

## Letter to the Editor

**Cite this article:** Marianti L, Saputra R, Suhardita K, Nuraini P (2024) The need for integration of emotional intelligence and spirituality training in medical and nursing education curriculum. *Palliative and Supportive Care*, 1–2. <https://doi.org/10.1017/S1478951524001019>




Received: 15 May 2024

Accepted: 21 May 2024

**Corresponding author:** Lena Marianti;  
Email: [lenamarianti\\_uin@radenfatah.ac.id](mailto:lenamarianti_uin@radenfatah.ac.id)

© The Author(s), 2024. Published by Cambridge University Press. This is an Open Access article, distributed under the terms of the Creative Commons Attribution licence (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted re-use, distribution and reproduction, provided the original article is properly cited.

# The need for integration of emotional intelligence and spirituality training in medical and nursing education curriculum

Lena Marianti, M.PD.<sup>1</sup> , Rikas Saputra, M.PD.<sup>1</sup> , Kadek Suhardita, M.PD.<sup>2</sup>  and Paramita Nuraini, M.PD.<sup>3</sup>

<sup>1</sup>Department of Islamic Guidance and Counselling, Universitas Islam Negeri Raden Fatah Palembang, South Sumatra, Indonesia; <sup>2</sup>Department of Guidance and Counselling, Universitas PGRI Mahadewa, Denpasar, Indonesia and <sup>3</sup>Department of Guidance and Counselling, Universitas Muhammadiyah Magelang, Indonesia

Dear Editor,

I recently had the opportunity to read an enlightening study entitled “Do spirituality and emotional intelligence improve the perception of the ability to provide care at the end of life? The role of knowledge and self-efficacy” by Martins et al. (2024), which explores the complex interactions between spirituality, emotional intelligence, palliative care knowledge, and self-efficacy in the provision of end-of-life care by health-care workers (Martins et al. 2024).

In the modern era of medicine and nursing, high technical competence is often considered the key to delivering effective health care. However, as understanding of the complexity of human interactions in medical contexts increases, emotional intelligence and spirituality are emerging as transformative components that cannot be ignored (Shuck and Herd 2012). These 2 aspects have the potential to significantly enhance the quality of care provided to patients, especially in challenging situations such as end-of-life care (Virdun et al. 2015).

Emotional intelligence, defined as the ability to identify, understand, and manage one's own and others' emotions, is a critical component often overlooked in medical education. Health professionals with high emotional intelligence can better deal with stress, communicate effectively with patients and medical teams, and make more informed decisions in stressful situations (Ndawo 2021). Integrating this training into the curriculum can be done through workshops, real-life scenario simulations, and reflection sessions that help students practically develop these skills (Howard et al. 2011).

Meanwhile, spirituality, often defined as how individuals seek more profound meaning, purpose, and connection, also has a vital role in medical practice. In the context of health care, spirituality is not just about religion but also about how a health-care professional can provide holistic support to patients who may be facing end-of-life or struggling with chronic illness (Richardson 2014). This training can include teaching how to honor and respond to the diverse spiritual needs of patients, which can ultimately improve the quality of care provided (Puchalski 2001).

Integrating emotional intelligence and spirituality into medical and nursing education supports the development of doctors and nurses who focus not only on physical healing but also on meeting the emotional and spiritual needs of patients. This approach aligns with a more patient-centric model of care, where care is not only measured by clinical outcomes but also by patient satisfaction and comfort, thereby reassuring the audience of the positive impact of this training on patient care (Rathert et al. 2013).

Recent studies have shown that education involving aspects of emotional and spiritual intelligence prepares medical and nursing students better for the complex and often challenging world of work (Baldacchino 2015). For example, a study published in the “Journal of Clinical Nursing” found that nurses trained in aspects of emotional intelligence and spirituality showed higher levels of empathy, greater job satisfaction, and lower burnout tendencies (Beauvais et al. 2017).

This integrated education can also bring benefits to the educational institution itself. Graduates who are both technically skilled and emotionally and spiritually strong are more likely to become leaders in their fields, enhance the institution's reputation, and attract talented prospective students (Muyia et al. 2018). To achieve this integration, colleges and universities need to emphasize the importance of collaboration with experts in psychology and religion. Their insights and expertise are crucial in developing relevant and impactful modules. This collaborative approach ensures that the curriculum remains responsive to the changing needs of the labor market, making the audience feel valued and integral to the process (Tedesco et al. 2014).

By introducing emotional intelligence and spirituality training into medical and nursing education curricula, we are not only training a new generation of more competent

and empathic health-care professionals but also placing the holistic well-being of patients as a top priority in health care.

**Funding.** The authors declare that no funding was received for this paper.

**Competing interests.** The authors declare that they have no known competing financial interests or personal relationships that could have influenced the work reported in this paper.

## References

- Baldacchino D** (2015) Spiritual care education of health care professionals. *Religions* **6**(2), 594–613. doi:10.3390/rel6020594
- Beauvais A, Andreychik M and Henkel LA** (2017) The role of emotional intelligence and empathy in compassionate nursing care. *Mindfulness & Compassion* **2**(2), 92–100. doi:10.1016/j.mincom.2017.09.001
- Howard VM, Englert N, Kameg K, et al.** (2011) Integration of simulation across the undergraduate curriculum: Student and faculty perspectives. *Clinical Simulation in Nursing* **7**(1), e1. doi:10.1016/j.ecns.2009.10.004
- Martins MDLDC, Rodrigues AP, Marques CDCP, et al.** (2024) Do spirituality and emotional intelligence improve the perception of the ability to provide care at the end of life? The role of knowledge and self-efficacy. *Palliative and Supportive Care*. doi:10.1017/S1478951524000257
- Muyia MH, Wekullo CS and Nafukho FM** (2018) Talent development in emerging economies through learning and development capacity building. *Advances in Developing Human Resources* **20**(4), 498–516. doi:10.1177/1523422318803089
- Ndawo G** (2021) Facilitation of emotional intelligence for the purpose of decision-making and problem-solving among nursing students in an authentic learning environment: A qualitative study. *International Journal of Africa Nursing Sciences* **15**, 100375. doi:10.1016/j.ijans.2021.100375
- Puchalski CM** (2001) The role of spirituality in health care. *Baylor University Medical Center Proceedings* **14**(4), 352–357. doi:10.1080/08998280.2001.11927788
- Rathert C, Wyrwich MD and Boren SA** (2013) Patient-centered care and outcomes: A systematic review of the literature. *Medical Care Research and Review* **70**(4), 351–379. doi:10.1177/1077558712465774
- Richardson P** (2014) Spirituality, religion and palliative care. *Annals of Palliative Medicine* **3**(3), 150–159. doi:10.3978/j.issn.2224-5820.2014.07.05
- Shuck B and Herd AM** (2012) Employee engagement and leadership: Exploring the convergence of two frameworks and implications for leadership development in HRD. *Human Resource Development Review* **11**(2), 156–181. doi:10.1177/1534484312438211
- Tedesco JC, Operti R and Amadio M** (2014) The curriculum debate: Why it is important today. *Prospects* **44**(4), 527–546. doi:10.1007/s11125-014-9326-x
- Virdun C, Luckett T, Davidson PM, et al.** (2015) Dying in the hospital setting: A systematic review of quantitative studies identifying the elements of end-of-life care that patients and their families rank as being most important. *Palliative Medicine* **29**(9), 774–796. doi:10.1177/0269216315583032