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EMOTION AT THE END: IDENTIFYING CORE EMOTIONAL INTELLIGENCE COMPETENCIES IN PALLIATIVE CARE FOR THE ELDERLY

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Abstract*: In the emotionally complex context of palliative care for the elderly, emotional intelligence (EI) is vital for nurses providing compassionate end-of-life care. While the importance of EI in healthcare is acknowledged, there is a need for validated frameworks specifying the core competencies essential for this specialized field. This study aimed to identify and validate the core emotional intelligence competencies required by palliative care nurses caring for elderly patients, using the Fuzzy Delphi Method to achieve expert consensus. Seven experts, including palliative care coordinators, senior nurses, and hospice specialists, participated. Drawing from existing literature, five core EI competencies were presented for validation: Self-Awareness, Self-Regulation, Motivation, Empathy, and Social Skills. The study successfully validated these five competencies, with Empathy (ranked 1st), Self-Regulation (ranked 2nd), and Self-Awareness (ranked 3rd) identified as the most essential qualities by the experts. These findings underscore EI's crucial role in enhancing care quality, supporting nurse well-being, and improving patient outcomes in palliative care environments. The study provides a validated EI competency framework to inform nursing education, professional development, and clinical practice. Future research should explore the practical application and impact of these competencies in diverse clinical settings and on nurse and patient outcomes.*

Keywords*: Emotional Intelligence, Palliative Care, Elderly Patients, Nursing Competencies, End-of-Life Care, Expert Consensus.*

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Introduction

Healthcare professionals are required to possess both extensive clinical knowledge and deep emotional investment while caring for patients towards the end of life, making it one of the most emotionally and morally complex areas of medicine (Beckstrand & Kirchhoff, 2005). Nurses in palliative care are pivotal in this emotionally intense setting, providing extensive assistance to patients and their families during life's most vulnerable instances. The intricacy of this duty escalates while attending to senior patients, who frequently endure heightened bodily vulnerability, psychological turmoil, and emotional requirements (Steinhauser et al., 2000; Givens et al., 2009). Effectively addressing these complex difficulties need more than mere clinical expertise; it requires a nuanced and sophisticated array of emotional competencies.

Emotional intelligence (EI) has become an essential competency for nursing professionals in this context. Emotional intelligence is the capacity to identify, comprehend, regulate, and utilise emotions proficiently in oneself and in interpersonal interactions (Salovey & Mayer, 1990). Goleman (1995) delineated five basic dimensions of emotional intelligence: self-awareness, self-regulation, motivation, empathy, and social skills. These qualities are vital for promoting emotional stability, enabling compassionate communication, and ensuring informed decision-making, all of which are critical in emotionally charged healthcare settings. Emotional intelligence (EI) in nursing practice enhances therapeutic relationships, elevates patient satisfaction, and fosters resilience against burnout (Codier, Kamikawa, Kooker, & Shoultz, 2009; McQueen, 2004). Despite increasing acknowledgement of the significance of emotional intelligence, its precise function in palliative care nursing for geriatric patients remains under investigated. Although prior research has investigated emotional intelligence in general nursing practice and leadership (Hurley, 2008; Beauvais, Brady, O'Shea, & Griffin, 2011), a deficiency of validated frameworks exists that distinctly delineate the unique emotional intelligence characteristics required for end-of-life care. Geriatric patients required more than mere clinical intervention; they also require emotional engagement, respectful communication, and culturally attuned support, domains where emotional intelligence can markedly enhance care quality (Foster, Woltmann, & Zandstra, 2021).

By identifying and confirming the fundamental EI competences required of palliative care nurses, our study seeks to close this gap. To create an organised, fact-based framework, expert consensus will be obtained using the Fuzzy Delphi Method. This framework will be used to improve professional practice in palliative care settings, guide nursing education, and inspire policy development.

The Research Aims

This study is to obtain expert agreement on the core emotional intelligence competencies required by palliative care nurses in providing end-of-life care to elderly patients by using Fuzzy Delphi method.

Literature Review

End-of-life care, especially in palliative care environments, necessitates that healthcare personnel exhibit both advanced clinical proficiency and a high degree of emotional intelligence (EI). Emotional intelligence, as articulated by Salovey and Mayer (1990), denotes the ability to identify, understand, manage, and adeptly utilise emotions in oneself and others. In palliative care, emotional intelligence is essential, since it guarantees that nurses possess not only

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technical proficiency but also the ability to address the intricate emotional and psychological requirements of older patients.

The expanding research highlights the significance of emotional intelligence in enhancing empathetic communication, supporting emotional stability, and enabling effective decision-making skills essential in emotionally intense healthcare settings (Codier et al., 2009; McQueen, 2004). Due to the emotionally demanding aspects of palliative care, nurses must have emotional intelligence to effectively manage the complex issues encountered in end-of-life care. Additionally, Goleman (1995) delineated five fundamental dimensions of emotional intelligence: self-awareness, self-regulation, motivation, empathy, and social skills. These domains are particularly significant for nurses caring for older patients, who frequently endure physical frailty, chronic sickness, psychological suffering, and increased emotional sensitivity. Self-awareness allows nurses to identify their emotional states, hence enhancing their ability to regulate reactions to patient requirements. Self-regulation, conversely, guarantees that nurses preserve emotional equanimity in high-pressure scenarios, which is essential for providing patient-centred care. Intrinsic motivation compels nurses to deliver compassionate care, particularly in difficult and emotionally demanding situations. Empathy, an essential element of emotional intelligence, is crucial in palliative care, as it allows nurses to engage with the emotional distress of their patients, thereby offering solace and dignity during the end-of-life experience. Moreover, social skills facilitate efficient communication and the establishment of trust, which are crucial for cultivating robust therapeutic connections with patients and their families.

Elderly patients in palliative care have several difficulties, such as physical weakness, pain, and emotional distress. These intricate requirements demand more than mere therapeutic therapies; they involve substantial emotional assistance. The capacity to provide this assistance effectively depends on the nurse's emotional intelligence capabilities, especially empathy and interpersonal abilities. These qualities are essential for providing respectful, culturally attuned communication and care. Moreover, emotional intelligence is vital in enabling nurses to sustain resilience, which is crucial for reducing the likelihood of burnout and compassion fatigue. Research consistently indicates that nurses with elevated emotional intelligence are more adept at handling the emotional challenges of palliative care and exhibit a lower vulnerability to burnout (McQueen, 2004). The cultivation of robust nurse-patient relationships, enhanced by emotional intelligence, correlates with increased patient satisfaction and superior clinical outcomes in palliative care (Codier et al., 2009).

Despite the increasing acknowledgement of emotional intelligence's significance in nursing practice, a considerable gap persists in the literature concerning the specific EI competences necessary for palliative care, especially in the treatment of elderly patients. Although research has explored emotional intelligence within broader nursing contexts, such as leadership and general practice (Hurley, 2008; Beauvais et al., 2011), there remains a deficiency of validated frameworks that specifically delineate the emotional intelligence competencies essential for proficient end-of-life care. Geriatric patients necessitate a combination of clinical acumen and emotional intelligence to address their medical and psychological requirements. The existing literature underscores the necessity for additional research to define and validate the essential emotional intelligence competencies required of palliative care nurses. This research would enhance nursing education and practice while also guiding policy development to improve care quality in palliative environments.

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In conclusion, emotional intelligence is a crucial element of palliative care. Nurses must manage the complex emotional and physical challenges of end-of-life care, and the five fundamental domains of emotional intelligence self-awareness, self-regulation, motivation, empathy, and social skills are crucial for enhancing patient outcomes and fostering the emotional well-being of nursing professionals.

Methodology

This study utilises the Multi-Research Method technique developed by Ritchie and Klein (2007). Design and Development Research (DDR) is acknowledged as a significant research methodology commonly employed by academics in development studies. DDR emphasises the development of designs, models, structures, and other components that correspond with the research's aims and objectives. This analysis consists of two main elements. The initial phase entailed a thorough assessment of the current literature to discern the emotional intelligence (EI) competences pertinent to palliative care nursing, specifically focussing on elderly patients undergoing end-of-life care. In the subsequent phase, the researcher employed the Fuzzy Delphi Method, a procedure predicated on expert consensus. The Fuzzy Delphi method is a consensus-building technique employed for decision-making in intricate environments, including construction and healthcare systems. The researcher employed a specialised consent assessment tool inside the specified framework.

Sampling Procedure

In order to achieve expert consensus on a pre-established construct, purposeful sampling was used in this study. This sampling methodology is broadly acknowledged as appropriate for consensus-based procedures. Hasson, Keeney, and McKenna (2000) assert that deliberate sampling is the optimal technique for participant selection in the Fuzzy Delphi Method. Seven professionals engaged in this study. The individuals who consented to participate are enumerated in Table 1. These individuals were intentionally chosen for their expertise, professional credentials, and pertinent experience in palliative care, nursing, and emotional intelligence. Adler and Ziglio (1996) contend that a panel of experts with a predominantly homogeneous background and mutual comprehension of the topic is methodologically sound when including 5 to 10 participants. When there is heterogeneity in expertise among panel members, a sample size of 10 to 15 specialists is advised to guarantee balanced and thorough feedback.

Table 1: List of Experts

Expert	Field of expertise	Institution
1 Palliative Care Coordinator	Nursing and Palliative Care	1 Public Hospital
1 Nursing Educator		1 Private University
4 Senior Palliative Nurse		4 Public Hospital
1 Hospice Nurse Specialist		1 Private Hospital

Expert Criteria

A key element of Fuzzy Delphi research is the identification and selection of experts since it directly affects the validity, trustworthiness, and dependability of the results of the study. Usually, experts are people who reach their level by means of academic qualifications, professional training, significant experience, institutional ties, and peer recognition—including Booker & McNamara, 2004; Nikolopoulos, 2004; Perera, Drew, & Johnson, 2012. According

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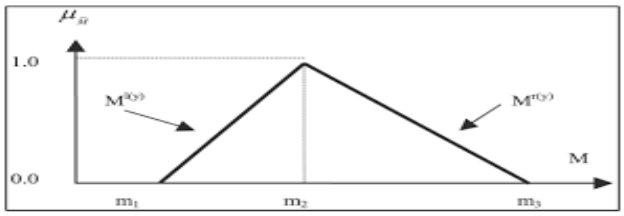
to Cantrill, Sibbald, and Buetow (1996) as well as Mullen (2003), an expert is someone with great knowledge and practical skill in a particular field or discipline.
Kaynak and Macauley (1984) also argue that professionals should have appropriate knowledge or personal engagement in the topic under inquiry. The researcher used rigorous standards throughout the expert selection procedure to guarantee the integrity of this work, thereby selecting people with at least seven years of experience and verifiable knowledge directly related to the goals and range of the study.

Fuzzy Delphi Step

Table 2: Fuzzy Delphi Step

Step		Formulation
1.	Expert selection	• This report encompassed a total of 7 experts. The significance of the assessment parameters on the factors to be evaluated using linguistic variables was evaluated by a panel of experts. and definitions of potential issues with the work, among other things.
2.	Determining linguistic scale	• This approach involves converting all linguistic variables into the enumeration of fuzzy triangles (triangular fuzzy numbers). This action also incorporates the inclusion of fuzzy numbers in the translation of linguistic variables (Hsieh, Lu, and Tzeng, 2004). The Triangular Fuzzy Number denotes the values m1, m2, and m3, expressed as (m1, m2, m3). The value of m1 denotes the minimum possible value, m2 signifies a rational value, and m3 indicates the maximum possible value. The Triangular Fuzzy Number is employed to create a Fuzzy Scale for the conversion of linguistic variables into fuzzy numbers.
		 Figure 1: Triangular fuzzy number
3.	The Determination of Linguistic Variables and Average Responses	• Upon obtaining information from the designated expert, the researcher must translate all measurement results into Fuzzy scales. This is frequently identified as the recognition of each response (Benitez, Martin & Roman, 2007).
4.	The determination of threshold value "d"	• The threshold value is essential for assessing the level of consensus among experts (Thomaidis, Nikitakos & Dounias, 2006). The distances for each fuzzy integer m = (m1, m2, m3) and n = (m1, m2, m3) are calculated using the formula: $d(\bar{m},\bar{n}) = \sqrt{\frac{1}{3}\left[(m1-n1)^2 + (m2-n2)^2 + (m3-n3)^2\right]}$
5.	Identify the alpha cut aggregate level of fuzzy assessment	• Every item is given a fuzzy number once an expert consensus has been obtained (Mustapha & Darussalam, 2017). Fuzzy value calculations and measurements follow this format: Amax = 4 (m1 + 2m2 + m3)
6.	Defuzzification process	• The formula employed in this method is Amax = (1/4) (a1 + 2am + a3). When the researcher uses Average Fuzzy Numbers or average responses, the resultant score is a value within the range of 0 to 1 (Ridhuan et al. 2014). This procedure involves three formulas: i. A = 1/3 * (m1 + m2 + m3); ii. A = 1/4 * (m1 + 2m2 + m3); iii. A = 1/6 * (m1 + 4m2 + m3). A-cut value is the median of '0' and '1', calculated as α-cut = (0 + 1) / 2 = 0.5. If the resultant A value is below the α-cut value of 0.5, the item will be dismissed due to a lack of expert consensus. Bojdanova (2006) asserts that the alpha cut

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	value must surpass 0.5. Tang & Wu (2010) assert that the α-cut value must exceed 0.5.
7. Ranking process	• The positioning procedure involves defining items according to defuzzification values derived from expert consensus, identifying the element of greatest significance as the primary locus for decision-making (Fortemps & Roubens, 1996).

Instrumentation

The research instrument for this Fuzzy Delphi study was created by the researcher after a comprehensive examination of the existing literature on emotional intelligence (EI) in palliative care. Skulmowski, Hartman, and Krahn (2007) contend that items for questionnaires in Delphi research may be derived from literature, pilot studies, and expert knowledge. This study employed diverse sources, such as research literature, expert interviews, and focus group discussions, to develop a comprehensive and well-organised instrument, as advised by Mustapha and Darussalam (2017). Okoli and Pawlowski (2004) assert that the development of research items must commence with a thorough review of the literature. The researcher delineated critical emotional intelligence competences requisite for palliative care in elderly patients by synthesising insights from contemporary scholarly literature. The competencies were subsequently transformed into questionnaire items for expert evaluation. A 7-point Likert scale was utilised for expert responses, as it offers improved accuracy and dependability in assessing levels of agreement (Chen, Hsu, & Chang, 2011). The Fuzzy Delphi approach was employed to measure expert consensus, with traditional fuzzy values modified to a 1–7 scale to enhance clarity and streamline responses. The ambiguous scale presented in Table 3. The modified scale employed in this study is depicted in Table 4.

Table 3: Fuzzy scale

Item	Fuzzy number
Strongly disagree	(0.0, 0.0, 0.1)
Disagree	(0.0, 0.1, 0.3)
Somewhat Disagree	(0.1, 0.3, 0.5)
Neutral	(0,3, 0.5, 0.7)
Somewhat agree	(0.5, 0.7, 0.9)
Agree	(0.7, 0.9, 1.0)
Strongly agree	(0.9, 1.0, 1.0)

Researchers emphasised the essential emotional intelligence (EI) competencies derived from a comprehensive literature review. These qualities are vital for palliative care nurses in improving the quality of end-of-life care for geriatric patients. The Fuzzy Delphi Method will be utilised to validate these elements and achieve expert consensus over their incorporation into the proposed model.

Table 4: Identified Emotional Intelligence Competencies for Palliative Care Nursing

	Early item rank	Emotional Intelligence Competency
Emotional Intelligence Competency	EI 1	Self-Awareness
	EI 2	Self-Regulation
	EI 3	Motivation
	EI 4	Empathy
	EI 5	Social Skills / Communication

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Finding and Discussion

This section reflects expert consensus on the critical emotional intelligence qualities needed in palliative care for the elderly. Using the Fuzzy Delphi Method, questions were presented to seven experts in the respective domains, and their responses were used to assess the data.

Table 5: The analysis result

Defuzzification Report					
Results	**Item1**	**Item2**	**Item3**	**Item4**	**Item5**
Expert1	**0.16496**	**0.03299**	**0.05774**	**0**	**0.07423**
Expert2	**0.00825**	**0.03299**	**0.05774**	**0**	**0.09897**
Expert3	**0.00825**	**0.03299**	**0.05774**	**0**	**0.07423**
Expert4	**0.12372**	**0.03299**	**0.05774**	**0**	**0.21444**
Expert5	**0.00825**	**0.03299**	**0.23094**	**0**	**0.07423**
Expert6	**0.12372**	**0.14021**	**0**	**0**	**0.07423**
Expert7	**0.10722**	**0.02474**	**0**	**0**	**0.0165**

Statistics	**Item1**	**Item2**	**Item3**	**Item4**	**Item5**
Value of the item	**0.07777**	**0.04713**	**0.06599**	**0**	**0.08955**
Value of the construct					
Item < 0.2	**7**	**7**	**6**	**7**	**6**
% of item < 0.2	**100%**	**100%**	**85%**	**100%**	**85%**
Average of % consensus					
Defuzzification	**0.71429**	**0.94286**	**0.9**	**1**	**0.87143**
Ranking	**3**	**2**	**4**	**1**	**5**
Status	**Accept**	**Accept**	**Accept**	**Accept**	**Accept**

Based on expert agreement utilising the Fuzzy Delphi Method, this section covers the main results of the study. Focussing on elderly patients getting end-of-life care, the study identifies important emotional intelligence (EI) skills needed for palliative care nurses.

Competency	**Defuzzification Value**	**Ranking**	**Expert Consensus (%)**
Empathy (EI4)	1.000	1st	100%
Self-Regulation (EI2)	0.943	2nd	100%
Self-Awareness (EI1)	0.714	3rd	100%
Motivation (EI3)	0.900	4th	85.7%
Social Skills (EI5)	0.871	5th	85.7%

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Working with the elderly, palliative care nurses' Fuzzy Delphi Method found and confirmed five vital emotional intelligence (EI) characteristics. The main findings are as follows. At first, empathy (EI4) Every one of the seven specialists agreed that empathy is the best defuzzification value of 1.0. Given this rating, empathy is absolutely necessary for meeting the emotional needs of elderly people at the end of life. The experts all agreed that palliative care was unsuitable and gave it a zero. Following self-regulation, a defuzzification value of 0.943 was reached. A defuzzification value of 0.943 was obtained after self-regulation. Palliative care requires efficient management of stress and emotional regulation in high-pressure situations; the professionals' unequivocal agreement on this capacity emphasises its importance. Though behind self-regulation and empathy, self-awareness earned a 0.714, indicating great agreement. This suggests that self-awareness is seen more as a tool improving the development of other vital emotional intelligence skills than as a basic capacity influencing patient care. The motivator (EI3) scored 0.900 in defuzzification. Though important, motivation came in fourth place among specialists' opinions, indicating it is not as directly powerful on palliative care as self-regulation or empathy. The results highlight the need of personal drive in providing sympathetic treatment. EI5 relates to social skills. The expert agreement on social skills was strong, scoring 0.871. Though communication and trust-building have same importance, in the palliative care setting emotional qualities such as self-regulation and empathy are absolutely vital.

Construct 5's total value is 0.03629 and it has 100% expert agreement. With defuzzification values from 0.714 to 1.000, all exceeding the 0.5 acceptability criterion, the Fuzzy Delphi study found unequivocal agreement of all five emotional intelligence competencies. Focussing on the consequences for palliative care nursing practice, the conversation that follows offers insights on the relevance and ranking of each ability. In palliative care, empathy was shown to be the most crucial emotional intelligence skill, with a flawless defuzzification score of 1.0. The unanimous consensus among all specialists underlines the essential function empathy serves in forming emotional bonds with patients. This is consistent with studies already in publication, which highlight how empathy helps nurses to better grasp and react to the emotional pain of elderly patients nearing end-of-life (Foster, Woltmann, & Zandstra, 2021). The ideal agreement among professionals shows the universally recognised need of empathy, especially in palliative care, where emotional support is as crucial as clinical treatments.

Ranked second, self-regulation showed great expert agreement with a defuzzification value of 0.943. Its high ranking emphasises the importance of this skill in assisting nurses, especially in high-stress situations, to control their emotions. Self-control helps nurses to keep their emotional composure given the emotional and physical difficulties natural in palliative care, hence building patient confidence and avoiding burnout (McQueen, 2004). The slight variation in expert judgements strengthens the broad consensus on the need of this skill in palliative care even more. With a defuzzification score of 0.714, self-awareness came in third. Although it got great agreement, it was rated lower than self-control and empathy, implying that self-awareness is seen as a basic competence supporting the growth of other emotional intelligence tools. Self-awareness helps nurses to identify their own emotional states, which is crucial for controlling emotional reactions in patient interactions. Its lower ranking, therefore, reflects its more indirect influence on patient care in comparison to empathy or self-control. This finding supports Goleman’s (1995) model, where self-awareness is seen as a precursor to developing other EI competencies.
Despite getting expert consensus, motivation, which scored 0.900, came in fourth. While intrinsic motivation is critical for sustaining compassionate care, especially in emotionally

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taxing palliative care environments, its lower ranking suggests that it does not have as immediate an impact on patient outcomes as empathy or self-regulation. The outlier score for Motivation (Expert 5, with a value of 0.23094) suggests some variability in expert views regarding the relative importance of intrinsic versus extrinsic motivation in the practical application of palliative care. This highlights the complex nature of motivation, where intrinsic, patient-centered motivation is valued but may not be as directly influential as the emotional competencies that drive day-to-day patient care. Ranked fifth were social skills, with a defuzzification value of 0.871. Despite strong expert agreement on their importance, their lower ranking indicates that, while effective communication and trust-building are essential for palliative care, they are considered secondary to emotional competencies like empathy and self-regulation. This finding suggests that in end-of-life care, emotional being able to connect with and respond to the patient's emotional needs is prioritized over technical communication skills. This supports the notion that emotional intelligence in palliative care is focused more on the emotional connection with the patient than on traditional social skills.

Practical Implications

Building upon the validated list and ranking of core emotional intelligence (EI) competencies in palliative care for the elderly identified through the Fuzzy Delphi Method, this study offers crucial, actionable implications for nursing education, professional development, and clinical practice. The consensus on the importance of Empathy, Self-Regulation, Self-Awareness, Motivation, and Social Skills provides a clear framework for enhancing the emotional preparedness of nurses in this challenging field.

Implications for Nursing Education

The identified competencies, particularly the top three – Empathy (ranked 1st, Defuzzification=1.000), Self-Regulation (ranked 2nd, Defuzzification=0.943), and Self-Awareness (ranked 3rd, Defuzzification=0.714) – should be explicitly integrated into pre-service nursing curricula focused on palliative and end-of-life care. Educational programs can design specific modules or courses dedicated to cultivating these skills. For Empathy, this involves teaching active listening, perspective-taking, and effective emotional communication techniques tailored to sensitive end-of-life conversations. For Self-Regulation, training should include stress-management techniques, emotional recognition, and coping strategies essential for navigating high-pressure and emotionally demanding situations. While ranked lower than Empathy and Self-Regulation, Self-Awareness is foundational; therefore, educational approaches should incorporate reflective practices, journaling, and self-assessment tools to help students understand their own emotional triggers and responses, thereby underpinning the development of the other competencies as suggested by Goleman (1995). Experiential learning methods, such as simulated difficult conversations or role-playing complex emotional scenarios, are vital for students to practice these skills in a safe environment.

Implications for Continuing Professional Development

Healthcare institutions and professional nursing bodies should develop and promote targeted in-service training and continuing education programs based on these validated competencies. Workshops can focus on enhancing specific EI skills, such as 'Advanced Communication and Empathy in Palliative Care,' 'Building Resilience and Self-Regulation for Nurses,' or 'Mindfulness and Emotional Awareness for Healthcare Professionals.' These programs should provide practical tools and strategies that nurses can immediately apply in their daily practice. Given the high risk of burnout and compassion fatigue in palliative care, training specifically addressing Self-Regulation and Self-Awareness is particularly critical for supporting nurse

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well-being, which in turn sustains the quality of care. Mentorship programs connecting experienced palliative care nurses with demonstrated high EI with newer staff can also facilitate practical skill development and emotional support.

Implications for Clinical Practice

The recognition of these competencies as core necessitates the creation of clinical environments that actively support their development and maintenance. Fostering a culture that values and encourages emotional intelligence is paramount. This includes implementing strategies such as regular, structured debriefing sessions or 'pause' moments after patient deaths or emotionally challenging events, allowing nurses a safe space to process their emotions and reinforce Self-Regulation and Self-Awareness. Promoting access to psychological support and counseling services acknowledges the emotional demands of the job and supports nurses' Self-Regulation. Furthermore, cultivating open communication and mutual support among the palliative care team leverages Social Skills and reinforces individual and collective Self-Awareness, creating a resilient team capable of providing empathetic and emotionally intelligent care. Recognizing and appreciating nurses who demonstrate high levels of these competencies can also reinforce their importance within the clinical setting.

Limitation of the Study

One limitation of this study is the composition and size of the expert panel (n = 7). While the Fuzzy Delphi Method was effective in synthesizing the opinions of these experienced professionals, the relatively small sample size and the potential similarities in their professional backgrounds or geographical context. Palliative care practices and the emotional demands placed on nurses can vary significantly across different healthcare systems, cultural settings, and practice environments (e.g., hospitals, hospices, home care). Therefore, while the identified core competencies have been validated by this panel, further validation or adaptation may be necessary for broader application in diverse contexts.

Conclusion and Future Research

This study successfully identified and confirmed the key emotional intelligence (EI) skills required for palliative care nurses providing end-of-life care to elderly patients. Expert consensus was achieved using the Fuzzy Delphi Method, validating a framework based on both theoretical concepts and practical knowledge. The findings emphasize the critical importance of Empathy, Self-Regulation, and Self-Awareness in delivering high-quality, compassionate care. These skills are viewed as fundamental to addressing the emotional and ethical challenges that palliative care nurses encounter daily. In contrast, Social Skills and Motivation, while still significant, are considered secondary in the palliative care setting. In palliative care, emotional intelligence is not merely an additional skill; it is an essential element for providing outstanding, patient-centered care. EI enables nurses to manage their emotions, build strong connections with patients, support grieving families, and maintain professional resilience in emotionally challenging situations. This study presents a validated EI competency model, offering a systematic framework that can guide nursing education, training programs, and competency-based assessments in palliative care settings, thereby enhancing both academic understanding and practical application.

Future Research Directions

Future research should aim to broaden the scope of investigation addressing emotional intelligence in palliative care, building upon this seminal study. To mitigate the constraints associated with expert diversity, future research utilising the Fuzzy Delphi method or analogous

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consensus-building approaches should strive to incorporate a broader and more varied panel of experts. This diversity should ideally include professionals from various geographical regions, diverse healthcare systems, and a wider array of disciplines within palliative care (e.g., physicians, social workers, psychologists) to guarantee a more comprehensive and potentially globally relevant set of competencies. Moreover, subsequent study may investigate the practical application of these identified competencies. Research could evaluate the efficacy of targeted training programs aimed at augmenting emotional intelligence (EI) skills in nurses, analyse the influence of enhanced nurse EI on patient outcomes and family satisfaction, and explore the correlation between nurse EI competencies and their personal well-being and resilience amidst the emotional challenges characteristic of palliative care. Longitudinal studies could monitor the evolution of these competencies across a nurse's career trajectory.

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