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Original Article

EMPATHY, EMOTIONAL INTELLIGENCE AND INTERPERSONAL RELATIONSHIPS AMONG HEALTHCARE PROVIDERS

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ABSTRACT

The current research examines how empathy, emotional intelligence, and interpersonal relationships relate to one another among the healthcare providers. By using the survey method, the data was collected using standardized questionnaires from 150 healthcare providers of different hospitals in Lahore. The instruments, the Toronto Empathy Questionnaire (Spreng et al., 2009), the Brief Emotional Intelligence Scale (Davies et al., 2010), and the Functional Idiographic Assessment Template Questionnaire-Short Form (Callaghan, 2006), were used. Findings revealed that empathy has a positive relationship with emotional intelligence and interpersonal relationships among the healthcare providers. It was also established in this study that emotional intelligence has a positive relationship with interpersonal relationships among healthcare providers. As the degree of emotional intelligence is raised, the interpersonal relationships are augmented as well. Moreover, males were more emphatic than females. The current research adds to the literature by considering the importance of empathy, emotional intelligence, and interpersonal relationships between healthcare providers.

I. INTRODUCTION

Interpersonal relationship is a term that refers to how a patient interacts with other people in their life, both socially and emotionally. Therapeutic interpersonal connections constitute the foundation of all healthcare interactions, fostering positive experiences for both patients and healthcare providers. Kornhaber et al. (2016) contend that therapeutic interpersonal interactions can augment and transform the patient's experiences. Razi et al. (2023) contend that empathy is a fundamental human attribute that enables healthcare practitioners to engage with patients and offer both practical and emotional assistance, thereby enhancing patient-centered care. Healthcare workers (HCWs) need to be able to put themselves in their patients' shoes to make sure they get good care and have a good relationship with their doctor. Goleman (1998) characterises emotional intelligence as the capacity of an individual to: (a) comprehend their own emotions; (b) attentively listen to others and empathise with their feelings; and (c) articulate their emotions in a constructive manner.

Salovey and Mayer (1990) assert that emotional intelligence (EI) is crucial for a healthcare provider's professional practice and overall well-being. To establish a positive rapport with patients and enhance service outcomes, healthcare professionals must possess the ability to empathise with their patients (Scott, 2011). Kohut (1984) characterises empathy as "the ability to think and feel oneself into the inner life of another individual." This definition of empathy is helpful for therapy. Empathy is a fundamental human quality that enables healthcare

professionals to engage with patients and provide both material and emotional support, thereby enhancing patient-centered care. Empathy is important in medicine because it helps patients feel good about themselves, trust their doctors, and get the care they need. People are worried that healthcare workers aren't caring enough, especially since their jobs are getting harder, they're getting burned out, and they're emotionally drained (Razi et al., 2023). Everyone who works in health care should be nice. Even though technology has improved a lot, the relationship between the patient and the medical staff is still very important for giving good care (Larson & Yao, 2005).

Furthermore, an individual's degree of empathy development and propensity to employ it more are shaped by their sense of responsibility towards others (Ickes, 1997). Another important part of the relationship between a doctor and a patient is empathy. This cognitive quality is characterised as "an awareness of the patient's internal experiences and perspectives as a unique individual, coupled with the ability to convey this awareness to the patient." Every health care provider must exhibit empathy, whether as an intrinsic characteristic or as a component of emotional intelligence (Faye et al., 2011). The connection between patient satisfaction and the following five parts of medical interactions: availability/access, technical competence, communication, interpersonal skills, and consultation time. To enhance doctor-patient interactions in Pakistani public diabetes clinics, physicians must refine their clinical and interpersonal competencies (Kanwal et al., 2025). Strong relationships between healthcare professionals help them work together and focus on the needs of the patient in a friendly and cooperative healthcare setting (Govender & Penn-Kekana, 2008). To improve understanding of empathy's role in healthcare and encourage further research aimed at enhancing positive patient care experiences and outcomes, it is crucial to integrate the predictors and outcomes of empathy among healthcare professionals, the methodologies used to assess their empathy, and the effectiveness of interventions designed to augment their empathy.

II. METHOD

Participants

A cross-sectional survey design was used. Fifty percent of the 150 employees in the study's sample were male, while the remaining fifty percent were female. The employees ranged in age from 25 to 35. Using the purposive sample technique, data were gathered from healthcare professionals.

Measures

To evaluate in the present study, the following were the tools. sixteen-item Toronto Empathy Questionnaire (TEQ) created by Spreng et al. (2009) has eight negatively rated items and eight favorably rated items. It is a scale of five points (liker scale) (never, seldom, sometimes, frequently, and always). The 10-item Brief Emotional Intelligence Scale (BEIS-10) was used in measuring the own and the emotions of other people (Davies et al., 2010). The five subscales are scored using Likert scales that have five points: strongly disagree, strongly agree, 1, 2, 3, and 4. The Functional Idiographic Assessment Template Questionnaire-Short Form (FIAT-Q-SF) was a therapeutic scale designed to reflect the unique personality of the person by describing his/her particular strengths and weaknesses in interpersonal connections that contained thirty-two items. The Likert scale has six scales, and 1 indicates strongly disagree, whilst 6 strongly agree (Callaghan, 2006).

Procedure

Both the department head and the authors of the tools utilized in this study gave their consent before any data collection began. Using purposive sampling technique, participants were selected from various parts of Lahore. The individuals who were 25 years of age and older provided the data. Oral and written consent was obtained from them when the purpose of the study was explained. Participants in the research were limited to those who met the inclusion and exclusion criteria. It was also guaranteed to them that their privacy would be kept private and that they might withdraw at any moment. All questions about the surveys were addressed, and they were distributed in person. After data collection, data were analysed, and results were generated using a statistical package for the social sciences.

III. RESULTS

The final sample was 150 healthcare providers from Pakistan, showing the statistics in detail about variables, and indicated that the mean age of healthcare providers was 66.6. The findings indicate, workers in private jobs were 38%, and government jobs were 62% regarding workers' occupation. The findings also indicate that 42% were single, and 58% were married.

Table 1: Psychometric Properties of Scales

Variables	*M*	*SD*	Range	α
Empathy	36.6	7.91	0-64	.73
Emotional Intelligence	38.07	7.84	10-50	.85
Interpersonal Relationships	113.85	22.10	32-192	.89

Table 1 shows the psychometric properties of scales used in the current study. Reliability of all the scales was above .70, so they were good to use in the current study.

Table 2: Correlation between Empathy, Emotional Intelligence, and Interpersonal Relationships among Healthcare Providers

Variables	1	2	3
1. Empathy	--		
2. Emotional Intelligence	.35**	--	
3. Interpersonal Relationships	.45**	.39**	--

***p*< .01

The correlation coefficient shows that there is a significant positive relationship between empathy and emotional intelligence. Furthermore, there is a significant positive correlation between emotional intelligence and interpersonal relationships.

Table 3: Gender Differences in Empathy, Emotional Intelligence, and Interpersonal Relationships among Healthcare Providers

	Women		Men				
Variables	*M*	*SD*	*M*	*SD*	*t*(148)	*p*	Cohen's *d*
Empathy	36.22	8.12	37.23	7.71	2.76	.04	.12
Emotional Intelligence	38.21	7.19	37.82	8.49	.31	.75	.05
Interpersonal Relationships	116.53	19.62	110.71	24.12	1.53	.11	.26

The results of the independent sample t-test showed that there is a significant gender difference exists in terms of empathy however, the effect size was relatively small with Cohen's d =.12. The result is also showed that the males were significantly higher on empathy compared to females. The results were non-significant for emotional intelligence and interpersonal relationships.

IV. DISCUSSION

The outcome revealed that empathy and relations with other individuals are dependent on each other in a positive manner. This in turn verified the hypothesis. Past studies also revealed that there was a statistically significant positive relationship between empathy and interpersonal relationships. Stated differently, when you possess a lot of empathy, then you are likely to possess a lot of good relationships with other people. Chung (2014) presented the research in order to examine interconnections between self-esteem, empathy, and interpersonal relationships to enhance emotional intelligence and communication skills of nursing learners. The core competency on effective communication skills among the healthcare providers require an active intervention to enhance empathy, intimacy,

connection, and relationships with others. In developing a course on communication to nursing students, one should develop a program that can enhance connection, empathy and social skills of the student so that he or she will enjoy the studies. The professional who cares understands the needs of healthcare consumers since they feel safe in sharing their thoughts and concerns with them. Whereas there is no denying the significance of empathy, a considerable portion of medical workers appears to face challenges when trying to integrate empathetic communication in their practice routine. Researchers have established that medical experts having an elevated empathy score excel in their occupation in facilitating therapeutic modification (Bas-Sarmiento et al., 2020).

The second research hypothesis in this study stated that there would exist a significant relationship between emotional intelligence and interpersonal relationship among healthcare providers. The outcome revealed that there was a positive correlation between emotional intelligence and the associations with other individuals. Due to this, the hypothesis was accepted. Earlier studies have shown statistically significant positive relationship between emotional intelligence and interpersonal relationship. In other words, when you are highly emotionally intelligent, chances are that you will get along with many people. Emotional intelligence (EI) has been assumed to improve relationships by many but most studies done on the topic have been cross-sectional in nature. Earlier research reveals that the perception, understanding, and control of the emotion play a larger role in a satisfying interpersonal relationship; however, the direct effect of the emotional intelligence (EI) has not been fully explained (James, 2021). The third research hypothesis of this study held that, there exists a significant gender difference as regards to empathy, emotional intelligence and interpersonal relationships among healthcare providers. Perspective-taking, compassionate care, and standing in the patient's shoes were marked out as three important factors proving the construct validity of empathy scale, which also showed the consistency of scores with a relatively consistent outcome over the time. The women rated better than the men almost reaching the statistic significant threshold. Also in cases where gender became effectively a variable issue; the psychiatrists had a marked greater mean empathy score than physicians in anaesthesiology, orthopaedic surgery, neurosurgery, radiology, cardiovascular surgery, obstetrics and gynaecology and general surgery (Hojat et al., 2002).

The existence of positive relations between a patient and a provider, the mutual respect, openness, and fairness of the decision-making process, and allocation of the responsibilities are a strong indicator of quality care. This review is research-based in gender and health equity that demonstrates that gender prejudices and discrimination manifest themselves in various levels of healthcare system. Such biases and discrimination influence the interaction of patients and their providers and introduce health inequity results relating to the way people seek care, the simplicity of appropriate care, and eventually, health outcomes. Interventions should be implemented at more than one level and that includes legislation and policy of the health system, gender sensitive training, development of services that target women and those targeting men and initiating of health literacy (Govender & Penn, 2008).

V. CONCLUSION

The present study investigated the relationship of empathy, emotional intelligence, and interpersonal relationships among healthcare providers. Empathy has a strong relationship with emotional intelligence. When empathy increases, it affects the emotional intelligence of healthcare providers. If they hold the characteristics of empathy, then it will improve emotional intelligence. The study also concluded that emotional intelligence has a positive effect on interpersonal relationships among healthcare providers. If the level of emotional intelligence increases, then interpersonal relationships also increase. On the other hand, males are more empathetic than females. Emotional intelligence is almost equal among males and females. Interpersonal relationships are higher in females compared to males. The present study expands the literature by highlighting the role of empathy, emotional intelligence, and interpersonal relationships among healthcare providers.

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VI.REFERENCES

Bas-Sarmiento, P., Fernández-Gutiérrez, M., Baena-Baños, M., Correro-Bermejo, A., Soler-Martins, P. S., & de la Torre-

Moyano, S. (2020). Empathy training in health sciences: A systematic review. *Nurse education in practice*, *44*, 102739.

Callaghan, G. M. (2006). *Functional Idiographic Assessment Template-Questionnaire (FIAT-Q, FIAT-Questionnaire)* [Database record]. APA PsycTests.https://doi.org/10.1037/t51228-000

Chung, M. S. (2014). Relations on self-esteem, empathy, and interpersonal relationships for reinforcing competence in communication of nursing students. *Journal of the Korean academic society of nursing education*, 332-340.

Davies, K. A., Lane, A. M., Devonport, T. J., & Scott, J. A. (2010). Validity and reliability of a brief emotional intelligence scale (BEIS-10). *Journal of Individual Differences*.

Faye, A., Kalra, G., Swamy, R., Shukla, A., Subramanyam, A., & Kamath, R. (2011). Study of emotional intelligence and empathy in medical postgraduates. *Indian journal of psychiatry*, *53*(2), 140-144.

Goleman, D. (2001). Emotional intelligence: Issues in paradigm building. *The emotionally intelligent workplace*, *13*, 26.

Govender, V., & Penn-Kekana, L. (2008). Gender biases and discrimination: a review of health care interpersonal interactions. *Global public health*, *3*(S1), 90-103.

Hojat, M., Gonnella, J. S., Nasca, T. J., Mangione, S., Vergare, M., & Magee, M. (2002). Physician empathy: definition, components, measurement, and relationship to gender and specialty. *American Journal of Psychiatry*, *159*(9), 1563-1569.

James, R. (2021). Emotional intelligence and job satisfaction among repatriates: repatriation adjustment as a mediator. *International Journal of Management Practice*, *14*(6), 701-715.

Kanwal, N., Isha, A. S. N., Al-Mekhlafi, A. B. A., & Haider, R. I. A. (2025). Exploring voice barriers and subsequent Practices among frontline healthcare workers in Pakistan: a comprehensive mixed-methods analysis. *BMC Health Services Research*, *25*(1), 32.

Kornhaber, R., Walsh, K., Duff, J., & Walker, K. (2016). Enhancing adult therapeutic interpersonal relationships in the acute health care setting: an integrative review. *Journal of multidisciplinary healthcare*, 537-546.

Razi, M. O., Fouzia, R., & Razzaque, M. S. (2023). Decline of empathy among healthcare apprentices. *International Medical Education*, *2*(4), 232-238.

Salovey, P., & Mayer, J. D. (1990). Emotional intelligence. *Imagination, cognition and personality*, *9*(3), 185-211.

Scott, J. (2011). Social network analysis: developments, advances, and prospects. *Social network analysis and mining*, *1*(1), 21-26.

Spreng, R. N., McKinnon, M. C., Mar, R. A., & Levine, B. (2009). The Toronto Empathy Questionnaire: Scale development and initial validation of a factor-analytic solution to multiple empathy measures. *Journal of Personality Assessment*, *91*(1) 62-71.