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Integrating Emotional Intelligence into Midwifery Education: A Scoping Review of Curriculum Innovations

Nurisna Ummu Hafitasari[1]*, Ari Indra Susanti[2]
[1*]Master of Midwifery, Faculty of Medicine, [2]Department of Midwifery, Universitas Padjajaran, Indonesia.
***Corresponding Author. Email: hafitasari0@gmail.com**

Abstract: This study aims to analyze the relationship between emotional intelligence (EI) and midwifery service quality and its implications for higher education curricula. A scoping review method was conducted using the Arksey and O'Malley framework and aligned with PRISMA-ScR guidelines. Articles were retrieved from four databases (Scopus, PubMed, ScienceDirect, and Google Scholar) and limited to publications between 2020 and 2025. The data were analyzed using qualitative thematic analysis. The findings consistently demonstrate that EI is positively associated with academic achievement, clinical performance, decision-making, and quality of care, and in several studies functions as a predictor of professional outcomes. Educational strategies such as simulation-based learning, scenario-based approaches, and structured reflective practice were reported to enhance self-awareness, emotional regulation, and professional confidence. The evidence suggests that EI is most effective when integrated longitudinally and embedded within clinical education rather than delivered solely as a stand-alone subject. Systematic integration of EI within midwifery curricula represents a strategic pathway to strengthening professional competence, patient safety, and maternal-neonatal care quality.

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Introduction

Emotional intelligence (EI) plays a crucial role in effective communication, emotional regulation, and relationship-building in midwifery practice, contributing to better healthcare outcomes and workforce satisfaction (Shikuku et al., 2022; Zolfaghary et al., 2023). These competencies align with the woman-centered approach, which addresses women's physical, emotional, social, and cultural needs, particularly during the intrapartum period (Abdolalipour et al., 2023; Tiago, 2024; Gilkison et al., 2015). However, poor communication and weak safety culture remain major contributors to preventable harm. The World Health Organization reports approximately 134 million adverse events annually in low and middle-income countries, contributing to 2.6 million deaths, with up to 60% of preventable deaths linked to unsafe care (WHO, 2021). Similarly, the The Joint Commission documented 1,575 sentinel events in 2024, with 21% resulting in death and 49% in severe harm, and leading contributors including failure to follow policies, lack of shared understanding across teams, and inadequate communication (The Joint Commission, 2025). These findings highlight that strengthening EI is not only essential for relational midwifery care but also a critical strategy to enhance patient safety and reduce avoidable harm.

Many curricula continue to prioritize cognitive and psychomotor competencies, while affective domains such as empathy, interpersonal communication, and EI remain under-emphasized (Austin et al., 2022). Awareness of EI's role in improving midwifery care is still

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limited among educational leaders (Snowden et al., 2015), and institutional constraints, along with limited midwifery-specific EI research, hinder curriculum integration (Benson et al., 2010; Raghubir, 2018). Yet, professional competence in midwifery includes behavioral and professional attributes closely linked to EI (Baluwa et al., 2023), and negative health worker attitudes have been shown to reduce students' motivation to enter the profession (Bayri et al., 2020). Importantly, much of the foundational evidence (2015–2018) predates the COVID-19 pandemic and does not reflect the heightened emotional demands, burnout, digital care transitions, and complex interprofessional challenges characterizing midwifery practice in 2020–2025. Therefore, a scoping review is urgently needed to synthesize updated evidence, identify contemporary gaps, and ensure curriculum reform aligns with the evolving realities of post-pandemic midwifery care.

Curriculum design that includes modules designed to develop emotional intelligence (EI) is a promising strategic approach in preparing midwifery graduates to deal with the stresses and complexities of clinical practice in a more adaptive, empathic and professional manner (Machera & Machera, 2017). A curriculum designed to actively develop emotional intelligence can promote better self-regulation and assertiveness, qualities that are indispensable in managing the complexities of midwifery care (Ibrahim, 2016). EI combined with previous care delivery experience positively influences midwifery student performance and retention, thus supporting curricula that value emotional and clinical competence (Stenhouse et al., 2016). The positive correlation between EI and academic achievement among nursing and midwifery students, corroborates that the integration of EI into the curriculum can provide significant educational benefits (Talami et al., 2016).

Considering these gaps, this scoping review offers substantive novelty not merely through its 2020–2025 scope, but by examining the evolving complexity of EI integration in midwifery education and practice. Unlike earlier reviews that emphasized single outcomes or limited contexts, this review synthesizes global evidence and identifies shifts from traditional classroom-based EI approaches toward digital, simulation-based, and hybrid learning models that have expanded in the post-pandemic era. It further situates EI within broader constructs such as resilience, patient safety, interprofessional collaboration, and service quality in technologically mediated care. Grounded in a social constructivist paradigm, this review directly links EI-based curriculum development to the enhancement of clinical service quality. Therefore, its purpose is to analyze the relationship between emotional intelligence and the quality of midwifery services while identifying contemporary integration models to inform comprehensive curriculum development in modern healthcare contexts.

Research Method

This research employed a scoping review method guided by the five-stage framework originally developed by Arksey and O'Malley (2005), which was subsequently enhanced by Levac et al. (2010) to improve clarity, rigor, and consistency in implementation. The scoping review approach is particularly well-suited for topics that are complex, broad, or underexplored, as it allows for a comprehensive examination of the extent, range, and nature of existing literature. The five stages include: 1) Identifying the research question; 2) Identifying relevant studies; 3) Selecting studies for inclusion; 4) Charting the data; and 5) Collating, summarizing, and reporting the results. This iterative and flexible framework ensures that the review remains methodologically sound while being responsive to emerging insights during the review process.

Identify the research question

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The researcher began by formulating a broad yet structured research question to guide the scope and direction of the review: *"How is emotional intelligence integrated into midwifery curriculum innovation?"*. To ensure the research question was clearly defined and aligned with the purpose of a scoping review, the PCC (Population, Concept, Context) framework was applied. The PCC framework is a widely recognized tool in evidence synthesis, scoping reviews, and qualitative research, as it assists researchers in narrowing the focus of their inquiry by identifying the key components of the study namely, the target population, the central concept, and the contextual setting. By applying this structure, as shown in Table 1, the research question becomes more focused, relevant to the field of study, and manageable in terms of scope and execution. This strategic approach ensures that the review remains comprehensive while addressing specific aspects of emotional intelligence integration within midwifery education across diverse institutional and geographical contexts.

Table 1. Population, Concept, Context (PCC) Framework

Population	Midwifery students, midwifery educators, midwifery practitioners
Concept	Integration of emotional intelligence in midwifery curriculum innovation
Context	Higher education institutions for midwifery in various countries

Identify relevant studies

To identify relevant and up-to-date literature, a comprehensive search strategy was applied across PubMed, Scopus, ScienceDirect, and Google Scholar, as outlined in Table 2. In PubMed, the use of controlled terms with Medical Subject Headings (MeSH) was applied to improve accuracy, while Scopus, ScienceDirect, and Google Scholar were searched using structured Boolean terms to capture a broader and cross-disciplinary range of sources. The search was limited to publications from 2020 to 2025 to ensure the inclusion of contemporary evidence on the integration of EI within midwifery higher education curricula.

Table 2. MeSH Term Search

((("Emotional Intelligence"[Mesh Terms]) AND "Curriculum"[Mesh Terms]) AND "Health"[Mesh Terms]) OR "Midwifery"[Mesh Terms]) AND "Education"[Mesh Terms]

Studies selection

Inclusion criteria:

a) Focused primarily on emotional intelligence in the midwifery and nursing student curriculum in higher health education.
b) Articles in English and Bahasa.
c) Articles are open access (free full text)
d) Relevant research articles are not reviews, protocols, proceedings, theses, dissertations, case reports, surveys, conference abstracts.
e) Use quantitative, qualitative, and mixed methods of research.

Data mapping

This stage involves presenting findings from a literature search focused on students' experiences in integrating emotional intelligence into midwifery higher education. The data extraction process, as summarised in Table 3, captures key information from each selected study. This includes details such as authors, year of publication, country of origin, research objectives, methodological approach, characteristics of the research population, main findings, and overall conclusions. This extraction ensures a comprehensive overview of how emotional intelligence is incorporated and experienced in midwifery education in various settings.

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Collate, summarize, and report the results

The selection of studies was conducted systematically using the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) flow diagram as a guideline (Figure 1). A total of 751 records were identified through comprehensive searches in four databases. After removing 439 duplicate records and excluded by automation tools, 312 unique records remained for title and abstract screening. Of these, 182 were excluded for not meeting the inclusion criteria related to the topic of emotional intelligence and midwifery education. A total of 130 full-text articles were selected for further evaluation. However, 78 could not be retrieved, leaving 52 articles to be assessed for eligibility quality and relevance using the critical appraisal checklist from the Joanna Briggs Institute (JBI). Following a thorough full-text review, 42 articles were excluded due to having an inappropriate population, outcomes not aligned with the review objectives, or irrelevant study settings. In the end, 10 studies met all inclusion criteria and were included in the final review.

Table 3. Data Synthesis

Author (Year), Country	Design & Sample	Instrument(s)	Analysis	Key Outcome
Bukar, M. et al. (2023), Nigeria	Correlational study; university students	EI questionnaire (Goleman-based)	Pearson correlation	EI components significantly associated with academic achievement.
Belay & Kassie (2021), Ethiopia	Cross-sectional; undergraduate nursing students	Validated EI & clinical performance tools	t-test, Pearson, regression, ANOVA	EI strongly predicts clinical performance.
Erawati, N.K. et al, (2021), Indonesia	Descriptive correlational; midwifery students	EI questionnaire & academic scores	Correlation (r, R^2)	Weak but significant correlation between EI and learning outcomes.
Tabib, M et al, (2024), Scotland	Qualitative descriptive; midwives	Focus group interviews	Thematic analysis (hybrid)	EI education enhances self-awareness and professional confidence.
Sobhy, M.H. et al, (2022), Egypt	Quasi-experimental; maternity nursing students	4 validated instruments (EI, satisfaction, confidence, practice)	Comparative & correlational tests	EI improved via four-phase teaching compared to lecture.
Cassano, F. et al, (2020), Italy	Cross-sectional; nursing & midwifery master students	Emotional Intelligence Scale (EIS)	t-test, ANOVA, Pearson	No significant EI academic link, EI related to professional traits.
ALmegewly, W.H. et al, (2022), Saudi Arabia	Descriptive correlational; nursing students	Self-Report EI Scale (SSREI) and Grade Point Average (GPA)	Pearson, ANOVA	Significant positive EI and GPA correlation
Khademi E. et al, (2021) Iran	Descriptive correlational; nurses &	Bradberry-Greaves EI Test and Quality	Pearson, multivariate	EI positively correlates with quality of nursing

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	patients	Patient Care Scale (QUALPACS)		care
Ndawo, G. (2021) South Africa	Qualitative (social constructivist); nursing students	Semi-structured interviews	Thematic matrix analysis	EI developed through reflective & collaborative learning
Alnjadat, I & Al-Rawashdeh, A., (2021) Jordan	Cross-sectional; nursing & midwifery students	Online survey USMEQ-i (USM Emotional Quotient Inventory)	Descriptive & regression	EI influenced by demographic and pandemic-related factors

Results and Discussion

Demographic Profile of the Reviewed Articles

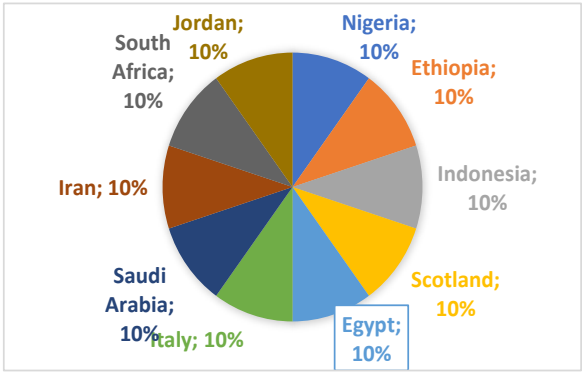

Figure 1. Research Data by Country

Ten studies from diverse countries, Nigeria, Ethiopia, Indonesia, Scotland, Egypt, Italy, Saudi Arabia, Iran, South Africa, and Jordan were included in this review. Most studies involved nursing and midwifery students (eight studies), while two focused on practicing midwives. The majority employed quantitative designs (cross-sectional, correlational, and quasi-experimental), with two qualitative studies using thematic analysis. Although the studies were conducted in varied cultural contexts, none directly compared collectivist and individualist cultural models of EI. However, consistent patterns were observed across countries. In African and Asian contexts (e.g., Ethiopia, Indonesia, Iran, Saudi Arabia, Jordan), EI was primarily examined in relation to academic achievement, clinical performance, and demographic influences. In European contexts (e.g., Scotland and Italy), studies more frequently emphasized reflective practice, professional confidence, and personal development through EI education. Despite these contextual differences, the overall findings were consistent: EI was positively associated with academic outcomes, clinical competence, professional behavior, and quality of care. Therefore, rather than demonstrating clear cross-cultural differences in emotional regulation styles, the evidence suggests that EI functions as a universally relevant competency in midwifery education, although its educational framing and application may vary depending on institutional and contextual priorities. In scoping reviews, the Joanna Briggs Institute (JBI) recommends using thematic analysis when researchers want to explore themes that emerge across multiple studies without critically evaluating their quality (Peters et al., 2020).

Table 4. Synthesized Article Results

No.	Themes	Key Points of Focus
1.	Emotional intelligence and academic/clinical performance	a. Positive correlation b. Predictor of performance

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2.	Impact of emotional intelligence education and development	a. Effective teaching methods b. Continuous professional development
3.	Factors influencing emotional intelligence	a. Individual character and personality b. Demographic factors c. Training and management d. Authentic learning environment
4.	Emotional intelligence in specific contexts	a. Quality of midwifery care b. Decision-making and problem-solving

Discussion

Emotional Intelligence and Academic/Clinical Performance

a) Positive correlation

Emotional intelligence (EI) demonstrates a consistent positive correlation with academic achievement and clinical performance in midwifery education. Studies show significant associations between EI components and academic outcomes (Bukar et al., 2023; ALmegewly et al., 2022), as well as learning achievement in midwifery students (Erawati et al., 2021). Social awareness and empathy further enhance patient communication and professional interaction (Tzamakos et al., 2024; Zolfaghary et al., 2023). Theoretically, EI enhances cognitive performance through improved emotional regulation and stress management. Self-awareness and self-regulation reduce anxiety and cognitive overload, allowing better concentration, executive functioning, and clinical judgment. Social awareness strengthens therapeutic relationships, which are central to woman-centered midwifery care. Therefore, integrating EI development into midwifery curricula is not merely complementary but foundational for improving academic outcomes and preparing students to manage the emotional complexity of clinical practice.

b) Predictor of performance

Beyond correlation, EI functions as a predictor of clinical and academic performance. EI was identified as the only significant predictor of clinical practice performance among nursing students (Belay & Kassie, 2021). Higher EI is associated with improved academic success (Tirajaya et al., 2024; Vera & Cortés, 2021; Tekle et al., 2019), stronger interpersonal competence (Fernández-Martínez et al., 2019), and reduced dropout risk (Cassano et al., 2020). Scientifically, EI predicts performance because it integrates emotional regulation, motivation, empathy, and adaptive coping skills that are directly related to sustained engagement, resilience, and effective patient interactions. These emotional abilities protect against stress and increase perseverance in demanding clinical environments. This suggests that EI should be systematically embedded into curriculum assessment frameworks, as strengthening emotional competence may improve both performance and student retention in midwifery programs.

Impact of emotional intelligence education and development

a) Effective teaching methods

EI-oriented teaching methods enhance both affective and clinical learning outcomes. Scenario-based and active learning strategies improve emotional engagement and moral reasoning (Asadi et al., 2025), while structured teaching interventions increase EI levels compared to traditional lectures (Sobhy et al., 2022). Enhanced self-confidence and problem-solving abilities are also reported (Kim & Sohn, 2019; Tabib et al., 2024). From a constructivist perspective, emotionally rich and experiential learning environments stimulate reflective processing, allowing students to internalize emotional experiences rather than passively acquire information. This promotes deeper learning, self-efficacy, and adaptive clinical reasoning. Consequently, midwifery curricula should prioritize

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simulation-based, reflective, and experiential strategies to foster EI development alongside technical competence.

b) Continuous professional development
EI development extends beyond undergraduate education and is essential for continuous professional growth. EI education enhances professional and personal competencies among midwives (Tabib et al., 2024) and promotes resilience and reflective practice (Gkintoni et al., 2023). It aligns with broader competency-based frameworks in midwifery (Shayan et al., 2019; Moller et al., 2022) and supports caring behaviors (Baghdadi et al., 2023). EI strengthens lifelong learning capacity by improving the quality of self-reflection, adaptability, and interpersonal sensitivity required in an evolving healthcare system. Therefore, EI should be integrated into continuing professional development (CPD) programs to sustain workforce resilience and quality of care.

Factors influencing emotional intelligence

a) Individual character and personality
Individual characteristics significantly influence EI development. Personality traits are foundational to EI levels (Cassano et al., 2020), and demographic differences such as gender influence emotional regulation and empathy (Alnjadat & Al-Rawashdeh, 2021; Bagum et al., 2023). Reflective environments further support EI growth (Ndawo, 2021). EI develops through interaction between innate predispositions and environmental reinforcement. Reflective and authentic learning contexts help transform latent emotional traits into professional competencies. Curriculum design should therefore adopt adaptive and reflective approaches that account for diverse student characteristics.

b) Demographic factors
Demographic variables contribute to variations in EI and clinical performance. Gender, age, marital status, educational background, and parental education influence EI and performance outcomes (Alnjadat & Al-Rawashdeh, 2021; Bagum et al., 2023; Stami et al., 2018; Bajelan et al., 2023; Trad et al., 2021; Belay & Kassie, 2021; Zolfaghary et al., 2023; Moran et al., 2023). These factors may shape emotional maturity, social exposure, and coping mechanisms, thereby influencing emotional regulation and empathy. Recognizing these influences enables institutions to design targeted interventions to ensure equitable EI development among students.

c) Training and management
Structured training and supportive management significantly enhance EI. Strengthening EI through education is recommended (Khademi et al., 2021), and structured programs such as POPPY enhance emotional resilience (Ashrafinia et al., 2022). Management training correlates with higher emotional regulation (Cassano et al., 2020). Organizational support provides psychological safety and structured reflection, reinforcing emotional growth and professional identity formation. Institutions should integrate structured EI training and supportive leadership models within both academic and clinical settings.

d) Authentic learning environment
Authentic learning environments facilitate EI development. Collaborative and reflective learning promotes EI (Ndawo, 2021; Joseph et al., 2025). Virtual reality storytelling and real patient interaction enhance empathy and communication (Kuliukas et al., 2020; Hardie et al., 2020). EI also correlates with metacognitive awareness (Li et al., 2023; Moreira-Chóez et al., 2023). Authentic exposure activates emotional engagement, reflection, and adaptive reasoning, strengthening emotional and clinical integration. Embedding EI within clinical placements and simulation environments is essential for preparing competent midwives.

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Emotional intelligence in specific contexts

a) Quality of midwifery care
EI significantly influences the quality of midwifery care. EI correlates with all dimensions of quality nursing care (Khademi et al., 2021) and shapes patient experiences during childbirth (Martin et al., 2025; Tiago, 2024). Emotionally intelligent practitioners communicate effectively, manage stress, and respond empathetically, thereby improving safety, trust, and care outcomes. Integrating EI into midwifery education contributes directly to improved maternal and neonatal care quality.

b) Decision-making and problem-solving
EI enhances decision-making and problem-solving in midwifery practice. EI supports rational decision-making (Ndawo et al., 2021; Shikuku et al., 2025) and correlates with metacognitive awareness and adaptive learning (Li et al., 2023; Christodoulakis et al., 2023). Clinical feedback further strengthens problem-solving skills (Nugraheny et al., 2016). Emotional regulation enables clearer cognitive processing under stress, while empathy supports context-sensitive decision-making. Developing EI is therefore essential for preparing midwives capable of safe, adaptive, and evidence-based clinical judgment.

Conceptually, this review positions emotional intelligence (EI) as a core professional competency that integrates cognitive, affective, and behavioral domains in midwifery education. The findings show that EI is not merely a personal trait but a developable and measurable competency that predicts academic performance, clinical effectiveness, decision-making, and quality of care. Grounded in experiential and social constructivist perspectives, EI should be understood as a dynamic capability formed through reflective engagement and authentic clinical exposure. Practically, EI should be embedded within a competency-based and longitudinal curriculum framework, with explicit EI competencies mapped into learning outcomes and reinforced across theoretical and clinical courses. Experiential strategies such as simulation, structured debriefing, case-based discussion, and reflective practice should be supported by performance-based assessments (e.g., OSCEs, portfolios, multisource feedback). Systematic integration of EI as a core competency provides a strategic pathway to strengthening professional resilience, patient safety, and the overall quality of maternal and neonatal care.

Conclusion

This scoping review confirms that emotional intelligence (EI) is a significant determinant of academic achievement, clinical performance, decision-making, and the quality of midwifery care. Across diverse contexts, EI consistently functions as a predictor of professional competence and service quality, highlighting its relevance as a core educational outcome rather than a supplementary soft skill. The findings demonstrate that EI development is strengthened through experiential and reflective learning approaches embedded within authentic clinical environments. Individual, demographic, and institutional factors further influence EI growth, reinforcing the need for structured and context-sensitive curriculum design. Integrating EI within a competency-based and longitudinal framework offers a strategic pathway to preparing resilient, adaptive, and patient-centered midwives capable of enhancing maternal and newborn care quality in contemporary healthcare systems.

Recommendation

Midwifery higher education institutions should adopt a competency-based and longitudinal approach to integrating emotional intelligence (EI) into the curriculum. Rather than positioning EI solely as a stand-alone theoretical course, EI competencies (self-

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awareness, emotional regulation, empathy, interpersonal communication, and adaptive decision-making) should be explicitly defined as core professional competencies and progressively embedded across academic and clinical phases. An experiential learning framework is recommended, incorporating simulation-based learning, structured debriefing, scenario-based cases, and guided reflective practice to facilitate emotional processing and clinical application. Assessment strategies should move beyond self-report measures to include behavioral observation in OSCEs, reflective portfolios, and multi-source feedback during clinical placements. At the professional level, EI should be integrated into continuing professional development programs focusing on resilience, leadership, and patient safety culture. Future longitudinal and quasi-experimental research is needed to evaluate the impact of structured EI integration on measurable outcomes such as clinical competence, workforce retention, burnout reduction, and maternal–neonatal care quality.

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