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**Research Article**

# Assessment of Emotional Intelligence and Its Relationship with Operational Efficiency among Healthcare Providers in a Multispecialty Hospital

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**Abstract**: Emotional intelligence (EI) has turned out to be one of the most significant concerns in the healthcare field, which impacts communication as well as coping with stress in the delivery of services in general. It was a research study which focused on the relationship that exists between emotional intelligence and operational efficiency (OE) in the multispecialty hospital in Vadodara, India. Stratified random sampling was used to obtain 37 nurses, 36administrative staff, 302 inpatient department (IPD) patients, and 388 outpatient department (OPD) patients as the data collection units for the study that had a cross-section analytical design. The scales used to measure EI were the validated nurse and administrative staff-specific scale, and those used to measure OE were a patient-reported scale based on standardized tools. The descriptive, correlation, and regression studies also demonstrated that the nurses demonstrated superior EI competencies relative to administrative personnel, particularly empathy and interpersonal awareness. The study focused on the connection between Emotional Intelligence (EI) and Operational Efficiency (OE) in a multispecialty hospital's nurses and administration staff who were directly in touch with patients. There was a significant positive association between nurses' EI and operational efficiency in both inpatient and outpatient settings, which means that the higher the EI, the better the patient experience and the more efficient the process. In contrast, administrators' EI did not show a significant relationship with the operational results. The study results, thus, bring the message that EI, especially in the case of nurses, has a significant impact on the speed and quality of patient-centered care and even of the whole hospital, thus sending a signal for the necessity of EI training and communication strategies in healthcare systems.

**Keywords**: Emotional Intelligence; Operational Efficiency; Healthcare Providers; Nurses; Patient Satisfaction; India.

## INTRODUCTION

Well-being and mental health at work are now considered the determinants of individuals as well as organizational performance. This valuation is particularly vital in the medical sector, where emotional labor and human contact are the major subjects of care delivery. One of the most popular competencies that can be used to influence interpersonal relations and job performance positively is emotional intelligence (EI), or the ability to perceive, understand, handle, and utilize emotions (Vahidi et al., 2016; Dhani and Sharma, 2017). Health care organizations have emotionally intelligent workers who can better cope with stress, demonstrate empathy, collaborate with others, and ensure patients trust them (Sarangi and Vats, 2015; Meisler and Vigoda-Gadot, 2014).

The existence of a vast amount of literature supports the fact that EI can play a big role in job performance, as nearly 14 percent of the variation in performance is explained by it in studies (Gong et al., 2019). Job performance is commonly categorized into two areas: task performance, which includes making direct contributions to clinical work, and contextual performance, which deals with behaviors that favor the organizational climate, e.g., communication, adaptability, and teamwork (Campbell et al., 1990; Bozionelos and Singh, 2017). They are both essential in the medical field, where clinical competence should be upheld by caring for communication and effective teamwork skills.

Although the value of EI is significant, there is little systematic use of EI in healthcare. Poor awareness and integration that is not consistent has lowered its potential in patient outcomes and organizational effectiveness (Fariselli et al. 2008). It has been indicated that EI, in conjunction with self-compassion, is critical in maintaining the quality of healthcare, especially in those specialties where emotional labor is high, e.g., oncology and mental health (Codier, 2012; Kousar et al., 2017; Alodhialah, 2025). The level of the EI has been associated with better clinical decision-making, stress management, and empathetic interaction, which are required in keeping patient-centered communication (Swami et al. 2013; Ayed, 2025).

Meanwhile, the problem of burnout is also to be considered. Emotional exhaustion, depersonalization, and the loss of personal accomplishment are the common characteristics of burnout among healthcare providers, especially nurses

working in high-stress facilities (Edú-Valsania et al. 2022; Helaas et al. 2024). The studies have shown that EI can be a protective factor and assist providers to remain emotionally stable, cognitively and empathically communicative under the difficult circumstances (Delgado et al., 2017; Alshammari et al., 2025). Nevertheless, differences between cultures and organizations influence the way EI is applied in professional practice, which implies the necessity of context-specific research (Hashmi et al., 2024).

### 1.1 The Significance of the Study

This study examines the relationship between emotional intelligence and operational efficiency among nurses and the admin staff who are directly linked with the patients. Despite the lapses in the analysis of the direct relationship between emotional intelligence and outcomes in operational efficiency, it is remarkable that there has been considerable deficit in the analysis of the direct relationship between emotional intelligence and outcomes of operational efficiency although the operational efficiency results as perceived by the patients was one of the areas of discussion that have not been left behind. Literature that is interesting is generally concerned with the performance or welfare of the Healthcare Providers but not with the efficiency indicators in the system level, such as time management, coordination of care, discharge communication as well as patient education. Moreover, scarce literature exists to obtain the dissimilarity between the functions of various healthcare providers such as nurses and Admin staff who are directly in touch with patients constructing operational efficiency through emotional abilities. Addressing this gap, the present study mainly contributes to organizational development by identifying domain-specific strengths as well as the weaknesses of the emotional intelligence among healthcare providers, thereby enabling the design of targeted training interventions that has the ability to enhance adaptability, communication skills, and emotional resilience within hospital settings. The exploration of the correlation between emotional intelligence and dimensions of operational efficiency, including the coordination of care; discharges; patient education; and emotional support, the research presents information on how patient satisfaction can be fully enhanced and the care in general.

### 1.2 Emotional Intelligence in Healthcare Contexts

The concept of emotional intelligence (EI) has become a critical concept in healthcare, where the skill required by the professional is not only to exhibit clinical competence but also to be capable of handling involved interpersonal interactions. EI also helps healthcare professionals to manage feelings, be empathetic, and work in stressful conditions- traits that directly correlate with competent patient care and professional resilience (Sharma and Goel, 2025). The importance of EI has been acknowledged in the various healthcare systems where it has been considered a cornerstone in leadership, communication, and provision of caring services (Cherry, 2011).

### 1.3 Job Performance and Emotional Intelligence

Several empirical studies have come up with a positive correlation between EI and the job performance of healthcare providers. In a study by Zaman et al. (2021) that was carried out in the Pakistani government hospitals, EI was found to be a significant predictor of job performance, indicating that employees with high levels of emotional intelligence could be more readily placed to deal with stress and patient demands. On the same note, Abdulah et al. (2021) found EI to positively affect the clinical performance of nurses at the public hospitals, and it contributed to improving the quality of care.

The results are consistent with the previous study conducted by Singh (2012), who identified that EI also promoted service orientation among personnel in the government hospitals in India and, therefore, enhanced staff engagement and patient experiences. Besides the performance at the individual level, EI also affects the overall results, which include teamwork and organizational commitment. The paper by Setiawan (2021) revealed that, in Indonesia, EI, along with organizational commitment, significantly affected team performance among hospital officers. Similarly, Dogra and Dogra (2024) discovered that EI, in addition to work involvement, was a predictor of organizational commitment, which is why it should be regarded as significant when it comes to healthcare institutions that seek to establish cohesive and committed teams.

### 1.4 Patient Outcomes and Emotional Intelligence

The applicability of EI is not limited to the performance of the staff but to patient-focused outcomes, including satisfaction and communication. Asiamah and Danquah (2019) demonstrated that healthcare workers who received specialized EI training could provide better patient satisfaction relative to those who received non-specialized training, implying that structured interventions can provide an observable change in patient care.

In line with this, Alodhialah (2025) studied oncology nurses and established that EI was elevated with lower burnout and enhanced patient-centered communication, which is essential in an environment where an emotional workload is especially acute. Oweidat et al. (2024) also noted the correlation between the EI of nurses and the quality of healthcare in the Jordanian hospital as a whole and confirmed that nurses with a higher EI can provide higher quality care in terms of safety, empathy, and effectiveness. These results indicate that EI can be applied cross-culturally to improve patient experience but also show differences depending on structures and cultural norms.

### 1.5 Emotional Intelligence and Leadership in Healthcare

Even in healthcare leadership, EI is vital in addition to direct patient care. According to Cherry (2011), empathy, social skills, self-awareness, and EI competencies are determinants of effective hospitalist leadership. High EI leaders can inspire teams, conflict management, and the provision of supportive organizational factors, which

eventually lead to operational efficiency and patient outcomes.

**2. Research Gaps**

There are gaps in the literature, although it has been proven that EI is a vital aspect of job performance, patient satisfaction, and organizational outcomes. Most of the available literature has been done within the Western, Middle Eastern, or Southeast Asian setting (e.g., Oweidat et al., 2024; Setiawan, 2021). Indian Multispecialty hospitals present some specific challenges in terms of population, due to which few studies have made a systematic study of the EI-performance link. Besides, even though the outcomes of such activities as job satisfaction, service orientation, or communication have been investigated previously, not many studies have explicitly focused on the relationship between EI and operational efficiency, which is a construct that may encompass the process of coordination of care, discharge procedure, time management, and even patient education. An important contribution to the workforce and the health care provision of resiliency will be an answer to this gap in the hands of hospital administrators and higher management.

**Objectives of the Study**

1. To assess emotional intelligence among nurses and administrative staff.
2. To assess nurse–patient operational efficiency in inpatient and outpatient departments.
3. To assess administrative staff–patient operational efficiency in inpatient and outpatient departments.
4. To establish the relationship between emotional intelligence and operational efficiency among healthcare providers.

**Hypothesis of the Study**

$H_1$: There is no significant relationship between emotional intelligence and nurse–patient operational efficiency in inpatient and outpatient departments.

$H_2$: There is significant positive relationship between emotional intelligence and administrative staff–patient operational efficiency in inpatient and outpatient departments.

## METHODOLOGY

The design used in the study was the cross-sectional analysis design that sought to determine the relationship between Emotional Intelligence (EI) and Operational Efficiency (OE) between healthcare providers in multispecialty hospital in Vadodara, Gujarat, India. To obtain a holistic view of the EI to OE relationship, a combination of quantitative survey techniques and supportive qualitative insights was used. The study was carried out in a single hospital. Nursing personnel and administrative personnel involved in direct contact with patients and patients of both inpatient departments (IPD) and outpatient departments (OPD) were selected to form the sample population and were interviewed to ascertain their opinion on operational efficiency.

**2.1 Sampling Technique**

To achieve this, stratified random sampling was used, and as a result, 37 nurses, 36 administrative staff, 302 IPD patients, and 388 OPD patients were selected for the study. Out of the administrative staff, 20 (55.6%) were males, while 16 (44.4%) were females. On the other hand, the nursing staff consisted of 19 (51.4%) males and 18 (48.6%) females. In addition, the OPD patient group consisted of 204 (52.6%) males, while 181 (46.6%) were females. However, a small number of respondents were found to belong to other gender categories. In addition, the IPD patient group consisted of 166 (55.0%) males, while 136 (45.0%) were females. Stratified random sampling was used in the study, which helped in ensuring that the participants were appropriately represented in the study, thus ensuring the validity of the results.

3.1.1 **Study Instruments**

**Emotional Intelligence Scale for Nursing Staff**

It was measured by the Situational Emotional Response Scale (SERS), which was developed by Mayer and Salovey (2024). The instrument measures emotional awareness, empathy, emotional understanding, and emotional response in nursing clinical situations. The scale has good internal consistency, as shown in the study, with a value of 0.949 for Cronbach's alpha.

**Emotional Intelligence Scale for Administrative Staff**

It was also assessed using the Emotional Intelligence Scale. The scale was developed by Avadhani (2022). The scale is used for management and administrative positions. It measures emotional regulation, adaptability, interpersonal effectiveness, and emotionally informed decision-making. The reliability of the scale was also analyzed. The result showed that it has good internal consistency with an alpha value of 0.982

**.Operational Efficiency Scale for Inpatient Department (IPD)**

Operational Efficiency Scale for Inpatient Department (IPD) was administered for both nurses and administrative staff through IPD Patients. The items for nurses had 13 items and obtained a Cronbach's Alpha value of 0.970. The items for administrative staff had 79 items and obtained a Cronbach's Alpha value of 0.995, indicating extremely high reliability. Overall, both instruments for Inpatient Department obtained high reliability, indicating their suitability for measuring operational efficiency.

**Operational Efficiency Scale for Outpatient Department (OPD)**

The Operational Efficiency Scale for the Outpatient Department (OPD) was also collected separately for the nurses and administrative staff through the OPD Patients tool. The scale for the nurses had 8 items, and the Cronbach's Alpha value was found to be 0.970, while the scale for the administrative staff had 57 items, with the Cronbach's Alpha value being 0.992. Overall, the OPD scales show high reliability and are statistically robust for the purpose of measuring operational efficiency in the outpatient healthcare services domain.

Content Validity and Expert Review

All the four tools, namely Emotional Intelligence Scale for Nurses, Emotional Intelligence Scale for Administrative Staff, Operational Efficiency Scale for IPD, and Operational Efficiency Scale for OPD, were reviewed by five experts in the field, and it was found that all the items were clear, relevant, and appropriate, thus establishing excellent content validity with a value of 1.00 for all the tools.

### 2.2 Data Collection Procedure

Data collection was conducted personally through in-person meeting onsite at the Hospital under conditions of confidentiality. Emotional Intelligence (EI) questionnaires administered to healthcare staff (Nurses and Admin) collected patient feedback on Operational Efficiency (OE) through personal interviews usingstructured paper-based forms. The study was entirely voluntary, with informed consent being given by all participants with full assurance of anonymity and confidentiality.

### 2.3 Data Analysis

Data analysis was done using SPSS version 23.0 software. Means, SDs, and frequencies are the descriptive statistics used to summarize the demographic and scale variables. Friedman non-parametric tests are used to identify the differences between the groups in terms of emotional intelligence and operational efficiency domains.

The relationship between emotional intelligence and operational efficiency domains within and between the groups was done using Spearman's rho correlation coefficient. Linear regression analysis was used to establish the predictive relationship between emotional intelligence and operational efficiency domains among the nurses and administrative staff in the inpatient and outpatient departments.

Operational efficiency was also measured between the nurse/patient and administrative staff/patient groups. The variables analyzed are the same as the ones mentioned in the Results section.

Each domain was scored separately, and then the total score was calculated by summing the domain scores.

A high score indicated good operational efficiency and quality of care delivery.

### 2.4 Ethical Considerations

The ethical approval was provided by the hospital authorities of the participating hospital. All the answers were recognized based on the principles of medical ethics, and the research was done within the principles of the Declaration of Helsinki (2013) regarding the conduct of research involving human subjects.

### 2.5 Variables of the Study and Operational Definitions

**Independent Variable: Emotional Intelligence (EI)**

In this study, emotional intelligence refers to the ability of nurses and administrative staff to perceive, understand, regulate, and appropriately utilise emotions in professional, interpersonal, and patient-related contexts.

For nurses, EI was measured using the Situational Emotional Response Scale, comprising the following factors, which are reflected in the results: Awareness, Empathy, and Listening to Others, Communication and Positive Emotional Influence, Emotional Self-Regulation and Consequentialist Thinking, Appropriate Self-Evaluation and Personal Development.

For administrative staff, EI was measured using the Emotional Intelligence Scale, which included the following factors reported in the results: Adaptability, Trustworthiness, Introspection, Self-Confidence, Self-Control, Empathy.

**Dependent Variable: Operational Efficiency (OE)**

Operational efficiency in this study refers to the effectiveness, coordination, and quality of healthcare service delivery as perceived by patients in inpatient (IPD) and outpatient (OPD) settings.

**Nurse–Patient Operational Efficiency**

For both IPD and OPD patients, nurse–patient operational efficiency included the following dimensions: Patient Experience, Patient Care, Understanding of Care / Patient Education, Leaving the Hospital / Discharge Process.

**Administrative Staff–Patient Operational Efficiency**

Administrative operational efficiency was measured for IPD and OPD patients using the following dimensions, as reported in the Results: Involvement, Coordination of Clinical Care, Support / Ancillary Services Integration, Time Management, Information, Education, Assistance with Activities, Healthcare Provider (HCP) Relationship, Communication at Discharge / Discharge Process.

## RESULTS

The present study examined the levels of Emotional Intelligence (EI) among nurses and administrative staff and assessed Operational Efficiency (OE) in both inpatient (IPD) and outpatient (OPD) departments of a multispecialty hospital. The findings are presented according to the stated objectives, including reliability analysis, descriptive statistics, correlation, and regression outcomes. The results are interpreted systematically to ensure clarity, methodological rigor, and scientific accuracy.

**Assessment of Emotional Intelligence Among Nurses and Administrative Staff**

The emotional intelligence scores of the 37 participating nurses showed a score range between 76 and 109. The nursing professionals demonstrated between moderate and high emotional intelligence according to the study results. The highest mean scores across all domains of the study reached 45.62 ± 4.82, which included three domains: awareness and empathy, and listening to others. The nurses showed strong ability to create supportive relationships through their communication skills, which received high scores of 30.16 ± 3.31 for positive emotional impact.

Lower mean scores were observed in emotional self-regulation and consequentialist thinking (14.00 ± 1.78), as well as appropriate self-evaluation and personal development (5.19 ± 1.43). These comparatively lower scores indicate potential areas for professional development, particularly in reflective practice and emotional regulation under stress. The Friedman test confirmed statistically significant differences across emotional intelligence domains ($p < 0.001$), suggesting variability in competency dimensions.

The emotional intelligence assessment results showed that 36 administrative staff members achieved scores between 144 and 175 which produced an average score of 159.81 with a standard deviation of 5.99 that demonstrated their exceptional emotional intelligence abilities. The score results proved that administrative staff members had maximum adaptability abilities with a score of 31.33 and achieved trustworthiness through their 24.22 score with a standard deviation of 2.46 which represented their ethical reliability. The two skills showed excellent performance with introspection achieving a score of 21.78 and self-confidence reaching 19.69. The assessment results showed that participants demonstrated lower abilities in self-control which they scored at 7.06 and empathy which they scored at 8.00. The Friedman test results confirmed that nurses showed different emotional intelligence abilities because of their statistically significant domain performance differences which reached ($p < 0.001$) level.

**Assessment of Nurse–Patient Operational Efficiency in IPD and OPD**

In the inpatient department (IPD), data from 302 patients revealed a total nurse–patient operational efficiency score of 6770, with a mean of 22.42 ± 2.12. Patient experience received the highest mean score (9.81 ± 1.04), indicating positive perceptions of care quality and interpersonal interaction. Patient care (4.96 ± 0.99) and understanding of care (3.59 ± 1.21) were also rated favourably. However, the discharge process recorded the lowest mean score (1.42 ± 0.49), suggesting procedural or communication challenges during patient discharge. The Friedman test indicated statistically significant differences among components ($p < 0.001$).

In the outpatient department (OPD), among 388 patients, the total nurse–patient operational efficiency score was 4820, with a mean of 12.42 ± 2.21. Patient care achieved the highest mean (4.41 ± 0.98), followed by understanding of care (3.42 ± 1.28). Patient experience (2.74 ± 0.94) and discharge process (1.85 ± 0.99) received comparatively lower scores. Statistically significant variation across domains was confirmed ($p < 0.001$). Overall, nurse-related operational efficiency was rated positively, though discharge-related processes require improvement in both IPD and OPD.

**Assessment of Administrative Operational Efficiency in IPD and OPD**

The total score for administrative operational efficiency in the IPD setting (N = 302) reached 52852 with a calculated average of 175.01 ± 12.98. The highest scores showed involvement (26.77 ± 3.09) and ancillary services integration (13.95 ± 2.13) and coordination of clinical care (11.94 ± 4.28). The education and information areas showed scoring results that reached moderate levels. The lowest ratings were noted for healthcare provider relationship (1.99 ± 0.82) and communication at discharge (4.98 ± 1.12). The domains showed statistically significant differences which achieved a p value less than 0.001.

The OPD (N = 388) reported total administrative operational efficiency of 47759 which produced an average score of 123.09 ± 8.38. The organization achieved high results in three areas which included support services integration (14.01 ± 2.15) and coordination of care (11.36 ± 3.50) and time management (9.97 ± 1.41). The scores for assistance with activities and healthcare provider relationship and discharge process all received lower scores. The domain differences showed statistical significance which achieved a p value less than 0.001. The study results show that administrative efficiency reaches a high level in both system integration and coordination yet there exists a need to enhance discharge-related communication.

**Relationship Between Emotional Intelligence and Operational Efficiency**

The analysis of Spearman's correlation found no statistically significant links between emotional intelligence and operational efficiency for different professional groups across various work environments. The study found a weak positive correlation between two variables in OPD which nurses showed ($\rho = 0.109$, $p = 0.521$) and a very weak negative correlation in IPD ($\rho = -0.040$, $p = 0.813$). The administrative staff showed weak correlations which remained non-significant because both OPD ($\rho = 0.045$, $p = 0.796$) and IPD ($\rho = -0.063$, $p = 0.714$) showed non-significant results. The study results show that emotional intelligence did not produce a measurable link to patient-rated operational efficiency. The study found two separate outcomes through regression analysis. Emotional intelligence emerged as the main factor that determined nurses' operational efficiency in the OPD with results of ($R = 0.438$, $R^2 = 0.192$, $F = 8.325$, $p = 0.007$). The study found that emotional intelligence explained 19.2% of the operational efficiency differences between groups. The research found that when emotional intelligence increased by one-unit operational efficiency increased by 0.641 ($B = 0.641$, $\beta = 0.438$). The study results demonstrate that emotional intelligence serves as an essential factor which predicts how efficiently nurses work in outpatient settings. The regression model for nurses in the IPD did not achieve statistical significance ($R^2 = 0.097$, $p = 0.061$) although it showed a positive trend. The study found that emotional intelligence did not serve as a predictor for operational efficiency among administrative staff in both OPD ($R^2 = 0.006$, $p = 0.661$) and IPD ($R^2 = 0.010$, $p = 0.570$) settings.

## DISCUSSION

This study examined whether Emotional Intelligence (EI) among healthcare providers influenced patient-perceived

Operational Efficiency (OE) across OPD and IPD settings. The correlation analysis revealed that EI was not significantly associated with OE for either nurses or administrative staff. The results indicate that within this sample, EI did not exert a direct measurable effect on the aspects of operational efficiency evaluated by patients. However, regression findings showed that nurses' EI significantly predicted OE in OPD, suggesting that emotionally intelligent nurses may perform more effectively in the fast-paced outpatient environment. Although the absence of significant correlations might appear inconsistent with the broader EI literature, several published studies report similar outcomes, thereby supporting the plausibility of the present findings. For instance, Vahidi et al. (2016) also found no significant relationship between total EI and perceived job performance among nurses in Iran, with only one EI subdimension showing a weak effect. Similarly, Masih et al. (2023) reported a non-significant association between nurse EI and patient satisfaction in a tertiary care hospital, highlighting that patient-evaluated outcomes, much like OE, may be shaped more by systemic conditions than by individual emotional abilities. Evidence from Kutash's dissertation further reinforces this pattern: when clustering and patient-level variations were accounted for, EI showed only small, non-significant trends with patient ratings. These studies demonstrate that null or weak EI-performance relationships are not uncommon, especially when outcomes rely on patient perceptions or organizational processes.

At the same time, a significant volume of research has demonstrated that EI is highly relevant to internal professional functioning, even if it does not directly equate with patient-rated efficiency. Bhore & Dhanawade (2024) identified a moderate relationship between EI and job satisfaction in Indian nurses, indicating that emotionally intelligent nurses were more motivated, communicative, and emotionally stable. Galanis et al. (2024) found that EI significantly influenced task performance, contextual performance, and counterproductive behaviors in Greek nurses. Khademi et al. (2021) identified a strong positive relationship between EI and nursing care quality, while Espinoza-Venegas et al. (2015) validated EI as a reliable construct that is significant to emotional perception, regulation, and comprehension, all of which are essential skills in therapeutic communication.

The key to resolving these findings lies in the understanding of what OE actually measures. While patient-rated OE is related to system-level outcomes such as waiting times, coordination, discharge processes, and administrative flow, it does not measure emotional or relational behavior. According to literature, system-level outcomes are mainly influenced by institutional workflows, staffing, and infrastructure, rather than individual interpersonal competencies. For instance, Gharaee et al. (2019) established that while EI improves managerial behavior, its effects on operation are dependent on EI dimensions, with some domains, such as self-control, havinglittle impact on efficiency. In this case, a nurse or administrator with high EI may operate within a system thathas various delays or resource constraints that overshadow EI in determining patient perceptions of efficiency.

Additionally, EI may not always have a direct effect on the process flow, as it may influence the team, reduce stress, and improve communication, among other aspects. In this regard, the survey by Espinoza-Venegas et al. (2015) points out that EI is the basis of emotional regulation and communication in clinical settings, though these may not necessarily be easily noticed by the patients during short OPD/IPD consultations. In this regard, though EI may improve professional as well as patient care, these may not necessarily translate into an improvement in the OE, as they are affected by various organizational mechanisms beyond the provider's control.

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Operational efficiency was higher in the administrative aspect in the inpatient department than in the outpatient. Inpatient departments had higher coordination and integration of services, while outpatient departments had better time management skills. Discharge communication and relationship were found to have the lowest score in both departments. The administrative domains had higher total and mean score values, mainly because of coordination, time management, and integration of services, while the nurse-patient domains had higher values for empathy, communication, education, and pain management. Discharge, relationship, and assistance were found to be low in both domains.

The research presents solid evidence which proves that both nursing staff and administrative staff have achieved operational efficiency in hospital operations through their established processes for coordinating patient education and delivering information. The organization achieves strong process-driven performance through its high total scores and mean scores which it obtains from all assessment components. The organization shows a common weakness since its discharge procedures and relations systems receive lower ratings which indicate that the organization needs to improve its communication methods and patient follow-up processes. The Emotional Intelligence (EI) of nurses and administrative staff members who worked in both IPD and OPD settings showed no measurable connection with hospital performance. The sample showed no connection between

Emotional Intelligence (EI) and patient-rated operational efficiency. The study results indicate that the study hypotheses $H_1$ and $H_2$ did not receive support from correlational research results which showed that p values exceeded 0.05. The research results provide partial support for $H_1$ because EI functions as a predictor for OPD nurse operational efficiency. The research results show that EI has no impact on inpatient settings and administrative staff scheduling. The research results show that EI contributes more to brief outpatient interactions while structural and procedural elements control all operational efficiency.

## CONCLUSION

This paper argues about the importance of emotional intelligence in determining the level of efficiency of healthcare providers in multispecialty hospitals. The results indicated that although the nurses portrayed better competencies in emotional intelligence, especially in empathy and interpersonal awareness, the administrative staff were found to have excelled in adaptability but were poor in self-control and empathy. The patient review revealed the strengths related to the education and coordination of care but indicated the ongoing problems with discharge procedures and provider-patient communication. Notably, the EI of nurses had a positive and predictive relationship with operational efficiency, but not with the administrative personnel. The results suggest that the use of specialized EI training of the nursing staff could make a positive contribution to patient-centered care and the work of the hospital. The research finds motivation in the existing literature as it fills the knowledge gap concerning a poorly researched EI-efficiency nexus in the Indian healthcare context and provides practical data on the creation of the workforce and policy options. Further research needs to be conducted on multi-city or longitudinal studies to confirm and extend such findings.

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