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An Analytical Study on the Influence of Institutional and Demographic Factors on Emotional Intelligence, Workforce Diversity and Job Performance of Nurses Working in Hospitals of Palakkad District

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Abstract: The nursing profession faces growing challenges in providing high-quality patient care while dealing with the challenges of workforce diversity and emotional demands. The goa of this research is to investigate how institutional and demographic variables affect the emotional intelligence, workforce diversity and job performance of nurses employed in hospitals in Kerala's Palakkad district in India. A sample of 185 nurses from different hospitals participated in a cross-sectional study. Validated tools that measures demographic factors, emotional intelligence and workforce performance were used to collect the data. To assess the relationships between the variables, statistical analysis such as Chi-square tests, Pearson correlation, t-tests and multiple regression were used. The results revealed a significant positive correlation between demographic variables and emotional intelligence, as well as a strong predictive link between workforce diversity and job performance. In addition, organisational variables were found to have an impact on nursing effectiveness, with gender, age and educational level being significant determinants of emotional intelligence and job performance. These results highlight the need of integrating institutional and demographic knowledge into initiatives aimed at improving the nursing workforce's emotional intelligence and performance results.

Keywords: Emotional intelligence, Workforce diversity, Job performance, nursing, hospitals

INTRODUCTION

The healthcare industry in India is changing quickly, especially at the district level, where maintaining high standards of patient care is becoming more difficult due to institutional constraints and a diverse workforce. The Palakkad area of Kerala, with its rich cultural diversity and socioeconomic diversity, provides an intriguing environment for exploring the fusion of traditional healthcare methods with modern medical practices. As pivotal players in the healthcare delivery system, nurses must negotiate complicate emotional, cultural and organizational contexts in addition to clinical needs.

Emotional intelligence, the ability to recognize, comprehend, control and use emotions effectively, is one of the emerging skills that is essential for successful nursing practice. EI is known for promoting resilience, compassionate patient encounters, conflict resolution and professional teamwork (Gorgens-Ekermans & Brand (2023); Salminen-Tuomaala & Arvonen (2022)). According to research, nurses with greater EI have better patient care, less burnout and more job satisfaction (Lee & Kim (2021); BMC Nursing (2025).

At the same time, modern healthcare systems are characterized by a diverse workforce that includes individuals of different ages, genders, races, educational backgrounds and years of clinical expertise. Although this variety encourages creativity and cultural awareness in treatment delivery, it also poses difficulties in team work, communication and leadership adaptation (Sharma & amp; Dhar (2020); Singh & amp; Thomas (2023)). Therefore, in order to take advantage of the possible advantages of diversity in hospital environments, effective diversity management is essential.

Interpersonal communication, teamwork, decision-making and continuous learning are all components of job performance in the nursing field that go beyond clinical expertise. It is a major factor in healthcare efficiency, Patient outcomes and the reputation of institutions (Jones et al., 2022). Understanding the interaction between emotional intelligence and workforce diversity may yield important insights into the variables that affect or impede performance in real-world hospital settings.

Furthermore, institutional considerations like leadership style, resource availability, organizational culture and policy frameworks have a significant impact on nursing results. District hospitals, like those in Palakkad, are governed by unique systemic circumstances that are influenced by state healthcare policies and community expectations, making it necessary to further investigate how these factors affect nursing efficacy (Menon & Rajeev (2024).

There has not been much study on the combined impact of emotional intelligence and workforce diversity on nursing job performance in the Indian hospital settings, even with increased awareness of these dynamics. By analysing the impact of institutional and demographic variables on nurses' emotional intelligence, job performance and workforce diversity in Palakkad, this study aims to address the gap. The results are intended to aid in the creation of evidence-based management practices and training programs that improve the efficacy of nursing care and healthcare provision at the community level.

LITERATURE REVIEW

Because of its significant effects on psychological well-being and professional performance, EI has received a great relevance in the nursing literature. According to recent research published in BMC Nursing (2025), there is a strong correlation between EI and nurses job performance. In order to demonstrate the mediating role of clinical competence in this dynamic, the study used structural equation modelling. Writing in the Journal of Nursing Management, Turjuman et al., (2023) emphasized that EI is a crucial factor in determining work engagement and performance. Their cross-sectional study demonstrated that nurses with higher EI levels had increased job involvement and improved performance results. The authors proposed including EI development into both nursing school courses and continuing professional education. Additionally, it has been demonstrated that EI offers protection against negative workplace results. A PMC (2024) study revealed that nurses with higher EI ratings were less likely to experience burnout, quit, quietly or plan to leave their jobs.

There is a growing demographic diversity in the nursing profession. According to the 2022 National Nursing Workforce Survey, 31.5 % of registered nurses now identify as African American, Asian or Hispanic, a rise from previous years. Black nurses made up 11% of the workforce in 2022, an increase from 8% in 2018. Parallel findings from the Health Resources and Services Administration (2022-2023) revealed that despite the fact that the nursing workforce has gotten more diverse and educated, job satisfaction has decreased. Diversity programs alone may not be enough without foresting inclusive and engaged organizational cultures, according to this. A diverse nursing staff enhances cultural competence and improves patient care outcomes, especially in multicultural environments. According to the studies, heterogeneous groups frequently exhibit better problem-solving skills, increased empathy and more efficient care delivery across cultural boundaries (Sharma & Dhar, 2020). However, workplace inclusion remains a concern. According to the American Nurses Association (2024), 63% of nurses encountered racism in the workplace, highlighting continuing systematic issues. Effective interventions to address these issues must go

beyond hiring and include inclusive leadership practice and policy changes that change the workplace environment.

Nursing job performance encompasses both technical and interpersonal competencies with EI emerging as a key setting (Jones et al., 2022). Studies reveal that EI directly enhances performance and is partially mediated by factors like job satisfaction. In vital areas of Comprehensive patient care, such as communication, conflict resolution and stress management, nurses with strong EI are often superior (Lee & Kim, 2021). Additionally demographic factors such as age, gender, education and experience significantly influence performance, though their impact varies by context.

Institutional factors play a crucial role in shaping nursing performance and job satisfaction. Elements such as leadership style, organisational culture, resource availability and support system significantly influence outcomes. The emerging concept of organisational EI-characterized by supportive leadership and open communication-has shown positive effects on both individual EI and nursing performance (Menon & Rajeev, 2024). Consistently, adequate staffing, training opportunities and administrative supports are linked to improved clinical outcomes. In hospitals in Kerala, these challenges are intensified by state-specific healthcare policies healthcare policies, limited resources and community expectations, highlighting the need for context-specific workforce management strategies.

Demographic factors play a significant role in shaping EI and job performance among nurses. Age demonstrates a curvilinear relationship, with those between 30 and 45 years typically exhibiting the highest levels of EI and performance -suggesting an optimal balance between experience and emotional maturity. Gender-based studies reveals distinct patterns: male nurses often show strength in emotional regulation while female nurses excel in empathy and communication, emphasizing the need for gender-sensitive approaches in training and evaluation. Educational attainment is another critical factor with bachelor's degree holders generally outperforming diploma holders in both EI and job performance, though continued professional development also influences outcomes. Similarly, while experience positively correlates with performance, gains tend to plateau after 10-15 years, highlighting the importance of life long learning and carry development opportunities.

In Kerala, the cultural and institutional context adds further complexity. High literacy rates and a strong public health infrastructure provides a supportive foundation of nursing, yet challenges persist due to traditional gender norms, hierarchical structure and a culturally diverse patient population. Nurses working in hospitals must navigate a wide range of linguistic and cultural expectations, requiring advanced cultural competence and EI. Institutional factors such as government control, limited resources and active community involvement further shape the working environment. Despite high technical competency, gaps remain in emotional regulation and communication, underlining the need for targeted strategies that address both cultural and institutional dimensions to enhance EI and nursing performance in Kerala's healthcare system.

METHODOLOGY

Study Design and Settings

A cross-sectional study was conducted across various hospitals in Palakkad district, kerala, india. The objective was to explore institutional and demographic factors influencing emotional intelligence, workforce diversity, and job performance among nurses working in hospitals at palakkad district.

Sampling and Participants

Using stratified random sampling, 185 registered nurses were selected from district, private and speciality hospitals. Inclusion criteria included full-time registered nurses with at least one year of experience and voluntary informed consent. On the other hand, nurses on long leave, administrative staffs and trainees were excluded.

Instruments

EI was measured using the Schutte Emotional Intelligence Scale. Job performance was assessed using the Nursing Performance Assessment Tool, covering clinical and interpersonal competencies. Demographic and institutional data were collected through a structured questionnaire covering age, gender, education, experience, hospital type, department, shift and organizational support.

Data Collection

Data were collected using a structured questionnaire and a soft copy of it was send to participants to fill it. A written consent from participant was also obtained.

Statistical Analysis

Data were analysed using SPSS. Multiple regression was used for identifying predictors of EI and job performance, independent t-test for group comparison, Pearson correlation for relationship between variables and Chi-square tests for categorical associations.

RESULTS

Table 1

Demographic Characteristics of Study Participants (N = 185)

Variable	Category	Frequency	Percentage
Age Group	20-30 years	76	41.1
	31-40 years	68	36.8
	41-50 years	32	17.3
	>50 years	9	4.8
Gender	Female	145	78.4
	Male	40	21.6
Education	Diploma	47	25.4
	Bachelor's	119	64.3
	Master's	19	10.3
Experience	1-5 years	72	38.9
	6-10 years	56	30.3
	11-15 years	38	20.5
	>15 years	19	10.3
Hospital Type	Government	98	53
	Private	87	47

Department	Medical	52	28.1
	Surgical	46	24.9
	ICU/CCU	38	20.5
	Emergency	28	15.1
	Pediatric	21	11.4

The study sample comprised of 185 nurses with diverse demographic characteristics. The mean age was 32.4 years (SD=7.8), with 78.4% being female. The majority (64.3%) held bachelor's degree in nursing, while 25.4% had diploma qualifications and 10.3 % possessed masters' degrees. The mean years of nursing experience was 8.6 years (SD=6.2), reflecting a well-experienced nursing workforce

Table 2

Descriptive Statistics for Main Variables (N = 185)						
Variable	Mean	SD	Min	Max	Skewness	Kurtosis
Emotional Intelligence	118.7	16.4	78	152	-0.23	0.14
Job Performance	98.3	12.8	67	128	-0.31	0.22
Age	32.4	7.8	22	58	0.45	-0.18
Years of Experience	8.6	6.2	1	28	1.12	0.87
Organizational Support	34.2	5.9	18	48	-0.18	0.31
Diversity Index	2.8	0.7	1.2	4.5	0.12	-0.28

Table 2 presents the descriptive statistics for the primary study variables. The mean EI score was 118.7(SD=16.4), reflecting moderate to high levels of EI among the participants. The mean job performance score was 98.3(SD=12.8), indicating generally strong performance levels within the nursing workforce.

Table 3

Pearson Correlation Matrix (N = 185)						
Variable	1	2	3	4	5	6
1. Emotional Intelligence	1					
2. Job Performance	0.542**	1				
3. Age	0.287**	0.234**	1			
4. Years of Experience	0.312**	0.298**	0.789**	1		
5. Organizational Support	0.456**	0.523**	0.189*	0.201**	1	
6. Diversity Index	0.198**	0.267**	0.098	0.143	0.345**	1

Pearson Correlation analysis demonstrated significant positive relationships among the key study variables ($^{*}P<0.05$, $^{**}P<0.01$). EI was strongly correlated with job performance ($r=0.542$, $p<0.001$), suggesting that nurses with higher EI tends to exhibit better performance. Additionally, organizational support was significantly associated both EI ($r=0.456$, $p<0.001$) and job performance ($r=0.523$, $p<0.001$), highlighting its influential role in shaping both emotional competencies and workplace effectiveness.

Table 4

Multiple Regression Analysis - Predictors of Emotional Intelligence (N = 185)						
Predictor	B	SE B	β	t	p	95% CI
Constant	67.432	8.924		7.553	<0.001	[49.84, 85.02]
Age	0.387	0.156	0.184	2.481	0.014	[0.08, 0.69]
Gender (Male)	8.234	2.567	0.203	3.208	0.002	[3.17, 13.30]
Education Level	4.123	1.789	0.156	2.304	0.022	[0.59, 7.66]
Years of Experience	0.234	0.187	0.089	1.251	0.213	[-0.13, 0.60]
Hospital Type	3.567	1.934	0.118	1.844	0.067	[-0.25, 7.38]
Organizational Support	0.678	0.198	0.245	3.424	0.001	[0.29, 1.07]
Diversity Index	2.345	1.456	0.101	1.611	0.109	[-0.53, 5.22]

Multiple regression analysis was conducted to examine the predictors of EI and job performance among nurses (table 4 & 5). For emotional intelligence, the model was statistically significant (R^2=0.387, Adjusted R^2=0.363, F (7177) = 15.95, $p < 0.001$). Significant predictors included age (β = 0.184, p = 0.014), gender (β = 0.203, p = 0.002), education level (β = 0.156, p = 0.022) and organizational support (β = 0.245, p = 0.001), indicating that both personal and institutional factors contribute meaningfully to EI levels.

Table 5

Multiple Regression Analysis - Predictors of Job Performance (N = 185)						
Predictor	B	SE B	β	t	p	95% CI
Constant	42.178	6.789		6.213	<0.001	[28.79, 55.57]
Emotional Intelligence	0.287	0.058	0.367	4.948	<0.001	[0.17, 0.40]
Age	0.234	0.123	0.143	1.902	0.059	[-0.01, 0.48]
Gender (Male)	4.567	1.987	0.142	2.299	0.023	[0.64, 8.49]
Education Level	3.234	1.456	0.156	2.221	0.028	[0.36, 6.11]
Years of Experience	0.187	0.145	0.091	1.29	0.199	[-0.10, 0.47]
Organizational Support	0.567	0.156	0.262	3.635	<0.001	[0.26, 0.87]
Diversity Index	2.789	1.123	0.153	2.484	0.014	[0.57, 5.01]

For Jo performance, the model also reached statistically significant (R^2 = 0.524, Adjusted R^2 = 0.506, F (7,177) = 27.89, $p < 0.001$). Emotional intelligence emerged as the strongest predictor (β = 0.367, $p < 0.001$), followed by organizational support (β = 0.262, $p < 0.001$), gender (β = 0.142, p = 0.023), educational level (β = 0.156, p = 0.028) and workforce diversity (β = 0.153, p = 0.014). These finding highlights the critical role of emotional intelligence and supportive, inclusive work environments in enhancing nursing performance.

Table 6

Independent t-test Results								
Comparison	Group	n	Mean	SD	t	df	p	Cohen's d
Emotional Intelligence by Gender	Female	145	116.8	15.9	-2.847	183	0.005	0.523
	Male	40	125.2	17.1				
Job Performance by Gender	Female	145	97.2	12.4	-2.134	183	0.034	0.394
	Male	40	102.1	13.8				
Emotional Intelligence by Hospital Type	Government	98	115.7	16.8	-3.421	183	0.001	0.503
	Private	87	122.1	15.4				
Job Performance by Hospital Type	Government	98	96.4	13.2	-2.687	183	0.008	0.395
	Private	87	100.5	12.1				
Emotional Intelligence by Education Level	Diploma	47	112.3	17.2	-3.456	164	0.001	0.543
	Bachelor's+	119	121.4	15.8				

In Table 6, Independent t-test were conducted to examine differences in emotional intelligence and job performance across gender, hospital type and educational level. Significant gender differences were found, with male nurses reporting higher EI (M=125.2, SD=17.1) and Job performance (M=102.1, SD=13.8) than their female counterparts (p=0.005 and p=0.034, respectively), with medium effect sizes (Cohen's d=0.523 and 0.394).

Nurses working in private hospitals demonstrated significantly higher emotional intelligence (M=122.1, SD=15.4) and job performance (M=100.5, SD=12.1) compared to those in government hospitals (p = 0.001 and p = 0.008, respectively), both with moderate effect sizes. Moreover, nurses with bachelor's degree or higher reported significantly greater EI (M = 121.4, SD = 15.8) than diploma holders (M = 112.3, SD = 17.2; p = 0.001, Cohen's d = 0.543), underscoring the influence of educational attainment on emotional competency.

Table 7

Chi-square Test Results				
Variables	χ^2	df	p	Cramer's V
Gender × Hospital Type	8.234	1	0.004	0.211
Education Level × Department	15.678	8	0.048	0.291

Age Group × Years of Experience	127.45	9	<0.001	0.829
Gender × Performance Level	6.789	2	0.034	0.192
Hospital Type × Diversity Index	12.345	4	0.015	0.258
Education Level × EI Level	9.876	4	0.043	0.231

In Table 7 Chi-square test was used to assess the relationship between key categorical variables. Significant associations were observed between gender and hospital type ($\chi^2 = 8.234$, $p = 0.004$, Cramer's V = 0.211) and between gender and job performance level ($\chi^2 = 6.789$, $p = 0.034$, Cramer's V = 0.192), indicating gender-based distribution differences across institutional and performance categories.

Educational level was significantly associated with both departmental allocation ($\chi^2 = 15.678$, $p = 0.048$, Cramer's V = 0.291) and emotional intelligence levels ($\chi^2 = 9.876$, $p = 0.043$, Cramer's V = 0.231), suggesting that higher education is linked with both departmental roles and emotional competency.

A strong relationship was found between age group and year of experience ($\chi^2 = 127.45$, $p < 0.001$, Cramer's V = 0.829), reflecting expected patterns of career progression. Additionally, hospital type was significantly related perceived diversity ($\chi^2 = 12.345$, $p = 0.015$, Cramer's V = 0.258), highlighting institutional differences in workforce diversity perceptions.

These findings underscore the complex interplay between demographic, institutional and psychological variables in shaping nursing outcomes.

FINDINGS AND IMPLICATIONS

This study offers essential information about the impact of demographic and institutional variables on the EI and work performance of nurses in hospitals throughout the Palakkad district of Kerala, India. One of the most important discoveries was the strong link between emotional intelligence and job performance, which suggest that higher EI is a major factor in improving nursing results. In terms of its practical significance in healthcare delivery, EI explained around 29% of the variance in job performance.

The regression analysis clearly shows that a person's age, gender, level of education and level of organizational support were all important in determining their EI. Contrary to popular trends male nurses scored higher in EI, which is a reflection of the distinctive emotional capacity of men who opt to work in a profession that is majority women. Likewise, age was found to be positively correlated with emotional intelligence, implying that emotional maturity grows with age and through a wider range of life events.

Institutional factors were crucial in determining results. Organizational support was a strong predictor of both EI and job performance, underscoring the significance of fostering supportive and resource-rich work environments. Likely due to variations in institutional culture, resource distribution and managerial practices, nurses in private hospitals reported greater EI and performance level than those in public hospitals. Furthermore, workforce diversity had a beneficial impact on job performance, strengthening current data suggestions that diverse teams improve flexibility and problem-solving skills. Additional demographic consideration impacted the results. Educational attainment was correlated with greater EI and performance, demonstrating the importance of academic progress in nursing. Although age and professional experience were correlated, age alone was a significant predictor of emotional intelligence, indicating that life maturity might be more important than tenure.

These finding has a significant implication for health management and policy. Institutions should incorporate the development of EI in their staff training, hiring and mentoring programs. Improving nurses' performance and patient care requires that organizations improve their support structures and increase workforce diversity. Additionally, fair professional development and workplace satisfaction depend on employing inclusive and gender-sensitive management techniques.

CONCLUSION AND RECOMMENDATIONS

Among nurses working in hospitals throughout the Palakkad region, this study provides valuable insight in to the interaction between the EI, work performance and the impact of institutional and demographic variables. The results highlight a significant correlation between EI and job performance, supporting the idea that EI is a vital skill for nursing practice. Notably factors like age, gender, educational qualification and organizational supports were found to be strong indicator of EI, where as work performance was found to be similarly impacted by EI, organizational support and workforce diversity.

Institutional variables, notably, organizational help, were vital in determining both emotional and performance outcomes. According to studies, nurses working in more supportive and inclusive setting have better emotional skills and perform better on the job. Similarly, higher results were linked to varied workforce and private hospital environments, determining the importance of diversity and organisational culture in healthcare administration. The necessity of customised strategies in workforce development and management is further highlighted by demographic trends such as gender and educational disparities.

The ramification of these findings is important in real life. Healthcare organizations should prioritize the development of EI though structured training, mentorship and professional development initiatives. Improving nursing performance and patient care outcomes requires that organizations focus on strengthening support system, fostering diverse and inclusive work environments and implementing gender-sensitive management practices.

It is important for nursing education providers to integrate cultural competence and EI into their curricula and foster ongoing professional development. Policy makers should consider developing criteria for EI in nursing practice, funding studies that improve understanding of EI-related treatments and fostering institutional responsibilities through regulation and accreditation. In general, this research highlights the significance of both individual and institutional variables in determining nursing success and lays the ground work for focused interventions to improve healthcare quality and nursing practices in district hospital environments.

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