

INPLASY

The Role of Emotional Intelligence in Leadership among Health Professionals across Healthcare and Educational Settings: A Scoping Review Protocol

INPLASY2026100082

doi: 10.37766/inplasy2026.10.0082

Received: 19 October 2026

Published: 19 October 2026

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ADMINISTRATIVE INFORMATION

Support - No financial support received.

Review Stage at time of this submission - Formal screening of search results against eligibility criteria.

Conflicts of interest - None declared.

INPLASY registration number: INPLASY2026100082

Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 19 October 2026 and was last updated on 19 October 2026.

INTRODUCTION

Review question / Objective The aim of this scoping review is to map the existing evidence on the role of Emotional Intelligence (EI) in leadership among health professionals across healthcare and educational settings. We used the "PCC" framework to formulate the research questions:

P- Population: Health professionals (medical doctors, dentists, nurses, pharmacists, physiotherapists, health professions educators/ educationists, undergraduate and postgraduate students and postgraduate residents from medical, dental, nursing, pharmacy and physiotherapy disciplines). C- Concept: role of emotional intelligence in leadership. C – Context: Healthcare and educational settings.

The proposed scoping review will address the following questions:

What is the role of emotional intelligence in leadership among health professionals across healthcare and educational settings?

i. How has emotional intelligence been conceptualized in relation to leadership among health professionals?

ii. What relationships have been reported between EI and leadership characteristics and styles?

iii. How has EI been applied in leadership development among health professionals?

iv. How have EI and leadership-related outcomes been assessed or evaluated?

Background Emotional intelligence (EI) is defined as the ability of a person to regulate his or her own and others' emotions, to differentiate between them and to use the information to manage their thoughts and activities [7] The construct consists of multiple competencies that are required for leadership like self-awareness, empathy, teamwork, interpersonal relationship, conflict management and communication skills. Healthcare leaders whether clinicians or academicians have to manage change and motivate others and EI helps them to fulfill their roles effectively. Emotional intelligence (EI) is a multidimensional construct that

has been conceptualised through different theoretical perspectives. Commonly described models include Mayer and Salovey ability model [8], which defines EI as a set of emotion-related cognitive abilities, Goleman's competency-based model, which emphasizes emotional and social competencies relevant to workplace performance [9], Bar-On's model of emotional-social intelligence, which incorporates intrapersonal, interpersonal, adaptability, stress-management, and general mood dimensions [10] and Petrides' trait emotional intelligence model, which conceptualizes EI primarily as emotion-related self-perceptions and dispositions [11]. Although these models differ in their theoretical assumptions and measurement approaches, they broadly emphasise abilities related to recognizing, understanding, regulating, and using emotions in oneself and in interactions with others.

Leadership is defined as a process through which individuals influence others toward the achievement of shared goals. Within healthcare, leadership has been defined as the ability to effectively and ethically influence others for the benefit of individual patients and populations. This conceptualisation extends leadership beyond recognized managerial positions and acknowledges that health professionals may exercise leadership through influence, collaboration, decision-making, and collective action across clinical, organizational, and educational settings [12]. Leadership is similarly represented by multiple theoretical perspectives rather than a single universally accepted model. Transformational leadership emphasizes inspiring and motivating followers, individualized consideration, intellectual stimulation, and influence, whereas authoritarian leadership style aligns with the use of autocracy to maintain power over subordinates through punishments, demands, orders and rules. Other perspectives, including servant, adaptive, situational, shared or distributed, and compassionate leadership, emphasize different relational, contextual, and organizational dimensions of leadership. Despite these conceptual differences, many contemporary leadership approaches involve capabilities such as self-awareness, empathy, emotional regulation, interpersonal communication, relationship management, adaptability, and conflict management [6, 13]. Emotionally intelligent leadership is essential for promotion of safe patient care in clinical settings and quality health professions education in academic settings [14].

Rationale General Medical Council Generic professional capabilities framework have included leadership, team working, communication and

collaboration as essential competencies for medical health professionals [4, 5]. EI may therefore be conceptualized as a leadership competency, that can be taught and improved. However, variation in EI models, leadership theories, developmental approaches, and methods of evaluation makes it difficult to determine how EI has been conceptualized and incorporated into leadership development across the health professions.

Although EI has increasingly been linked with effective leadership in healthcare, the specific role of EI in leadership among health professionals, its conceptualisation and its role in leadership development remains insufficiently mapped. It is important to distinguish studies that only examine EI as an existing characteristic of leaders or its association with organizational outcomes from those that investigate how EI contributes to leadership development. A recent scoping review [6] examined the emerging role of EI in healthcare leadership, with a primary focus on its association with leadership styles and indicators of leadership effectiveness. The review predominantly represented healthcare managers and physicians and was largely situated within hospital and healthcare-service settings. While it identified selected approaches for enhancing EI among leaders, it did not address leadership development as a topic guiding research questions or evidence synthesis. Moreover, the review also included studies for non-healthcare settings like government organizations and general management. Therefore, to address this gap, this scoping review will map and synthesise the existing evidence on role of emotional intelligence in leadership among health professionals across healthcare and educational settings focusing on its conceptualisation, role in leadership development, relationship with leadership styles and characteristics and measurement of EI and leadership related outcomes.

METHODS

Strategy of data synthesis We will be conducting this scoping review according to the Joanna Briggs Institute (JBI) scoping review guidelines [15]. The results will be reported using the PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews) checklist [16]. We developed the search strategies according to the guidelines for each database. We used MESH and Boolean operators to refine the search. The literature search was conducted using following electronic databases and search platforms: PubMed, Scopus, Web of Science, ScienceDirect, Education Research

Complete (ERC) and CINAHL Complete through EBSCOhost. Filters of period from Jan 2016 to July 2026 and English language were applied.

PubMed: (("emotional intelligence"[Title/Abstract] OR "Emotional Intelligence"[Mesh]) AND (leadership[Title/Abstract] OR leader*[Title/Abstract] OR "leadership development"[Title/Abstract] OR Leadership[Mesh]) AND (physician*[Title/Abstract] OR dentist*[Title/Abstract] OR nurs*[Title/Abstract] OR pharmacist*[Title/Abstract] OR physiotherapist*[Title/Abstract] OR "health professional"[Title/Abstract]))

WoS: "emotional intelligence" (Abstract) and "leadership OR leader* OR "leadership development" (Abstract) and "physician* OR dentist* OR nurs* OR pharmacist* OR physiotherapist* OR "health professional*" (Abstract) and Review Article (Exclude – Document Types) and Open publisher-invited reviews (Exclude) and Article (Document Types) and English (Languages)

Scopus: TITLE-ABS ("emotional intelligence") AND TITLE-ABS (leadership OR leader* OR "leadership development") AND TITLE-ABS (physician* OR dentist* OR nurs* OR pharmacist* OR physiotherapist* OR "health professional*") AND PUBYEAR > 2016 AND PUBYEAR 2016 AND PUBYEAR < 2027 AND (LIMIT-TO (DOCTYPE , "ar")) AND (LIMIT-TO (SUBJAREA , "NURS") OR LIMIT-TO (SUBJAREA , "MEDI") OR LIMIT-TO (SUBJAREA , "SOCI") OR LIMIT-TO (SUBJAREA , "HEAL") OR LIMIT-TO (SUBJAREA , "PHAR") OR LIMIT-TO (SUBJAREA , "PSYC") OR LIMIT-TO (SUBJAREA , "DENT")) AND (LIMIT-TO (LANGUAGE , "English"))

EBSCO host (ERC): AB ("emotional intelligence") AND AB (((("leadership" OR "leader*" OR "leadership development")) AND AB (((("physician*" OR "dentist*" OR "nurs*" OR "pharmacist*" OR "physiotherapist*" OR "health professional*"))

Science Direct: ("emotional intelligence") AND (leadership OR leader OR "leadership development") AND ("health professionals")

CINAHL: AB ("emotional intelligence") AND AB ((leadership OR leader* OR "leadership development") AND AB ((physician* OR dentist* OR nurs* OR pharmacist* OR physiotherapist* OR health N1 professional*)).

Eligibility criteria Population: Health professionals (medical doctors, dentists, nurses, pharmacists, physiotherapists, health professions educators/educationists, undergraduate and postgraduate students and postgraduate residents from medical, dental, nursing, pharmacy and physiotherapy disciplines).

Concept: Role of emotional intelligence in leadership.

Context: Healthcare and educational settings.

Study Types-

Quantitative, qualitative, and mixed method studies specifically addressing the role of EI in leadership among health professionals, cross sectional studies showing relationship between EI and leadership, interventional studies addressing role of EI in development of leadership skills in specified population will be included for time frame of January 2016 to July 2026. The literature search was limited to the last ten years to identify and map recent evidence on the role of EI in leadership among health professionals across clinical and educational settings. As the need for emotionally intelligent leadership has been highlighted more after Covid pandemic [17, 18], this timeframe was selected to also focus on current leadership practices, competency requirements, and professional development.

Only peer reviewed original articles in English language available in full text form will be considered for inclusion.

The exclusion criteria include:

- Articles examining EI only as an existing ability of leaders and its association with other variables without addressing leadership skills.
- Articles that exclusively involve non-health professionals and context.
- Articles written in languages other than English.
- Grey literature including conference proceedings, theses and dissertations, newsletters, informal communications, and pre or post print articles, and non-empirical research.
- Concept analysis, narrative, scoping and systematic reviews.

Source of evidence screening and selection A systematic search for relevant articles will be carried out in the following databases and search platforms:

i. PubMed, ii. Web of Science, iii. Scopus, iv. Education Research Complete via EBSCO host, v. ScienceDirect and vi. CINAHL. In addition to electronic search, supplementary hand search for titles and abstracts will be done for the last five years from 2021 to 2026 in the following journals: Academic Medicine, Medical Teacher, and Medical Education. These are leading peer-reviewed journals in health professions education and publish research related to educational leadership, professional competencies, and faculty development. A period of last 5 years was selected to focus on recent publications related to health professions education while last 10 years period was applied to more comprehensive search.

Finally, we will review the bibliographies of the included articles to identify other relevant articles.

Data management A data extraction form will be devised to extract relevant information including participants' information, EI conceptualisation, educational intervention used for leadership development, underpinning EI and leadership framework, EI and leadership measuring tools and clinical and educational outcomes focusing on the leadership in health professionals. First, titles and abstracts of retrieved articles will be screened against the predefined eligibility criteria. Relevant articles for which eligibility cannot be determined from the title and abstract will proceed to full-text screening. Second, the full texts of potentially eligible articles will be independently assessed against the inclusion and exclusion criteria to determine final eligibility. Two reviewers will extract data independently and disagreements will be resolved by reaching a consensus or consulting a third reviewer. Clarivate Endnote version 2025 will be used to import, store, de-duplicate studies, organise references, and facilitate collaboration among researchers.

Reporting results / Analysis of the evidence The characteristics of the included articles will be summarized descriptively. Extracted data will be mapped according to publication characteristics, country and setting, health profession and career stage, study design, emotional intelligence model or conceptualization, leadership theory or framework, leadership competencies or capabilities addressed, and methods used to assess emotional intelligence and leadership development. Educational approaches used to develop emotional intelligence and/or leadership capabilities, will also be mapped. Qualitative data will also be analysed by descriptive techniques like coding of data into specific categories [15].

Presentation of the results The study selection process will be presented using a PRISMA-ScR flow diagram showing the number of records identified, screened, assessed for eligibility, excluded, and included in the final review. The characteristics of included studies will be presented in tabular form. Additional tables will map the role of emotional intelligence in leadership development according to extracted data. Findings will be grouped according to relevant categories and figures or charts may be used to visually summarize the distribution of evidence by profession, geographical region, study design, emotional intelligence model, leadership framework, or developmental approach. A narrative synthesis will accompany the tables and

figures to explain key patterns, similarities, differences, and gaps in the existing evidence.

Language restriction Only articles published in English language will be considered for inclusion.

Country(ies) involved Malaysia, Pakistan.

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Keywords Emotional intelligence, leadership, health professionals, clinical and educational settings.

Dissemination plans The findings of this scoping review will be disseminated through publication in a peer-reviewed journal relevant to health professions education, or healthcare leadership, or medical education. Where appropriate, the results will be shared with health professions educators and educationists and healthcare professionals, and other relevant stakeholders to inform the design and development of leadership education and faculty development initiatives incorporating emotional intelligence.

Contributions of each author

Author 1 - Afzal Fatima - Conceiving and designing the review, data searching, management and synthesis, writing the protocol and review.

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