Vol. 4, Issue 11 November 2026 ISSN: 2584-0142



A Study on Empathy and Emotional Intelligence among Working Professionals

[1]**Prerna Kashyap**, *Post Graduate Psychology, Panjab University; Shadow Teacher, Strawberry Fields*
High School Chandigarh, India
kashyapprerna2504@gmail.com
[2]**Aashna Narula**, *Founder and Director Psychopedia*
narulaashna@gmail.com
[3]**Vanshika**, *Under Graduate Psychology, Student Post Graduate Government College Chandigarh ,Panjab University*
vanshikagoel225@gmail.com

Abstract: Emotional Intelligence and Empathy are both considered important socio-emotional skills in workplace settings. Emotional Intelligence involves perceiving, understanding, and managing emotions, while Empathy involves understanding and sharing the feelings of others. However, the relationship between these two constructs remains mixed in literature, with some studies showing overlap and others showing them as distinct. Understanding this relationship is important for workplace training and team effectiveness. The aim is to study the relationship between Empathy and Emotional Intelligence among Working Professionals. A total sample of 30 Working Professionals was collected from Chandigarh. Emotional Intelligence was measured using the Schutte Emotional Intelligence Scale (SSEIT) developed by Schutte et al. (1998). Empathy was measured using the Interpersonal Reactivity Index (IRI) developed by Davis (1983), which includes Perspective Taking, Fantasy, Empathic Concern, and Personal Distress. Data analysis was done using Pearson Correlation to examine relationships between variables. The result found that Total Emotional Intelligence was not significantly correlated with Total Empathy ($r = 0.25$, $p>.05$). The findings indicated that Emotional Intelligence and Empathy are distinct but partially related constructs. EI showed a

significant relationship only with Perspective Taking, the cognitive component of empathy ($r=0.45$, $p<.05$). The hypothesis was rejected as no significant relationship was found with total Empathy. Despite limitations of sample size, the present study enhances understanding of EQ and Empathy in working professionals. Future, research should extend these findings by conducting longitudinal studies with larger and more diverse samples. It would also be useful to examine related factors affecting professionals' overall well-being and planning and executing specifically need based designed Training Programs to enhance these skills to gain a fuller understanding and also the generality of the current results must be established by future research.

Keywords: *Empathy, Emotional Intelligence, Working Professionals.*

1. Introduction

"Leadership is not domination. It's the art of persuading people to work toward a common goal."

~Daniel Goleman

Empathy is the Core soft skill that helps to understand the perspective of other people and acts as a medium of great conflict resolution skill at the workplace as well in the Therapy Setting, an Important Personal skill required by any Mental Health Professional and having Empathy towards coworkers fosters Positive environment and increases reliability and trust among each other.

Emotional Intelligence, over the period of time received a great attention and an another Important skill possessed by a Human being and a personal skill that is a sign of a quality of good leader which helps to regulate one's own and other's Emotions and most importantly to be Self-aware and keep check on one's Emotional Wellbeing.

Emotional intelligence (EQ) was always considered a taboo subject in corporate environments, but it is now on the minds of practically every leader and organization seeking to be creative, especially as newly divided workplaces have migrated into uncertain home office situations. Previously, workplace emotions were seen to be harmful and maybe a hindrance to success and discipline. Emotional intelligence is a must-have for today's businesses and CEOs to keep employees engaged and engaged, whether they're working from home or in the office, while also delivering market outcomes.

With rapid advancements in technologies and AI, organizations must not lag in empathy in the workplace. Leadership success in the present era depends on the ability to empathize, which extends past being a soft skill. Employing empathy functions as the key catalyst that

Vol. 4, Issue 11 November 2026 ISSN: 2584-0142

supports enduring development and helps organizations maintain their best employees and thrive in the long run. Through empathy, organizations can remove organizational boundaries that improve both direct and honest evaluation between colleagues and allow teams to survive tense situations without descending into performance problems.

Gill et al. (2018) Conducted a study on Empathy Trainers and Managers of the organisations to explore their perspectives of empathy so as to discover emerging themes that increase our understanding of Empathy in the workplace, elucidate optimal ways for developing one's Empathy and for reducing or mitigating Empathy Burnout. The findings highlighted need for developing these Empathy skills.

Beauvais et al. (2017) investigated the distinct roles of emotional intelligence and multidimensional empathy in predicting occupational outcomes among direct-care registered nurses. Their findings revealed that while emotional intelligence and empathy toward both positive and negative emotional states significantly enhance compassion satisfaction, only emotional intelligence and empathy for positive emotions serve as reliable buffers against fatigue and burnout. This crucial distinction highlights that empathy is not a monolithic construct; cultivating specific emotional competencies and positive affective engagement is essential for sustaining long-term professional resilience and mitigating the occupational hazards inherent in emotionally demanding clinical environments.

Manolakaki et al. (2026) conducted a study to found that while baseline measures established clear positive correlations between emotional intelligence, empathy, and professional quality of life, short-term training produced nuanced outcomes. Although qualitative feedback demonstrated improved emotional awareness and team communication, quantitative emotional intelligence scores temporarily declined, a phenomenon researchers attribute to increased self-critical evaluation or insufficient program duration. These findings underscore that while brief educational initiatives foster vital attitudinal changes, longitudinal frameworks are essential to secure enduring improvements in clinician resilience and professional quality of life.

McNulty and Politis (2023) highlight that while core learning outcomes are strictly tracked across health professional programs, critical competencies such as empathy, emotional intelligence, and interprofessional skills are frequently underdefined and difficult to assess. Their synthesis of undergraduate and postgraduate literature emphasizes that these non-discipline-specific attributes are central to delivering effective, person-centred care. Consequently, the authors advocate for the systematic integration and mapping of emotional

intelligence and interprofessional dynamics directly into health curricula to comprehensively support students throughout their professional development.

2. Review of Literature

Emotional Intelligence

According to Daniel Goleman, emotional intelligence is defined as, our capacity to be aware of, to control, and to express emotions.

Salovey and Mayer 1990 defined emotional intelligence as, “the ability to monitor one's own and others' feelings and emotions, to discriminate among them and use this information to guide one's thinking and actions”

Hashmi et al. (2024) investigated the predictive role of emotional intelligence (EI) in stress management and professional performance. In a cross-sectional study of 108 multidisciplinary healthcare providers, researchers discovered strong positive correlations between EI, professional job performance ($r = 0.601$), and psychological resilience ($r = 0.626$). Furthermore, EI significantly predicted stress management capabilities, allowing practitioners to rely on problem-focused coping strategies rather than avoidance. These findings reiterate that emotional intelligence is not just a supplementary soft skill, but a foundational clinical competency that directly influences a healthcare provider’s ability to navigate high-stakes, stressful situations while maintaining peak professional performance.

Krishnan et al. (2017) utilized a factorial design to evaluate how age and gender influence emotional intelligence. Their findings revealed that emotional intelligence varies significantly across most age cohorts with the exception of similarities observed between younger professionals (ages 25–35) and senior academics (above 55). Moreover, the study established that female academicians exhibit higher levels of emotional intelligence than their male counterparts, emphasizing the need to account for demographic variables when assessing interpersonal competencies and professional success in academic institutions.

Priya and Panchanatham (2014) Conducted a study to Investigate the relationship between personality and emotional intelligence among 100 professionals in Tamil Nadu, India, Priya and identified a robust, positive, and significant correlation between personality dimensions and emotional intelligence levels. Furthermore, their statistical analyses demonstrated that demographic variables significantly influence both constructs. These findings indicate that emotional intelligence does not operate in isolation but is deeply intertwined with individual personality profiles, highlighting the necessity of accommodating

diverse psychological and demographic backgrounds when structuring professional development initiatives.

Empathy

Titchener (1901) defined empathy as, “the physical and imaginative projection of oneself into an object of contemplation or another person's experience.”

According to Rogers (1957) Empathy is defined as "To sense the client’s private world as if it were your own, but without ever losing the ‘as if’ quality”

Eisenberg (1987) defined Empathy as, “an affective response that stems from the apprehension or comprehension of another’s emotional state, which is identical or highly similar to what the other person is feeling.”

Blikhar et al. (2023) evaluated the efficacy of a comprehensive socio-psychological program tailored for police officers, rescuers, doctors, and psychologists. Using standardized diagnostic measures and Wilcoxon criteria, the researchers established that structured training produces statistically significant positive shifts in professional empathy ($p < 0.01$ and $p < 0.001$), with the highest rates of growth observed among psychologists and law enforcement personnel. Their findings challenge the perspective that empathy functions purely as an emotional hazard; instead, when supported by targeted interventions, empathy translates into actionable behavioral components that drive effective helping behavior. These insights reinforce the practical value of embedding socio-psychological developmental frameworks into the continuous training of diverse helping professions.

Wilczek-Rużyczka (2011) conducted a study to established that higher levels of mature empathy encompassing emotional, cognitive, and behavioral dimensions are strongly and inversely correlated with emotional exhaustion, depersonalization, and reduced personal accomplishment. Furthermore, the research highlighted that non-operative specialists frequently maintain higher empathy levels and lower burnout severity than their peers, suggesting that clinical environment structures heavily influence psychological outcomes. These findings emphasize that cultivating and protecting empathy serves as a crucial psychological buffer against chronic stress, validating the integration of burnout-prevention strategies into healthcare training.

Fedotova et al. (2018) investigated first-year international relations students using texts of English fiction and criteria from the Reference Framework of Competences for Democratic Culture (RFCDC). Their findings demonstrated that incorporating culturally sensitive textual analysis into foreign language training substantially heightens students' empathy levels, yielding a deeper comprehension of diverse emotional perspectives during intercultural

Vol. 4, Issue 11 November 2026 ISSN: 2584-0142

communication. This approach not only strengthens interpersonal attunement but also equips future professionals with the job-oriented communicative readiness necessary to navigate multicultural environments successfully.

3. Purpose

The purpose is to study Empathy and Emotional Intelligence among Working Professionals.

4. Hypothesis

There shall be a significant Positive Relationship Between Empathy and Emotional Intelligence among Working Professionals.

5. Methodology

5.1 *Sample*

A total sample of 30 (N) was collected from Chandigarh.

5.2 *Measures*

Interpersonal Reactivity Index (IRI): The Interpersonal Reactivity Index was developed by Davis, M. H. (1980).It was used to measure Empathy. The scale consisted of 28 items and 4 subdimensions: a) Perspective Taking, b) Fantasy, c) Empathic Concern and d) Personal Distress including response option on 5-point Likert scale ranging from "Does not describe me well" to "Describes me very well".

The Schutte Self Report Emotional Intelligence Test (SSEIT): The Schutte Self Report Emotional Intelligence Test (SSEIT)was developed by Schutte et al. (1998). The scale consisted of 33 items and 4 subdimensions a) Perception of Emotions, b) Managing own Emotions, c) Managing Others Emotions, d) Utilisation of Emotions including response options as a)Strongly disagree, b) Disagree,c)Neither disagree, d)nor agree, e)Agree, f)Strongly agree.

5.3 ***Procedure:*** Google forms

6. Results

Table 1: *Descriptive*

	N	**Mean**	**SD**
Total EQ	30	125.7	12.32

PE	30	36.1	4.82
ME	30	38.3	5.12
MOES	30	20.0	2.33
UOE	30	35.4	3.53
EMPATHY TOTAL	30	59.1	9.48
PT	30	16.5	2.98
FS	30	14.8	3.97
PD	30	13.1	3.46
EC	30	14.6	2.82

Table 2: *Correlation Matrix*

	Total EQ	PE	ME	MOES	UOE	Empathy Total	PT	FS	PD	EC
Total EQ	—									
PE	0.797***	—								
ME	0.836***	0.585***	—							
MOES	0.771***	0.473**	0.760***	—						
UOE	0.599***	0.324	0.348	0.380*	—					
Empathy Total	0.253	0.026	0.028	0.256	0.235	—				
PT	0.452*	0.309	0.323	0.266	0.083	0.555**	—			
FS	0.113	-0.176	-0.053	0.225	0.315	0.831***	0.293	—		
PD	0.133	0.038	-0.092	0.166	0.111	0.764***	0.315	0.429*	—	
EC	0.000	-0.088	-0.061	0.012	0.091	0.655***	-0.004	0.546**	0.379*	—

Note. * p < .05, ** p < .01, *** p < .001

7. Discussion of Result

Interpretation

The results found that Total Emotional Intelligence was not significantly correlated with Total Empathy (r = 0.25, p >.05). The hypothesis was rejected as no significant relationship was found with total Empathy. This finding was consistent with previous literature.

Ciarrochi et al. (2000) evaluated the emotional intelligence construct using the same measures as the present study, the Schutte Emotional Intelligence Scale and the Interpersonal Reactivity Index, and reported that emotional intelligence was not significantly associated with total empathy. Similarly, Abe et al. (2018) in a sample of 357 first year medical students found

only a weak association between emotional intelligence and empathy, and the association became non-significant when gender and personality were controlled. The lack of significant relationship can be understood as emotional intelligence primarily involves the appraisal and regulation of one's own emotions, whereas empathy is an other-oriented response involving sharing of another person's emotional state.

However, within EQ, all subscales were significantly and positively correlated with each other and with Total EQ. Perceived Emotions with Total EQ ($r = 0.79$, $p < .001$), Managing Emotions with Total EQ ($r = 0.83$, $p < .001$), Managing Others' Emotions with Total EQ ($r = 0.77$, $p < .001$), Utilizing Emotions with Total EQ ($r = 0.59$, $p < .001$). Within Empathy, all subscales were significantly correlated with Total Empathy. Fantasy with Total Empathy ($r = 0.83$, $p < .001$), Personal Distress with Total Empathy ($r = 0.76$, $p < .001$). For EQ and Empathy, a significant positive correlation was found between Perspective Taking and Total EQ ($r = 0.45$, $p < .05$). The findings indicate that Emotional Intelligence and Empathy are distinct but partially related constructs. EI showed a significant relationship only with Perspective Taking, the cognitive component of empathy. Despite limitations of sample size, the present study enhances understanding of EQ and Empathy in working professionals.

It is suggested that future research should extend these findings by conducting longitudinal studies with larger and more diverse samples. It would also be useful to examine related factors affecting professionals' overall well-being and to plan and execute need-based training programs to enhance these skills to gain a fuller understanding, and the generality of the current results needs to be established by future research.

8. Conclusion

The aim of the study was to examine the relationship between Empathy and Emotional Intelligence among Working Professionals. A total sample of 30 Working Professionals was collected from Chandigarh. Emotional Intelligence was measured using the Schutte Emotional Intelligence Scale (SSEIT) developed by Schutte et al. (1998). Empathy was measured using the Interpersonal Reactivity Index (IRI) developed by Davis (1983), which included Perspective Taking, Fantasy, Empathic Concern, and Personal Distress. Data analysis was done using Pearson Correlation to examine relationships between variables. The results found that Total Emotional Intelligence was not significantly correlated with Total Empathy ($r = 0.25$, $p > .05$). The findings indicated that Emotional Intelligence and Empathy were distinct but partially related constructs. EI showed a significant relationship only with Perspective Taking, the cognitive component of empathy ($r = 0.45$, $p < .05$). The hypothesis was rejected as no

significant relationship was found with total Empathy. Despite the limitation of sample size, the present study enhanced understanding of EQ and Empathy in working professionals.

Future Implications

- Future research should extend these findings by conducting longitudinal studies with larger and more diverse samples.
- It would also be useful to examine related factors affecting professionals' overall well-being.
- Planning and executing specifically designed need based Training Programs to enhance these important skills to gain a full understanding and also the generality of the current results must be established by future research.

References

Abe, K., Niwa, M., Fujisaki, K., & Suzuki, Y. (2018). Associations between emotional intelligence, empathy and personality in Japanese medical students. *BMC Medical Education, 18*(1), 47. https://doi.org/10.1186/s12909-018-1165-7

Beauvais, A., Andreychik, M., & Henkel, L. A. (2017). The role of emotional intelligence and empathy in compassionate nursing care. *Mindfulness & Compassion, 2*(2), 92-100.

Blikhar, V., Kovalchuk, Z., Vavryniv, O., Yaremko, R., Bodnarchuk, V., & Tsiupryk, A. (2023). Results of the implementation of a comprehensive socio-psychological program to foster professional empathy among professionals in the helping professions. *BRAIN. Broad Research in Artificial Intelligence and Neuroscience, 14*(2), 1-13.

Ciarrochi, J. V., Chan, A. Y. C., & Caputi, P. (2000). A critical evaluation of the emotional intelligence construct. *Personality and Individual Differences, 28*(3), 539–561. https://doi.org/10.1016/S0191-8869(99)00119-1

Fedotova, O. S., Makhmutova, E. N., Kostikova, L. P., & Gugutsidze, E. Z. (2018). Empathy as a part of the professional culture of the specialist. *European Proceedings of Social and Behavioural Sciences, 51*.

Gill, E., Ramsey, P., & Leberman, S. (2018). Exploring empathy in the workplace: Perspectives of empathy trainers and managers.

Hashmi, S., Tahir, O., Nasir, Z., Hasnain, H., Riaz, R. S. U., Khan, H. M. A., & Alghzawi, H. M. (2024). Impact of emotional intelligence on professional performance and stress resilience among healthcare practitioners. *Cureus, 16*(11).

Vol. 4, Issue 11 November 2026 ISSN: 2584-0142

Krishnan, C., Goel, R., Singh, G., Bajpai, C., Malik, P., & Sahai, S. (2017). Emotional Intelligence: A Study on Academic Professionals. *Pertanika Journal of Social Sciences & Humanities, 25*(4), 1555.

Manolakaki, D., Puri, B. K., & Theodoratou, M. (2026). Emotional Intelligence and Empathy as Determinants of Professional Quality of Life: A Psychoeducational Intervention among Healthcare Professionals. *European Psychiatry, 69*(S1), S865-S866.

McNulty, J. P., & Politis, Y. (2023). Empathy, emotional intelligence and interprofessional skills in healthcare education. *Journal of Medical Imaging and Radiation Sciences, 54*(2), 238-246.

Panchanatham, N. (2014). Personality in Relation to Emotional Intelligence among the Professionals. *International Journal of Management & Innovation, 6*(2), 1.

The Taplow Group. (2026, February 25). The role of empathy in the workplace: Benefits, importance & beyond. taplowgroup.com. https://www.taplowgroup.com/insights/blogs/the-role-of-empathy-in-workplace-benefits-importance-beyond

Vbs.(2025).EMOTIONAL INTELLIGENCE AT WORKPLACE. Blogs | Vivekanand Business School. https://vbs.ves.ac.in/blogs/emotional-intelligence-at-workplace/

Wilczek-Rużyczka, E. (2011). Empathy vs. professional burnout in health care professionals. *Journal of US-China Medical Science, 8*(9), 526-532.