



The Impact of Nurses' Social Intelligence on the Provision of Palliative Care in the Home

¹ Ivana Martinec

² Nataša Dumbović

^{1,2} Palliative Care Service, Varazdin County Health Center, Croatia

Abstract

Introduction: Palliative care at home is a complex form of healthcare aimed at preserving the quality of life of patients with incurable diseases. In addition to symptom control, special emphasis is placed on preserving human dignity, quality communication, and psychosocial support. Developing awareness of the existence and management of emotions and social skills is one of the key characteristics of medical staff, and contributes to improving the quality of medical care.

Aim and purpose of the paper: The aim of this review paper is to demonstrate the importance of the social intelligence of nurses in providing palliative care at home, with special emphasis on communication skills, social intelligence, compassion, and emotional sensitivity, as well as the preservation of the dignity of patients while understanding the unique needs of each family.

Methodology: The paper was prepared as a systematic review of the literature available in scientific and professional databases, relevant books, and manuals. The sources were analyzed with special emphasis on social and emotional intelligence, communication in palliative care, compassion, and care planning.

Results and discussion: The analysis of the literature shows that a high level of social intelligence among

nurses has a positive effect on the quality of palliative care provision in the home. Active listening, empathy, compassion, and developed communication skills contribute to preserving the dignity of patients, reducing psychological stress, and strengthening relationships with families based on partnership. The importance of lifelong learning and the development of social competencies is emphasized, especially in the context of modern technological changes and the application of artificial intelligence in healthcare, which cannot replace the interpersonal and social skills of nurses.

Conclusion: Social intelligence is one of the key competencies of nurses in providing palliative care at home. Systematic investment in the development of communication and social skills contributes to more humane, dignified, and high-quality care for patients and their families, and opens up space for further research in this area.

Keywords: social intelligence, nurse, palliative care, communication

Article received: 03.09.2025.

Article accepted: 31.01.2026.

<https://doi.org/10.24141/1/12/2/2>

Corresponding author:

Ivana Martinec

A: Palliative Care Service, Varazdin County Health Center

Kolodvorska 21, 42000 Varazdin, Croatia

T: +385 99 3985 032

E-mail: ivana5martinec@gmail.com

Introduction

Humans are the only living beings who are aware of their own mortality. Developing awareness of the existence and management of emotions and social skills is one of the key characteristics of every person, especially among medical staff, as it contributes to raising the quality of medical care and creating mutual trust, which contributes to the quality of palliative care at home. The concept of death and the process of dying in their entirety and complexity transcend all components of human consciousness. Facing the diagnosis of an incurable disease and the process of dying is one of the most difficult experiences for a patient and their family. Palliative care is aimed at alleviating suffering, preserving the quality of life, and dignity of the patient, with social relationships and communication playing a central role. Nurses, who spend the most time with the patient, play a key role in recognizing the physical, psychological, and social needs of the patient. Preserving the dignity of the patient is one of the fundamental principles of palliative care, and social and emotional intelligence play a key role in this¹.

Social intelligence in nurses encompasses social-cognitive competencies, social sensitivity, and the ability to resolve complex nursing situations². Therefore, nurses with highly developed social intelligence manage stress more successfully, make fewer mistakes, and establish better relationships with patients, families, and members of the multidisciplinary team².

Communication is a fundamental element of quality palliative care and is inseparable from social intelligence, as it goes beyond the transfer of information, and includes emotional support, and the creation of trusting relationships. Compassion is considered one of the fundamental social emotions and a key element of high-quality palliative care.

Care tenor, as one of the key factors in preserving dignity, described in the literature as tact and manner of behavior in care, refers to the conscious behavior of healthcare professionals aimed at preserving the value and dignity of patients¹. In this context, nurses, as healthcare professionals who spend the most time with patients, have an extremely important role.

Aim and purpose of the paper

The aim of this review paper is to analyze and present the importance and role of the social intelligence of nurses in the provision and planning of palliative care, with a special emphasis on communication, empathy, and preserving dignity in home settings.

The purpose of the paper is to highlight the connection between emotional and social competencies and the quality of care, the satisfaction of patients and their families and the professional development of nurses, with an emphasis on the need for skills development and the contemporary challenges of the healthcare system and the application of artificial intelligence.

Methods

The papers were reviewed according to their title and abstract, after which a detailed analysis of the full texts of relevant publications was conducted. The data were analyzed using descriptive and thematic analysis methods. Thematic units related to the concept of social intelligence in nursing, communication in palliative care, emotional intelligence and compassion, the preservation of dignity, and the impact of artificial intelligence and modern technologies on palliative care were highlighted. Exclusion criteria included papers that did not directly address palliative care, social and communication skills of healthcare professionals, as well as papers for which the full text was not available. A literature search was conducted in relevant electronic databases from 1998 to 2025 using appropriate keywords.

Results and discussion

The literature emphasizes that palliative care is focused on alleviating suffering, preserving the quality of life, and the dignity of patients, with social relationships and communication playing a central role. During the progression of the disease, patients often face the on-

set of intense symptoms such as chronic pain and pronounced psychological, and social burdens. In such circumstances, palliative care is focused on preserving the quality of life, alleviating suffering, and preserving human dignity¹. Nurses, as the subject of research and professionals who spend the most time with patients, play a key role in achieving the goals of palliative care, which include physical, psychological, and social needs of patients. One of the important factors in preserving the dignity of patients is the tact of care, or care tenor, which refers to the way healthcare professionals treat patients with consistent respect for their value and autonomy¹. The achievement of such an approach requires a high level of social intelligence. Social intelligence in nursing includes social-cognitive competencies, social sensitivity focused on patients, and the ability to effectively resolve complex nursing situations². Social intelligence in nurses is associated with the effective management of professional challenges, reduced errors in work, better communication, and building partnerships with patients and their families².

Social intelligence in care planning

Social intelligence refers to the abilities and skills required to navigate everyday life situations, communicate and interact with the environment, and to understand one's own and others' actions by applying active listening, kindness, and consideration. Building mutual trust is the basis for developing a further care plan for the patient and their family. It is closely related to emotional intelligence, which is very important in social contacts, and therefore, the two units are inseparable and contribute to success in both business and private life.

Social intelligence is also associated with the effective management of professional challenges, reduced errors in work, better communication, and building partnerships with patients and their families². Such a holistic approach contributes to the quality of palliative care and facilitates the grieving process after the death of a patient. Research suggests that nurses with developed social intelligence more effectively manage stress and emotional strain in the workplace and have better relationships with patients³. Social intelligence needs to be systematically developed in order to reduce professional stress and improve the quality of relationships with patients.

Tarberg et al. conducted a study on twenty-one nurses, aimed at investigating how they experience compas-

sionate care at different stages of the "palliative journey". The study covered three topics: information and dialogue in the first phase, creating a space for dying and acceptance of death by family caregivers. They concluded that in all three areas, social skills and social awareness of nurses are of utmost importance. The importance of early contact, trust, empathy, advance care planning, creating a space for dying, reading non-verbal cues from patients and families, and based on them achieving compassionate care is emphasized⁴. Developed social intelligence enables nurses to understand the emotional reactions of patients and adapt communication approaches to their individual needs.

Communication in palliative care

Communication is the foundation of quality palliative care, and the literature emphasizes the importance of communication skills in interpersonal relationships, which are well developed in socially intelligent people⁵. Effective communication must be based on empathy, active listening, and mutual trust, which has been confirmed in previous research⁵. Palliative care nurses participate in daily communication with patients and their families on extremely sensitive topics, including discussions about the end of life, emphasizing the importance of continuous education in the field of communication skills⁶. The ability to recognize non-verbal cues is also of great importance, since patients are often unable to clearly verbalize their needs and emotional states⁷.

According to available data from several sources, it is evident that, in addition to education and emotional intelligence, it is necessary to systematically encourage the development of social intelligence as an important predictor of professional success, and that communication and social skills are developed through formal education and lifelong learning^{7,8}. For these reasons, lifelong learning and professional development are essential in order to provide patients and their families with effective communication, and to more easily understand their needs and problems. Social intelligence is therefore recognized as one of the important predictors of professional success in nursing, along with environmental awareness, which enables better emotional regulation and more effective decisions-making. You need to know how to listen and hear others.

The impact of artificial intelligence on palliative care

There is a need for nurses with more creative and advanced coping skills, because artificial intelligence (AI) and robotic technology have begun to be actively discussed in healthcare, while modern healthcare systems are simultaneously facing a shortage of workforce and challenges in ensuring quality care.

According to available data, technological progress enables the application of innovative solutions in symptom monitoring, clinical decision-making, and care organization¹⁰. However, despite the aforementioned possibilities, artificial intelligence cannot replace the social intelligence of nurses. Technological solutions can contribute to symptom monitoring, clinical decision-making, care organization, and respite for caregivers, but they cannot provide emotional and social support. Palliative care requires an individualized approach, emotional presence, empathy, and the ability to understand the complex social needs of patients. The literature emphasizes that artificial intelligence can have a supportive character, but must not violate the fundamental principles of palliative care, including preserving dignity, autonomy, and an individual approach to the patient¹⁰. Technology should therefore be viewed as a supportive tool, not a substitute for human relationships and the professional judgment of nurses, while active listening remains one of the fundamental communication skills in palliative care, because it gives the patient the feeling of being seen, heard, and understood.

The importance of emotional intelligence in palliative care

Emotional and social intelligence are interrelated and together form the basis for providing high-quality palliative care^{11,12}. The concepts of emotional and social intelligence originate from Gardner's theory of multiple intelligences, namely from the concepts of intrapersonal and interpersonal intelligence¹¹. Emotional intelligence is most often defined as the ability to recognize the emotions of other people, but also to develop self-awareness of one's own emotions in interpersonal relationships¹².

In the context of palliative care, these abilities are of particular importance due to the intense emotional demands of working with seriously ill people and their families. Emotional intelligence enables nurses to recognize and regulate their own emotions, strive for a

higher goal, and understand the emotional needs of patients and family members.

Empirical data indicate that emotional and social support positively affect the quality of life of patients and contribute to reducing levels of anxiety and depression¹³. This further emphasizes the importance of emotional and social competencies of nurses in palliative care. Despite the debate among psychologists about the demarcation between emotional and social abilities, the development of neuroscience has enabled a better understanding of their mutual connection.

Brain research has shown that the areas responsible for social dynamics and emotions overlap significantly. Davidson emphasizes that all feelings are inherently social and that it is impossible to separate emotions from interpersonal relationships, because social interactions are the fundamental driver of emotional experiences¹².

Throughout life, the social environment shapes the thinking, behavior, emotions and actions of an individual to a certain extent. The way a person connects with others reflects the level of development of social intelligence. According to Goleman, social intelligence includes two important categories: social awareness, which includes empathy and social cognition, and social skills, which includes compassion¹⁴.

The importance of social and emotional intelligence is further confirmed by research on dignity in health care, which has been conducted for more than 25 years by Chochinov and his colleagues. Their findings indicate that healthcare professionals have a significant impact on patients' perceptions of dignity, which can improve the patient experience during treatment and increase satisfaction with healthcare. They emphasize that good and quality communication is a key component for providing quality healthcare and patient safety¹⁵.

These results indicate the need to preserve dignity, to make dignity a conscious and systematic goal of healthcare, especially at the bedside. In this context, nurses have a particularly important role because they spend the most time with patients. Community support is also emphasized, which contributes to preserving the quality of life of the patient and their family.

Compassion

In the last moments of life, compassion aims to help patients alleviate symptoms, given that there is no possibility of a complete cure, and active treatment has ended. Compassion is not something that a person knows; it is something that a person feels with the awareness that this person is suffering and with the need to alleviate this suffering. It is recognized as a key element of palliative care and the foundation for building a relationship of trust between the patient, family, and healthcare staff¹⁶.

True compassion is manifested through a high level of clinical practice that encompasses the entire range of symptoms and complex needs of the patient. Compassion includes a sense of coherence and the ability of the nurse to convey the compassionate essence of care through knowledge and interconnectedness within the team. It is important to emphasize that compassion does not refer exclusively to individual reactions of health care workers, but also to systemic conditions that enable them to cope with the complexity of palliative care and preserve their own emotional stability¹⁷.

Nurses, thanks to their developed social intelligence, play an important role in connecting all levels of the health system with the community and encouraging interdisciplinary and intersectoral cooperation.

Contemporary models of palliative care - compassionate cities and communities - increasingly emphasize the importance of involving the community in providing support to patients at the end of life. Models of compassionate communities complement formal health and social services and contribute to strengthening social connections and reducing patient isolation¹⁸. Members publicly encourage and support each other, take care of each other during difficult moments in life, all with the aim of helping an individual in the community suffering from an advanced illness as well as his or her family¹⁸.

Given the continuous progress of medicine and the complexity of health needs, social intelligence and compassion are increasingly emerging as key competencies for future societies. In palliative care, they have a special significance and represent some of the most important professional abilities of nurses¹⁹. Empirical research shows that compassionate care reduces the feeling of isolation of patients, increases trust in the health sys-

tem, and reduces professional burnout of health care staff²⁰. The importance of palliative care planning is emphasized, which implies the active involvement of the patient and their family in the decision-making process about the goals and course of care, as well as the importance of recognizing the needs of family members, understanding different patterns of coping with the disease and providing appropriate support during the illness and the period of mourning^{21,22}.

Conclusion

The analysis of the available literature clearly highlights that the social intelligence of nurses is one of the key competencies in providing palliative care at home. The effective application of knowledge acquired through education depends on each professional and on their level of social intelligence development. The reviewed studies consistently indicate the connection between developed social and communication skills and better quality care, better preservation of patient dignity, and greater satisfaction of patients and their families.

In the context of a modern healthcare system characterized by technological progress and the application of artificial intelligence, social intelligence remains an irreplaceable human competency. Although modern technologies and artificial intelligence can have important support in the organization and implementation of palliative care, the literature review confirms that they cannot replace the interpersonal relationship, social sensitivity, and professional judgment of nurses. Continuous professional development and further scientific research are necessary to improve nursing practice in palliative care, with a special emphasis on the development of nurses' social and emotional skills.

In conclusion, the results of this review indicate the need for further research aimed at developing and strengthening the social intelligence of nurses, with the aim of improving the quality of palliative care and preserving the dignity of patients until the very end.

References

1. Dumbović N, Stančić Soldatek I, Martinec I, Zavrtnik S. Handbook of dignity until the end of life: Varaždin County Health Center; 2024.
2. Lee KR, Lee NK, Oh H, Park KA. Concept analysis of social intelligence of nurses using hybrid model. *J Korean Acad Nurs*. 2024 Aug;54(3):459-474.
3. Tiryaki SH, Türkmen E, Kuşçu KH, Yurtsever D. A pathway for nurses from work strain to anger: mediation of social intelligence. *BMC Health Serv Res*. 2025;25:44
4. Skorpen Tarberg A, Landstad BJ, Hole T, Thronaes M, Kvangarsnes M. Nurses' experiences of compassionate care in the palliative pathway. *J Clin Nurs*. 2020;29(23-24):4818-4826.
5. Reardon KK. *Interpersonal communication: where thoughts meet*: Alinea; 1998.
6. Rakošec Ž, Juranić B, Mikšić Š, Jakab J, Mikšić B. Open communication - the foundation of a palliative approach. *Media Cult Public Relat*. 2014;5(1):98-103.
7. Vorkapić D. *Social intelligence as a predictor of success in nursing*. University of the North; 2020.
8. Chrzan-Rodak A, Nowicki GJ, Schneider-Matyka D, Grochans E, Ślusarska B. Impact of the empathic understanding of people and type D personality as the correlates of social skills of primary health care nurses: a cross-sectional study. *Int J Environ Res Public Health*. 2023;20(1):201.
9. Yanik A, Kurtuluş SA, Örtlek M. The effect of social intelligence levels on decision-making styles: a research in Turkish healthcare managers. *Bezmialem Sci*. 2022 Dec;10(6):814-825.
10. Thomas A. Artificial intelligence-powered robotic technology for transforming palliative care. *Mesopotamian J Artif Intell Healthc*. 2025;58-84.
11. Lučanin D, Despot Lučanin J. *Communication skills in healthcare*. University of Applied Health Sciences; 2010.
12. Goleman D. *Emotional intelligence*. Mosaic Books; 2007.
13. Bradley N, Lloyd-Williams M, Dowrick C. Effectiveness of palliative care interventions offering social support to people with life-limiting illness: a systematic review. *Eur J Cancer Care*. 2018;27(3):e12837.
14. Goleman D. *Social intelligence, New science in human relations*, Mosaic Books; 2008.
15. *Dignity in care*. 2022. Available from: <https://dignityincare.ca/en/about-us.html>
16. Cooley C. Communication skills in palliative care. *Prof Nurse*. 2000;15(9):603-605.
17. Larkin JP. *Compassion: the essence of palliative and end-of-life care*. Oxford University Press. 2015.
18. Abel J, Walter T, Carey LB, Rosenberg J, Noonan K, Horsfall D, Leonard R, Rumbold B, Morris D. Circles of care: should community development redefine the practice of palliative care? *BMJ Support Palliat Care*. 2013;3(4):383-388.
19. Mariska BP, Prasetyo Y, Fadhilah F. Perception and prospective analysis of artificial intelligence on human capital and its impact on human resources in the industrial revolution era 4.0. *Enrichment: J Manag*. 2021;12(1):146-151.
20. Sinclair S, Norris JM, McConnell, SJ, et al. Compassion: a scoping review of the healthcare literature. *BMC Palliat Care*. 2016;15(6).
21. Anwar D, Ransom S, Weiner RS. Communication in palliative care. in: *essentials of palliative care*. 2013:73-87
22. *Communicating in healthcare: a collection of teaching texts*. 2016. Available from <https://www.unidu.hr>

UTJECAJ SOCIJALNE INTELIGENCIJE MEDICINSKIH SESTARA NA PRUŽANJE PALIJATIVNE SKRBI U KUĆI

Sažetak

Uvod: Palijativna skrb u kući složen je oblik zdravstvene skrbi usmjeren na očuvanje kvalitete života bolesnika s neizlječivim bolestima. Uz kontrolu simptoma, poseban naglasak stavlja se na očuvanje ljudskog dostojanstva, kvalitetnu komunikaciju i psihosocijalnu podršku. Razvijanje svijesti o postojanju i upravljanju emocijama te socijalnih vještina jedna je od ključnih karakteristika zdravstvenog osoblja, čime se pridonosi unaprjeđenju kvalitete zdravstvene skrbi.

Cilj i svrha rada: Cilj ovog preglednog rada jest prikazati važnost socijalne inteligencije medicinskih sestara u pružanju palijativne skrbi u kući, s posebnim naglaskom na komunikacijske vještine, socijalnu inteligenciju, suosjećanje i emocionalnu osjetljivost te očuvanje dostojanstva bolesnika uz razumijevanje jedinstvenih potreba svake obitelji.

Metodologija: Rad je izrađen kao sustavni pregled literature dostupne u znanstvenim i stručnim bazama podataka te relevantnim knjigama i priručnicima. Radovi su analizirani s posebnim naglaskom na socijalnu i emocionalnu inteligenciju, komunikaciju u palijativnoj skrbi, suosjećanje i planiranje skrbi.

Rezultati i rasprava: Analiza literature pokazuje da visoka razina socijalne inteligencije medicinskih sestara pozitivno utječe na kvalitetu pružanja palijativne skrbi u kući. Aktivno slušanje, empatija, suosjećanje i razvijene komunikacijske vještine pridonose očuvanju dostojanstva bolesnika, smanjenju psihološkog stresa te jačanju odnosa s obitelji temeljenih na partnerstvu. Ističe se važnost cjeloživotnog učenja i razvoja socijalnih kom-

petencija, osobito u kontekstu suvremenih tehnoloških promjena i primjene umjetne inteligencije u zdravstvu, koja ne može zamijeniti interpersonalne i socijalne vještine medicinskih sestara.

Zaključak: Socijalna inteligencija jedna je od ključnih kompetencija medicinskih sestara u pružanju palijativne skrbi u kući. Sustavno ulaganje u razvoj komunikacijskih i socijalnih vještina doprinosi humanijoj, dostojanstvenijoj i kvalitetnijoj skrbi za bolesnike i njihove obitelji te otvara prostor za daljnja istraživanja u ovom području.

Ključne riječi: socijalna inteligencija, medicinska sestra, palijativna skrb, komunikacija
