

Promoting emotional sustainability through interprofessional learning: A scoping review.

Promoción de la sostenibilidad emocional mediante aprendizaje interprofesional: una revisión de alcance.

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Summary.

Introduction: Interprofessional Education (IPE) has been widely studied due to its positive effects on the development of communication, teamwork, and clinical collaboration skills. Emotional Intelligence (EI) has also been the subject of research, highlighting it as a protective factor that contributes to academic success. However, its role in interprofessional learning and in promoting the emotional education and sustainability of health sciences students remains an underexplored area, especially in relation to preparation for future professional and personal challenges. **Methods:** A systematic review of the literature was conducted following PRISMA guidelines. Studies published between 2005 and 2015 were included with the aim of mapping the available scientific evidence on interprofessional learning and its contribution to the emotional development of health sciences students. **Results:** Seventeen studies were identified that describe various strategies and methodological approaches applied to interprofessional learning, mainly in undergraduate training contexts. The emotional variables addressed include emotional intelligence, empathy, self-regulation, and resilience. **Conclusions:** The evidence reviewed suggests that interprofessional learning promotes the development of emotional competencies that strengthen clinical performance and effective collaboration within work teams, thus contributing to comprehensive training in the health sciences.

Keywords: Emotional Intelligence, Interprofessional Education, Students, Health Sciences.

Resumen.

Introducción: La Educación Interprofesional (EIP) ha sido ampliamente estudiada debido a sus efectos positivos en el desarrollo de habilidades de comunicación, trabajo en equipo y colaboración clínica. En cuanto a la Inteligencia Emocional (IE), también ha sido objeto de investigación, destacándose como un factor protector que contribuye al éxito académico. No obstante, el papel que esta desempeña en el aprendizaje interprofesional y en la promoción de la educación y sostenibilidad emocional de los estudiantes de las ciencias de la salud continúa siendo un ámbito poco explorado, especialmente en relación con la preparación para los desafíos profesionales y personales futuros. **Métodos:** Se realizó una revisión sistemática de la literatura siguiendo las directrices PRISMA. Se incluyeron estudios publicados entre 2005 y 2015 con el objetivo de mapear la evidencia científica disponible sobre el aprendizaje interprofesional y su contribución al desarrollo emocional de los estudiantes de ciencias de la salud. **Resultados:** Se identificaron 17 estudios que describen diversas estrategias y enfoques metodológicos aplicados al aprendizaje interprofesional, principalmente en contextos de formación de pregrado. Las variables emocionales

abordadas incluyen inteligencia emocional, empatía, autorregulación y resiliencia. **Conclusiones:** La evidencia revisada sugiere que el aprendizaje interprofesional favorece el desarrollo de competencias emocionales que fortalecen el desempeño clínico y la colaboración efectiva dentro de los equipos de trabajo, contribuyendo así a una formación integral en las ciencias de la salud.

Palabras clave: Inteligencia Emocional, Educación Interprofesional, Estudiantes, Ciencias de la Salud.

1. Introduction

Interprofessional Education (IPE) has become established as a pedagogical strategy in the health sciences, through which two or more professions learn with, from, and about each other, promoting collaboration, quality of care, and the effectiveness of services provided (1–2). The World Health Organization (WHO) defines IPE as “a teaching and learning approach that brings together students from two or more professions to learn together, with the aim of improving collaboration and health outcomes” (3). In this sense, IPE requires collaborative learning that integrates the perspectives of different disciplines, promoting in participants the ability to respect others, understand their vision, and make decisions oriented toward a common goal (2).

In addition to technical competencies, health professions require the development of socio-emotional skills. Bisquerra and Pérez (4) define these skills as “the set of knowledge, capacities, skills and attitudes necessary to understand, express and appropriately regulate emotional phenomena.” Students' emotional states are a determining factor in the learning process, which implies that teachers must be able to recognize, interpret and promote positive emotions that facilitate the acquisition and consolidation of knowledge (5).

The concept of Emotional Intelligence (EI) arose from the need to understand why some people adapt more effectively than others to the diverse situations of everyday life (6). Currently, EI is recognized as an essential component of the learning process, since it enhances students' ability to manage their emotions, understand those of others, and collaborate effectively, which are key aspects for their academic, personal, and professional success (7). Gerbeth and colleagues maintain that emotional competence implies a deep understanding of emotions that allows for their appropriate management in different circumstances, promoting their constructive use and improving decision-making and interpersonal relationships in teamwork (8). In this framework, emotions constitute a driving force of learning, facilitating both affectivity and cognitive understanding of the educational process itself. In this way, emotions are fundamental for a meaningful and comprehensive education, in which students not only acquire knowledge, but also develop a deep and holistic understanding of themselves and their surroundings (9).

The incorporation of interprofessional education into current curricula seeks to promote and strengthen students' socioemotional skills through experience-based and collaborative learning methodologies. This approach aims to ensure that future professionals develop emotional and social competencies consistent with the graduate profiles defined in their training programs. Furthermore, the integration of EI into educational contexts, especially through collaborative learning strategies, enhances students' ability to manage their emotions, cooperate effectively, and resolve conflicts, resulting in improved academic performance and emotional well-being (7).

While Interprofessional Education has been widely studied for its positive effects on developing communication, teamwork, and clinical collaboration skills, the role of Emotional Intelligence, recognized as a protective factor for academic success, remains a largely unexplored field within interprofessional learning. Its potential contribution to promoting emotional education and the emotional sustainability of health science students represents a significant challenge in the face of the demands of professional and personal life.

In this context, there is a need to provide scientific evidence regarding existing experiences in emotional education through interprofessional learning among health sciences students. Therefore, a scoping review was conducted to map the available evidence on interprofessional learning and its

contribution to the emotional development of these students. This review aims to offer a thoughtful analysis of its relevance in curricula and its impact on the self-care and emotional sustainability of future health professionals.

2. Methods

Review protocol

For this study, the Joanna Briggs Institute (JBI) protocol (10) was used. A review was conducted using the Scoping Review methodology, following the PRISMA model (PRISMA-ScR) (11) (Figure 1), which was supported by the use of the bibliographic manager Mendeley to organize the documents found.

Identification and formulation of the research question

The research question guiding the search was structured using the PCC mnemonic: Population: Health Sciences Students; Concept: Interprofessional Learning and Emotional Education; Context: University educational settings. We posed the following research question: What is the existing scientific evidence regarding the impact of interprofessional learning on the emotional education of health sciences students in university settings?

Search strategy and selection of relevant studies

During the first half of 2025, a search was conducted in the Web of Science (WOS), Scopus, Pubmed, and Google Scholar databases. The search strategy was guided by the use of Health Sciences (DeCS) and Medical Subject Heading (MeSH) descriptors (Table 1), with the help of the Boolean operators AND and OR to combine them according to the databases.

Table 1. Keywords for the search.

Q: Health science students			C: Interprofessional Learning and Emotional Education		C: University educational environments
Student* AND "health sciences" OR "health care" OR medicine OR nursing OR pharmacy OR dentistry			"interprofessional education" OR "Interprofessional learning" OR "interprofessional collaboration" OR IPE OR "interprofessional practice" AND "emotional education" OR "emotional intelligence" OR "socialemotional learning" OR "emotions" OR "social skills" OR "competences" OR "emotional competencies" OR "emotional skills" OR "psychosocial skills"		"Higher education" OR Universit* OR College* OR Academic OR "university setting" OR undergraduate OR "academic environment" OR "University colleges" OR "University institutes"

The preliminary search was conducted separately by two reviewers (MS) and (AM) to mitigate the risk of bias. Articles published between 2015 and 2025 were selected by reading titles and abstracts, then analyzing full texts, selecting according to the research question based on the elements of the PPC. Original studies, open access, full text, experiences or strategies in teaching innovation, quantitative and/or qualitative study designs, mixed studies, systematic reviews, or scoping reviews were considered. All articles from the gray literature and articles not available in full text were excluded (figure 1).

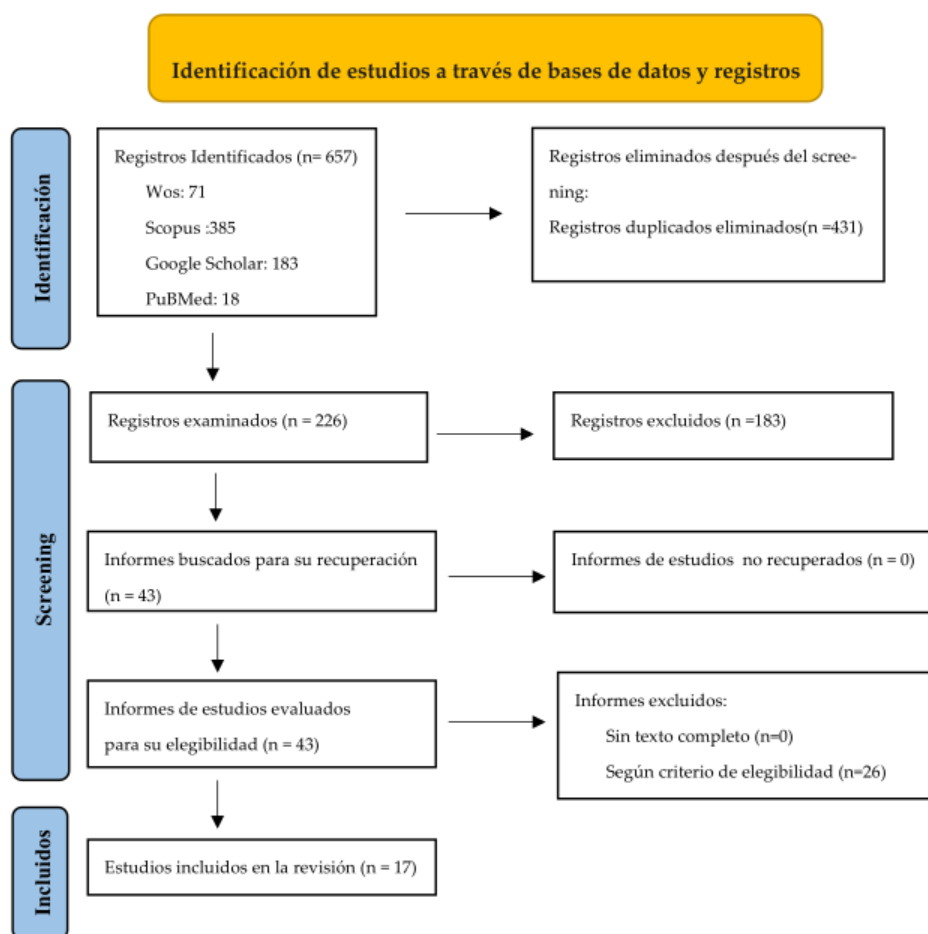


Figure 1. Prisma flowchart of the study.

Data extraction and organization

The data were stored and organized in the bibliographic manager Mendeley, screened, sorted and consolidated by the principal researcher in an Excel sheet summarizing the main information of each study: author, year, type of study, population, type of interprofessional strategy, variables and results and/or findings (table 2).

Ethical aspects

This type of study, being a scoping review, does not require evaluation by a scientific ethics committee. The data used were obtained from secondary data; the included studies report evaluation and approval by the ethics committee; and scientific rigor was maintained throughout the review process. The use of artificial intelligence tools to organize, structure, and summarize the manuscript is declared.

3. Results

A total of 657 articles were identified in the reviewed databases. After eliminating 431 duplicate records, a total of 226 articles were obtained for reading their titles and abstracts. Of these, 183 articles were excluded because they did not answer the research question, resulting in 43 studies potentially eligible for full-text review. MS reviewed these documents in full, while AM collaborated as a reference expert to access those articles whose full files were not available for download. Finally, 17 studies that met the inclusion criteria were included and analyzed in detail (Table 2).

Of the 17 studies analyzed, different types of designs and methodological proposals were identified that reflect the state of the art in interprofessional learning (IPL) strategies, primarily focused on undergraduate students. Regarding the emotional variables addressed, diverse approaches were observed, including emotional intelligence, empathy, self-regulation, and resilience.

Several of the reviewed studies incorporate validated measurement instruments, such as the TMMS-24 (Trait Meta-Mood Scale) to assess emotional intelligence levels, the RIPLS (Readiness for Interprofessional Learning Scale) to measure interprofessional competencies, as well as other scales used in quantitative studies, including the PANAS (Positive and Negative Affect Schedule) and various motivation scales. In the qualitative studies, emotional variables were analyzed based on participants' accounts and emotional experiences during interprofessional learning activities.

Overall, the results show that interprofessional learning promotes the development of emotional skills that optimize clinical performance and foster effective collaboration within work teams. A summary of the main results and findings from the 17 included studies is presented below. The following categories were considered for analysis: type of study, population, IPE strategies implemented, emotional variables assessed, main findings, gaps, and opportunities, accompanied by a brief commentary for each criterion (Table 3).

Table 3. Summary of results and findings

Category	Description	Comments
Type of studies	Quantitative, qualitative, mixed, educational innovation experiences, systematic review.	Variability of study approaches.
Population	Undergraduate students in the health field (medicine, nursing, pharmacy, psychology, physiotherapy, social service, etc.) and other students in the health sciences. areas: Engineering.	For the most part, studies are conducted among undergraduate students in the health sciences.
EIP Strategies	Workshops, clinical simulation, role-playing, games, coaching, leadership, immersion courses, interprofessional clinics.	A variety of educational scenarios, both real and simulated, as well as the use of clinical cases in the classroom, some with a focus on simulations and outpatient clinical practice.
Emotional variables evaluated	EI, empathy, self-regulation, anxiety, resilience, epistemic emotions, autonomous/controlled motivation. Use of standardized instruments such as TMMS-24, RIPLS, PANAS and semi-structured interviews.	Expanding the emotional approach to include dimensions of motivation, sustainability, and interprofessional learning skills.
Findings	Positive association between EIP and emotional development.	EIP contributes to sustained motivation, effective collaboration, self-reflection, and emotional coping for situations described as “difficult.”
Gaps and Opportunities	There is a lack of evidence from studies in Latin American countries focused on IPE that allows for understanding the importance of emotions from a culturally diverse perspective. This is limited to European and Asian studies, as well as a limited integration of theoretical frameworks for teaching.	This is an opportunity to continue advancing longitudinal designs to increase studies assessing the sustainability of emotions over time with the transition to professional life.

4. Discussion

Research in Interprofessional Education (IPE) has shown that this strategy favors the development of professional competencies based on knowledge, skills and attitudes that optimize interpersonal relationships and strengthen collaborative work (31). However, the relevance and impact of Emotional Intelligence (EI) in educational contexts mediated by interprofessional learning continues to be a poorly explored area, especially among undergraduate students in the health sciences and other professional disciplines.

The results of this review support the importance of emotional variables in the design and effectiveness of various IPE strategies. In two documented educational experiences (12, 17), through the implementation of workshops and role-plays, a significant association was observed between the disposition toward interprofessional learning and emotional intelligence, as well as an increase in EI levels. This variable was assessed using validated instruments, including the TMMS-24 questionnaire, which allowed demonstrating improvements in the emotional self-perception of the participants (17).

In another reviewed study (23), the PANAS scale was used to explore the emotional states of medical and nursing students during an interprofessional course with a clinical focus. The results showed that, throughout the two-week course, there were notable variations in positive and, to a lesser extent, negative moods. Consequently, there is a need to design IPE experiences that foster positive emotions during the learning process, since these favor the application of knowledge and promote a collaborative attitude in future work environments.

Quasi-experimental studies (21, 22, 26) have identified an association between EI and teamwork skills, as well as improved attitudes toward IPE and a strengthening of group affect and professional identity. Benefits were also observed in the development of resilience and communication skills. Quantitative studies (15-16) highlight that the implementation of IPE programs and the incorporation of active strategies, such as role-based learning, are positively related to increased EI, empathy, and emotional self-perception in students.

Regarding emotional intelligence as a study variable, health science students agree that it favors the self-development of empathy, self-motivation, relationship management, and altruistic behavior (15). Various studies maintain that empathy and EI are associated with the subjective well-being of the student (31). Similarly, other studies highlight that empathy, EI, and self-esteem are not only decisive in the healthcare professional-patient relationship, but also act as emotional regulators that contribute to the prevention of burnout and other psychological manifestations that affect the effectiveness of professional performance (32).

One of the studies included, corresponding to a literature review, concludes that three skills—empathy, emotional intelligence, and interprofessional competencies—constitute transversal professional domains that transcend the specific technical skills of each discipline (14). Therefore, it is proposed that institutions that train health professionals should make systematic efforts to integrate these domains into their curricula, with the aim of training more competent, empathetic, and emotionally balanced graduates, capable of improving the patient experience and the quality of care in health services.

The reviewed studies show a positive association between Emotional Intelligence (EI) and teamwork and interprofessional collaboration skills (13, 21, 28). This relationship has been observed through the implementation of various educational strategies, such as workshops and role-playing in Interprofessional Education (IPE) contexts. These studies found that, after participating in IPE activities, EI levels were positively correlated with the strengthening of teamwork skills. Furthermore, these interventions were found to be feasible and well-rated by participants, suggesting that EI should be considered an essential antecedent of collaborative work (28). In a two-year longitudinal study (19), it was reported that sustained participation in an IPE program favored the development of more emotionally competent students, with greater knowledge of other

professions and a more positive view of interprofessional competencies, particularly in relation to collaborative work.

In studies that incorporated interprofessional clinical simulation (18), it was found that some students applied their self-awareness and emotional self-regulation skills to manage their emotions and respond effectively to unforeseen situations. Other participants reported benefits derived from active observation and listening during simulation and feedback sessions. Consistently, the literature highlights a positive relationship between EI and the ability to manage stress, improve emotional well-being, and reduce burnout (33). In this sense, emotionally intelligent behaviors facilitate the management of interpersonal interactions in highly demanding clinical contexts (25).

In one study (26), participation in IPE training sessions contributed to improved self-efficacy, coordination, emotional control, anxiety reduction, and commitment to patient-centered care. Through the use of standardized clinical scenarios and patients, students were able to practice decision-making in complex contexts, manage ambiguity in clinical cases, and resolve interprofessional conflicts, thus strengthening their emotional and collaborative competencies.

The benefits of EI and communication training have been documented across all health professions. There is a positive correlation between medical education and the development of EI, with the acquisition of these skills associated with improvements in students' academic and clinical performance. Furthermore, communication skills act synergistically with EI, contributing to improved patient safety and effective care (12). In single-study studies, assertiveness emerges as a key component of peer communication, considered an essential skill for clinical practice. It is defined as "the honest and legitimate expression of personal opinions, needs, desires, and feelings, without denying or violating the rights of others" (34).

IPE strategies (24) include activities focused on self-assessment of professional identity, teamwork, and reflection. The latter should be considered a key pedagogical tool (27), since reflection on negative emotional experiences can lead to significant learning by transforming these emotions into positive perceptions linked to the acquisition of new knowledge and skills. Therefore, the close interaction between emotions and clinical learning in interprofessional contexts is highlighted, which is essential for the comprehensive training of students.

Among the limitations identified in this scoping review is the methodological variability of the studies analyzed, both in the research designs and in the educational strategies used to address emotional variables and their relationship with interprofessional competencies. Given the exploratory nature of this review, a systematic analysis of methodological quality or a meta-analysis was not conducted, in line with the study's objectives.

Another limitation observed is the weak theoretical foundation of many of the studies reviewed. In most cases, emotional states were approached from an instrumental or descriptive perspective, based on students' self-reported perceptions, without a solid conceptual framework to explain the underlying emotional learning processes.

Finally, most of the research analyzed assesses short-term emotional changes, highlighting a gap in knowledge regarding the sustained impact of IPE strategies. Longitudinal studies are needed to examine the implications of EI and IPE on the professional development and emotional sustainability of future health professionals. Such research could provide valuable evidence on the role of IPE as a predictor of emotional well-being and collaborative effectiveness in professional practice, opening new avenues of study in the field of interprofessional education and mental health.

5. Conclusions:

- This literature review identified evidence demonstrating how strategies focused on interprofessional learning (IPL) positively influence the development of social skills and the emotional sustainability of health sciences students through the implementation of various collaborative educational strategies.

- The findings reinforce the idea that IPE is an effective strategy for strengthening and maintaining students' emotional competencies, including empathy, self-regulation, and motivation, which are essential factors for ensuring meaningful learning, fostering professional identity, and promoting psychological well-being during university education.
- Evidence gaps persist in the literature, such as the scarcity of longitudinal studies, the underrepresentation of research in Latin American contexts, and the limited connection with theoretical frameworks of learning and emotional intelligence. These gaps hinder the generalization of the results and highlight the need to strengthen the theoretical and methodological foundation of future research on emotional interventions in interprofessional settings.
- IPE-based learning not only contributes to the development of communicative and clinical skills in the various health science disciplines, but also emerges as a valuable tool for promoting mental health, emotional regulation, and the affective sustainability of future professionals, fundamental aspects of their ethical and humane performance.
- Finally, investing in collaborative and theoretically grounded educational strategies represents a bridge to the development of more humane, resilient, and committed healthcare teams, thus contributing to the strengthening of more empathetic, sustainable, and well-centered healthcare systems.

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Table 2. Summary of articles submitted for review.

Author / reference	Study Design	Population/Context	Interprofessional Strategy	Emotional Results/Variables
Shrivastava / 12	Educational experience	Medical, pharmacy, and psychology students	IPE Workshop	Association between provision for EIP and IE
Ganotice / 13	Quantitative	925 students in Medicine, Nursing, Social Work, Chinese Medicine, Pharmacy, Speech Therapy, Clinical Psychology, Food and Nutrition Sciences, and Physiotherapy.	Validation and Application of instruments: Anxiety Scales in Social Interaction and Social Phobia in interprofessional education.	Reflection on IE and teamwork
McNulty & Politis / 14	Narrative revision	Undergraduate students	Surveys, EIP + IE preparation	Social anxiety as a barrier to EIP
Of Weapons / 15	Descriptive-correlational	369 health students	IPE Course Program	Relationship between EI, empathy and EIP
Aguilar-Ferrández / 16	Prospective	93 health students	IPE role-playing game	Improvement in empathy and self-perceived EI
Rodriguez / 17	Educational Experience	Psychology and nursing students	Role-playing game	Increased EI assessed with the TMMS-24; importance of EI for future relationships
Spirit / 18	Qualitative	109 students from 4 disciplines	IPE Course Program	Self-awareness and self-regulation in the face of unexpected situations
Aulisio / 19	Mixed	42 health students	IPE Clinical Practice	Development of EI and collaborative skills
Gribble / 20	Mixed	24 therapy students	IPE Workshop	Positive change in EI during clinical practice
Lee / 21	Quasi-experimental	42 nursing and engineering students	IPE role-playing game	IE Association and Team Skills
Burford / 22	Quasi-experimental	Medical and nursing students	Clinical Simulation	Improvement in attitudes towards EIP and group affect

(professional identity)				
Mohr / 23	Quantitative	Health students	IPE Clinic	Emotional variability during collaboration
Stephen / 24	Qualitative	Undergraduate students	Structured reflection in EIP	Influence on affective domain and professional role
McCloughen / 25	Qualitative	Nursing and pharmacy students	IPE Clinical Simulation	Use of emotionally intelligent behaviors
Peterson/ 26	Quasi-experimental	Students from 4 disciplines	IPE Course Program	Strengthening resilience and communication
Jakobsen / 27	Qualitative	Medical and nursing students	IPE Clinic	Epistemic, social and task emotions
Teuwen/ 28	Quantitative	Medical and nursing students	IPE Course Program	Sustained autonomous motivation and interprofessional collaboration