

Emotional Intelligence And Moral Distress Among Emergency Department Nurses At Mayo Hospital, Lahore For Patient Care And Staff Well-Being

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Abstract

First and foremost, I express my profound and sincere gratitude to the Almighty Allah, whose boundless mercy, infinite wisdom, and constant guidance have been a source of strength and inspiration throughout the course of this research. It is only through His divine blessings that I was endowed with the perseverance, intellectual capacity, and resilience necessary to undertake and successfully complete this scholarly endeavor without facing any major obstacles.

I am deeply indebted to my research supervisor, **Ms. Nargis Abdul Rahman**, for her exceptional mentorship, insightful suggestions, and unwavering support during every phase of this research journey. Her expert guidance, constructive feedback, and patient encouragement played a pivotal role in the conceptualization, development, and refinement of this

work. The clarity of thought and academic rigor she instilled in me significantly enriched the quality of this research. Without her continuous involvement and invaluable assistance, the successful completion of this project would not have been possible.

Author Details

Keywords:

Received on 25 Jan 2026

Accepted on 14 Mar 2026

Published on 24 Mar 2026

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Background: This study investigates how nursing values and a forward-looking outlook affect the ability of nursing interns at Shahida Islam Teaching Hospital in Lodhran to solve problems. In order to provide safe and efficient patient care, nurse interns must be able to tackle difficult challenges when they move from academic settings to clinical practice. Ethical decision-making, professional nursing values including integrity, human dignity, and justice serve as guiding principles. a descriptive correlational study design. In addition to case-based assessments of problem-solving skills, formal questionnaires measuring nursing values and future temporal perspective were used to gather data. To ascertain the strength and correlations between the variables, quantitative data were evaluated using regression and correlation approaches. A representative sample of Nurse Interns was chosen through stratified random sampling (n=43). That research data was compiled using two different distinct tools. 1. Professional Nursing Values Scale to assess values fundamental nursing. 2. Problem solving proficiency archive description to evaluate decision-making and problem-solving. **Results:** Self-assured with direction: 27 individuals (62.8%) of the group believed they could succeed with some assistance. Extremely confident: Just two participants, (4.7%) expressed extreme confidence. Thirteen (13 people 30%), reported feeling insecure. Missing data: One participant, or 2.3% of the total, did not reply. More than half of the participants 27 out of 43 (62.8%) are highly confident demonstrated a strong commitment to professional nursing values. and just (4.7%) 2 out of 43 are extremely confident with advanced problem solving abilities. A positive significant correlation response was observed b/w Nursing Values and problem solving skills. **Conclusion:** Nurse Interns in Shahida Islam Teaching Hospital Lodhran with strong professionals nursing values tend to exhibit greater problem solving proficiency as compared to Nurse Interns with weak professionals nursing values.

Introduction

There is no single global prevalence rate for the EI of nurses, and studies from different countries and contexts have consistently indicated that the emotional intelligence level of nurses is generally moderate to high but showed considerable variations depending on the location, experience, and measurement tools used (Alhakami & Baker, 2025).

Different regions present variability in research findings, one study conducted in Northeast England found that 82% of nurses highly exhibited emotional intelligence traits (Awe et al., 2023). In Saudi Arabian and Palestinian studies, nurses usually reported moderate to high levels of emotional intelligence, with mean scores falling in the higher range of the scales used (Fashafsheh et al., 2025). The mean score of emotional intelligence for nurses was found to be lower than the average threshold in some Iranian hospitals, which points to a weaker level in such contexts. A study in Greece also reported moderate-to-high levels of emotional intelligence among nurses (Vahidi et al., 2016).

Moral distress is referred as "the situation in which an individual knows what is right to do, but institutional constraints make it nearly impossible to pursue the right course of action." It is caused by internal reasons like insecurity and self-doubt as well as external ones like organizational inefficiencies, increasing workload, and disagreements over medical judgements. When healthcare workers are unable to behave in accordance with their beliefs, it highlights the moral dilemmas and conflicts of judgement they face (Chen et al., 2025).

High patient acuities, hectic settings, and a high risk of violence against medical staff are all characteristics of emergency rooms. The care of the family unit, or family-centered care, is a special challenge for nurses working in pediatric emergency departments. The emergency department nurse must have a high degree of emotional

intelligence in order to deliver high-quality patient care when juggling the demands of patients' care with the features of the emergency room (Childress et al., 2021).

Moral distress is very prevalent among nurses working in the emergency departments. According to a survey conducted in the Midwest of the United States, 21% of nurses reported feeling morally distressed. 58% of healthcare personnel in pediatric and neonatal intensive care units in Canada reported experiencing moral anguish; nurses were more likely to express this than doctors. 68% of pediatric hospital nurses in Australia reported experiencing moral discomfort, underscoring the problem of moral distress in pediatric healthcare (Zhou et al., 2024).

Alimoradi et al. (2023) highlighted that emergency nursing is a profession with a distinctly stressful character due to the need to make quick choices in emotionally colored and ethically challenging situations. This situation can lead to moral distress, which is the occurrence when nurses are prohibited to do something in accordance with their personal standards of professional and ethical values. Moral distress can increase burnout and job satisfaction and worsen patient care outcomes (Karim et al., 2024).

Meanwhile, an emotional intelligence (EI), which can be thought of as the capacity to feel, control, and utilize emotions, is beneficial in assisting nurses to cope with stress, remain empathetic, and make effective decisions (Gelkop et al., 2022). According to recent results, moral sensitivity and ethical decision-making among nurses are positively related to a higher level of emotional intelligence (Ibrahim & Ibrahim, 2025).

Within the first year following graduation, the turnover rate for nurses in South Korea is 25%, and within the first five years, it rises to 50%. The high mortality rate in tertiary institutions and the moral distress brought on by a shortage of resources and specialists to care for pediatric infants who are dying may be the reasons for the 72.4% turnover intention of nurses working in the neonatal intensive care unit (NICU). Pediatric nurses in tertiary hospitals in Korea frequently see the deaths of young patients. In 2018, hospital environments accounted for 81% of all pediatric mortality. 13. Additionally, the Seoul metropolitan area is home to 21 (50%) of Korea's 42 tertiary hospitals, and 47% of child fatalities under the age of 19 take place there. As a result, a large number of patients are treated by pediatric nurses employed by the tertiary institutions in this region (Jang et al., 2022).

Emotional intelligence is critical for emergency nurses, enabling them to better manage their own emotions and those of patients and families during stressful situations, which can improve patient care, teamwork, and resilience. Strong emotional intelligence in this field involves self-awareness, self-regulation, empathy, and social skills, which are particularly important given the high-stress environment and potential for burnout (Musio et al., 2025). NICU nurses have to deal with stress, interact with families in a productive way, and handle the ethical challenges that come with providing newborn care. Better CDM is supported by nurses with higher EI because they are better able to control their emotions, handle stress, and communicate (Ayed et al., 2025).

Mostly 82% of nurses report high EI, while overall EI was reported to be moderate in other studies (Awad & Ashour, 2020). Moral distress levels reported 75.7% amongst emergency nurses. Nevertheless, a considerable percentage of emergency nurses-from 20% to over 50% in different studies report considering leaving the job because of MD. Cultural differences, coupled with variations in research methodologies, make any determination of a single universal figure on prevalence impossible (Boulton & Farquharson, 2023). Although the relationship between nurse performance and patient safety is explored frequently within the system-level factors, workload, staffing, and communication issues, the psychological and ethical factors are increasingly becoming more noticeable (Karim et al., 2024). The inability to act in accordance with moral principles has been reported as a high form of burnout, psychological

distress, and reduced quality of care in intensive care and end-of-life cases, which are identified as moral distress (Kalani et al., 2023).

However, the research examining the problem of moral distress specifically in the case of emergency departments of the pediatric department has not been conducted yet, and one often has to face an ethical dilemma and make a decision within a limited period. At the same time, the ability to recognize, control, and handle emotions, also known as emotional intelligence, has been demonstrated to enhance resilience, communication, and ethical sensitivity among nurses (Ibrahim & Ibrahim, 2025).

The research is important to various nursing and health care stakeholders. In the case of nursing students, it offers the evidence of the relevance of cultivating emotional intelligence as one of the competencies necessary to mitigate moral distress in ethically challenging environments. The patients eventually gain advantages by receiving better care in terms of quality as emotional-intelligent nurses can better handle stress and communicate with others, and make morally sound choices. The results can be used by hospitals to create professional development opportunities that helped the nurses feel better, less burnt, and increase retention rates. To the policy makers, the study provided information on the need to incorporate emotional intelligence training and ethical support systems into nursing curricula and workplace policies. Lastly, the study is beneficial to future researchers because they can make additions to the findings and conduct research on interventions, longitudinal effects, and cross-cultural comparison in relation to emotional intelligence and moral distress in nursing practice.

Research Question

What is the relationship between emotional intelligence and moral distress among emergency department nurses at a tertiary care hospital?

Objectives

To assess levels of emotional intelligence among ED nurses.

To assess levels of moral distress among ED nurses.

To examine the association between emotional intelligence and moral distress.

METHODS AND METRIALS

A quantitative, descriptive cross-sectional study design has been used to assess the relationship between emotional intelligence and moral distress among emergency department nurses working in a tertiary care hospital. This design is appropriate because it allows the researcher to measure variables simultaneously and determine associations within a naturally occurring environment. The study has been conducted in the emergency department of Mayo Hospital, Lahore which operates 24/7 and handles high-acuity patients. The setting is appropriate due to the high emotional demands, ethical dilemmas, and rapid decision-making nature of emergency care. The estimated duration of the study has been 6 months, including proposal approval, data collection, data entry, analysis, and report writing. The study population consisted of registered nurses practicing in Mayo Hospital, Lahore, Pakistan.

Sample size was calculated using Cochran's formula (1977) with a 95% confidence level, 10% margin of error, and estimated proportion of 0.5, the calculated sample size was 96.

Cochran's Formula

$$n_0 = Z^2 \cdot p(1 - p) / e^2$$

Where:

Z = 1.96 (95% confidence interval)

p = 0.5 (estimated proportion)

e = 0.10 (margin of error to reduce sample size)

Calculation

$$n_0 = (1.96)^2 \times 0.5(1 - 0.5) / (0.10)^2$$

$$n_0 = 3.8416 \times 0.25 / 0.01$$

$$n_0 = 0.9604 / 0.01$$

$$n_0 = 96$$

If the total population (N) is small, the Finite Population Correction (FPC) is applied:

$$n = n_0 / [1 + ((n_0 - 1)/N)]$$

The adjusted sample size calculated once the actual population (N) of emergency department nurses is known. A simple random sampling technique has been used. A sampling frame of all eligible ED nurses has been obtained from nursing administration, and participants were selected randomly to ensure fairness and reduce selection bias.

Inclusion Criteria

Registered Nurses (RNs) currently working in the Emergency Department of Mayo Hospital, Lahore.

≥ 6 months of experience in the emergency department, enough time to have been exposed to ethically challenging situations and moral distress.

Permanent or contract staff nurses directly involved in patient care.

Willing to participate and provide informed consent.

Exclusion Criteria

Nurses on leave (maternity, medical, study, or annual leave) during the data collection period.

Nursing students, trainees, or interns, their exposure to moral distress and emotional demands differs from that of qualified staff.

Nurses with < 6 months of ED experience insufficient exposure to the ethically charged situations the study investigates.

Nurses working in non-clinical/administrative roles within the ED (e.g., nursing supervisors primarily doing desk duty) not directly involved in bedside patient care.

Nurses who have participated in a similar study on emotional intelligence or moral distress within the past 6 months.

Data Collection Procedure

Permission has been obtained from Medical Superintendent Mayo Hospital prior to data collection. Nurses who meet the inclusion criteria have been approached individually during their break hours. The researcher explained the study purpose, obtain informed consent, and provide self-administered questionnaires. Participants have given 15-20 minutes to complete the forms, which was collected the same day. Confidentiality and anonymity has been strictly maintained.

Data Collection Tool

Two standardized, validated tools have been used:

Wong & Law Emotional Intelligence Scale (WLEIS): This questionnaire is based on 16-item scale.

Measures four EI dimensions:

Self-emotion appraisal

Others' emotion appraisal

Use of emotion

Regulation of emotion

Five-point Likert scale (1 = strongly disagree to 5 = strongly agree)

High scores indicate stronger emotional intelligence.

Interpretation of WLEIS

Scores 16–37 = Low emotional intelligence

Scores 38–58 = Moderate emotional intelligence

Scores 59–80 = High emotional intelligence Interpretation allows understanding of whether ED nurses possess emotional strengths that may buffer moral distress.

Moral Distress Scale – Revised (MDS-R)

21 items measuring frequency and intensity of moral distress

Five-point Likert scale (0 = never/none to 4 = very frequent/very high)

Total moral distress score = frequency × intensity for each item

Interpretation of MDS-R

0–48 = Low moral distress

49–96 = Moderate moral distress

97–168=High moral distress Interpretation helps determine whether ED nurses experience distress from ethically challenging situations, staffing issues, or compromised patient care.

Ethical Considerations

Approval has been obtained from the Institutional Review Board/Ethics Committee.

Permission from hospital administration has been secured.

Participants have been informed of study purpose, voluntary participation, and right to withdraw.

No names were recorded; questionnaires have been administered anonymously.

Data were stored securely with restricted access.

No harm or risk was posed to participants.

Data Analysis

Data has been analyzed using SPSS version 25. Descriptive statistics (frequency, mean, SD) summarized demographic data, emotional intelligence, and moral distress levels. Pearson correlation assessed the relationship between EI and moral distress. Independent t-tests and ANOVA compared EI and moral distress across demographic variables. A p-value of ≤ 0.05 has been considered statistically significant.

RESULTS

This study included 96 nurses working in the emergency department of a tertiary care hospital. All participants completed the questionnaires fully, and no responses were excluded from the analysis. Data were entered and analyzed using SPSS version 25. The findings are presented below in line with the study objectives.

Demographic Characteristics of Participants

The demographic characteristics of the participants showed a diverse yet representative sample of emergency department nurses. Most respondents were female, which reflects the general gender distribution within the nursing profession. The participants were mainly within the young to middle adult age range, and the majority held a Bachelor of Science in Nursing (BSN) qualification.

Table 1: Demographic Characteristics of Emergency Department Nurses (n = 96)

Variable	Category	Frequency (n)	Percentage (%)
Gender	Male	32	33.3
	Female	64	66.7
Age (years)	20–29	38	39.6
	30–39	41	42.7
	≥ 40	17	17.7

Educational Qualification	Diploma in Nursing	21	21.9
	BS Nursing	63	65.6
	Postgraduate	12	12.5
Years of Experience	<2 years	19	19.8
	2–5 years	44	45.8
	>5 years	33	34.4
Duty Shift	Fixed	27	28.1
	Rotational	69	71.9

In terms of professional experience, nurses had varying lengths of service in the emergency department, ranging from newly appointed staff to nurses with several years of clinical experience. Most participants reported working rotational shifts, including night duties, which is typical of emergency department work. These characteristics indicate that the sample adequately represents nurses working in a high-acuity emergency care environment.

Figure 1 Distribution of Emotional Intelligence Levels

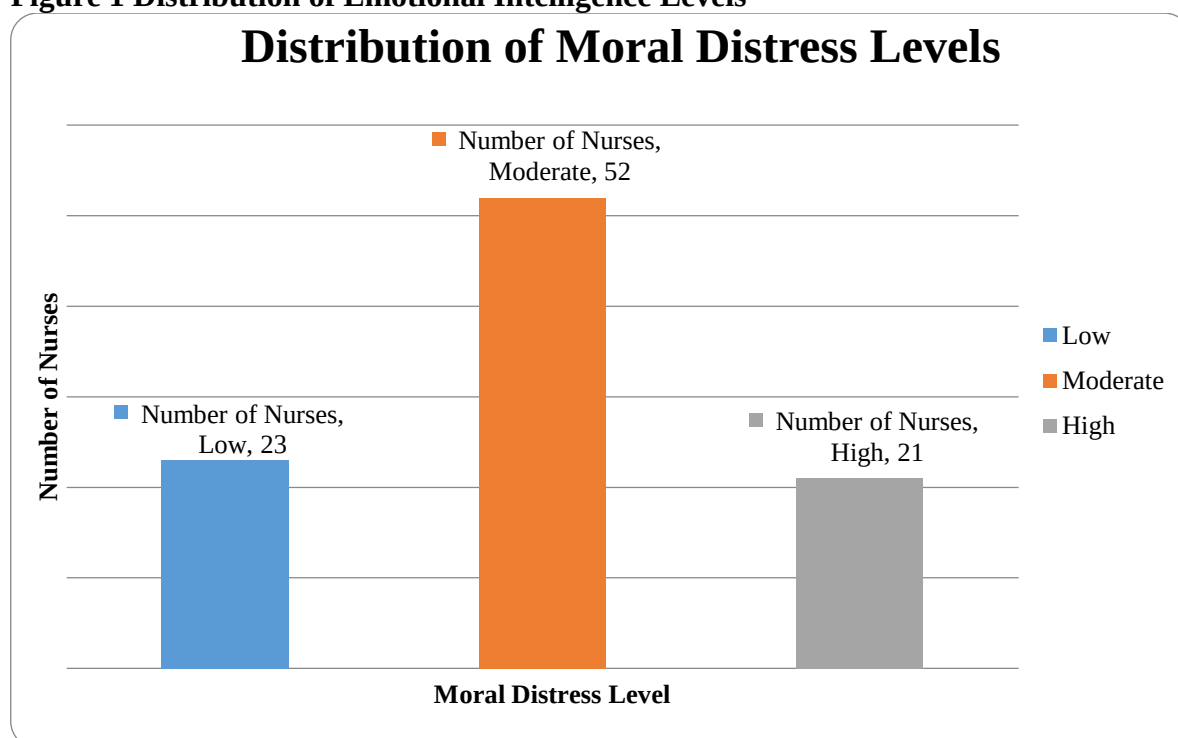


Table 2: Levels of Emotional Intelligence Among Emergency Department Nurses

Emotional Intelligence Level	Score Range	Frequency (n)	Percentage (%)
Low	16–37	11	11.5
Moderate	38–58	58	60.4
High	59–80	27	28.1

Emotional intelligence was measured using the Wong and Law Emotional Intelligence Scale (WLEIS). Scores were calculated for overall emotional intelligence as well as for its four dimensions.

The findings revealed that most nurses demonstrated a moderate level of emotional intelligence. A smaller proportion showed high emotional intelligence, while only a

few participants fell into the low emotional intelligence category. The overall mean score suggests that nurses generally possessed a reasonable ability to understand and manage emotions in themselves and others while working in the demanding environment of the emergency department.

Among the emotional intelligence dimensions, self-emotion appraisal and regulation of emotion had relatively higher scores. This indicates that many nurses were able to recognize their own emotional responses and regulate them effectively during stressful clinical situations.

In contrast, slightly lower scores were observed for others' emotion appraisal, suggesting that identifying and interpreting emotional cues from patients and colleagues may be more challenging in fast-paced emergency settings. Moral distress was assessed using the Moral Distress Scale-Revised (MDS-R), which captures both the frequency and intensity of ethically distressing situations.

The results showed that moderate levels of moral distress were common among emergency department nurses. While some nurses reported low moral distress, a noticeable number experienced high levels of moral distress, indicating repeated exposure to ethically challenging situations in their daily practice. The overall mean moral distress score suggests that nurses frequently encounter situations where they are unable to act according to what they believe is ethically appropriate due to organizational or systemic constraints.

Higher moral distress scores were commonly associated with situations such as:

Insufficient staffing levels

Limited resources affecting patient care decisions

Institutional or administrative barriers that restricted professional judgment

These findings highlight the ethically complex nature of emergency department nursing.

Pearson correlation analysis was conducted to examine the relationship between emotional intelligence and moral distress. The analysis revealed a statistically significant negative relationship between emotional intelligence and moral distress ($p \leq 0.05$). This indicates that nurses with higher emotional intelligence tended to experience lower levels of moral distress. Further analysis showed that regulation of emotion and use of emotion had the strongest inverse relationships with moral distress. Nurses who were better able to manage and channel their emotions appeared to cope more effectively with ethically challenging situations. The relationship between others emotion appraisal and moral distress was weaker, though still negative.

Table 3: Mean Scores of Emotional Intelligence Dimensions (WLEIS)

Emotional Intelligence Dimension	Mean $\pm$ SD
Self-Emotion Appraisal	15.8 $\pm$ 2.4
Others' Emotion Appraisal	14.6 $\pm$ 2.7
Use of Emotion	15.2 $\pm$ 2.3
Regulation of Emotion	15.9 $\pm$ 2.1
Total Emotional Intelligence	61.5 $\pm$ 7.8

Table 4: Levels of Moral Distress Among Emergency Department Nurses

Moral Level	Distress Score Range	Frequency (n)	Percentage (%)
Low	0–48	23	24.0
Moderate	49–96	52	54.2
High	97–168	21	21.8

Independent t-tests and one-way ANOVA were used to examine differences in emotional intelligence and moral distress across demographic variables. Nurses with

greater professional experience demonstrated significantly higher emotional intelligence scores. However, no statistically significant differences in moral distress were observed based on gender or educational level. Although nurses working rotational and night shifts showed higher average moral distress scores compared to those on fixed shifts, this difference was not statistically significant.

Table 5: Comparison of Emotional Intelligence and Moral Distress by Selected Demographic Variables

Variable	Emotional Intelligence (Mean ± SD)	Moral Distress (Mean ± SD)	p-value
Gender			
Male	60.3 ± 7.5	80.2 ± 21.9	0.284
Female	62.1 ± 8.0	77.8 ± 22.6	
Years of Experience			
<2 years	58.4 ± 6.9	85.1 ± 24.3	0.018
2–5 years	61.9 ± 7.6	79.4 ± 22.1	
>5 years	64.3 ± 8.2	73.2 ± 19.8	

*Statistically significant at $p \leq 0.05$

DISCUSSION

This study explored emotional intelligence and moral distress among emergency department nurses working in a tertiary care hospital, as well as the relationship between these two constructs. The findings provide valuable insight into the emotional and ethical challenges faced by nurses in high-pressure emergency settings (Karimi et al., 2021). Overall, the results indicate that emergency department nurses demonstrated moderate levels of emotional intelligence and moderate levels of moral distress, with a significant inverse relationship between emotional intelligence and moral distress. These findings support the growing recognition that emotional and ethical dimensions of nursing practice are closely connected, particularly in demanding clinical environments such as emergency departments. The present study found that most emergency department nurses exhibited moderate emotional intelligence, with fewer nurses reporting high emotional intelligence and only a small proportion demonstrating low levels. This finding aligns with previous research conducted in various clinical settings, which has consistently reported moderate to high emotional intelligence among nurses (Wampold & Flückiger, 2023).

The moderate level of emotional intelligence observed in this study may reflect the challenging nature of emergency department work, where nurses are required to make rapid decisions, manage intense emotions, and interact with patients and families under stressful circumstances. While experience in such environments may help nurses develop emotional awareness and regulation skills, continuous exposure to stress may also limit the extent to which emotional intelligence can be fully developed without formal support or training (Isbell et al., 2020).

Among the emotional intelligence dimensions, self-emotion appraisal and regulation of emotion scored relatively higher. This suggests that nurses were generally able to recognize their own emotions and control emotional responses during clinical practice. These skills are essential in emergency settings, where emotional control directly affects decision-making, teamwork, and patient safety (Shaarawy et al., 2024). In contrast, others’ emotion appraisal showed comparatively lower scores, which may be explained by the fast-paced nature of emergency care, limited time for interpersonal interactions, and high patient turnover. The findings of this study revealed that moderate moral distress was common among emergency department nurses, with a notable proportion experiencing high levels of moral distress. This result is consistent

with international literature identifying emergency departments as ethically demanding environments. Emergency nurses frequently face situations in which they are unable to provide care aligned with their professional values due to factors such as staff shortages, limited resources, administrative policies, and overcrowding. In the current study, higher moral distress was commonly linked to inadequate staffing, restricted resources, and institutional barriers. These findings highlight that moral distress is not merely an individual issue but is strongly influenced by organizational and systemic factors (Shirazi et al., 2022).

In a tertiary care public hospital setting, such as the one studied, high patient volumes and limited resources may intensify ethical challenges, leaving nurses feeling constrained and emotionally burdened. Persistent exposure to such conditions can contribute to emotional exhaustion, reduced job satisfaction, and potential intentions to leave the profession (Kelen et al., 2021). One of the most important findings of this study was the significant negative relationship between emotional intelligence and moral distress. Nurses with higher emotional intelligence reported lower levels of moral distress, suggesting that emotional intelligence may serve as a protective factor in ethically challenging situations.

In particular, the dimensions of regulation of emotion and use of emotion showed the strongest inverse associations with moral distress. This indicates that nurses who are better able to manage their emotional reactions and channel emotions constructively may cope more effectively with moral challenges. Emotional regulation may help nurses process ethical conflicts without becoming overwhelmed, while effective use of emotions may support adaptive coping and problem-solving (Huang et al., 2021). However, while emotional intelligence appears to reduce moral distress, it does not eliminate it entirely. This finding supports the view that emotional intelligence alone cannot compensate for systemic issues such as workload pressure, staffing shortages, and institutional constraints. Emotional intelligence may help nurses cope, but organizational changes are essential to address the root causes of moral distress.

The results showed that years of professional experience were significantly associated with emotional intelligence, with more experienced nurses demonstrating higher emotional intelligence scores. This may be due to prolonged exposure to complex clinical situations, which gradually enhances emotional awareness and coping abilities. No significant differences in moral distress were observed based on gender or educational level. This suggests that moral distress is a shared experience among emergency nurses, regardless of demographic background. Nurses working rotational and night shifts showed higher mean moral distress scores, although these differences were not statistically significant. Nevertheless, this trend highlights the potential impact of irregular work schedules and fatigue on ethical stress. The findings of this study have important implications for nursing practice and healthcare management (Zeng et al., 2024). Developing emotional intelligence through structured training programs, reflective practice, and supportive supervision may help nurses better manage emotional and ethical challenges. Emotional intelligence training could be integrated into continuing professional development programs and nursing education curricula. At the organizational level, efforts to reduce moral distress should focus on improving staffing levels, resource availability, ethical support systems, and open communication. Providing forums for ethical discussion, debriefing sessions, and psychological support may help nurses process morally distressing experiences more effectively (Choi et al., 2021).

Importantly, this study highlights that individual-level interventions must be combined with organizational strategies to meaningfully reduce moral distress and promote nurse well-being. This study provides valuable evidence from a tertiary care hospital in Pakistan, a context that is underrepresented in existing literature. The use of validated instruments strengthens the reliability of the findings. However, the cross-sectional design limits causal interpretation, and self-reported data may be

subject to response bias (Bajwa et al., 224). The study was conducted in a single hospital, which may limit generalizability to other settings. Future research using longitudinal or mixed-method designs could provide deeper insight into how emotional intelligence and moral distress evolve over time.

Conclusion

In conclusion, this study demonstrates that emergency department nurses experience moderate levels of emotional intelligence and moral distress, with emotional intelligence showing a significant protective relationship against moral distress. While emotionally intelligent nurses may cope better with ethical challenges, addressing moral distress requires both individual emotional skill development and system-level organizational improvements. These findings contribute to a growing body of evidence emphasizing the importance of emotional and ethical support for nurses working in high-stress clinical environments.

REFERENCES

- Alhakami, I. Y., & Baker, O. G. (2025). Emotional intelligence among nurses in a general hospital setting in Jeddah, Saudi Arabia. *Frontiers in Medicine*, 12, 1610150. <https://doi.org/10.3389/fmed.2025.1610150>.
- Alimoradi, Z., Jafari, E., Lin, C. Y., Rajabi, R., Marznaki, Z. H., & Pakpour, A. H. (2023). Estimation of moral distress among nurses: A systematic review and meta-analysis. *Nursing Ethics*, 30(3), 334–357. <https://doi.org/10.1177/09697330221135212>
- Awad, N. H. A., & Ashour, H. M. A. A. (2020). The relationship between emotional intelligence, moral distress and work engagement as perceived by critical care nurses. *International Journal of Advances in Nursing Management*, 8(3), 237–248.
- Awe, A. O., David-Olawade, A. C., Ayodele-Awe, I., Feng, H., Odetayo, A., Afolalu, T. D., Ladan, H., & Olawade, D. B. (2023). Predictors and influencing factors of emotional intelligence among nurses in the North East England, United Kingdom. *Journal of Education and Health Promotion*, 12, 236. https://doi.org/10.4103/jehp.jehp_1656_22
- Ayed, A. (2025). The relationship between the emotional intelligence and clinical decision-making among nurses in neonatal intensive care units. *SAGE Open Nursing*, 11, 23779608251321352.
- Barr, P. (2024). Relationships of nursing stress and trait emotional intelligence with mental health in neonatal intensive care unit nurses: A cross-sectional correlational study. *Australian Critical Care*, 37(2), 258–264. <https://doi.org/10.1016/j.aucc.2023.07.005>
- Boulton, O., & Farquharson, B. (2023). Does moral distress in emergency department nurses contribute to intentions to leave their post, specialisation, or profession: A systematic review. *International Journal of Nursing Studies Advances*, 6, 100164. <https://doi.org/10.1016/j.ijnsa.2023.100164>
- Boulton, O., Gibb, L., & Banner, T. (2024). Does moral distress in emergency department nurses increase intention to leave? A systematic review. *International Emergency Nursing*, 73, 101276. <https://doi.org/10.1016/j.ienj.2023.101276>
- Chen, J., Lin, N., Ye, X., Chen, Y., Wang, Y., & Xu, H. (2025). Coping strategies and interventions to alleviate moral distress among pediatric ICU nurses: A scoping review. *Nursing Ethics*, 32(2), 437–459.
- Childress, J. W. (2021). Emotional intelligence and pediatric emergency department nurses (*Doctoral dissertation, William Carey University*).
- Fashafsheh, I. H., Eqtait, F. A., Hammad, B. M., Ayed, A. J., & Salameh, B. S. (2025). The impact of emotional intelligence on work performance among

- ICU nurses in Palestine: A cross-sectional study. *BMC Nursing*, 24, 413. <https://doi.org/10.1186/s12912-025-03068-y>
- Galanis, P., Fragkou, D., Katsiroumpa, A., & Kaitelidou, D. (2024). Emotional intelligence as a critical competence in nurses: Impact on work performance. *Healthcare*, 12(19), 1936. <https://doi.org/10.3390/healthcare12191936>
- Gelkop, C., Kagan, I., & Rozani, V. (2022). Are emotional intelligence and compassion associated with nursing safety and quality care? A cross-sectional investigation in pediatric settings. *Journal of Pediatric Nursing*, 62, e98–e102.
- Ghazanfari, M. J., Esmaeili, S., Zeydi, A. E., & Karkhah, S. (2022). Moral distress among nurses during COVID-19 pandemic: Challenges and coping strategies. *Nursing Open*, 9(4), 2227. <https://doi.org/10.1002/nop2.1248>
- Ibrahim, E. K., & Ibrahim, R. H. (2025). The nexus of emotional intelligence, empathy, and moral sensitivity: Enhancing ethical nursing practices in clinical settings. *Journal of Nursing Management*, 2025, 9571408. <https://doi.org/10.1155/jonm/9571408>
- Jafari, H., Aghaei, N., & Mousavi, S. (2024). Moral distress and related factors among nurses in emergency departments. *Bulletin of Emergency & Trauma*, 12(3), 145–152.* <https://doi.org/10.30476/BEAT.2024.XXXX>
- Jang, S. G., Min, A., & Kim, S. (2022). Experience of pediatric patient death, moral distress, and turnover intention among pediatric nurses at a tertiary hospital in South Korea: a cross-sectional study. *Journal of Palliative Medicine*, 25(8), 1215-1221.
- Kalani, Z., Barkhordari-Sharifabad, M., & Chehilmard, N. (2023). Correlation between moral distress and clinical competence in COVID-19 ICU nurses. *BMC nursing*, 22(1), 107.
- Karim, Z., Hossain, S. I., & Shahid, S. F. B. (2024). Impacts of emotional intelligence on job satisfaction and job performance of employees: Evidence from Bangladesh. *Journal of Applied Business & Economics*, 26(6).
- Karimollahi, M., Mazaheri, E., Almaspoor Khangah, H., & Pourhamzeh, S. (2024). Correlation between moral distress and compassion fatigue in emergency department nurses: A cross-sectional study. *Journal of Education and Health Promotion*, 13, Article 356. https://doi.org/10.4103/jehp.jehp_XXXX_24
- Malik, N. (2023). Emotional intelligence and psychological adjustment among nurses and perceived quality of nursing care: A cross-sectional study. *Journal of Rawalpindi Medical College*, 27(4), 543–548.* <https://doi.org/10.37939/jrmc.v27i4.2398>
- Mehralian, G., Sadeghian, E., & Rezaei, M. (2024). The impact of emotional and moral intelligence on nurses' organizational commitment. *BMC Nursing*, 23(1). <https://doi.org/10.1186/s12912-024-XXXXX>
- Musio, M. E., Ginogi, F., Casini, S., Lucente, G., Timmins, F., Hayter, M., ... & Bagnasco, A. (2025). The impact of emotional intelligence on nurses' professional quality of life in pre-hospital emergency settings: A multicentre mixed-method study. *Journal of Clinical Nursing*, 34(1), 108-116.
- Musio, M., Tarducci, R., Berlanda, S., Marques-Vieira, C., Sousa, L. B., & Sousa, F. (2024). The impact of emotional intelligence on nurses' professional quality of life in pre-hospital emergency settings: A multicentre mixed-method study. *Journal of Clinical Nursing*. <https://doi.org/10.1111/jocn.XXXX>
- Oweidat, I., Abuhammad, S., & Al-Natour, A. (2024). Relationship between emotional intelligence and quality of healthcare among Jordanian nurses. *Frontiers in Psychology*, 15, 1423235. <https://doi.org/10.3389/fpsyg.2024.1423235>
- Turjuman, F., Alnaser, M., & Al-Hamdan, Z. (2023). Emotional intelligence among nurses and its relationship with work performance and work engagement: A

- cross-sectional study. *Nursing Research and Practice*, 2023, Article 5543299. <https://doi.org/10.1155/2023/5543299>
- Ullah, S. (2022). *Emotional intelligence and burnout among nurses working in tertiary hospitals of KPK*. Pakistan Journal of Health Sciences. Retrieved from <https://thejas.com.pk/index.php/pjhs/article/view/68>.
- Vahidi, M., Areshtanab, H. N., & Bostanabad, M. A. (2016). The relationship between emotional intelligence and perception of job performance among nurses in North West of Iran. *Scientifica*, 2016, 9547038. <https://doi.org/10.1155/2016/9547038>.
- Zhang, Y., Li, X., & Chen, Q. (2025). Exploring moral distress, related factors, and coping in emergency nurses: A mixed-method study. *BMJ Open*, 15(2), (Early online release)
- Zhou, H., Liao, H., Huang, Y., Lin, Q., Wang, X., Li, H., ... & Yang, S. (2024). Moral distress in pediatric nurses: A scoping review protocol. *Plos One*, 19(10), e0312808.