

Emotional Intelligence, Interpersonal Relationship and Team Dynamics among Nursing Students: Proposed Action Plan

Steven Gale M. Manabat

Systems Plus College Foundation, Angeles City, Pampanga, Philippines

stevenmmanabat@gmail.com

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ABSTRACT

This study determined the relationships among emotional intelligence, interpersonal relationship, and team dynamics among nursing students and used the findings as the basis for a proposed action plan. A quantitative correlational design was employed with 232 second-, third-, and fourth-year nursing students of Systems Plus College Foundation selected through simple random sampling. Data were gathered using a four-part survey composed of a 50-item emotional-intelligence instrument based on Goleman's model, a 32-item Functional Idiographic Assessment Template for interpersonal relationships, and a 42-item team-performance instrument. All multi-item scales demonstrated acceptable to excellent internal consistency (Cronbach's $\alpha = .720-.960$). Most respondents were 19–22 years old (74.1%), female (79.8%), and in the third year (47.0%).

Emotional-intelligence means ranged from 2.88 to 3.19, with self-awareness receiving the highest subscale mean. Interpersonal-relationship means ranged from 2.35 to 3.34; listening ranked highest, whereas confronting ranked lowest. Team-dynamics means ranged from 3.11 to 3.38, led by interaction frequency. Pearson analysis showed positive relationships of emotional intelligence with interpersonal relationship ($r = .465$) and team dynamics ($r = .818$). Spearman analysis yielded corresponding coefficients of $\rho = .333$ and $\rho = .693$. The source tables did not report p-values, so the strength and direction of the associations are emphasized rather than independent significance testing. The findings indicate that emotional intelligence is more strongly associated with team functioning than with individual interpersonal relationship patterns. A six-area action plan was proposed to strengthen emotional regulation, communication, teamwork, constructive conflict management, emotional support, and continuing evaluation.

Keywords: *emotional intelligence, interpersonal relationship, team dynamics, nursing students, clinical education, action plan*

INTRODUCTION

Nursing education requires students to develop not only technical knowledge and clinical skills but also the emotional and relational capacities needed to work safely with patients, families, classmates, and interprofessional teams. Emotional intelligence enables individuals to recognize, understand, regulate, and use emotions in ways that support judgment, empathy, communication, and performance (Goleman, 1995). In nursing students, these capacities are important because clinical learning exposes them to uncertainty, stress, ethical demands, and emotionally charged patient encounters (Budler et al., 2022; Dugué et al., 2021).

Emotional intelligence can influence how students respond to pressure, interpret social cues, manage conflict, and remain motivated during demanding clinical experiences. Evidence from nursing education has

linked social-emotional competence with academic achievement, resilience, self-efficacy, and the quality of care (Kim & Shin, 2021; Khademi et al., 2021; Valdez, 2023). Self-awareness, emotional management, motivation, empathy, and social skills therefore represent essential developmental domains for future nurses.

Interpersonal relationship is equally central to nursing practice. Peplau's Interpersonal Relations Theory describes nursing as a therapeutic process built through communication, trust, participation, and shared goals (Peplau, 1952). Effective interpersonal communication allows nursing students to establish rapport, listen attentively, provide information, express support, address disagreement, and recognize nonverbal behavior (Callaghan, 2006; Kaur, 2020). These abilities shape both patient-centered care and students' relationships with clinical instructors and healthcare personnel.

Team dynamics describe the patterns through which group members communicate, coordinate, participate, innovate, complete tasks, and pursue shared objectives. In healthcare, teamwork affects continuity, efficiency, patient safety, and the quality of coordinated care (Baek et al., 2023). The development of a clear team vision, participation safety, innovation, task orientation, and regular interaction is especially important during clinical placements, where students must work within established systems while learning to assume professional responsibility (Katzenbach & Smith, 1993).

Nursing students' competencies may also vary according to academic exposure and clinical experience. Senior students often report greater readiness for communication, decision-making, and patient management, although continued supervision and feedback remain necessary (AlMekkawi & El Khalil, 2022). Clinical competence is also associated with year level, learning approach, satisfaction with practice, and opportunities for meaningful participation (Kajander-Unkuri et al., 2020; Madjid et al., 2023).

Despite the relevance of these constructs, the source manuscript identified limited evidence examining emotional intelligence, interpersonal relationship, and team dynamics together among nursing students in one institutional context. This study therefore described the students' profiles and levels across the three domains, examined the reported relationships of emotional intelligence with interpersonal relationship and team dynamics, and developed an action plan for student development.

Literature Review

Emotional Intelligence in Nursing Education

Goleman's model presents emotional intelligence through self-awareness, self-regulation, motivation, empathy, and social skills (Goleman, 1995). These dimensions provide a useful framework for nursing education because students must regulate their own emotions while remaining attentive to patients' needs. Longitudinal evidence shows that emotional intelligence develops during nursing education but may differ according to personal and academic characteristics (Budler et al., 2022).

A review of emotional intelligence in nursing education found recurring benefits for communication, coping, clinical judgment, and professional development (Dugué et al., 2021). Emotional intelligence is also associated with the quality of nursing care and students' social-emotional competence (Khademi et al., 2021; Kim & Shin, 2021). These findings support the inclusion of structured reflection, emotional regulation, and empathy-building activities in nursing programs.

Emotional intelligence also contributes to interpersonal functioning. Schutte et al. (2001) reported links between emotional intelligence and interpersonal relations, while Williams et al. (2014) showed that empathy develops as an important professional attribute among nursing and health students. However, emotional competence does not automatically resolve every communication difficulty, indicating the need to assess specific relational behaviors independently.

Interpersonal Relationship and Therapeutic Communication

Peplau's theory positions the nurse-patient relationship as a collaborative process involving orientation, identification, working engagement, and resolution (Peplau, 1952). Although the present study focused on

students' general interpersonal behavior, the theory remains relevant because professional nursing communication depends on trust, clarification, mutual respect, and appropriate emotional presence.

The Functional Idiographic Assessment Template organizes interpersonal behavior into functional domains that include expressing needs, responding to conflict, sharing emotions, supporting others, listening, and nonverbal behavior (Callaghan, 2006). Such domains help distinguish between relationship strengths and specific difficulties. For example, a student may be highly supportive and attentive but still avoid constructive confrontation.

Effective communication is a foundation of quality nursing care because it supports understanding, collaboration, and patient confidence (Kaur, 2020). Nursing-theory-guided practice further emphasizes that professional relationships should be intentional and responsive rather than treated as informal social interaction (Younas & Quennell, 2019).

Team Dynamics and Clinical Learning

Effective teams are organized around a shared purpose, complementary skills, mutual accountability, and clear performance expectations (Katzenbach & Smith, 1993). In nursing education, these conditions are reflected in participation safety, support for innovation, task orientation, interaction, and a common clinical vision. Students who feel respected and included are more likely to contribute ideas, ask questions, and participate in problem-solving.

Nursing teamwork supports patient-centered care by improving communication and coordination among healthcare personnel (Baek et al., 2023). For students, team participation also provides opportunities to translate classroom knowledge into shared clinical decisions. Readiness for this work generally increases with clinical exposure, although students continue to require supervision, feedback, and learning opportunities appropriate to their level (AlMekkawi & El Khalil, 2022; Kajander-Unkuri et al., 2020).

Attrition and uneven progression across nursing programs may reduce students' opportunities to build sustained team relationships. Canzan et al. (2022) identified personal, academic, and contextual reasons for leaving nursing programs. Student-support interventions should therefore strengthen emotional resilience and team belonging while also responding to academic and clinical demands.

Need for an Integrated Student Development Plan

The literature indicates that emotional intelligence, interpersonal relationship, and team dynamics are interconnected but distinct. Emotional competence may help students regulate stress and respond empathically, whereas interpersonal skills determine how these capacities are expressed in actual encounters. Team dynamics extend the analysis from individual interaction to collective purpose, safety, innovation, and accountability.

Because the study used a correlational design, the observed associations cannot establish causal direction (Bhandari, 2023). Nevertheless, correlation results can identify development priorities and support a structured action plan. Interventions that combine workshops, reflective practice, mentoring, role-playing, team exercises, wellness support, and continuing evaluation are more likely to address the multidimensional nature of nursing students' professional development.

The proposed plan therefore integrates emotional, relational, and team-based activities rather than treating the three variables as isolated competencies. This integrated approach is consistent with the study's conceptual framework and with the practical demands of clinical nursing education.

METHODS

Research Design

The study employed a quantitative correlational research design. This design described the students' emotional intelligence, interpersonal relationship, and team dynamics and examined the direction and strength of associations among the variables without manipulation. Correlational results were interpreted as associations and not as evidence of causality (Bhandari, 2023).

Research Locale

The study was conducted in the College of Nursing of Systems Plus College Foundation in Angeles City, Pampanga. The institutional setting provided access to second-, third-, and fourth-year nursing students enrolled in courses with Related Learning Experience or clinical-duty components.

Participants and Sampling Technique

The respondents consisted of 232 nursing students: 45 second-year, 109 third-year, and 78 fourth-year students. Simple random sampling was used so that eligible members of the population had an equal opportunity for selection. Eligible participants were Level II, III, or IV nursing students with Related Learning Experience subjects who were willing to participate. Cross-enrollees were excluded.

Research Instrument

A four-part questionnaire was used. Part I gathered age, gender, and year level. Part II contained 50 items based on Goleman's emotional-intelligence dimensions. Part III used the 32-item Functional Idiographic Assessment Template developed by Callaghan (2006) to examine interpersonal relationship. Part IV contained 42 team-dynamics items adapted from the team-performance framework of Katzenbach and Smith (1993). All substantive items used a four-point Likert response format.

Reliability Testing

Internal consistency was assessed using Cronbach's alpha in jamovi Version 2.2. The reported coefficients ranged from .720 to .960 across the multi-item constructs, exceeding the commonly accepted minimum of .70 (Hair et al., 2013; Nunnally & Bernstein, 1994). Participation safety, support for innovation, confronting, and task orientation obtained coefficients of .90 or higher. Single-item listening and interaction-frequency measures were not evaluated using alpha because internal consistency requires multiple items.

Data Gathering Procedure

Following institutional and ethical approval, the researcher coordinated with the College of Nursing and clinical coordinators to identify eligible students. Data collection occurred from March to May 2025. Participants received study information and consent materials before completing the questionnaire through Google Forms, including during face-to-face administration when electronic encoding was used to improve organization and accuracy. Completion required approximately 10–20 minutes.

Data Analysis

Frequency and percentage described the respondents' profile. Means and standard deviations summarized emotional intelligence, interpersonal relationship, and team dynamics. Pearson product-moment correlation and Spearman's rho were used to assess the relationships of emotional intelligence with interpersonal relationship and team dynamics. The source correlation tables reported coefficients and verbal interpretations but did not provide p-values; therefore, this article reports the strength and direction of the relationships without independently asserting statistical significance.

Ethical Consideration

Participation was voluntary and informed consent was obtained. Respondents could decline to answer or withdraw without penalty. Beneficence, nonmaleficence, autonomy, justice, confidentiality, and anonymity were observed. Only information relevant to the study was collected, access was limited to the researcher, and data were managed in accordance with the Data Privacy Act of 2012. The source manuscript stated that research data would be destroyed three years after the final defense.

RESULTS AND DISCUSSION

Respondent Profile

Table 1. *Profile of the nursing-student respondents*

Profile Variable	Category	Frequency	Percentage
Age	19–22 years	172	74.1%
	23–26 years	35	15.1%
	27–30 years	5	2.2%
	31 years and above	20	8.6%
Gender	Female	185	79.8%
	Male	47	20.2%
Year level	Second year	45	19.4%
	Third year	109	47.0%
	Fourth year	78	33.6%

Most respondents were 19–22 years old (74.1%), female (79.8%), and in the third year (47.0%). The age distribution indicates that the sample was primarily composed of traditional college-age students, while the gender distribution reflects the continuing predominance of women in nursing education. The larger third-year group also suggests substantial representation from students already engaged in intermediate clinical learning.

Academic progression may shape students' confidence and competence because exposure to clinical practice, supervision, and patient responsibility increases across year levels (AlMekkawi & El Khalil, 2022; Madjid et al., 2023). However, the source manuscript did not report completed inferential tests comparing the three constructs by profile; the profile findings are therefore interpreted descriptively.

Emotional Intelligence

Table 2. *Summary of emotional-intelligence dimensions*

Dimension	Mean	Source Interpretation	Rank
Self-awareness	3.19	Fairly Aware	1
Motivating oneself	3.09	Often	2
Empathy	3.08	Often	3
Social skills	3.03	Often	4
Managing emotions	2.88	Often	5

Self-awareness received the highest subscale mean ($M = 3.19$), followed by motivating oneself ($M = 3.09$), empathy ($M = 3.08$), social skills ($M = 3.03$), and managing emotions ($M = 2.88$). The results indicate that students generally recognized their emotions, valued motivation, and perceived themselves as empathic and socially capable. Their comparatively lower score in managing emotions suggests that awareness was stronger than consistent regulation during difficult interactions or stressful situations.

This pattern is consistent with literature showing that emotional intelligence is developmental and can be strengthened through education, reflection, and clinical exposure (Budler et al., 2022; Dugué et al., 2021). Students

may understand their feelings yet still need deliberate strategies for reframing negative experiences, handling difficult people, reducing worry, and sustaining composure in demanding clinical environments.

Interpersonal Relationship

Table 3. *Summary of interpersonal-relationship dimensions*

Dimension	Mean	Source Interpretation	Rank
Listening	3.34	Often	1
Supportive	3.10	Often	2
Catalytic	3.01	Often	3
Nonverbal	2.77	Often	4
Cathartic	2.74	Often	5
Prescriptive–informative	2.73	Often	6
Confronting	2.35	Seldom	7

Listening was the strongest interpersonal dimension ($M = 3.34$), followed by supportive behavior ($M = 3.10$) and catalytic behavior ($M = 3.01$). These findings indicate that respondents generally perceived themselves as attentive, encouraging, and capable of helping others reflect or act constructively. Such strengths are relevant to therapeutic relationships because listening and support help create trust and shared understanding (Kaur, 2020; Peplau, 1952).

Confronting received the lowest mean ($M = 2.35$, Seldom). Students may prefer interpersonal harmony and avoid direct discussion of difficult issues, even when constructive confrontation is necessary. The lower scores in prescriptive–informative and nonverbal domains also show the need to strengthen clarity, assertiveness, body-language awareness, and communication during disagreement. The FIAT framework is useful in identifying these specific functional patterns rather than treating interpersonal competence as one undifferentiated trait (Callaghan, 2006).

Team Dynamics

Table 4. *Summary of team-dynamics dimensions*

Dimension	Mean	Source Interpretation	Rank
Interaction frequency	3.38	Always	1
Support for innovation	3.29	Always	2.5
Task orientation	3.29	Always	2.5
Participation safety	3.26	Always	4
Vision	3.11	Often	5

Interaction frequency ranked highest ($M = 3.38$), showing that respondents frequently engaged with and understood their teammates. Support for innovation and task orientation both obtained $M = 3.29$, followed by participation safety ($M = 3.26$). These results indicate strong collaboration, accountability, knowledge sharing, respect, and openness to learning.

Vision obtained the lowest team-dynamics mean ($M = 3.11$), although it remained in the Often category. Students may work together effectively on immediate tasks while needing clearer connections among individual contributions, team objectives, and broader clinical goals. Stronger shared vision can help students understand why tasks matter and how coordinated effort supports patient-centered care (Baek et al., 2023; Katzenbach & Smith, 1993).

Relationships among the Principal Variables

Table 5. *Reported correlations of emotional intelligence with interpersonal relationship and team dynamics*

Statistic	Variable Pair	Coefficient	Source Interpretation
Pearson r	Emotional intelligence and interpersonal relationship	.465	Low positive
Pearson r	Emotional intelligence and team dynamics	.818	High positive
Spearman ρ	Emotional intelligence and interpersonal relationship	.333	Low positive
Spearman ρ	Emotional intelligence and team dynamics	.693	Moderate positive

Both analyses showed positive relationships. Emotional intelligence had a stronger relationship with team dynamics than with interpersonal relationship. The Pearson coefficient between emotional intelligence and team dynamics was $r = .818$, compared with $r = .465$ for emotional intelligence and interpersonal relationship. Spearman's rho showed the same pattern, with $\rho = .693$ and $\rho = .333$, respectively.

The result suggests that students who perceive themselves as more self-aware, emotionally regulated, motivated, empathic, and socially skilled also tend to report better teamwork, including more frequent interaction, safer participation, stronger task focus, innovation, and shared vision. The weaker interpersonal coefficient indicates that emotional intelligence contributes to relational functioning but does not fully account for behaviors such as confrontation, disclosure, nonverbal communication, and prescriptive guidance. This interpretation is consistent with evidence linking emotional intelligence to interpersonal relations and collaborative performance (Schutte et al., 2001).

The correlation tables did not include p-values. Therefore, although the source narrative described the relationships as significant, this article does not independently verify statistical significance. The results are presented as positive associations, and the correlational design does not support causal claims.

Proposed Action Plan

Table 6. *Condensed action plan based on the findings*

Focus Area	Key Activities	Responsible Persons	Expected Outcome
Emotional-intelligence development	Monthly EI workshops, weekly emotional journaling, semester mentoring, and goal-setting activities	Clinical instructors, mentors, students	Improved self-awareness, emotional regulation, and motivation
Interpersonal communication	Active-listening training, feedback sessions, nonverbal-awareness workshops, and video review	Clinical instructors and students	Clearer, empathic, and more responsive communication
Healthy team dynamics	Inclusive team tasks, innovation challenges, team-building seminars, and planning tools	Clinical instructors and administrators	Greater participation safety, collaboration, and accountability
Constructive confrontation	Conflict-management training and guided role-playing with structured debriefing	Clinical instructors	More assertive, respectful, and solution-focused conflict management
Emotional support	Wellness programs, counseling access, mindfulness activities, and post-clinical debriefing	Administrators, counselors, instructors	Improved resilience and appropriate emotional release
Monitoring and sustainability	Bimonthly assessment, continuous feedback, and annual longitudinal tracking	Administrators, instructors, mentors	Evidence-based refinement and sustained student development

The action plan directly responds to the highest and lowest findings. It sustains strengths in listening, support, interaction, innovation, and task orientation while addressing emotional regulation, confrontation, nonverbal communication, and shared vision. The plan combines knowledge-building with practice, reflection, mentoring, wellness support, and evaluation rather than relying on one-time seminars.

CONCLUSION

The nursing students were predominantly 19–22 years old, female, and in the third year of the program. They reported generally favorable emotional-intelligence profiles, with self-awareness as the strongest dimension and managing emotions as the lowest. Their interpersonal relationships were characterized by listening, support, and catalytic behavior, while constructive confrontation emerged as the clearest developmental need.

Team dynamics were highly positive, particularly in interaction frequency, support for innovation, task orientation, and participation safety. Emotional intelligence showed a stronger positive association with team dynamics than with interpersonal relationship under both Pearson and Spearman analyses. These findings indicate that emotional competence is closely connected with collective team functioning, although specific interpersonal behaviors require separate and targeted development.

The proposed action plan provides an integrated response through emotional-intelligence training, communication practice, team development, conflict-management activities, emotional support, and continuous monitoring. Because the study was conducted in one institution and the correlation tables did not report p-values, the findings should be interpreted within the source context and should not be treated as evidence of causation or broad statistical generalization.

Recommendation

The College of Nursing should integrate the proposed action plan into clinical instruction, student-development programs, and the academic calendar. Emotional-intelligence workshops, reflective journals, mentoring, team-based emergency exercises, role-playing, and structured debriefing should be linked with actual Related Learning Experience activities.

Clinical instructors should provide repeated opportunities for students to practice active listening, nonverbal communication, respectful confrontation, feedback, delegation, and collaborative planning. Student wellness and counseling support should be accessible, particularly after demanding clinical experiences.

Program administrators should establish baseline and follow-up assessments to determine whether the action plan improves emotional regulation, interpersonal competence, and team functioning. Future studies should include other nursing schools, report p-values and confidence intervals, compare year levels and demographic groups using appropriate inferential tests, and use longitudinal or intervention designs to evaluate change over time.

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