


Emotional Intelligence as a Cornerstone of Palliative Care: A Narrative Review

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Abstract

Introduction: Emotional Intelligence (EI) is recognized as a critical competency within palliative care, facilitating communication, ethical decision-making, and the reduction of emotional stress.

Objective: This study aimed to explore and critically interpret the extant literature regarding the impact of EI in palliative care, underscoring its benefits for professionals, patients, and their families.

Method: A narrative literature review was conducted, encompassing searches across the PubMed, Scopus, Web of Science, PsycINFO, CINAHL, SciELO, Bitstream, and YouPublisher databases, covering publications from 2000 to 2025. Quantitative, qualitative, and mixed-methods studies, alongside case studies and reviews addressing EI in the palliative care setting, were included.

Results: The evidence indicates a positive impact of EI across four pivotal domains: empathic communication, ethical decision-making, stress management, and the well-being of patients and their families.

Conclusion: The enhancement of EI among palliative care professionals is essential for the humanization and quality of care. Thus, its integration into training programs and institutional practices is strongly recommended. Future research should prioritize the development and evaluation of targeted EI interventions in this context.

Keywords: Emotional intelligence; Palliative care; Empathy; Professional burnout; Health care providers

Introduction

Emotional Intelligence (EI) refers to the capacity to recognize and regulate emotions, both in oneself and in interactions with others, emphasizing self-awareness and subsequently social awareness, with an emphasis on responsibility, empathy, and compassion [1]. Emotional competence becomes particularly salient within the healthcare context, a field encompassing the physical, emotional, and social dimensions of the human being. EI plays a central role in the overall well-being and performance of healthcare professionals, directly influencing the quality of care delivered. Salovey & Mayer [2] pioneered the concept of EI as the ability to monitor and regulate emotions to guide thoughts and actions. This competency is widely acknowledged as essential for effective communication, clinical decision-making, and the promotion of well-being for both patients and professionals [3-5]. It also serves as a protective factor against burnout [6,7]. Clinical communication models incorporate emotional competencies [8] highlight EI's role in mediating interactions among professionals, patients, and families in end-of-life care.

In Palliative Care (PC), EI is indispensable. PC requires a multidimensional and multidisciplinary approach for patients with serious, progressive illnesses, focusing on alleviating physical, emotional, and spiritual suffering [9]. Here, professionals must not only address physical symptoms but also provide emotional support to patients and families. Challenges such as communicating poor prognoses, managing anticipatory grief, and facilitating end-of-life decisions demand high levels of empathy, emotional self-regulation, and emotional insight. This review critically explores EI's significance in PC, examining its contributions to care quality, emotional stress reduction, and the strengthening of relationships among patients, families, and healthcare professionals, underscoring its universal benefits.

Method

This study presents a narrative literature review to synthesize evidence on EI's role in PC, chosen for its ability to integrate diverse study designs and provide critical interpretation. We systematically searched PubMed, Scopus, Web of Science, PsycINFO, CINAHL, SciELO, Bitstream, and YouPublisher for articles published between 2000-2025 in English, Portuguese, and Spanish. Search terms included: ("emotional intelligence" OR "emotional competence" OR "emotion management") AND ("palliative care" OR "end-of-life care" OR "terminal care") AND ("healthcare professionals" OR "nurses" OR "physicians"). Included studies comprised quantitative, qualitative, and mixed-methods research, case reports, and systematic reviews addressing EI in PC. Editorials and non-clinical studies were excluded. Study selection involved:

(1) title screening, (2) abstract review, and (3) full-text evaluation. Data were analyzed thematically, identifying EI's core impact areas in PC. Analysis combined descriptive synthesis and thematic approaches to identify EI's core impact areas and literature gaps.

Result

The analyzed studies, encompassing diverse geographic contexts, consistently identified four pivotal domains where Emotional Intelligence (EI) fundamentally transforms palliative care practice:

Empathic communication

Farrell et al. [4] demonstrated that clinicians with high EI maintain consistently empathic and respectful demeanors, leading to deeper understanding of patients' emotional needs - a factor directly correlated with improved treatment adherence and overall satisfaction. Complementing these findings, [5] established that empathy, as a core EI dimension, plays a decisive role in strengthening clinician-patient trust, particularly during emotionally charged care transitions.

Ethical decision-making

Our synthesis reveals EI's critical role in palliative care decision-making, especially in complex scenarios involving ethical dilemmas.

The capacity to regulate one's own emotions while accurately perceiving patients' and families' emotional states enables more balanced, ethically sound choices. Weng et al. [10] provided robust evidence that high-EI practitioners uniquely integrate clinical logic with emotional empathy. Notably, [11] documented how EI facilitates constructive dialogue about treatment plans during family conflicts.

Professional stress management

The review uncovered compelling evidence about EI's protective role. Codier et al. [6] showed that high-EI providers develop superior coping mechanisms in emotionally intense situations, significantly reducing emotional exhaustion. Furthermore, Trivellas et al. [7] demonstrated how EI-informed self-care practices and emotional awareness directly enhance job satisfaction and long-term professional resilience.

Patient and provider well-being

EI's impact extends across the care ecosystem. Mroz et al. [5] found that emotionally intelligent clinicians provide decisive support during families' anticipatory grief, measurably mitigating emotional distress. Equally important, [11] revealed how EI-driven communication optimizes the management of family expectations and reduces relational tensions in end-of-life care.

Discussion

This narrative review positions Emotional Intelligence (EI) as an indispensable component of high-quality palliative care. The evidence demonstrates EI's multifaceted impact across four key domains central to effective end-of-life practice. Empathic communication, a cornerstone of palliative care, is strongly linked to professionals' emotional intelligence. In emotionally charged situations - such as prognosis discussions or end-of-life planning - EI enhances clinicians' ability to communicate with nuance. Farrell et al. [4] show that maintaining an empathic, respectful demeanor fosters deeper understanding of patients' emotional needs, directly improving treatment adherence and satisfaction. Similarly, [5] identify empathy - a core dimension of EI - as the foundation for therapeutic trust, without which humanized care cannot exist. In palliative care's complex ethical decision-making landscape, EI proves critical. When choices carry profound moral weight, the ability to manage one's own emotions and interpret others' emotions becomes paramount. This skill enables more balanced, ethically informed decisions that transcend purely rational analysis. Weng et al. [10] provide empirical support, showing that high-EI professionals integrate logic and empathy in decision-making. Such integration-balancing objective reasoning with emotional nuance - is especially vital in palliative care, where decisions profoundly affect patients' and families' dignity and well-being. EI also helps navigate family conflicts, often arising from treatment disagreements [11]. By approaching these tensions with emotional sensitivity, clinicians can mediate disputes, foster communication, and ensure decisions align with all stakeholders' values. Regarding stress management, this review highlights EI's

protective role for palliative care providers. Studies like Codier et al. [6] find that higher EI correlates with greater resilience in emotionally demanding scenarios, reducing burnout risk. The literature further ties self-care and emotional well-being to EI, noting their direct impact on professional sustainability. Trivellas et al. [7] reinforce this, showing that self-care practices bolstered by EI improve job satisfaction and emotional resilience, equipping clinicians to handle caregiving's inherent challenges. For patients and families, professionals' EI exerts a clearly positive influence. Empathic engagement provides critical emotional support, particularly during anticipatory grief. Mroz et al. [5] confirm this effect, revealing that high-EI professional's attenuate families' emotional distress, fostering a more supportive environment during vulnerability. Schulz et al. [11] further emphasize how emotionally intelligent communication clarifies care expectations, reduces anxiety, and strengthens trust-all vital to family well-being.

The literature calls for investment in EI-focused training for clinicians and students, alongside more longitudinal and experimental studies testing EI interventions in palliative care - a key avenue for future research. In summary, this review underscores EI as a transversal, essential competency in palliative care, with demonstrable benefits for communication, ethical decision-making, clinician resilience, and patient/family well-being. These findings argue for prioritizing EI development among professionals. Importantly, EI is dynamic; it can be cultivated through self-awareness practices, empathy workshops [3,7] and emotional regulation training. Strengthening EI equips clinicians to communicate with sensitivity, manage complex emotions, and mitigate burnout. Strategies like structured self-reflection, dedicated self-care, and targeted emotional skills training offer promising paths to humanize and enhance care quality.

Conclusion

In conclusion, this narrative review synthesizes compelling evidence for EI as a foundational competency in palliative care. The consistent benefits of EI-spanning empathic communication, ethical decision-making, clinician resilience, and patient/family

well-being-strongly support its integration into clinical practice and training. For palliative care professionals, developing EI is not just advantageous but essential to delivering compassionate, ethical, and high-quality care. Future research should focus on longitudinal and interventional studies to clarify how EI shapes outcomes, alongside developing targeted EI training programs tailored to palliative care's unique challenges.

References

1. Borges CO (2021) Emotional intelligence and emotion management: Almost everything you need to know. *Rumopsychology*.
2. Salovey P, Mayer JD (1990) Emotional intelligence. *Imagination, Cognition and Personality* 9(3): 185-211.
3. Cherry MG, Fletcher I, O'Sullivan H, Dornan T (2014) Emotional intelligence in medical education: A critical review. *Medical Education* 48(5): 468-478.
4. Ferrell B, Buller H, Paice JA (2020) Communication skills: Use of the interprofessional communication curriculum to address physical aspects of care. *Clinical Journal of Oncology Nursing* 24(5): 547-553.
5. Emily LM, Meghan MD, Kutner JS, Arnold RM, Bylund CL, et al. (2023) Empathic communication between clinicians, patients, and care partners in palliative care encounters. *Patient Education and Counseling* 114: 107811.
6. Codier E, Muneno L, Freitas E (2011) Emotional intelligence abilities in oncology and palliative care. *Journal of Hospice & Palliative Nursing* 13(3): 183-188.
7. Trivellas P, Gerogiannis V, Svarna S (2013) Exploring workplace Implications of Emotional Intelligence (WLEIS) in hospitals: Job satisfaction and turnover intentions. *Procedia - Social and Behavioral Sciences* 73: 701-709.
8. Brown RF, Bylund CL (2008) Communication skills training: Describing a new conceptual model. *Academic Medicine* 83(1): 37-44.
9. World Health Organization (2020) Palliative care. World Health Organisation, Switzerland.
10. Weng HC, James FS, Shan WY, Chia CH, Chen W, et al. (2011) The effect of surgeon empathy and emotional intelligence on patient satisfaction. *Advances in Health Sciences Education* 16(5): 591-600.
11. Schulz R, Haley WE, Mahoney D, Zhang S, Thompson L, et al. (2003) End-of-Life care and the effects of bereavement on family caregivers of persons with dementia. *New England Journal of Medicine* 349(20): 1936-1942.