

Emotional Intelligence and Health-Related Quality of Life among Student Nurses: A Descriptive-Correlational Study

¹Joanna M. Pao, ²Krishia M. Bandian, ³Marie G. Bandoles, ⁴Gertrude R. Lachica, ⁵RJ K. Lapitan, ⁶Reika S. Montuerto, ⁷Nizpha M. G. Sardane, ⁸Ahira Valencia, ⁹Kenneth Joe R. Corales^{}
Foundation University

¹joannamae.pao@foundationu.com, ²krishiamargarette.bandian@foundationu.com,
³mariegem.bandoles@foundationu.com, ⁴gertrudereyva.lachica@foundationu.com,
⁵rjkyle.lapitan@foundationu.com, ⁶reikasophia.montuerto@foundationu.com,
⁷nizphamaegretheal.sardane@foundationu.com, ⁸ahira.valencia@foundationu.com,
⁹kennethjoe.corales@foundationu.com

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Corresponding Email:
joannamae.pao@foundationu.com

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emotional intelligence, health-related quality of life, first-year student nurses, self-awareness, self-regulation, empathy, social skills

Abstract. This study examined the relationship between Emotional Intelligence (EI) and Health-Related Quality of Life (HRQoL) among first-year nursing students at Foundation University. Recognizing the importance of emotional competencies in academic success and well-being, it explored EI dimensions—self-awareness, self-regulation, motivation, empathy, and social skills—in relation to HRQoL domains (physical, social, mental, and general health). A descriptive-correlational design was used involving 212 first-year nursing students selected through stratified random sampling. Data were collected using validated self-made questionnaires, and analyzed using descriptive statistics, weighted mean, and Spearman's rank-order correlation. Results showed generally high EI across all dimensions, with self-awareness and empathy scoring highest. HRQoL findings indicated that students frequently engaged in activities supporting physical and general health, while social and mental health were maintained most of the time. Statistical analysis revealed significant positive correlations between all EI dimensions and HRQoL domains, indicating that higher emotional intelligence is associated with better health-related outcomes. No significant relationships were found between age and sex and most EI and HRQoL measures, except for a significant association between sex and general health. Findings highlight the importance of developing EI among student nurses to enhance well-being, resilience, and academic performance. The study recommends integrating emotional intelligence training into nursing education to improve students' physical, social, mental, and general health and overall quality of life. These results support strengthening student support programs and holistic mental health initiatives within nursing institutions to promote long-term professional readiness and improved patient care outcomes in future practice settings and clinical healthcare environments.

Introduction

Emotional intelligence (EI) has increasingly gained attention in education and healthcare due to its pivotal role in personal and professional development. EI is defined as the capacity to perceive, understand, regulate, and express emotions effectively in oneself and others (Salovey & Mayer, 2010). It encompasses self-awareness, self-regulation, motivation, empathy, and social skills (Goleman, 1995; Channelle, 2023). In nursing education, these competencies are crucial as they influence students' coping strategies, interpersonal relationships, and overall well-being.

Health-related quality of life (HRQoL) reflects an individual's perception of physical, mental, social, and general health status (Barcaccia, 2013). For nursing students, HRQoL is influenced by academic stress, clinical exposure, and social support, making it an essential measure of student well-being (Megahed, 2014; Van Der Riet et al., 2018). Previous studies have demonstrated that higher EI is positively associated with better HRQoL, including improved mental health, social

functioning, and physical well-being (Augusto-Landa López-Zafrá & Berrios-Martos, 2019; Petrides & Furnham, 2017). However, research on first-year nursing students remains limited, despite evidence suggesting that early intervention in developing EI may enhance overall student health and academic performance.

First-year nursing students often encounter a challenging transition from high school to higher education, leading to increased stress, anxiety, and emotional distress. This study focuses on examining the relationship between EI and HRQoL among first-year nursing students at Foundation University, Dumaguete City. Understanding this relationship is essential for guiding interventions, developing support programs, and fostering a healthy academic environment.

Thus, this study aims to investigate the relationship between Emotional Intelligence (EI) and Health-Related Quality of Life (HRQoL) among first-year student nurses. Specifically, the study seeks to answer the following research questions:

1. What is the profile of the first-year nursing students in terms of:
 - a. Age?
 - b. Sex?
2. What is the level of Emotional Intelligence of the respondents in terms of:
 - a. Self-awareness?
 - b. Self-regulation?
 - c. Motivation?
 - d. Empathy?
 - e. Social skills?
3. What is the level of Health-Related Quality of Life of the respondents in terms of:
 - a. Physical health?
 - b. Social health?
 - c. Mental health?
 - d. General health?
4. Is there a significant relationship between the profile of the students and:
 - a. Emotional Intelligence?
 - b. Health-Related Quality of Life?
5. Is there a significant relationship between Emotional Intelligence and Health-Related Quality of Life?

This study assumes that all participants provided honest and accurate responses regarding their experiences and perceptions. It is assumed that the reported levels of emotional intelligence and health-related quality of life reflect the students' actual conditions. The study also assumes that age and sex may influence, or not influence, these variables. Finally, the interpretation of data by the researchers will be guided by appropriate statistical principles to ensure valid insights into the relationship between emotional intelligence and health-related quality of life among first-year nursing students.

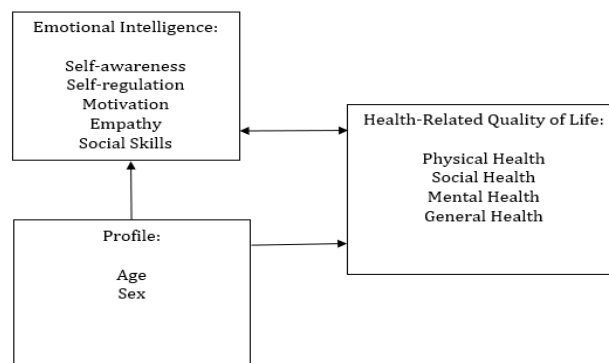


Figure 2. Diagram of the Conceptual Framework of the Study

The conceptual framework illustrates the relationship between emotional intelligence (self-awareness, self-regulation, motivation, empathy, social skills), health-related quality of life (physical, social, mental, and general health), and the student profile (age and sex). Emotional intelligence and health-related quality of life are the main variables, potentially influencing each other directly or indirectly, while age and sex may affect these variables. The study's findings will help explain emotional distress among first-year nursing students and determine whether a significant relationship exists between emotional intelligence and health-related quality of life.

Methodology

Research Design

This study employed a quantitative research design, specifically descriptive-correlational, to examine the relationship between emotional intelligence and health-related quality of life among first-year nursing students. Descriptive-correlational research allows the investigation of associations between two or more variables without manipulating them. The design is appropriate for this study because it aims to determine the levels of emotional intelligence and health-related quality of life and explore the relationship between these constructs. Data were collected through structured questionnaires administered to the respondents during their preferred free time on campus to ensure minimal distraction.

Research Locale

The study was conducted at Foundation University, Dumaguete City. This setting was selected due to its accessibility and the availability of first-year nursing students who could participate in the study. The university offers various wellness programs, including mental health talks, psychosocial support, and physical activities, which provide a conducive environment for examining students' emotional intelligence and health-related quality of life.

Research Respondents

The study population comprised first-year nursing students enrolled during the second semester of the school year 2023–2024. Using stratified random sampling and Yamane's formula, a sample of 212 respondents was determined. Inclusion criteria included: (1) officially enrolled in the nursing program, (2) first-year status, and (3) complete response to the survey questionnaire. Stratification ensured proportional representation across demographic subgroups such as age and sex.

Research Instruments

Data were collected using a self-developed questionnaire based on a thorough review of relevant literature. The instrument measured:

- Emotional intelligence (EI) across five domains: self-awareness, self-regulation, motivation, empathy, and social skills.
- Health-related quality of life (HRQoL) across four dimensions: physical health, social health, mental health, and general health.

The questionnaire underwent content validation by three experts to ensure alignment with the study objectives. A pilot test was conducted with 40 students to assess clarity, reliability, and appropriateness of the items. Modifications were made based on expert feedback and pilot test results.

Data Gathering Procedure

The researchers followed a systematic procedure:

1. Secured approval from the research adviser, college dean, and ethical committee.
2. Randomly selected respondents from the list of eligible students.
3. Distributed the questionnaires during respondents' preferred free time and location on campus.
4. Collected completed questionnaires and verified completeness.
5. Entered responses into Microsoft Excel for initial processing before statistical analysis.

Statistical Treatment of Data

Data were analyzed using Microsoft Excel and SPSS, following these procedures:

1. Frequency distribution and percentage – To determine demographic characteristics of respondents (age and sex).
2. Weighted mean – To determine the levels of emotional intelligence and health-related quality of life.
3. Spearman's rank-order correlation coefficient – To assess the relationship between age, sex, emotional intelligence, and health-related quality of life at a 0.05 level of significance.

Ethical Considerations

Ethical clearance was obtained from the Foundation University Research Ethics Committee. All participants were informed of the study objectives and voluntarily signed an informed consent form. Confidentiality and anonymity were ensured, and respondents were informed of their right to withdraw at any time. Data were securely stored and accessed only by the research team.

Results and Discussion

Problem 1: What is the profile of first-year nursing students in terms of age and sex?

Profile	Frequency	Percent (%)
Age		
18	34	16.04
19	120	56.60
20	32	15.09
≥21	26	12.26
Total	212	100.00
Sex		
Male	47	22.00
Female	165	78.00
Total	212	100.00

Table No. 1 Profile of the Students as to Age and Gender

Table 1 shows the age profile of the respondents. It presents that 57% of the respondents are 19 years old, 16% are 18 years old, and 15% are 20 years old. This finding suggests that the respondents are on their right age as 1st year nursing students since the average starting age now of college students is 18 to 19 years old because of the K-12 curriculum. Additionally, the table also displays that 78% of the respondents are female and 22% are male. This indicates that females dominate the 1st year nursing student population.

This finding is consistent with the previous research on nursing students' perception of gender defined roles in nursing. Prosen (2022), showed that female students envisioned their future career as embodying selflessness and positive characteristics of being a nurse, while male students focused on leadership, management, and the practical aspects of nursing.

Problem 2: What is the level of emotional intelligence of the respondents in terms of self-awareness?

Indicators	w $\bar{x}$	VD
1. Understanding my own emotional state helps me navigate and communicate effectively in various relationships or professional settings.	4.27	VH
2. I am capable of acknowledging my strengths and weaknesses.	4.16	H
3. My emotions influence the way I perceive and interact with others in different situations.	4.04	H
4. I can identify recurring patterns in my emotional reaction or behaviors and how this pattern impacts my decision making or problems solving abilities	4.02	H
5. I am not aware of my own emotion that contributes to a deeper understanding of myself.	2.43	L
Composite	3.78	H

Legend: Scale (3.25-4.00, 2.50-3.24, 1.75-2.49, 1.00-1.74) Verbal Description (VD) Most of the time (MT), Frequently (F), Seldom (S), Never (N)

Table No. 2 Level of Emotional Intelligence of Respondents in terms of Self-Awareness

Table 2 shows a level of emotional intelligence of respondents in terms of self-awareness. The respondents generally have "high" self-awareness as evident from the composite weighted mean 3.78. Specifically, the respondents display "very high" in their ability to navigate and communicate well in a variety of relationships and professional contexts (w $\bar{x}$ = 4.27). The respondents had an excellent grasp of their own emotional states. This result attests to the study of Paoletti and Ben-

Soussan (2021) self-awareness is a particular part of emotional intelligence. People with high self-awareness are able to understand and communicate their emotional states effectively.

The table also displays that respondents show “high” ability of acknowledging strengths and weaknesses. The respondents virtually always recognize their own strengths and flaws ($w\bar{x} = 4.16$). This result attests to the study of Strengsdrivenc (2020) agree both strengths and flaws are critical for personal development and advancement. It helps people comprehend their strengths and areas for progress, allowing them to make educated decisions regarding their development.

The table also shows that the respondents set forth “high” influence the way they perceive and interact with others in different situations. The respondents understand how their emotions affect their views and interactions with others ($w\bar{x} = 4.04$). This result attests to the study of Brackett et al. (2024) they introduced the concept of emotional intelligence, which includes the ability to identify, understand, control and effectively use emotions in various situations.

The table also reflects that respondents show “high” in pinpointing the recurring patterns in their emotional reaction or behaviors and identify how these patterns affect their decision-making and problem-solving abilities. The respondents identify repeating patterns in their emotional reactions and behaviors, and they grasp how these patterns influence their decision-making and problem-solving abilities ($w\bar{x} = 4.02$). This result attests to the study of Mayer et al. (2016) self-awareness is a key component of their emotional intelligence concept. This entails identifying one’s own emotional states and patterns, which is critical for effective decision-making and problem-solving.

The table revealed that respondents exhibited “low” awareness of their own emotions that contributes to a deeper understanding of themselves. The respondents are barely aware of their emotions in this context ($w\bar{x} = 2.43$). This result attests to the study of Houston (2019) suggesting that emotional intelligence is the ability to perceive and comprehend one’s own emotions. Low emotional awareness may imply a lack of emotional intelligence.

Problem 3: What is the level of emotional intelligence of the respondents in terms of self-regulation?

Indicators	$w\bar{x}$	VD
1. I find ways to manage things that trigger my emotional state.	4.06	H
2. I usually keep track of my progress towards my studies.	4.16	H
3. I can control my impulsive reactions when faced with unfortunate events.	3.73	H
4. I ask others for help when I need them	3.60	H
5. I have a hard time setting goals for myself	2.99	M
Composite	3.65	H

Legend: Scale (3.25-4.00, 2.50-3.24, 1.75-2.49, 1.00-1.74) Verbal Description (VD) Most of the time (MT), Frequently (F), Seldom (S), Never (N)

Table No. 3 Level of Emotional Intelligence of Respondents in terms of Self-regulation

Table 3 shows a level of respondent’s emotional intelligence in terms of self-regulation. The respondent’s generally have “high” self-regulation, as evident from the composite weighted mean of 3.65. Particularly, the respondents display “high” ability in keeping track of their progress towards the studies ($w\bar{x} = 4.16$). The respondents are adept at monitoring their academic progress. This result attests to the study of Yan et al. (2021), who found that self-regulating learning strategies, including progress monitoring, significantly predicted academic achievement in higher education. Their research shows that students who effectively keep track of their academic progress tend to have better academic results and higher levels of motivation.

The table also shows that respondents exhibit “high” capability in finding ways to manage things that trigger their emotional state ($w\bar{x} = 4.06$). The respondents have developed strategies to cope with emotional triggers. This result attests to the study of Schafer et al. (2018), who underscored the importance of emotional regulation strategies in maintaining psychological well-being. Their research showed that people who are able to control their emotions adapt better to everyday stressors, which is especially true for concerned nursing students in difficult clinical situations.

The respondents demonstrate “high” ability to control impulsive reactions when faced with unfortunate events ($w\bar{x} = 3.73$). The respondents have a good level of impulse control. This result reflects the study by Pekrun et al. (2020) who found that emotional intelligence, especially impulse control, is positively related to a student’s academic performance and well-being. Their research suggests that people with better impulse control are more likely to manage academic stress.

The table reflects that respondents show “high” willingness to ask others for help when needed ($w\bar{x} = 3.60$). The respondents recognize the importance of seeking support. This result attests to the study of Xiao et al. (2019) who showed that help-seeking behavior is a self-corrective strategy related to better educational outcomes in higher education. Their

research showed that students who are more willing to seek help when needed, execute better in school and have better psychological adjustment.

The table revealed that respondents exhibited “moderate” difficulty in setting goals for themselves ($w\bar{x}=2.99$). While the respondents are generally good at self-regulation, they may benefit from additional support or training in goal-setting techniques. This result confirms the study of Senko & Freund (2022), who found that effective goal setting is important for academic success and motivation. Their research suggests that although many students may struggle with setting appropriate goals, it remains an essential skill for academic success and personal development in higher education.

Problem 4 : What is the level of emotional intelligence of the respondents in terms of motivation?

Indicators	$w\bar{x}$	VD
1. I am able to gain strength when surrounded by friends and family.	4.27	VH
2. I am able to motivate myself when faced with challenges.	4.05	H
3. I can identify potential obstacles and give me motivation to overcome them.	3.98	H
4. I nurture and strengthen those circumstances that weaken me.	3.87	H
5. Nothing inspires me.	1.87	L
Composite	3.60	H

Legend: Scale (3.25-4.00, 2.50-3.24, 1.75-2.49, 1.00-1.74) Verbal Description (VD) Most of the time (MT), Frequently (F), Seldom (S), Never (N)

Table No. 4 Level of Emotional Intelligence of Respondents in terms of Motivation.

Table 4 shows a level of respondents’ emotional intelligence in terms of motivation. The respondent’s generally have “high” motivation as evident from the composite weighted mean of 3.60. To point out, the respondents display “very high” in gaining strength when family and friends are near ($w\bar{x} = 4.27$). The respondents are able to obtain strength when they have support from their family and friends. A similar finding was also manifested in the study of Messineo et al. (2019), claims that self-determination is an excellent model that can offer advantageous data in terms of academics in nursing schools, that promotes more successful strategies to improve and helps student motivation.

The table displays that respondents show “high” motivation when facing problems. The respondents are able to apply motivation when faced with challenges ($w\bar{x}= 4.05$). A similar finding was also manifested in the study of Kalyane et al. (2020), concluding that the educational environment was faced with “confusion of identity”. Expressing their priority, they used certain strategies that can prevent them from getting into bad situations and led them to innovate to successful development and accept their role in clinical situations.

The table exhibits that respondents show “high” application of the ability to recognize the possibilities of challenges and how to conquer ($w\bar{x} = 3.98$). The respondents are able to discern potential complications and provide a motivation to face. The study of Yildirim & Dalcı (2020) supports the current findings, emphasizing that solving circumstances encountered in the clinical field plays an important role in minimizing anxiety levels in nursing students and in maximizing their motivation. The table also presented that respondents show “high” in fostering and strengthening those challenges that are the reason for weakness ($w\bar{x}=3.87$). The respondents encourage and give strength in terms of the circumstances that occur. The finding is in line with that of Younas & Maddigan (2019), who believes that compassion is expressed when nursing authentically works to understand a patient’s suffering and become sensitive to their experiences. The table revealed that respondents exhibited “low” motivation ($w\bar{x} = 1.87$). The respondents are likely to show disinterest. Result is in affirmation to the statement of Shakurnia et al. (2015) which reveals that the level of nursing student’s get lessened after university entrance and through the years gradually.

Problem 5 : What is the level of emotional intelligence of the respondents in terms of empathy?

Indicators	$w\bar{x}$	VD
1. I actively listen to understand other people’s emotions.	4.37	VH
2. I can notice the changes of mood in a room.	4.30	VH
3. I have the ability to relate to others.	4.08	H
4. I can recognize and interpret the emotions of other people in various situations.	4.05	H
5. I don’t care about other people’s feelings.	1.76	VL
Composite	3.71	H

Legend: Scale (3.25-4.00, 2.50-3.24, 1.75-2.49, 1.00-1.74) Verbal Description (VD) Most of the time (MT), Frequently (F), Seldom (S), Never (N)

Table No. 5 Level of Respondents’ Emotional Intelligence in terms of Empathy.

Table 5 shows a level of respondents' emotional intelligence in terms of empathy. The respondents' generally have "high" empathy as evident from the composite weighted mean of 3.71. Explicitly, the respondents display "very high" application of listening and understanding skills when dealing with other people's emotions ($w\bar{x} = 4.37$). The respondents skillfully take into account the emotions of other people. This result attests to the study of Haley et al. (2017) where active listening showed association with empathy.

The table also displays that respondents show "very high" utilization of their ability to notice the change of mood in a room. The respondents use observation in discerning the emotional state of people in a room ($w\bar{x} = 4.30$). This result attests to the study of McKinnon (2018) which points out that empathy enables the discovery of other people's cognitive and emotional perspective.

The table as well, exhibited that respondents set forth "high" capability of having a rapport with other people ($w\bar{x} = 4.08$). The respondents are able to create connections to form togetherness with other people. This result affirms the statement of Tan et al. (2021) that clinical empathy consisting of a sense of connection is unfailing across allied health professionals and student nurses.

The table also reflects that respondents show "high" recognition and interpretation skills in various situations ($w\bar{x} = 4.05$). The respondents make use of these skills in understanding the feelings of other people regardless of the situation. This result attests to the study of Ter Beest et al. (2018) which shows the need of empathy on students, who were also the patient on the study on a hospital simulation where dependence is present and attention is needed.

The table revealed that respondents exhibited "very low" application of disinterest in the feelings of others ($w\bar{x} = 1.76$). The respondents are likely to show concern and enthusiasm on other people's feelings. This result is evident in the same study of Tan et al. (2021) where empathy behavior including genuine concern and empathetic communication is always present among allied health professionals and student nurses.

Problem 6 : What is the level of emotional intelligence of the respondents in terms of social skills?

Indicators		$w\bar{x}$	VD
1.	I feel confident in my ability to understand and manage the emotions of others effectively.	3.85	H
2.	I am resilient in the face of setbacks and challenges.	3.80	H
3.	I actively seek support from friends and colleagues when facing academic or personal challenges.	3.50	H
4.	I am comfortable expressing my emotions to my peers and educators.	3.28	M
5.	I refused to interact with others when having a hard time.	2.89	M
Composite		3.46	H

Legend: Scale (3.25-4.00, 2.50-3.24, 1.75-2.49, 1.00-1.74) Verbal Description (VD) Most of the time (MT), Frequently (F), Seldom (S), Never (N)

Table No. 6 Level of Respondents' Emotional Intelligence in terms of Social Skills

Table 6 presents a level of respondents' emotional intelligence in terms of social skills. The respondents' generally have "high" social skills as evident from the composite weighted mean of 3.46. Notably, the respondents display "high" application in their ability to understand their emotion and manage the emotions of others, confidently ($w\bar{x} = 3.85$). The respondents skillfully take into account their emotions and other people. This finding lends support to Sirot et al. (2020), emotionally intelligent students and healthcare professionals are more efficient, manage stress and emotions better, are healthier, and have better relationships with patients, families, and healthcare teams than others.

The table also displays that respondents show "high" utilization of being resilient in the face of setbacks and challenges ($w\bar{x} = 3.80$). The respondents reflect on discerning their emotion. This result attests to the study of Dugué and Dosseville (2018) nursing students are highly stressed and emotional during clinical training, especially in the first year.

The table shows that respondents set forth "high" actively seek help from friends and coworkers when facing educational or individual difficulties ($w\bar{x} = 3.50$). The respondents are able to seek support from someone in the face of a problem. This result affirms the statement of Mirabelli (2015) in addition to social support, but social skills appear to exert a protective factor for outstanding academic achievement, as well as being a predictor of beneficial outcomes in the growth of individuals with learning challenges as compared to those with adequate academic performances.

The table also reflects that respondents show "moderate" in application comfort in expressing their emotions to peers and educators ($w\bar{x} = 3.28$). The respondents make use of these skills expressing their feelings to other people regardless of the

situation. This result attests to the study of Allari et. al (2020) where clinical instructors and nursing students form loving relationships, students grow into caring professionals.

The table revealed that respondents exhibited a “moderate” application of refusing to interact with others when having a hard time ($w\bar{x} = 2.89$). The respondents are likely to refuse to interact with others regardless of how bad the situation is. This result attests to the study Chang (2020) the majority of students were self-reliant and lacked social support because of worries regarding negatively affecting intimate connections, such as burdening others, being criticized by others, and making situations worse.

Problem 7. What is the level of health-related quality of life of the respondents in terms of physical health?

Indicators	$w\bar{x}$	VD
1. I am able to have adequate rest during my free time (example napping or sleeping).	2.97	F
2. I am able to maintain good hygiene (bath once a day, toothbrush 2-3 times a day).	2.75	F
3. I make sure to maintain a healthy-balanced diet (vegetables and fruits).	2.52	F
4. I have adequate sleep most of the time (at least 8 hours).	2.30	S
5. I exercise regularly (3-4 times a week).	2.23	S
Composite	2.75	F

Legend: Scale (3.25-4.00, 2.50-3.24, 1.75-2.49, 1.00-1.74) Verbal Description (VD) Most of the time (MT), Frequently (F), Seldom (S), Never (N)

Table No. 7 Level of Respondents' Health-Related Quality of Life in terms of Physical Health

Table 7 indicates that the level of respondents in health-related quality of life in terms of physical health results as “frequently” perceived by the composite weighted mean of 2.75. Particularly, the results indicate that respondents are “frequently” able to get enough rest during their free time ($w\bar{x} = 2.97$). The respondents understand the value of rest, but not consistently practice. This result attests to the study of Abdulah and Piro (2018) that inadequate rest can lead to low cognitive function and make more prone to illness.

The table shows that the respondents are “frequently” able to maintain good hygiene ($w\bar{x} = 2.75$). Respondents moderately adhere to hygiene practices. This result attests to the study of Hasan and Abdulqadir (2017) that occasionally maintaining good hygiene practices, typically has better health results than those with poor hygiene practices.

The table also shows that the respondents are “frequently” able to maintain a healthy-balanced diet ($w\bar{x} = 2.52$). Respondents occasionally maintained a healthy diet but not consistent in healthy eating habits. This result attests to the study of Swetaa et al. (2018) that some make an effort to maintain a healthy balanced diet, some struggle because of time limits, financial limitations and lack of nutritious food availability.

The table displays that the respondents have “seldom” adequate sleep ($w\bar{x} = 2.30$). Respondents having issues with sleep habits could affect their overall health. This result attests to the study of Ansari (2015) that lack of sleep not only leads to descending of academic performance, but it also may have a long-term impact on their health.

The table revealed that respondents do “seldom” exercise regularly ($w\bar{x} = 2.23$). Respondents rarely engage in regular exercises. This attests to the study of Adhikari et al. (2021) that many students fall short on doing physical activities due to lack of motivation and hectic schedules.

Problem 8 : What is the level of health-related quality of life of the respondents in terms of social health?

Indicators	$w\bar{x}$	VD
1. I can control how I react when I am angry in front of other people.	3.90	MT
2. I listen to others without judgment.	3.42	MT
3. I am happy with other people's presence.	3.40	MT
4. I can disagree with other people's opinion respectfully.	3.16	F
5. I can easily connect with others and effectively communicate with them.	3.15	F
Composite	3.26	MT

Legend: Scale (3.25-4.00, 2.50-3.24, 1.75-2.49, 1.00-1.74) Verbal Description (VD) Most of the time (MT), Frequently (F), Seldom (S), Never (N)

Table No. 8 Level of Respondents' Health-Related Quality of Life in terms of Social Health

Table 8 indicates that the level of respondents in health-related quality of life in terms of social health results as “most of the time” as evident from the composite weighted mean of ($w\bar{x} = 3.26$). In particular, the respondents exhibit “most of the time” application of being able to control how they react when angry in front of other people ($w\bar{x} = 3.90$). The respondents are capable of handling their anger. This result attests to the study of Wilms et al. (2020) reveals that people tend to control their anger to feel better and avoid intense circumstances that may tend to occur.

The table also displays that the respondents show “most of the time” listening to others without judgement ($w\bar{x} = 3.42$). The respondents are respectful towards others when listening. This result attests to the study of Staddon et al. (2021) that people who actively listen without judgement shows appreciation and allows individuals to build trust that will lead to a good relationship.

The respondents demonstrate “most of the time” being happy with other people's presence ($w\bar{x} = 3.40$). The respondents are delighted when interacting with other people. This result is evident in the study of Hudson et al. (2020) that individuals feel happiness when surrounded by their loved ones, especially when having enjoyable activities that will help them improve their well-being.

The table also reflects that the respondents “frequently” disagree with other people's opinion respectfully ($w\bar{x} = 3.16$). The respondents are capable of objecting to the viewpoint of others. This result attests to the study of Yeomans et al. (2020) that people who mutually disagree on a certain perspective and opinions will help provide factual suggestions and create a more effective communication and improving relationships.

The table revealed that respondents can “frequently” connect with others and effectively communicate with them ($w\bar{x} = 3.15$). The respondents can express themselves with people around them. This result attests to the study of Michalski et al. (2020) that individuals having social relationships may positively impact their well-being which promotes a deeper sense of self-esteem and mutual respect between other people.

Problem 9 :What is the level of health-related quality of life of the respondents in terms of mental health?

Indicators	$w\bar{x}$	VD
1. I remind myself daily of the things I am grateful for.	3.55	MT
2. I can understand my emotions whether it is positive or negative.	3.52	MT
3. I know how to deal with challenges when it occurs.	3.22	F
4. I actively do techniques that help improve relaxation.	3.20	F
5. I seek guidance regarding my problems to the right people.	3.14	F
Composite	3.33	MT

Legend:Scale (3.25-4.00, 2.50-3.24, 1.75-2.49, 1.00-1.74) Verbal Description (VD)Most of the time (MT), Frequently(F), Seldom (S), Never (N)

Table No. 9 Level of Respondents' Health-Related Quality of Life in terms of Mental Health

Table 9 indicates that the level of respondents in health-related quality of life in terms of mental health as “most of the time” as evident from the composite weighted mean of ($w\bar{x} = 3.33$). Specifically, the respondents exhibit “most of the time” application of being able to constantly recollect the things to be grateful for ($w\bar{x} = 3.55$). The respondents are capable of understanding their own emotions even if positive or negative. This result affirmed the statement of Lin et. al (2022), agrees that nursing students are able to use strategy such as concept mapping and simulated cases to learn in coordinate theoretical knowledge and better cognitive processes that helped students to increase learning confidence.

The table displays that the respondents show “most of the time” as being able to understand positive and negative emotions ($w\bar{x} = 3.52$). Respondents are aware of their own emotions whether it may be bad or good. This result attests to the study of Oner & Karabudak (2021), claims that nursing students encounters negative emotions like anger, sadness, helplessness, and despair at most of the time, on other hand the student are able to experience positive emotions like empathy, happiness and conscience, these emotions faced by the students had different outcomes on life especially with mental health.

The table shows that respondents are “frequently” able to handle challenges when it happens ($w\bar{x} = 3.22$). The respondents are capable of controlling minor difficulties but not consistently. This result is evident in the study of Weurlander et. al (2018) claims that nursing students and medical students have a different knowledge, experiences, and conditions. Teachers, supervisors, and students might observe emotionally difficult situations, and the student has a chance to reflect and support.

The table reflects that the respondents can “frequently” passionately perform techniques that help relaxation ($w\bar{x} = 3.20$). Respondents are capable of carrying out exercises that may help when put in stressful situations. This result attests to the study of Van Der Riet et al. (2018), who identified that mindfulness meditation has a beneficial impact on student nurses and nurses’ exhaustion, stress, depression, anxiety, sense of satisfaction and compassion.

The table presents that respondent “frequently” search for advice from the right people when dealing with problems ($w\bar{x} = 3.14$). The respondents are capable of seeking help at exactly needed times. This result confirms the study of Amsrud et al. (2019), who believes that developing resilience in nursing students should be identified by trustworthiness.

Problem 10 : What is the level of health-related quality of life of the respondents in terms of general health?

Indicators	$w\bar{x}$	VD
1. I regularly seek consultations regarding my health.	3.01	F
2. I am conscious of what I do in regards to my overall health.	2.98	F
3. I tend to think inappropriate thoughts when faced with difficult situations.	2.51	F
4. I regularly seek consultations regarding my health.	2.34	S
5. I refuse to participate in various wellness programs in our school.	2.18	S
Composite	2.61	F

Legend: Scale (3.25-4.00, 2.50-3.24, 1.75-2.49, 1.00-1.74) Verbal Description (VD) Most of the time (MT), Frequently (F), Seldom (S), Never (N)

Table No. 10 Level of Respondents’ Health-Related Quality of Life in terms of General Health

Table 10 depicts that the level of respondent’s health-related quality of life in terms of general health as “frequently” as evident from the composite weighted mean of 2.61. Pointedly, the respondents are “frequently” able to regularly seek consultations ($w\bar{x} = 3.01$). Respondents are aware of the importance of regular checkups. The table also indicates that respondents are “frequently” able to meditate in regards to their overall health ($w\bar{x} = 2.98$). The respondents intermittently contemplate on the actions that may affect overall wellness. As emphasized by Amattayakong et al. (2020), nursing students are the future professional nurses thus, maintaining good health should be a focus before managing the health of other individuals.

The table shows that the respondents “frequently” think about inappropriate thoughts when faced with challenges ($w\bar{x} = 2.51$). Respondents have the tendency to overthink when fronted with stressful situations. As Groves et al. (2023) demonstrated that there is an increased risk of self-harm and increased risk of suicide in student nurses of both sexes.

The table displays that the respondents “seldomly” stay informed with the relevant and latest information about health ($w\bar{x} = 2.34$). The table also reveals that “seldomly” the respondents refuse to participate with the wellness programs accessible in school ($w\bar{x} = 2.18$). The respondents hardly ever engage in school activities that focus on health. As emphasized by Blake et al. (2016), the most significant barriers to healthy living of student nurses is the lack of time with the most inconvenient placement schedules.

Problem 11: Is there a significant relationship between the profile of the students and their emotional intelligence?

Variables	Comp.	p-value	Decision	Remarks
Age and Emotional Intelligence	r_s			
Age vs. Self-Awareness	0.096	0.160	Fail to reject H_{01}	Not significant
Age vs. Self-Regulation	0.044	0.522	Fail to reject H_{01}	Not significant
Age vs. Motivation	0.007	0.912	Fail to reject H_{01}	Not significant
Age vs. Empathy	0.082	0.231	Fail to reject H_{01}	Not significant
Age vs. Social Skills	0.001	0.992	Fail to reject H_{01}	Not significant
Sex and Emotional Intelligence	r_{pbi}			
Sex vs. Self-Awareness	-0.060	0.379	Fail to reject H_{01}	Not significant
Sex vs. Self-Regulation	-0.054	0.430	Fail to reject H_{01}	Not significant
Sex vs. Motivation	0.031	0.653	Fail to reject H_{01}	Not significant
Sex vs. Empathy	-0.123	0.071	Fail to reject H_{01}	Not significant
Sex vs. Social Skills	-0.121	0.078	Fail to reject H_{01}	Not significant

Spearman’s Rank Order Correlation (r_s) and Point-Biserial Correlation (r_{pbi}) at 0.05 Level of Significance

Table No. 11 Relationship between Emotional Intelligence and Profile of the Students in terms of Age and Sex

Table 11 presents the data identifying emotional intelligence and profile of the students in terms of age and sex. Using the Spearman Rank Order Correlation, the results indicate that all paired variables (5 aspects of EI and age) have p-values greater than the level of significance (0.05) indicating that there is no significant relation between the two. This finding is not enough evidence to reject the null hypothesis. This signifies that age is not significantly related to the level of the respondent's self-awareness, self-regulation, motivation, empathy and social skills. This result however, contradicts the study of Sharma (2017) who identified that total emotional intelligence increases with age. The emotional-competency decreases from young adulthood and then further increases to the mature age.

Furthermore, the table shows that all p-values are greater than the level of significance (0.05) in the relationship between emotional intelligence and the profile of the students in terms of sex. This indicates that there is no significant relationship between emotional intelligence and sex thus failing to reject the null hypothesis. This is likewise evident in the study of Garaigordiol (2020) who stated that females have more prominent attention capacity or emotional perception but there were no sex differences in emotional comprehension and regulation.

Problem 12 : Problem 10: Is there a significant relationship between the profile of the students and their health-related quality of life?

Variables	Comp.	p-value	Decision	Remarks
Age and HQRoL	r_s			
Age vs. Physical Health	0.087	0.207	Fail to reject H_{01}	Not significant
Age vs. Social Health	0.057	0.401	Fail to reject H_{01}	Not significant
Age vs. Mental Health	0.027	0.689	Fail to reject H_{01}	Not significant
Age vs. General Health	0.008	0.904	Fail to reject H_{01}	Not significant
Sex and HQRoL	r_{pbi}			
Sex vs. Physical Health	0.011	0.991	Fail to reject H_{01}	Not significant
Sex vs. Social Health	0.128	0.063	Fail to reject H_{01}	Not significant
Sex vs. Mental Health	0.014	0.842	Fail to reject H_{01}	Not significant
Sex vs. General Health	0.140	0.042	Reject H_{01}	Significant

Spearman's Rank Order Correlation (r_s) and Point-Biserial Correlation (r_{pbi}) at 0.05 Level of Significance

Table No. 12 Relationship between the Profile of the Students and Health-Related Quality of Life in terms of Age and Sex

Table 12 presents the data identifying the relationship between health-related quality of life and profile of the respondents in terms of age and sex. Using the Spearman Rank Order Correlation, the results reveal that all p-values of paired variables (HQRL and age) are greater than the level of significance (0.05) indicating that there is no significant relationship and thus failing to reject the null hypothesis. This signifies that sex is not associated with their level of physical, social, mental and general health. This however, contradicts the study of Cubi-Molla et al. (2018) who identified that older individuals put greater value in their health profile than younger individuals. As the person ages they become more attentive to their own health.

Furthermore, the table showed that three of the p-values of paired variables are greater than the level of significance (0.05) specifically, physical, social and mental health. This means that the relationship between sex and the three dimensions of HQRL (physical, social and mental health) is not significant. This result is likewise evident in the study of Ramón-Arhués et al. (2022) who stated that sex is not significantly associated with an individual's health-related quality of life. However, between sex and general health the p-value is 0.042, indicating that the relationship is significant. This finding is enough evidence to reject the null hypothesis. A similar finding was also manifested in the study of Crimmins et al. (2019) who identified that there is significant difference in health and mortality between men and women. Women live longer than men at present. Women have more chronic conditions whereas men have more lethal conditions. Both sexes have different problems and one sex cannot be classified as having better health.

Problem 13: Is there a significant relationship between emotional intelligence and health-related quality of life?

Emotional Intelligence	Health-Related Quality of Life			
	Physical Health	Social Health	Mental Health	General Health
Self- Awareness	$r_s = 0.202$ $p = 0.003$ (significant)	$r_s = 0.193$ $p = 0.004$ (significant)	$r_s = 0.297$ $p = 0.000$ (significant)	$r_s = 0.344$ $p = < .000$ (significant)

Self- Regulation	$r_s = 0.299$ $p = 0.000$ (significant)	$r_s = 0.264$ $p = 0.000$ (significant)	$r_s = 0.322$ $p = 0.000$ (significant)	$r_s = 0.288$ $p = 0.000$ (significant)
Motivation	$r_s = 0.298$ $p = 0.000$ (significant)	$r_s = 0.286$ $p = 0.000$ (significant)	$r_s = 0.472$ $p = <.000$ (significant)	$r_s = 0.293$ $p = 0.000$ (significant)
Empathy	$r_s = 0.140$ $p = 0.040$ (significant)	$r_s = 0.393$ $p = <.000$ (significant)	$r_s = 0.344$ $p = <.000$ (significant)	$r_s = 0.348$ $p = <.000$ (significant)
Social Skills	$r_s = 0.201$ $p = 0.003$ (significant)	$r_s = 0.269$ $p = 0.000$ (significant)	$r_s = 0.443$ $p = <.000$ (significant)	$r_s = 0.365$ $p = <.000$ (significant)

Spearman's Rank Order Correlation at 0.05 Level of Significance

Table No. 13 Relationship between Emotional Intelligence and Health-Related Quality of Life

Table 13 presents a comprehensive analysis of the relationship between different dimensions of Emotional Intelligence (EI) and various aspects of Health-Related Quality of Life (HRQoL). Each cell in the table displays the Spearman's Rank Order Correlation (r_s) along with its corresponding p-value. All p-values are less than the level of significance (0.05). This finding is enough evidence to reject the null hypothesis. This means that all constructs of EI are significantly related to all areas of HRQoL. This finding indicates that higher levels of emotional intelligence, particularly in the domains of self-awareness, self-regulation, motivation, empathy, and social skills, are associated with improved health-related quality of life across physical, social, mental and general health dimensions. The results underscore the importance of EI in promoting better overall health outcomes, supporting the notion that enhancing EI could potentially contribute to enhancing quality of life across various domains. Therefore, higher levels of Emotional Intelligence tend to correlate with better health-related outcomes across these dimensions and vice versa.

The study of Alibabaie (2015) supports the current finding that there is a significant positive relationship between EI and HRQoL among female and male students. Individuals with higher EI have a higher chance to have greater self-esteem, positive emotions, and deliberately display higher resilience, resulting in improved HRQoL. The finding is also parallel with the result of Asif et al. (2022) that emotionally intelligent individuals tend to have a better health perception and fulfillment about life.

Conclusion and Recommendations

This study established that first-year nursing students at Foundation University generally demonstrate a high level of emotional intelligence (EI) across self-awareness, self-regulation, motivation, empathy, and social skills, which is positively associated with all aspects of their health-related quality of life (HRQoL)—physical, social, mental, and general health. While age did not significantly influence EI or HRQoL, gender showed a significant relationship with general health, highlighting the need for gender-sensitive support. The findings confirm that EI is a key factor in promoting holistic well-being, resilience, and academic success among nursing students:

1. Students are encouraged to participate in programs that develop emotional intelligence skills and adopt stress management, mindfulness, and health-promoting behaviors to enhance overall well-being.
2. Clinical instructors and faculty should integrate EI development in both classroom and clinical settings, providing consistent guidance and emotional support, especially during high-stress periods.
3. University management is advised to implement comprehensive wellness and counseling programs, strengthen peer support networks, and ensure activities address both mental and physical health needs.
4. Future researchers should explore longitudinal impacts of EI on HRQoL, evaluate interventions to enhance EI, and examine additional socio-cultural and environmental factors influencing student well-being.
5. Nursing education and practice should incorporate EI training to cultivate empathetic, resilient, and competent professionals, fostering reflective practice and peer feedback to enhance emotional competencies.

Implementing these strategies can improve nursing students' overall quality of life, supporting their academic performance and preparing them for effective professional practice.

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Competing Interests Statement

The authors declare that they have no competing interests, financial or non-financial, that could have influenced the design, conduct, or reporting of this study.

Data Availability Statement

The data supporting the findings of this study are not publicly available to protect the privacy and confidentiality of participants. The data were collected from first-year nursing students under informed consent and ethics committee approval. No additional datasets were generated beyond the analysis presented in this article. Requests for further information may be directed to the corresponding author, but access to raw data will be restricted to safeguard participant confidentiality.

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Appendices

No appendices are attached to this study.