students of medicine, physiotherapy and nursing. *Nurse Educ Today* [Internet]. 2018 [citado 2025 dez 05];63:35–42. Disponível em: <https://doi.org/10.1016/j.nedt.2018.01.010>
7. Mestre J, Guil R, Brackett M, Salovey P. Inteligencia emocional: definición, evaluación y aplicaciones desde el modelo de habilidades de Mayer y Salovey. In: Palmero F, Martínez-Sánchez F, editores. *Motivación y emoción*. Madrid: McGraw-Hill; 2008. p. 407–38.
8. Bueno M, Ricarte M. Habilidades socioemocionais: abordagens e contextos. *CEP*; 2022. p. 46.
9. Vicente LCM. Validação da Escala de Inteligência Emocional de Schutte [dissertação de mestrado]. Covilhã: Universidade da Beira Interior; 2014.
10. IBM Corp. IBM SPSS Statistics for Windows, version 29.0.2.0. Armonk (NY): IBM Corp; 2023.
11. Carvalho CG. Importância da inteligência emocional para a efetiva [ação] de uma assistência de enfermagem mais humanizada. *Rev Vale* [Internet]. 2013 [citado 2025 dez 05];11(1):560–9. Disponível em: <http://dx.doi.org/10.5892/ruvrv.2013.111.560569>
12. Cunha MN, Figueiredo J. Uma análise diferencial sobre a importância da inteligência emocional nos profissionais da enfermagem. *CDAH* [Internet]. 2023 [citado 2025 dez 05]; Disponível em: <https://homepublishing.com.br/index.php/cadernodeanais/article/view/789>
13. Almeida CM, Almeida LS, Jordão MG, Pinto SS, Duarte HM, Costeira C. A inteligência emocional percebida em estudantes do ensino superior de cursos de saúde. *Rev Enf Ref* [Internet]. 2024 [citado 2025 dez 05];6(3):e32863. Disponível em: <https://revistas.rcaap.pt/referencia/article/view/32863>
14. Batran A. The emotional intelligence and the associated factors among nursing students. *Open J Nurs* [Internet]. 2024 [citado 2025 dez 05];14:1-13. Disponível em: <https://doi.org/10.4236/ojn.2024.143008>
15. Budler LC, Goetz K, Manser T, et al. Emotional intelligence among nursing students: Findings from a longitudinal study. *Healthcare* [Internet]. 2022 [citado 2025 dez 05];10(10):2032. Disponível em: <https://doi.org/10.3390/healthcare10102032>