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The Effect of Emotional Intelligence Level of Nursing Students on Spiritual Care Competence: A Cross-Sectional Research

Hemşirelik Öğrencilerinin Duygusal Zekâ Düzeyinin Manevi Bakım Yeterliliği Üzerine Etkisi: Kesitsel Araştırma

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ABSTRACT Objective: This descriptive and correlational study was conducted to determine the effect of the emotional intelligence (EI) scale of nursing students on spiritual care (SC) competence. **Material and Methods:** The study was conducted in the autumn semester of the 2024-2025 academic years in the Faculty Of Health Sciences of a province with 263 students studying in the 2nd, 3rd, and 4th class of the nursing department, who met the inclusion criteria and agreed to participate in the study. A questionnaire form, Revised Schutte Emotional Intelligence Scale (RSEIS), and Spiritual Care Competence Scale (SCCS) were used to collect the data. **Results:** The mean RSEIS score of nursing students was 148.46 ± 16.59 , and the mean SCCS score was 98.81 ± 15.35 . It was determined that there was a positive and moderate relationship between the mean RSEIS and SCCS scores of the students ($r=0.502$, $p<0.01$) and 24.9% of the SCCS scores of the students were explained by RSEIS. **Conclusion:** It was determined that nursing students' EI scale and SC competencies were above average. The EI scale was determined to significantly increase SC competencies.

ÖZET Amaç: Bu araştırma, hemşirelik öğrencilerinin duygusal zekâ [emotional intelligence (EI)] düzeyinin manevi bakım [spiritual care (SC)] yeterliliği üzerine etkisinin belirlenmesi amacıyla tanımlayıcı ve ilişkisel olarak yapılmıştır. **Gereç ve Yöntemler:** Çalışma, bir üniversitenin Sağlık Bilimleri Fakültesi'nde 2024-2025 eğitim öğretim yılı güz yarıyılında hemşirelik bölümü 2, 3 ve 4. sınıfında eğitim alan, araştırmanın dâhil edilme kriterlerine uyan ve çalışmaya katılmayı kabul eden 263 öğrenci ile gerçekleştirilmiştir. Verilerin toplanmasında anket formu, Gözden Geçirilmiş Schutte Duygusal Zekâ Ölçeği [Revised Schutte Emotional Intelligence Scale (RSEIS)] ve Manevi Bakım Yeterlilik Ölçeği [Spiritual Care Competence Scale (SCCS)] kullanılmıştır. **Bulgular:** Çalışmada, hemşirelik öğrencilerinin Gözden Geçirilmiş Schutte Duygusal Zekâ Ölçeği puan ortalaması $148,46 \pm 16,59$ ve SCCS puan ortalaması $98,81 \pm 15,35$ 'dir. Araştırmada, Öğrencilerde RSEİS ile SCCS puan ortalamaları arasında pozitif yönde ve orta düzeyde bir ilişki olduğu ($r=0,502$, $p<0,01$) saptanmış olup öğrencilerin SCCS puanlarının %24,9'luk kısmı RSEİS ile açıklanmaktadır. **Sonuç:** Çalışmada hemşirelik öğrencilerinin EI düzeyinin ve SC yeterliliklerinin ortanın üzerinde olduğu saptanmıştır. EI düzeyinin SC yeterliliklerini anlamlı düzeyde artırdığı saptanmıştır.

Keywords: Emotional intelligence; nursing; nursing students; spiritual care

Anahtar Kelimeler: Duygusal zekâ; hemşirelik; hemşirelik öğrencileri; manevi bakım

The spirit and essence of the nursing profession, which is a scientific health discipline based on philosophy, theory, practice, and research, comes from social and individual moral rules.^{1,2} In nursing, it is important to establish trust-based communication with the individual, to evaluate the individual holis-

tically, and to define the care needs. The concept of emotional intelligence (EI) is important for nurses to communicate effectively with the patient, to provide care by realizing their own emotions in evaluating the individual, keeping their emotions under control, and to increase the quality of care.³⁻⁵

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EI reflects an individual's awareness of their own emotions first, followed by the emotions of others, as well as their overall capacity to regulate emotions and navigate emotional situations effectively.⁶ When the studies related to the subject in the literature are examined, the importance of the EI level in nursing care has been shown, and the relationship between EI and caring behaviors, problem-solving skills, clinical decision making, and empathy skills has been demonstrated.⁷⁻¹⁰ It has been reported that nursing students with high EI are more productive, manage stress and emotions better, and have better relationships with patients, families, and healthcare teams, and it is thought that emotional intelligence, which has been shown to have many positive effects on nurse candidates, also affect spiritual care (SC) competence.¹¹

Spirituality is defined as a set of internal experiences and feelings that a person seeks inwardly in the search for meaning and purpose, as well as in relationships with self, family, and others.¹² SC is one of the important elements of providing holistic care in terms of nursing care.¹³ SC is based on unconditional love and affirms the unique value of the individuals, it is under the influence of their spiritual and cultural beliefs and connections, emotions, physical conditions and thoughts. SC can help patients find meaning and purpose in life and discover effective coping strategies for their illness.^{14,15}

However, in a study conducted by Wang et al. on the subject, it was reported that nurses' perceptions and competencies regarding spirituality and SC were at a moderate level. In the study in question, it was stated that it was important for nursing educators and leaders to develop nurses' SC competencies.¹⁶

In order for nurses to provide SC with a holistic approach, they need to be aware of the spiritual needs of patients, determine their spiritual values, understand individuals, and maintain cooperation with multidisciplinary team members to provide SC. In addition, it is thought that the concept of EI is important in comprehensively evaluating the individuals they provide care to, in understanding the psychosocial needs of individuals, and in effectively implementing all this knowledge and skills. At this point, we think that it is important to evaluate the EI level of

nursing students, and to determine its effect on SC adequacy. In this research, the effect of the EI level on SC competence of nursing students was evaluated and data were provided for future studies on the subject and the first data of Türkiye were presented.

MATERIAL AND METHODS

TYPE OF RESEARCH

This research was conducted descriptively and correlationally to determine the effect of the EI level on the SC competence of nursing students.

SAMPLE OF THE STUDY

The research was conducted between October 1-15, 2024 with 2nd, 3rd, and 4th year nursing students studying at Niğde Ömer Halisdemir University Zübeyde Hanım Faculty of Health Sciences in the spring semester of the 2024-2025 academic year (n=320).

Students who were studying in the 2nd, 3rd, and 4th year of the autumn semester of 2024-2025, who actively participated in clinical practice within the framework of the nursing education program and who agreed to participate in the research were included in the study. Nursing students who were studying in the autumn semester of the 1st year in line with the curriculum of the educational institution where the data were collected were not included in the study because they did not yet have active participation in clinical practice and care experience. The study was completed with 263 nursing students who accepted to participate in the study. G*Power analysis was used to determine the sample size. At the end of the study, 263 students were reached with an acceptable error of 2.55% and a confidence level of 95%.

Instruments

The data of the research were collected using a questionnaire form prepared by the researchers using the literature, Revised Schutte Emotional Intelligence Scale (RSEIS), and Spiritual Care Competence Scale (SCCS).^{7,15,17}

Questionnaire Form

The first 3 questions of the questionnaire form include sociodemographic characteristics as gender,

age, class level while questions 4-7 are questions about the characteristics related to spiritual caregiving, hearing the concept of SC, receiving training on SC, and the level of difficulty experienced in giving SC (out of 10 points).^{7,15,17}

REVISED SCHUTTE EMOTIONAL INTELLIGENCE SCALE

This scale was developed by Schutte et al. and later revised by Austin et al. Turkish validity and reliability study of the scale was conducted by Tatar et al.¹⁸⁻²⁰ The scale is a 5-point Likert-type scale consisting of 41 items in total and 3 sub-dimensions defined as optimism/mood regulation, utilizations of emotions, and appraisal of emotions. Tatar et al. reported the Cronbach's alpha value of the scale to be 0.82.²⁰ In this research, the total Cronbach's alpha reliability coefficient of RSEIS was 0.86.

Spiritual Care Competence Scale

SCCS was developed by van Leeuwen et al.²¹ The SCCS, whose Turkish validity and reliability study was conducted by Daghan et al. consists of three areas of nursing competence related to SC, assessment and implementation of SC, professionalization and patient counseling in SC, attitude toward the patient's spirituality and communication, and a total of 27 items.²² SCCS is a 5-point Likert-type scale with a minimum score of 27 and a max score of 135. As the score increases, it indicates that the level of SC competence increases. The Cronbach's alpha value was found to be 0.97 for the scale. In this research, the total Cronbach's alpha reliability coefficient of SCCS was 0.945.

ETHICS

The research was started after obtaining Ethics Committee approval from the Clinical Research Ethics Committee of Niğde Ömer Halisdemir University in the province where the research was conducted (date: February 29, 2024; no: 2024/04-26). Institutional permission was obtained from the Faculty of Health Sciences where the research would be conducted, and informed consent was obtained from the nursing students included in the study. The research adhered to the Declaration of Helsinki.

DATA ANALYSIS

The data obtained from the study were evaluated in a computerized environment. In examining the relationships between variables, it was examined whether the variables met the normality assumption with the Kolmogorov-Smirnov test. The EI scale was observed to be normally distributed (test statistic=0.053; $p=0.068$), and according to the kurtosis and Skewness coefficients and coefficient of variation of SCCS the variables were found to be normally distributed (test statistic=0.125; $p=0.000$; Skewness=0.150; Kurtosis=0.299).²³ Independent samples t-test, analysis of variance test, Pearson's correlation coefficient and simple linear regression analysis was used. Pearson's correlation coefficient; $r<0.20$ was evaluated as no relationship or very weak relationship, 0.20-0.39 as weak relationship, 0.40-0.59 as moderate relationship, 0.60-0.79 as high relationship and 0.80-1.00 as very high relationship. $p<0.05$ was considered statistically significant in comparisons.

RESULTS

As shown in Table 1, it was found that 74.1% of the students were female, 35.4% were 2nd class students, 89.4% had heard the concept of SC before, 60.4% had heard the concept of SC from school, 90.5% had not received training on SC, 66.5% had difficulty in giving SC in the range of 4-7 points out of 10 points.

As is seen in Table 2, a significant difference was found between the RSEIS and SCCS total score and the variables of gender and how SC has been heard ($p<0.05$). It was found that these significant differences were caused by women and those who had heard the concept of SC before, respectively.

As a seen Table 3, it was found that there was a correlation of 0.502 between RSEIS and SCCS mean scores in students, and as EI scores increased, SC competence scores increased.

According to Table 4, it was observed that EI had a significant effect on SC competence in nursing students ($p<0.001$). When there is a one-unit increase in EI, there is an increase of 0.464 in SC competence. Furthermore, 24.9% of the students' SC competence scores are explained by emotional intelligence.

TABLE 1: Distribution of nursing students according to their sociodemographic characteristics

Features	n	%
Gender		
Female	195	74.1
Male	68	25.9
Class level		
2 nd class	93	35.4
3 rd class	84	31.9
4 th class	86	32.7
Having heard of SC before		
Yes	235	89.4
No	28	10.6
Where SC is heard*		
School	142	60.4
TV-Internet	122	51.9
Scientific publication	40	17.0
Hospital-health institution	80	34.0
Other	13	5.5
Receiving training on SC		
Yes	25	9.5
No	238	90.5
Level of difficulty in giving SC**		
1-3 points	64	24.3
4-7 points	175	66.5
8-10 points	24	9.2

*Multiple response; **Level of difficulty in giving SC: low level difficult (1-3 points), medium level difficult (4-7 points), high level difficult (8-10 points). SC: spiritual care

TABLE 2: Comparison of mean scores of EI and SC competence scale according to sociodemographic characteristics of nursing students

Features	RSEIS $\bar{X} \pm SD$	SCCS $\bar{X} \pm SD$
Gender		
Female	150.98±15.28	100.58±14.49
Male	141.22±18.13	93.72±16.67
Test Stat.	3.975*	3.229*
p value	<0.001	0.001
Class level		
2 nd class	146.38±17.07	98.96±15.72
3 rd class	147.70±15.57	99.92±13.23
4 th class	151.44±16.79	97.56±16.88
Test Stat.	2.231**	0.507**
p value	0.109	0.603
Having heard of SC before		
Yes	149.42±16.31	99.60±14.77
No	140.36±16.97	92.18±18.6
Test Stat.	2.768*	2.035*
p value	0.006	0.050
Receiving training on SC		
Yes	150.68±18.77	104.20±12.82
No	148.22±16.37	98.24±15.51
Test Stat.	0.704*	0.482*
p value	1.855	0.065
Level of difficulty in giving SC		
1-3 points	148.08±19.46	96.81±18.47
4-7 points	149.08±15.76	99.67±14.54
8-10 points	144.92±14.25	97.83±11.49
Test Stat.	0.879**	0.748**
p value	0.421	0.478

*Independent-samples t-test; **One-way analysis of variance; Level of difficulty in giving SC: low level difficult (1-3 points), medium level difficult (4-7 points), high level difficult (8-10 points). RSEIS: Revised Schutte Emotional Intelligence Scale; SCCS: Spiritual Care Competence Scale; SD: Standard deviation; SC: Spiritual care

TABLE 3: Mean, standard deviation, and correlation values of EI, SC competence, and some sociodemographic variables

Variables	$\bar{X} \pm SD$	1	2	3	4	5	6	7	8	9	10	11
1. Age	21.05±1.47	-										
2. Class level	1.97±0.83	0.603**	-									
3. SC difficulty level	4.76±1.96	-0.005	0.069	-								
4. RSEIS	148.46±16.59	0.121	0.125*	-0.051	-							
5. Optimism/mood regulation	44.89±5.79	0.064	0.068	-0.014	0.831**	-						
6. Utilizations of emotions	21.64±3.28	0.078	0.071	-0.070	0.685**	0.466**	-					
7. Appraisal of emotions	35.48±5.62	0.121	0.132*	-0.093	0.787**	0.475**	0.384**	-				
8. SCCS	98.81±15.35	-0.002	-0.037	0.004	0.502**	0.555**	0.212**	0.331**	-			
9. Assessment and implementation of SC	21.82±4.04	0.034	0.000	-0.006	0.417**	0.465**	0.110	0.311**	0.840**	-		
10. Professionalization and patient counseling in SC	52.51±8.87	-0.035	-0.085	-0.033	0.439**	0.492**	0.212**	0.264**	0.940**	0.729**	-	
11. Attitude toward the patient's spirituality and communication	24.48±4.77	0.030	0.041	0.079	0.446**	0.478**	0.195**	0.311**	0.761**	0.503**	0.550**	-

*p<0.05; **p<0.01. Spiritual care Pearson correlation coefficient was used. r represents the Pearson correlation coefficient. SD: Standard deviation; RSEIS: Revised Schutte Emotional Intelligence Scale; SCCS: Spiritual Care Competence Scale; SC: Spiritual care

TABLE 4: The effect of RSEIS on spiritual care competence scale in nursing students

	β^1 (95% CI)	β^2	t value	p value
Constant	29.881 (15.307-44.454)		4.037	<0.001
RSEIS	0.464 (0.367-0.562)	0.502	9.371	<0.001

F=87.707; p<0.05; R²=0.249; SE of Estimate=13.304; β^1 : Unstandardized coefficient; β^2 : Standardized coefficient; Durbin-Watson=1.832. CI: Confidence interval; RSEIS: Revised Schutte Emotional Intelligence Scale

DISCUSSION

In the present study, which was carried out to determine the effect of nursing students' EI level on SC competence, it was found that nursing students' EI level affects SC competence.

The mean RSEIS score of nursing students was 148.46±16.59. Considering the minimum and maximum scores (41-205) that can be obtained from the scale, it can be stated that the EI level of the nursing students included in the study was above average. In the studies related to the subject in the literature, the mean RSEIS score of nursing students has varied between 127.7±15.3 and 145±18.2.²⁴⁻²⁶ In studies conducted using different measurement tools related to EI or a form of RSEIS with a different number of items, there are studies reporting that the mean total scores of nursing students on the EI level are low and medium.^{8,27,28} It suggests that the differences in the results of the study may be related to the diversity in the characteristics of the sample group and whether the students receive trainings to improve emotional intelligence, and strategies should be developed to reach the desired level of EI in nursing students. At this point, it is thought that it is important to research, develop and implement educational methods that can improve EI in both clinical practice and theoretical training.

In this study, women had higher EI scores than men. In a study investigating gender differences in the EI level similar to our results, the EI level of female nursing students was stated to be higher.²⁹ In this study, nursing students who had previously heard the concept of SC had higher EI scores than those who had not. It may be related to the fact that students with high EI score may be more interested in the concept of SC and their perceptions on this sub-

ject are open. As a matter of fact, the effect of EI on SC competence was shown in our study.

The mean SCCS score of the nursing students participating in this study was observed to be 98.81±15.35. Considering that the min score that can be obtained from the scale is 27 and the max score is 135, it can be said that the SC competencies of nursing students were above the middle level. When the studies related to the subject were examined, it was found that the mean SCCS score of nursing students was 93.63±25.64 in Özcan and Akpınar's study, 102.11±24.09 in Gül Can and Başaran's study, and 70.29±9.58, in Sahebi and Barkhordari Sharifabad's study.^{30,31} In Sezer and Ozturk Eyimaya's study, it was found that the SC competencies of nursing students were at a medium level (above average).³² However, it was found that approximately half of the students participating in the study had never heard of the concept of SC and had no knowledge about this care.

There are many studies emphasizing that nursing students' SC competencies are not at the desired level.^{33,34} In the study of Tüzer et al. 86.1% of nursing students felt inadequate in providing SC. In Çetintaş et al. study, 62.1% of the students, and in Özcan and Akpınar study, more than half of the students did not consider themselves sufficient in SC.^{30,34}

Considering the importance of SC within the scope of nursing philosophy, it is clear that it is important for future nurses to receive comprehensive training on this subject. In this study, it was found that 90.5% of the students did not receive training on SC and the majority of them had difficulty in giving SC in the score range of 4 and above. Çetintaş et al. determined that more than half of the nursing students did not receive training on spirituality and SC Özcan and Akpınar stated that the majority of the students did not receive training, and Sezer and Ozturk Eyimaya reported that almost all of the students did not receive training.^{30,32,34}

In providing and maintaining holistic nursing care and increasing SC competence, it is important to add topics related to SC to the curriculum of nursing students who will provide care in the future and to address the importance of the subject in terms of

nursing philosophy in both the preparation of care plans and case discussions. In addition, it is thought that it is important for nursing educators to support students in obtaining data about spirituality in clinical practice and patient care and reflecting it on the care process so that nursing students can better reinforce the concept and importance of SC.

As one more important finding in this study, it was found that the level of SC competence increased as the EI scale increased, and 24.9% of the students' SC competence scores were explained by the EI score. There are some studies conducted on nurses and intern nurses that support our findings on the subject. In relation to the subject, the mediating effect of EI between SC competence and basic competence was examined with Chinese intern nurses, and a positive relationship was shown between SC competence and EI.³⁵ In relation to SC competence, it has been reported that EI level positively affects care behaviors, EI score and individualized care perceptions and adoption of nursing values increase in parallel.^{7,17} Moreover, while high EI has been shown to be related to empathy skills in nurses, it is emphasized that is related to better communication with patients, families and healthcare teams in nursing students.^{10,11}

The importance of concept of emotional intelligence, which has been shown to have positive results on SC competence with this research, is also important for nursing education. In order to increase SC competence in nursing, it is necessary to ensure that future nurses have the necessary and basic competencies during their undergraduate education, and the importance of the level of EI should not be ignored at this point.

LIMITATIONS

There are several limitations in this study. First, the sample of this study is limited to a single center and cannot be generalized to all nursing students. Secondly, whether there are courses on SC and EI in the relevant faculty may affect the results. Thirdly, the answers given to the questions are limited to the self-report of the students. Finally, considering the im-

portance of participation in active clinical practice in assessing SC competence, 1st year nursing students were excluded from the evaluation and the findings were limited to 2nd, 3rd, and 4th year nursing students.

CONCLUSION

As a result of this research, it was stated that nursing students' EI level and SC competence were above average, and the EI level significantly increased SC competence. It is recommended to explain the importance of SC to nursing students, to add courses on SC to the curriculum, and to make plans for the development of the EI level, which was found to have a significant effect on SC competence in the present study. It is also recommended that broad-based intervention studies be conducted to examine innovative educational methods aimed at increasing both EI levels and SC competence, and that evidence-based methods be added to the educational process.

Source of Finance

During this study, no financial or spiritual support was received neither from any pharmaceutical company that has a direct connection with the research subject, nor from a company that provides or produces medical instruments and materials which may negatively affect the evaluation process of this study.

Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

Idea/Concept: Züleyha Kılıç, Arzu Şentürk, Rabia Atilla; **Design:** Züleyha Kılıç, Rabia Atilla; **Control/Supervision:** Züleyha Kılıç, Arzu Şentürk, Rabia Atilla; **Data Collection and/or Processing:** Arzu Şentürk, Rabia Atilla; **Analysis and/or Interpretation:** Züleyha Kılıç, Arzu Şentürk; **Literature Review:** Züleyha Kılıç, Arzu Şentürk, Rabia Atilla; **Writing the Article:** Züleyha Kılıç, Arzu Şentürk, Rabia Atilla; **Critical Review:** Züleyha Kılıç, Arzu Şentürk, Rabia Atilla; **References and Fundings:** Züleyha Kılıç, Arzu Şentürk, Rabia Atilla; **Materials:** Züleyha Kılıç, Arzu Şentürk, Rabia Atilla.

REFERENCES

- Okuroğlu GK, Bahçecik N, Alpar ŞE. Felsefe ve hemşirelik etiği [Philosophy and nursing ethics]. *Kiliya Felsefe Dergisi*. 2014;1(1):53-61. <https://dergipark.org.tr/tr/download/article-file/180421>
- Veliöğlu P. Hemşirelikte Kavram ve Kuramlar. 2. Baskı. İstanbul: Akademi Basın Yayıncılık; 2012.
- Raeissi P, Zandian H, Mirzarahimy T, Delavari S, Zahirian Moghadam T, Rahimi G. Relationship between communication skills and emotional intelligence among nurses. *Nurs Manag (Harrow)*. 2019;26(2):31-5. PMID: 31468761.
- Khademi E, Abdi M, Saeidi M, Piri S, Mohammadian R. Emotional intelligence and quality of nursing care: a need for continuous professional development. *Iran J Nurs Midwifery Res*. 2021;26(4):361-7. PMID: 34422618; PMCID: PMC8344623.
- Yılmaz M. Nefroloji hemşireliği ve duygusal zeka [Nephrology nursing and emotional intelligence]. *Journal of Nephrology Nursing*. 2015;12(2):13-8. <https://dergipark.org.tr/en/download/article-file/292253>
- Özkol Kılıç K. Hemşirelikte duygusal zeka [Emotional intelligence in nursing]. *J ERÜ Sağlık Bilimleri Fakültesi Dergisi*. 2024;11(2):39-45. <https://dergipark.org.tr/en/download/article-file/4054932>
- Çolak Okumuş D, Uğur Esra. Hemşirelerin duygusal zeka düzeylerinin bakım davranışlarına etkisi [The effects of nurses' emotional intelligence levels on their caring behaviors]. *ACU Sağlık Bil Derg*. 2017;2017(2):104-9. <http://journal.acibadem.edu.tr/en/pub/issue/61316/914506>
- Köşgeroğlu N, Balci Alparslan G, Babadağ B, Öztürk B, Ünver G. Hemşirelik öğrencilerinin duygusal zeka düzeyleri ve problem çözme becerileri [Problem-solving skills and emotional intelligence level of nursing students]. *International Journal of Social Humanities Sciences Research*. 2020;7(56):1969-77. <https://jshsr.org/index.php/pub/article/download/1294/1245>
- Jawabreh N. The relationship between the emotional intelligence and clinical decision making among nursing students. *SAGE Open Nursing*. 2024;10. Available from: <https://journals.sagepub.com/doi/10.1177/23779608241272459>
- Acaroğlu R, Duman D. Hemşirelik yüksekokulu birinci sınıf öğrencilerinin duygusal zeka düzeyleri ile empati becerileri arasındaki ilişki [The relationship between emotional intelligence levels and empathy skills of nursing college's first grade students]. *Florence Nightingale Hemşirelik Dergisi*. 2014;22(1):25-32. <https://dergipark.org.tr/tr/download/article-file/332760>
- Dugué M, Sirot O, Dosseville F. A literature review of emotional intelligence and nursing education. *Nurse Educ Pract*. 2021;54:103124. PMID: 34175653.
- Yelen Akpınar Y, Aşti N. Maneviyat, manevi bakım ve manevi bakımın önemi [Spirituality, spiritual care and the importance of spiritual care in nursing]. *YÖBU Sağlık Bilimleri Fakültesi Dergisi*. 2021;2(3):127-40. <https://dergipark.org.tr/tr/pub/yobusbfi/issue/68653/1078320>
- Arslan S, Avcı S. Hemşirelikte maneviyyat ve manevi bakım [Spirituality and spiritual care in nursing]. *Journal of General Health Sciences, Necmettin Erbakan University*. 2024;6(1):182-93. <https://dergipark.org.tr/tr/download/article-file/2679926>
- Sülü Uğurlu E. Hemşirelikte manevi bakımın uygulanması [The application of spiritual care in nursing]. *Acibadem Üniversitesi Sağlık Bilimleri Dergisi*. 2014;5(3):187-91.
- Erişen M, Karaca Sivrikaya S. Manevi bakım ve hemşirelik [Spiritual care and nursing]. *Gümüşhane Üniversitesi Sağlık Bilimleri Dergisi*. 2017;6(3):184-90. <https://dergipark.org.tr/tr/pub/gumussagbil/issue/31206/368230>
- Wang W, Yang J, Bai D, Lu X, Gong X, Cai M, et al. Nurses' perceptions and competencies about spirituality and spiritual care: a systematic review and meta-analysis. *Nurse Educ Today*. 2024;132:106006. PMID: 37922766.
- Culha Y, Acaroglu R. The relationship amongst student nurses' values, emotional intelligence and individualised care perceptions. *Nursing Ethics*. 2019;26(7-8):2373-83. <https://journals.sagepub.com/doi/10.1177/0969733018796682>
- Schutte NS, Malouff JM, Hall LE, Haggerty DJ, Cooper JT, Golden CJ, et al. Development and validation of a measure of emotional intelligence. *Personality and individual differences*. 1998;25(2):167-77. <https://linkinghub.elsevier.com/retrieve/pii/S0191886998000014>
- Austin EJ, Saklofske DH, Huang SH., McKenney D. Measurement of trait emotional intelligence: testing and cross-validating a modified version of Schutte et al.'s (1998) measure. *Personality and Individual Differences*. 2004;36(3):555-62. <https://linkinghub.elsevier.com/retrieve/pii/S0191886903001144>
- Tatar A, Tok S, Saltukoğlu G. Gözden Geçirilmiş Schutte Duygusal Zekâ Ölçeğinin Türkçe'ye uyarlanması ve psikometrik özelliklerinin incelenmesi [Adaptation of the Revised Schutte Emotional Intelligence Scale into Turkish and examination of its psychometric properties]. *Klinik Psikofarmakoloji Bülteni*. 2011;21(4):325-38. doi: 10.5455/bcp.20110624015920
- van Leeuwen R, Tiesinga LJ, Middel B, Post D, Jochemsen H. The validity and reliability of an instrument to assess nursing competencies in spiritual care. *J Clin Nurs*. 2009;18(20):2857-69. PMID: 19220618.
- Daghan S, Kalkim A, Sağkal Midilli T. Psychometric evaluation of the Turkish form of the Spiritual Care Competence Scale. *Journal of Religion and Health*. 2019;58(1):14-27. <http://link.springer.com/10.1007/s10943-018-0594-2>
- Tabachnick BG, Fidell LS. Using Multivariate Statistics. 6th ed. Boston: Pearson Education; 2013.
- Selçuk Tosun A, Akgül Gündoğdu N, Ergin E, Lök N. Social intelligence, self-efficacy, and stress-coping styles as predictors of emotional intelligence in nursing students: a descriptive study. *Black Sea Journal of Health Science*. 2022;5(3):476-483. <http://dergipark.org.tr/en/doi/10.19127/bshealthscience.1115290>
- Çalışkan F. Hemşirelik öğrencilerinin duygusal zeka ve bireysel yenilikçilik düzeylerinin incelenmesi [An investigation of emotional intelligence and individual innovativeness levels of nursing students]. *Sağlık ve Yaşam Bilimleri Dergisi*. 2023;5(3):139-145. <https://journals.iku.edu.tr/sybd/index.php/sybd/article/view/310>
- Ceylantekin Y, Ocalan D. Hemşirelik öğrencilerinin mesleği ile ilgili düşünceleri ve duygusal zekâ arasındaki ilişki [The relationship between nursing students' emotional intelligence and thoughts on the profession]. *Journal of Higher Education and Science*. 2020;10(3):531-8. <https://dergipark.org.tr/tr/download/article-file/1821819>
- Fırat Kılıç H, Çağlayan S, Sucu Dağ G. Emotional intelligence levels of nursing students and affecting factors. *Hemşirelikte Eğitim ve Araştırma Dergisi*. 2017;14(4):275-82. doi: 10.5222/HEAD.2017.275
- Yıldırım N, Çatal E. Determination of emotional intelligence levels and teamwork attitudes of nursing students: a descriptive-correlational study. *Arch Psychiatr Nurs*. 2024;51:48-53. PMID: 39034094.
- Deng X, Chen S, Li X, Tan C, Li W, Zhong C, et al. Gender differences in empathy, emotional intelligence and problem-solving ability among nursing students: a cross-sectional study. *Nurse Education Today*. 2023;120:105649. <https://linkinghub.elsevier.com/retrieve/pii/S0260691722003859>
- Özcan F, Akpınar H. Therapeutic communication skills and spiritual care competencies of nursing students. *Spiritual Psychology and Counseling*. 2023;8(3):305-22. <https://dergipark.org.tr/tr/download/article-file/3232773>
- Sahebi Z, Barkhordari Sharifabad M. Spiritual care competency and its relationship with clinical self-efficacy in nursing students. *BMC Med Educ*. 2023;23(1):937. PMID: 38066560; PMCID: PMC10709853.
- Sezer TA, Ozturk Eyimaya A. Competencies of nursing students in the provision of spiritual care and the factors affecting spiritual caregiving. *Perspect Psychiatr Care*. 2022;58(2):549-59. PMID: 34936105.
- Tüzer H, Kırca K, Özveren H. Investigation of nursing students' attitudes towards death and their perceptions of spirituality and spiritual care. *J Relig Health*. 2020;59(4):2177-90. PMID: 32103406.
- Çetintaş İ, Dirik FZ, İlhan E, Kostak MA. Perceptions of nursing students about spirituality and spiritual care and affecting factors. *Eurasian Journal of Health Sciences*. 2021;4(1):38-46. <https://dergipark.org.tr/en/download/article-file/1273797>
- Zhang Z, Zhang X, Fei Y, Zong X, Wang H, Xu C, et al. Emotional intelligence as a mediator between spiritual care-giving competency and core competencies in Chinese nursing interns: a cross-sectional study. *Support Care Cancer*. 2023;31(6):367. PMID: 37261653; PMCID: PMC10233179.