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A systematic literature review on Emotional Intelligence as a Key to Patient-Centered Care and Operational Performance in Healthcare Organizations

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KEYWORDS

Emotional Intelligence, Patient-Centered Care, Healthcare Leadership, Operational Performance, Burnout Prevention, Empathy, Healthcare Sustainability

ABSTRACT

Emotional intelligence as an idea has gained increased recognition as an important driver of patient-centered care and organizational effectiveness in healthcare organizations, particularly in emotionally complex and intricate environments. The scholarly research on the topic has been vast, but nevertheless, there remains only sporadic empirical evidence across various scholarly disciplines, methods, and settings. This study undertakes a systematic literature review in accordance with the PRISMA 2020 protocol to examine the role of emotional intelligence in the healthcare domain. A thorough search of the five leading academic databases: Scopus, Web of Science, ScienceDirect, Emerald Insight, and SpringerLink, yielded 857 records of publications from the years 2010 to 2025. After going through the process of scrutinizing and assessing the studies for their eligibility, 95 peer-reviewed empirical studies were selected for thematic and chronological synthesis. The results unequivocally indicate a strong and stable link between emotional intelligence and various positive outcomes such as patient-centered care, staff well-being, effective leadership, and overall organizational performance. Historical examination shows a shift from focusing on individuals' interpersonal relationships to considering all levels and dimensions of organizations and systems. Most recent research studies are pointing to digital, hybrid, and highly stressful healthcare situations. Nonetheless, the issue of methodological weaknesses remains, which includes the dependency on cross-sectional designs, self-reports, and the scarcity of longitudinal and cross-cultural studies. This systematic review not only theoretical development by pooling previously separate findings into an intelligible multi-level framework but also informs healthcare management and workforce development practices, as well as highlights the necessity for policy change in terms of integrating emotional intelligence in healthcare education and quality improvement initiatives. Thus, the research delivers a strong evidence base that not only sets the direction for further studies but also aids healthcare that is sustainable and focused on patients.

1. INTRODUCTION

Healthcare organizations are sustained by three inseparable pillars: scientific excellence, empathetic care, and efficient organizational systems. While clinical expertise remains fundamental, the growing complexity of healthcare delivery has intensified the importance of non-technical competencies. Among these, Emotional Intelligence (EI) has emerged as a critical determinant of both patient-centered care and organizational sustainability (Camplisson & Cormican, 2023). With a growing emphasis on value-based and quality-focused care, EI serves as a strategic enabler that improves interpersonal relationships, teams, burnout reduction, and patient satisfaction (Carvalho et al., 2018; Cascio et al., 2017). Emotional

competencies are crucial skills that link skill sets with service emphasis in this changing environment, not only desirable qualities..

Emotional intelligence in the context of healthcare is the ability of professionals in the field to identify, understand, and effectively manage their emotions and the emotions of their patients, families, and colleagues. Although knowledge of medicine is the key to the practice of the field, EI also entails having empathy, compassion, and social awareness, which are significant in the provision of healthcare (Darroux, 2020). Therefore, healthcare professionals with high EI can recognize non-verbal communications, the emotions of the patients, and provide them with assurances, which are significant in the development of the relationship with the patients. EI is also significant in the coordination of operations in the healthcare facility (Cohn et al., 2009; Cofer et al., 2018).

Healthcare environments are considered high-stress environments characterized by emotional labor, ethical dilemmas, and time-constrained decision-making processes. EI in such environments leads to reduced conflict, error prevention, and the development of coping mechanisms (Ghahramani et al., 2019). The self-awareness and self-regulation components of EI allow healthcare professionals to remain composed in high-stress situations, thus improving judgment and teamwork. The integration of EI in patient-centered healthcare models ensures that care is not only competent but also respectful and dignified (Gamage & Sudusinghe, 2024). As healthcare outcomes are no longer just defined by clinical outcomes but also by patient experiences, EI is the key driver of healthcare success and sustainability (Sharp, 2020).

Today's healthcare practice acknowledges that patients' outcomes are affected not only by biomedical interventions, but also by their emotional and psychosocial dimensions. Patient-centered care includes patients' values, decision-making, dignity, and trust. EI helps healthcare professionals manage their way through complicated emotional interactions and provide individualized and empathetic care (Wang, 2012; Weng et al., 2011). EI, according to Dev et al. (2018), includes the ability to perceive and regulate emotions effectively. In Goleman's model, there are five main EI components: self-awareness, self-regulation, motivation, empathy, and social skills. These five main EI components are the foundation of effective healthcare practice. Self-awareness allows practitioners to identify their sources of stress and bias, which in turn decreases the risk of errors caused by emotions. Self-regulation is essential in demonstrating professionalism in situations where emotions are high. Intrinsic motivation is essential in demonstrating commitment to providing compassionate care. Empathy is essential in understanding the fears and expectations of the patients. Social skills are essential in communication and engaging with the patients. The notion of patient-centered care has been popularized by the definition of the Institute of Medicine, which focuses on the value of respecting patient preferences and ensuring that patient values are integrated into clinical decision-making. In this regard, the importance of empathy cannot be overstated, as it helps the patients feel that their emotional states are recognized, reducing anxiety and promoting trust, which in turn ensures compliance and satisfaction with the care services rendered by the healthcare provider (Hojat et al., 2010). It is worth noting that empathy helps the healthcare provider avoid burnout, as emotional detachment is a common feature of health care providers (Havens et al., 2018). In this regard, the management of emotions is key in maintaining the standard of care while keeping the patients engaged. EI is not only the link between the patient and the healthcare provider; it is also the link between evidence-based medicine and holistic medicine. Whereas evidence-based medicine is the guideline, EI makes the delivery of care compassionate and personalized. Research has shown that EI, as an aspect of patient-centered care, improves the patient-provider relationship, promoting the well-being of the patients (Jiménez-Picón et al., 2021).

Operational performance in the health sector encompasses efficiency, quality assurance, teamwork, patient satisfaction, and sustainability, in addition to clinical outcomes. EI has a direct bearing on these aspects (Drigas & Papoutsi, 2018, 2021). Emotionally intelligent health practitioners are effective in facilitating service coordination, reducing conflict, and promoting a culture of teamwork. Organizational studies show that EI has a positive impact on productivity, workforce retention, and quality performance (Cinaroglu & Baser, 2018; Goleman, 2005; Grieco & McDevitt, 2017). Hence, EI plays the role of an organizational strategic asset (Sarrionandia & Mikolajczak, 2020; Dr. Santhosh Kumar & Basha, 2022). Leadership represents an important area in which EI plays an important role in improving operational performance. Healthcare leaders face the challenge of managing through uncertainty and high levels of emotional demands. Emotionally intelligent leaders build trust, manage conflicts, and create psychologically safe environments (Jamshed et al., 2017). These leadership practices reduce burnout, promote reporting of errors, and build safety culture (Mansel & Einion, 2019). By transforming errors into learning opportunities, EI-based leadership improves performance stability through continuous improvement.

Teamwork and interdisciplinary collaboration form an essential foundation for healthcare delivery. Miscommunication and conflicts may hinder patient safety and efficiency. EI improves listening, resolving conflicts, and supporting each other, hence enhancing information sharing and responding effectively to crises (Berg et al., 2019; Blatnik et al., 2017; Portrait et al., 2016; Newell & Jordan, 2015). Emotionally intelligent teams are also flexible and unified, which improves teamwork and efficiency in the delivery of healthcare services. Workforce sustainability is the next operational issue to consider. High burnout and turnover are detrimental to the delivery of healthcare services and the success of the healthcare organizations. EI acts as a buffer by improving the teams' capacity to manage stress (Lindeman et al., 2017; Vlachou et al., 2016). Empathy within the teams leads to the development of supportive work networks that reduce emotional

exhaustion (Ruvalcaba-Romero et al., 2017). Organizations that implement EI training programs are effective in retaining the workforce (Lin et al., 2013; Lin et al., 2016).

The significance of EI in ensuring operational resilience in crisis circumstances, such as the pandemic caused by the COVID-19 virus, has been highlighted. Emotionally intelligent health care professionals are adaptable, emotionally stable, and cooperative (Moroń & Biolik-Moroń, 2021). Apart from that, effective leaders with high EI are able to provide emotional support, boost morale, and provide continuity in uncertain environments. In the long run, it leads to innovation, employee engagement, financial stability, and reputation (Lana et al., 2015). By reducing malpractice, absenteeism, turnover, and patient satisfaction, it has an indirect effect on the economy. Overall, it has been seen that emotional intelligence is not only a social skill, but it is a strategic tool for delivering patient-centered excellence and operational effectiveness in health care institutions.

The academic goals that are being followed in conducting the current systematic review are as follows: First, the academic goal that is being followed in conducting the current systematic review is that it aims to systematically search and review the peer-reviewed articles on the themes of Emotional Intelligence, patient-centered care, and business performance by following the PRISMA protocol. Secondly, this current review seeks to critically evaluate the prevailing theoretical perspectives, conceptual frameworks, and research relationships that underlie the impact of EI on healthcare outcomes at various levels. Thirdly, this review seeks to examine the chronological evolution of research trends, with emphasis on thematic orientation, geographic spread, and findings over various periods of time. Fourthly, the review examines the methodological characteristics of the research carried out so far, such as the research design, sampling method, measurement tools, and analysis tools, in order to assess the reliability of the findings. Lastly, the review aims at identifying the prominent gaps, contradictions, and dimensions in Emotional Intelligence research in order to provide guidelines for future research and maximize the theoretical, managerial, and professional implications of Emotional Intelligence in healthcare organizations.

2. METHODOLOGY

The study thoroughly investigates the function of emotional intelligence in patient-centered care and the performance of healthcare organizations using theme synthesis and systematic literature review (SLR) methodologies. The SLR technique is highly effective in collecting scattered and disorganized evidence from various disciplines of medicine and management, such as medical management, organizational behavior, psychology, and healthcare practice, with the advantage of employing the techniques of rigor, transparency, and reproducibility. Thematic synthesis helps identify the presence of patterns, relationships, and conceptual associations between the literature reviewed, although the techniques employed in the studies may vary as well as the healthcare settings and outcomes. The review is fully in line with the PRISMA 2020 guidelines, which provide a systematic way for clear identification, screening, eligibility, and reporting of the studies. Adherence to the PRISMA guidelines adds up as methodological credit, and the review is closer to the requirements of the Scopus-indexed journals. It was determined prior to the review, which described the research objectives, search strategy, inclusion and exclusion criteria, and methods for selecting studies and synthesizing data.

Data Sources and Search Strategy

The literature review was done on the basis of the best available articles after peer review, along with a careful search of all the available databases, as described in the Excel sheet attached. The databases used are those that are listed on the Scopus search index, as well as the most respected databases, used in the field of healthcare, management, psychology, and organizational studies, as they cover an extremely broad area for the empirical studies on the influence of emotional intelligence in the field of healthcare as well as in organizational settings.

A systematic search strategy was used, involving Boolean search terms, which helped filter out the relevant literature. The search terms were derived according to the objectives of the research, and these terms were made more specific over time in order to make them as accurate as possible. The search strings used were as follows:

“Emotional intelligence” AND “healthcare.”

“Emotional intelligence” AND “patient-centered care.”

“Emotional intelligence” AND “healthcare performance.”

“Emotional intelligence” AND “healthcare leadership” OR “organizational outcomes.”

The search strings were tailored specifically to the syntax of each database and limited to the fields of title, abstract, and keywords. Additionally, just English language publications were used in this case. The period that was targeted by this review is that period when emotionally intelligence was accepted as a significant skill in healthcare delivery and management. As such, it is that period when emotionally intelligence started being seen as a vital skill. The initial literature search yielded about 760 entries (n=760). The PRISMA 2020 procedure was followed during the selection process, and figure 1 provides information on identification, screening, eligibility, and inclusion.

Inclusion and Exclusion Criteria

The researchers employed clear and explicit inclusion and exclusion criteria to rank the studies based on their significance, quality, and methodological soundness.

Inclusion criteria comprised:

Papers published in peer-reviewed journals.

Clinical studies dealing with emotional intelligence in direct healthcare interaction.

Investigation dealing with patient-centered care, communication in clinics, leadership influence, staff wellbeing, and/or operational performance.

Research work using either quantitative, qualitative, or mixed methods.

English language scientific papers with an unambiguous research design and quantifiable results

• Studies lacking empirical evidence and with unclear methodology.

In addition, preference has been given to publications in well-known and indexed journals with considerable diversity in methodology and high standards of statistics in the studies.

Exclusion criteria included:

• Papers presented at conferences, book chapters, editorials, and reports directed to

practitioners.

Research is carried out outside hospitals or clinics.

Articles discussing emotional intelligence not related to patients or organizations' results.

Publications not in English.

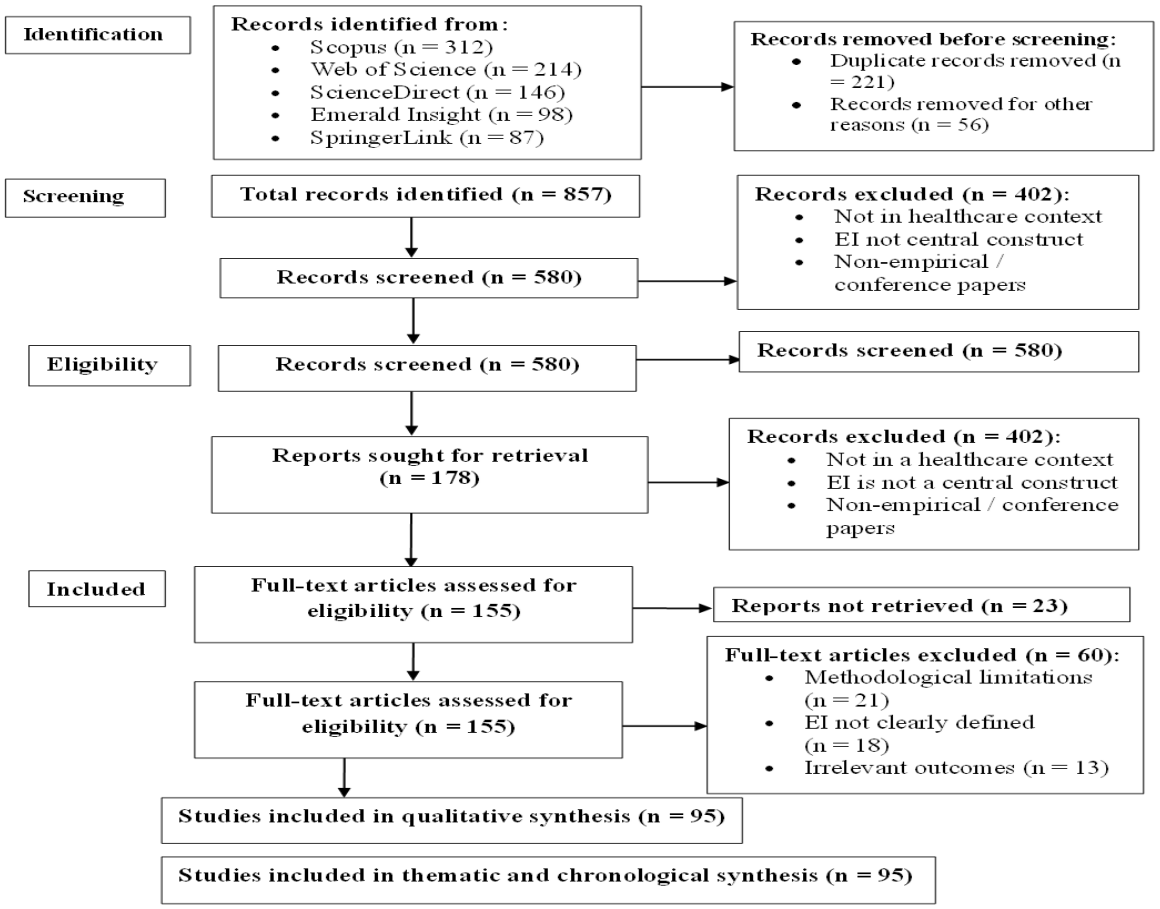

Figure 1: PRISMA Flow Diagram Illustrating Identification, Screening, Eligibility, and Inclusion of Studies

Study Selection Process

The study selection was done following the four-step PRISMA protocol, which involves the following steps: identification, screening, eligibility, and inclusion, with the objective of ensuring methodological rigor, transparency, and replicability of the study selection process. In the identification step, an exhaustive and systematic search of the selected electronic databases was conducted by using the pre-defined keywords related to EI, patient-centered care, and operational performance in healthcare organizations. This initial search process resulted in a total of 760 records (n = 760). After the process of retrieving the records, duplication of the records was removed to eliminate redundancy. In this process, a total of 210 duplicate records were removed. In addition, during the preliminary refinement process, a total of 65 records were removed due to the nature of the publication, such as editorials and non-empirical publications, as well as due to language barriers, as the publications were not in English. The total number of records after this process was 485.

During the screening phase, the titles and abstracts of the remaining 485 studies were systematically reviewed in order to assess their suitability in terms of alignment with the objectives and inclusion criteria set for the review. Studies that were not focused on health care settings or were not relevant in terms of patient-centered care or operational performance were eliminated at this stage. As such, 330 studies were eliminated on the basis of contextual or outcome relevance. This left 155 studies that were considered potentially eligible for the review.

During the eligibility phase, the full texts of the selected 155 articles were analyzed in detail in order to assess the methodological quality, empirical rigor, and the clear operational definition of Emotional Intelligence, as well as the relevance of the results. This critical appraisal resulted in the exclusion of 60 articles. The main reasons for the exclusion were the methodological rigor, clear conceptual or operational definition of Emotional Intelligence, and the absence of clear and quantifiable patient-centered or operational performance outcomes. Finally, after completing the eligibility assessment, a total of 95 empirical studies (n = 95) met all the inclusion criteria and were selected for systematic analysis and synthesis. These studies were used as the final evidence for the present systematic literature review.

3. RESULTS

The final sample was made up of a total of 95 studies (n = 95), which showed different styles and settings to be the main characteristics in exploring emotional intelligence in healthcare organizations. A major part of the studies used quantitative research methods (n = 62), where surveys were the main source of data, while qualitative methods (n = 18) and mixed methods (n = 15) followed. Cross-sectional studies were the most common ones (n = 68), while longitudinal (n = 17) and experimental or quasi-experimental (n = 10) designs were rare. Sample-wise, the biggest group of the subjects was that of nursing professionals (n = 41), followed by multi-disciplinary healthcare teams (n = 29), physicians (n = 15), and studies with patient views (n = 10) were the other categories. The application of already developed emotional intelligence tests was also typical: the most frequently used tests were Wong and Law Emotional Intelligence Scale (WLEIS) (n = 26) and Schutte Self-Report Emotional Intelligence Test (SSEIT) (n = 22), whereas tests of emotional intelligence as an ability, such as MSCEIT, are applied sporadically (n = 14). The analytical techniques employed were primarily regression analysis and correlation analysis (n = 48), with the addition of structural equation modeling/path analysis (n = 31) in the studies dealing with the complex relationship paths. Thematic and content analysis (n = 16) were the techniques used in qualitative analyses.

Findings from 2010–2013: Early Trends

In this period, the focus of research was the conceptualization of emotional intelligence as a personal quality that affects the performance of the individual in interpersonal relations in health care. The studies mostly linked emotional intelligence to patient satisfaction, quality of communication, empathy, and caregiving attitudes, with nursing as the primary area of interest. The results across the studies pointed out that higher emotional intelligence that is higher leads to better interactions between patients and providers and lowered emotional strain among healthcare workers. The methods used in the research were mostly cross-sectional surveys that used self-report measures of emotional intelligence, which signal an early stage of empirical consolidation.

Findings from 2013–2016: Thematic Expansion

From 2013 to 2016, literature experienced a remarkable importation of new themes like leader effectiveness, group dynamics, emotional labor, and quality-of-service outcomes. Another major development that was noted in this field was the concept of emotional intelligence, which related different leadership philosophies with patient care and the performance of medical personnel. During this period, there were additional methodological developments, as the research utilized multiple analyses and validated measurement instruments. The findings, however, indicated that there was some contextual variation between the healthcare settings, which meant that the organizational culture was an important influence on the research.

Findings from 2016–2019: Advanced Modeling and Organizational Focus

During this period, research increasingly focused on sophisticated statistical modeling techniques, like structural equation modeling and path analysis, to examine complex relationships. Emotional intelligence was considered a strategic resource for the organization that influenced various aspects such as job satisfaction, commitment to the organization, teamwork effectiveness, and even clinical performance. The research moved from individual retention levels to the organizational and behavioral dimensions, allowing emotional intelligence to be branded as the prime mover in the nursing care and operational efficiency areas.

Findings from 2019–2022: Well-being, Performance, and Sustainability

The transformation of emotional intelligence moving towards the direction of employee well-being, burnout, resilience, and healthcare sustainability was notably impacted by the period just mentioned, due to the reasons of work intensification and systemic stressors. Researchers proved that emotional intelligence not only reduced the impact of emotional exhaustion but also increased the adaptive performance of workers in difficult situations. More studies were combining patient-centered outcomes with organizational performance metrics, thus making the case for emotional intelligence as a dual-benefit construct for healthcare systems stronger.

Findings from 2022 Onwards: Contemporary Perspectives

The studies conducted recently mirror the present-day challenges in the healthcare system and highlight the importance of emotional intelligence in the modern and hybrid work environments that are digitally supported. The role of emotional intelligence has been investigated in the areas of telemedicine, collaboration among different professions, crisis management, and leadership that adapts to the situation. The results of the studies indicate that emotional intelligence has a positive effect on the increase of flexibility, the quality of decision-making, and relational coordination in patient care settings where technology is extensively used. However, the new research also calls attention to the need for longitudinal and cross-cultural validation to make the findings more applicable across different and changing healthcare systems.

A cross-period comparison of the reviewed literature unveils a definite transformation in the concept and the use of emotional intelligence in healthcare organizations. While initially the attention was given to the emotional competency of individuals and the good interpersonal relations that followed, the following studies have increasingly included emotional intelligence as a framework of the organization, leadership, and performance. The findings of the studies, throughout the years, have been unanimous regarding the positive influence of emotional intelligence in the fields of patient-centered care, employee well-being, and efficiency of the operation, though they differ in the degree of the power of the relationships in the various professional groups, health situations, and cultures.

The integration of theory from different research studies shows that emotional intelligence is a multi-level construct, being both an individual competence, a leader's resource, and an organizational asset. The convergence of research results shows that there is substantial congruence with social exchange theory, emotional labor theory, and resource theory, all of which converge to arrive at the conclusion that emotionally intelligent behaviors foster trust, participation, and non-stop performance results. However, divergence of theory still exists as many theorists use emotional intelligence theory without integrating it with other theory.

The past of emotional intelligence, about the research methodology, can be said to be sufficiently supported as it was divided into different parts, ranging from simple to complex, and provided further insights into the relationships between variables. The sources of evidence were based on cross-sectional designs and used self-reported data, limiting the ability to generalize findings over time and on causality. The integrity of longitudinal and trial studies in emotional intelligence research is the major hindrance to having a clear understanding of the evolution of emotional intelligence over time.

Therefore, synthesis leads us to emotional intelligence, which is the key for a better and more efficient healthcare system. The above consequences of using emotional intelligence for creating rules for leadership, for staff training, and for healthcare suggest that better communication between departments, less burnout, and better healthcare systems could be achieved. The consequences of using emotional intelligence again demonstrate that it is an asset not only for managers and policymakers of healthcare institutions aiming at performance improvements, but also for patients and communities.

4. DISCUSSION

The PRISMA-based review process, closely associated with the first objective, has led to a transparent and methodologically sound procedure in the identification, screening, and synthesis of empirical studies on emotional intelligence in healthcare. The reviews that have been done in the past pointed out the fragmented and interdisciplinary nature of emotional intelligence research in healthcare education, clinical practice, and organizational studies as a major drawback (Arora et al., 2010; Cherry et al., 2014; Sharp et al., 2020). Having said that, the current review still affirms the existence of a common ground of studies where emotional intelligence has been looked at in a similar way in nursing, medical, and health management contexts. The agreement of results in different areas of healthcare supports the case for emotional intelligence to be a basic element in both patient-centered care and operational outcomes, and thus the adoption of PRISMA 2020 as a proper method for synthesis is justified (Jiménez-Picón et al., 2021; Sharma & Goel, 2025).

In regard to the second objective, the review signifies that emotional intelligence is theoretically referred to emotional regulation, emotional labor, and social exchange theories (Drigas & Papoutsi, 2018; Drigas & Papoutsi, 2021). Empirical research consistently indicates that emotional intelligence is associated positively with patient satisfaction, empathy, trust, and communication quality (Hojat et al., 2010; Sommaruga et al., 2017; Weng et al., 2011). On the organizational level, leadership with emotional intelligence has been related to improved teamwork, organizational citizenship behavior, and operational efficiency (Jamshed et al., 2017; Kitsios et al., 2022; Santa et al., 2023). This synthesis builds on the preceding reviews by integrating the individual, team, and organizational levels and lends additional support to the conceptualization of EI as an individual skill and an organizational strategy in healthcare systems.

The chronological analysis has shown that there is a change in the direction of the study of emotional intelligence in the field of healthcare. Initially, the studies were focused on the interpersonal aspects of communication, empathy, and relationships between doctors and patients (Arora et al., 2010; Cherry et al., 2014). Then, the issues related to the professional well-being, burnout, and job satisfaction of healthcare workers were included in the field (Vlachou et al., 2016; Cofer et al., 2018; Lin et al., 2016). On the other hand, the very recent studies are leaning more toward the examination of emotional intelligence in areas such as leadership, organizational resilience, and crises, including emergency care and pandemic settings (Erdoğan et al., 2022; Moroń & Biolik-Moroń, 2021; Santa et al., 2023). This chronological progression signifies a move from micro-level interpersonal outcomes to macro-level organizational and system-wide implications, thereby mirroring the growth and expansion of the field's practical relevance.

The methodological evaluation corresponds with the fourth goal and reveals that the majority of the studies have utilized cross-sectional quantitative research designs and self-report measures to assess emotional intelligence together with their associated outcomes (Cascio et al., 2017; Kartal, 2018; Năstasă & Fărcaş, 2015). Nevertheless, these designs have restricted the establishment of causality and the capturing of time-related changes, though they have given valuable associative insights. Qualitative and mixed method studies, although fewer in number, are helping to build an understanding of emotional labor, leadership practices, and team processes in healthcare contexts (Batiha, 2025; Mansel & Einion, 2019). The limited presence of longitudinal and intervention-based studies once again highlights some of the previously raised concerns with regards to the need to demonstrate more analytical rigor and depth in the original reviews (Martins et al., 2010; Sarrionandia & Mikolajczak, 2020).

Regarding the fifth purpose, it is noted by this review that, according to the literature on emotional intelligence, the main problems that still remain are the theories that are in conflict with each other, poor research methods, and the lack of context as influences. The metrics on emotional intelligence are found to have very strong relationships with patient care, employee welfare, and overall hospital performance, but still, there is a lack of unification in the theory, and only a small relationship is seen between different models (Drigas & Papoutsi, 2018; Sharp et al., 2020). There is also a lack of cross-cultural and longitudinal research, meaning that findings in one healthcare system or culture cannot be easily generalized to another (Gamage & Sudusinghe, 2024; Sharma & Goel, 2025). The implications of the findings suggest that the focus should be on the integration of emotional intelligence in healthcare education, leadership, and staff well-being initiatives, given its importance as an instrument in the mitigation of burnout and stress (Cao et al., 2022; Weng et al., 2011). However, it is the policy level that the findings are strongest in supporting the integration of emotional intelligence competencies in the development of healthcare quality improvement initiatives, as well as professional training programs, in order to maintain the focus on sustainable healthcare delivery (Virtue et al., 2013; Santa et al., 2023).

Generally, the objective-wise synthesis has indicated that the primary mechanism that links patient-centered care with operational performance in healthcare organizations is emotional intelligence. The review, with the systematic matching of the empirical findings with the objectives, has enhanced the theory clarity, established the methodological priorities, and provided the insights for the health care practice and policy. The findings have firmly positioned the role of emotional intelligence as a multi-level concept that is essential in ensuring that the healthcare systems are resilient, high-performing, and patient-centered.

5. CONCLUSION

As per the PRISMA 2020 protocol, the following systematic review integrates the empirical findings regarding the role that emotional intelligence plays in the facilitation of patient-centered care, as well as the facilitation of the operational efficiency of health care organizations, and hence the field as a whole. The findings of all these various research studies clearly reflect and demonstrate the following conclusion: that emotional intelligence, not only plays a role in the success of all forms of interactions, but it also plays the most important role in the success of all forms of interactions, professional well-being, leadership, and quality in the emotionally charged healthcare field. All of these research studies clearly demonstrated that organizations that had staff with high levels of emotional intelligence were those that were the most attractive to patients, had the highest levels of committed employees, had the least amount of burnout, and were also the most adaptable to change, thus taking emotional intelligence from being just another trait to being an asset to healthcare delivery systems. The review has added value to the existing literature by offering a consolidated framework at different levels that integrates existing fragmented evidence regarding how emotional intelligence is not only an individual construct,

but also a corporate construct. The study has used different theories and evidence to contribute significantly to the understanding of the role of emotional intelligence in the delivery of care. In addition, it also brings to light some of the problems that still persist with the methodologies used, and these include, but are not limited to, cross-sectional methodologies and the very rare use of longitudinal and intervention methodologies. The implications of the research findings, as far as practical application is concerned, are that the inclusion of emotional intelligence should be done in a systemic manner. The development of emotional intelligence skills has tremendous potential for improving the quality of patient care, reducing the likelihood of burnout, and developing a resilient and high-performing system. Overall, it has been the goal of this review to lay a solid foundation for the development of future research plans, strategies for management, and policy initiatives that are focused on patient-centered and sustainable healthcare organizations

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