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ORIGINAL RESEARCH PAPER

THE ROLE OF EMOTIONAL INTELLIGENCE SUSTAINABILITY IN SHAPING PERCEPTIONS OF NUTRITIONAL EDUCATION

Anișoara V. Sandovici[1*], Gabriela M. Raveica[1], Alina R. Ababei[2], Adina-Camelia I. Șlicaru[1], Ionel Crinel D. Raveica[3], Constantin D. Nechifor[4], Radu I. Ababei[1]

[1]*"Vasile Alecsandri" University of Bacau, Faculty of Movement, Sports, and Health Sciences, 157, Calea Mărăşeşti, Bacău, Romania*
[2]*"George Bacovia" University of Bacau Faculty of Economic, Law, and Management Sciences, 96 Pictor Theodor Aman Street, Bacău, Romania*
[3]*"Vasile Alecsandri" University of Bacau, Faculty of Engineering, 157, Calea Mărăşeşti, Bacău, Romania*
[4]*"Petre Andrei" University of Iaşi, 6, Codrescu, Iaşi, Romania*

*Corresponding author: sandovici.anisoara@ub.ro

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Abstract: Nutritional education is not just about 'what not to eat', but about understanding how the fuel we put into our bodies influences our energy, mood, and longevity. In a world full of ultra-processed foods, knowing how to read a label and balance nutrients is a modern survival skill. With regard to the association between emotional intelligence and nutritional education, we started from the premise that emotional intelligence mediates the way subjects perceive the necessity of this new form of education today. The study explored a possible connection between the emotional intelligence level and the association of the occupational therapy profession with terms targeting the emotional-empathic dimension of personality, and the tendency to associate the profession of occupational therapist with the emotional-empathic dimensions of personality. Even more, it examined if the emotional intelligence level mediates the way in which the social perception of nutritional education is structured.

Keywords: *children, emotional intelligence, nutritional education, occupational therapy, social perception*

INTRODUCTION

Whether considered a non-cognitive skill, a capacity, or a socially structured competence, emotional intelligence represents a complex psycho-emotional construct that mediates the awareness of one's own emotions, their management, and the way we perceive the psychological reality of those we interact with [1]. Concerning occupational therapy, George [2] emphasizes that emotional intelligence impacts specific cognitive processes such as prioritizing client needs and decision-making. Occupational therapists can implement activities within the school population that, over time, lead to behavioral changes related to nutrition [3]. Subordinate to this idea, we also investigated the extent to which the level of emotional intelligence mediates the structuring of the social perception of nutritional education (considering that both teachers and occupational therapists can promote knowledge and change for physical and mental health). As research tools, we used the Emotional Intelligence Assessment Questionnaire [4], a Questionnaire for the Assessment of the Social Perception of the Occupational Therapist, and a Questionnaire for the Assessment of the Social Perception of Nutritional Education (the latter two questionnaires being adapted according to the free association method developed by Abric) [5].

The multiple interactions that take place within the human psyche between cognitive, affective, and motivational components have been studied and established in several specialized studies. Emotional intelligence (EI) became widely known especially through the innovative model developed by Howard Gardner [6], which operationalizes the concept of multiple intelligences, in which intrapersonal and interpersonal intelligence occupy a place of primary importance, both being included within the overarching framework concept of EI.

Various specialists in the field of psychology have studied emotional intelligence. It was described as the ability to recognize, understand, perceive, use, and effectively manage both one’s own emotions and those of the people one interacts with [7]. A high level of emotional intelligence provides the individual with important psychological resources and multiple benefits, such as: the perception of personal success, high and stable self-esteem, the capacity for self-objectification, self-efficacy in managing conflict situations, self-protection against burnout, self-dissatisfaction, and self-control [7, 8].

David Caruso [9] stated that some professions need a higher degree of emotional intelligence than others. In spite of his statements, he omitted to mention the way how he obtained the ranking. Occupational therapy was ranked 12th out of 37 careers evaluated from highest to lowest. Most professions in the field of human services were classified as requiring higher levels of emotional intelligence (physician, nurse, psychologist, teacher, social worker), compared to other professions (chef, systems analyst, engineer). Emotional intelligence skills can improve workplace outcomes because they are correlated with strong problem-solving abilities, leadership, and personal and professional integrity in work environments [2]. Furthermore, high emotional intelligence positively influences cognitive processes such as memory and decision-making. The ability to make correct decisions in initiating the clinical reasoning specific to occupational therapy is central to the success of clinical interventions [10, 11].

With regard to nutritional education, there are studies in the field of behavioral psychology showing that a person’s emotional perception has a significant impact on

performance achieved in various areas of personal, social, and professional psychological life, including the management of the primary need for nutrition [12].

Emotional intelligence has been theorized both as an ability structured over time and as an innate dispositional trait [13]. Models based on the interpretation of emotional intelligence (EI) as an ability-capacity have been supported through the development of tests that assess self-perceived personal performance. Consequently, the assessment and understanding of emotional self-efficacy level, therefore, represents a primary objective in the foundational stages of the occupational therapy process, as well as in the work of specialists involved in solving personal and social interpersonal problems [13]. Literature mentions that emotional intelligence may be one of the most critical factors in the sustained effectiveness and superior performance of healthcare professionals [14, 15]. Data regarding personal emotional experiences constitute an essential source for improving occupational performance, including with regard to the hygiene of eating behaviors, as well as the modification and reshaping of attitudes and beliefs about one's own life. Thus, for healthcare specialists (psychologists, physicians, occupational therapists, etc.), accessing and using the emotional dimension of life represents a valuable resource in designing and initiating the specific therapeutic and educational process [16, 17]. There are studies aimed at capturing the dimension of emotional intelligence within the occupational therapist's personality profile. The results have shown that the occupational therapists' personality profile, characterized by high emotional intelligence, is associated with empathy, reliability, self-motivation, and the ability to understand and effectively manage their personal emotions, and other people's, too. Furthermore, they are capable of understanding and applying the therapeutic approach as a dynamic, engagement-oriented process. This methodology facilitates the establishment of effective interpersonal relationships, which are central to the advancement of person-centered practice [18, 19].

Literature underlines how significant managing own emotions is in the activity of occupational therapists [20]. It also presents a structured sets of activities aimed at systematically developing its self-awareness and self-reflection, use of self-awareness and development of social skills through experiential exercises (contributing to the development of communication skills, empathy, and abilities specific to the therapeutic relationship); self-management and the management of others (training in anger management, self-expression, and developing adaptability, flexibility, and conflict-management skills); and the development of teamwork abilities [14, 15].

Similarly, Daniel Goleman [21] stated that emotional intelligence can be developed as a competence in expressing feelings, demonstrating emotional resilience, protecting oneself, and managing stress. Consequently, emotional intelligence also mediates the way in which we relate to the fulfilment of occupational areas, including nutrition. According to the World Health Organization (WHO: *Healthy Diet Fact Sheet*), nutritional education can serve as a means of prevention in reducing the risk of chronic diseases (type 2 diabetes, cardiovascular diseases, or obesity). In other cases, it may lead to increased cognitive performance. The brain consumes approximately 20 % of daily energy, and proper nutrition improves concentration and memory. At the same time, it can contribute to maintaining or improving mental health, given the known direct connection between the intestinal microbiome and the regulation of neurotransmitters such as serotonin. Regarding the ratio of nutrients, the same organization emphasizes the importance of

keeping carbohydrates below 60 % and limiting saturated fats. According to this organization, a balanced diet is based on an optimal ratio between the three main pillars:
1. Proteins (4 kcal/g): the "building blocks" of the body. Essential for muscles, enzymes, and hormones.
2. Lipids (9 kcal/g): a dense source of energy, protection for organs, and the absorption of fat-soluble vitamins (A, D, E, K).
3. Carbohydrates (4 kcal/g): the main source of "fast" energy for the brain and muscles.
Another international organization, the European Food Safety Authority (EFSA: *Scientific Opinion on Dietary Reference Values for nutrients*), establishes the Dietary Reference Values (DRVs) for the European population, including the increased protein requirements for older adults (to combat sarcopenia) and age-specific requirements for children. The ideal macronutrient ratio varies depending on the stage of development and level of activity. For children aged 3-11, the emphasis is placed on growth and brain development.
Ratio: Proteins 10-20 %, Lipids 25-35 %, Carbohydrates 45-60 %.

- Example of diet:
- Proteins: eggs, dairy products, chicken, lentils.
- Lipids: avocado, nuts (grounded), olive oil.
- Carbohydrates: fresh fruits, whole grains, colorful vegetables.
- Essential vitamins: Vitamin D (for bones) and Vitamin C (immunity).

Adolescents (12-18). A period of hormonal surge and rapid muscular/bone development.

- Ratio: Proteins 15-25 %, Lipids 25-30 %, Carbohydrates 45-55 %.
- Example of diet:
    - Proteins: fish, lean beef, tofu, Greek yogurt.
    - Lipids: seeds, fatty fish (Omega-3 for cognitive function).
    - Carbohydrates: whole wheat pasta, brown rice, sweet potatoes.
- Vitamins/Minerals: Calcium and Iron (especially essential for girls and athletes).

Elderly (65+). The goal is the maintenance of muscle mass (prevention of sarcopenia) and cognitive health.

- Ratio: Proteins 20-30 % (necessary increased), Lipids 20-25 %, Carbohydrates 45-50 %.
- Example of diet:
    - Proteins: cottage cheese, egg whites, turkey, peas.
    - Lipids: flaxseed oil, nuts, baked fish.
    - Carbohydrates: legumes (beans, chickpeas) for fiber intake, oats.
- Essential vitamins: B12 (whose absorption decreases with age) and Vitamin D.

With regard to individuals engaged in intense physical activity, a carbohydrate-rich Mediterranean-type diet has proven to be more effective in obtaining an energy surplus, facilitated by the storage of nearly twice as much glycogen in the muscles compared to a mixed carbohydrate-and-fat diet [22]. There are studies showing that adults (parents, educators, teachers, psychologists) who are able to maintain control over negative emotions demonstrate greater attention to dysfunctional eating behaviors in children. They seek information or consult nutrition specialists in order to prevent or remedy unhealthy eating habits in themselves or in children [23]. Research conducted during the

SARS-CoV-2 pandemic showed that social isolation affects children's eating habits, and that behavioral factors represented by an unbalanced diet with excessive energy intake may favor the development of obesity [24]. Other authors have suggested that emotional intelligence could function as both a physical and mental protective factor, including with regard to the establishment and activation of healthy eating routines for themselves and for children [25, 26]. Emotional intelligence was identified by Ciarrochi *et al.* [27] as a mediating factor between stress and mental health: specifically, higher levels of emotional intelligence produce an important reduction in stress and depressive symptoms, whereas lower levels are linked to increased psychological distress. In another respect, a diet rich in fruits, vegetables, and whole foods, together with moderate physical activity, can improve well-being by maintaining a healthy nutritional state to help combat viruses [28]. In professional practice, the occupational therapist will face difficult situations that must be managed effectively. HCPC Standards of Competence clearly state that the changing needs of different people or groups must be met by the ability to adapt practice [29].

MATERIALS AND METHODS

Subjects

The three research instruments were initially administered to a total of 150 subjects. After the statistical collection of the data, 34 response protocols were excluded due to failure to comply with the work instructions. The 116 subjects who remained with valid protocols were divided, according to the variable representing the form of education currently attended, into two categories: the *graduate* category (50 educational sciences subjects enrolled in the graduate program at "Vasile Alecsandri" University of Bacău; all subjects teach in pre-university educational system, with an average 8-year teaching experience) and the *undergraduate* category, (66 subjects, first year students in human-medical sciences - psychology, occupational therapy, and physical therapy, attending "Vasile Alecsandri" University of Bacău and "Petre Andrei" University of Iași). Most of the subjects with invalid protocols were from the physical therapy specialization, which also correlated with the smallest number of respondents included in the final data analysis. The final distribution of respondents is presented in Table 1.

Table 1. *Distribution of respondents according to the specialization they are currently studying*

Characteristics	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Physical therapy	4	100.0 %	0	0.0 %	4	100.0 %
Ocupational therapy	33	100.0 %	0	0.0 %	33	100.0 %
Psychology	29	100.0 %	0	0.0 %	29	100.0 %
ES (graduate level)	50	100.0 %	0	0.0 %	50	100.0 %

Research Organization

The present research had an exploratory character, with the aim of measuring the extent to which the scores obtained for the independent variable - emotional intelligence - mediate the dynamics of the terms associated with the two established dependent variables: occupational therapist and nutritional education. The selected instruments were presented to the subjects. They were informed about the confidentiality of their responses and about the purpose of collecting the results. Completion of the research instruments was voluntary and took place outside teaching hours.

Purpose and Objectives of the Research

The present research started from the general premise that a high level of emotional intelligence mediates the structuring of the social perception of the occupational therapist, in the sense of associating empathic-affective, prosocial, and motivational dimensions. Furthermore, through this research we aimed to identify the way respondents relate to the meaning of the occupational therapy profession through the associations of meaning attributed to it. Last but not least, we aimed to identify the relationships established between the semantics of the terms associated with the phrase nutritional education and the scores obtained in emotional intelligence.

Instruments

As instruments for collecting information capable of supporting or validating/invalidating the research hypothesis, we applied two, namely:
a) Emotional Intelligence Assessment Test (adult version). The test [4, 21] contains 10 items, each item having four response options. A response option may be scored with 0, 5, or 20 points, depending on the option marked by each respondent. For each item, only one of the four possible options may be selected. The scores obtained by respondents are divided into four categories, as follows: a score lower than 100 correlates with a below-average level of emotional intelligence; a score of 100 to 150 points indicates an average level of emotional intelligence, while an above-average level is pointed by a score above 150 points; an exceptional level of emotional intelligence is marked by a score of 200 points.
b) Free Association Scale I, adapted after Abric [5]. The respondents' first task was to associate a number on a scale from 1 to 10 (where 1 means "not at all" and 10 means "very well") with their level of knowledge regarding the meaning of the phrase specialist in occupational therapy. The second step consisted of the task of writing on a sheet of paper the first 10 words that came to mind when reading the stimulus phrase occupational therapist. After writing down those ten words, respondents were instructed to read them carefully and rank them according to their semantic importance in defining the occupational therapist (using Roman numerals, where I represented the most important and X the least important).
c) Free Association Scale II, adapted after Abric [5]. As in the case of Free Association Scale I, respondents were instructed to complete the same tasks starting from the stimulus phrase nutritional education.

RESULTS AND DISCUSSION

For the statistical analysis and interpretation of the collected data considered valid, we used the statistical analysis software SPSS, version 17.
Regarding the average emotional intelligence score for the entire sample of subjects, this was 96.54, with a minimum score of 40 and a maximum score of 165 (Table 2).

Table 2. *Minimum, maximum, and mean scores for the Emotional Intelligence Variable*

	Descriptive Statistics										
	Mean							**Skewness**		**Kurtosis**	
	N Statistic	Min. Statistic	Max. Statistic	Statistic	Std error	Std deviation statistic	Variance Statistic	Statistic	Std error	Statistic	Std error
ScorEQ	116	40	165	96.94	2.515	27.089	733.81	0.054	0.022	-0.594	0.446
Valid N (listwise)	116										

Regarding the subjects (50 participants) enrolled in graduate studies, the mean score was 107.51 (average level), with a minimum of 40 and a maximum of 165 points. At the level of subjects (66 participants) enrolled in first-year undergraduate studies, the results per specialization are as follows: physical therapy students (m = 66.25, with a minimum of 60 points and a maximum of 80 points); occupational therapy students (m = 92.88, with a minimum of 45 points and a maximum of 145 points); psychology students (m = 102.59, with a minimum of 60 points and a maximum of 145 points).
Based on the obtained scores, and the classification into evaluation categories, at the level of graduate students the results are presented in Table 3.

Table 3*. Number of subjects according to emotional intelligence level – graduate*

Valid	**Level**	**Frequency**	**Percent**	**Valid Precent**	**Cumulative Percent**
		27	54.0	54.0	54.0
	Above Average	1	2.0	2.0	56.0
	Below Average	22	44.0	44.0	100.0
	Total	50	100.0	100.0	

Additionally, at the level of the 66 subjects enrolled in undergraduate studies (aggregated across the three specializations), the results are summarized in Table 4.

Table 4. *Number of subjects according to emotional intelligence level – undergraduate*

Level	Frequency	Percent	Valid Precent	Cumulative Percent
	33	50.0	50.0	50.0
Below Average	33	50.0	50.0	100.0
Total	66	100.0	100.0	

By studying the score of the entire sample of subjects, associated with the level of knowledge of the meaning of the occupational therapist profession, led to the statistical results shown below, in Table 5.

Table 5. *Scores associated with knowledge of the meaning of the occupational therapist profession*

	Descriptive Statistics											
	Mean							Skewness		Kurtosis		
	N Statistic	Range Statistic	Min. Statistic	Max. Statistic	Statistic	Std error	Std deviation statistic	Variance Statistic	Statistic	Std error	Statistic	Std error
ScoreEQ	116	125	40	165	96.94	2.515	27.08	733.81	0.054	0.225	-0.594	0.446
OT knowledge	116	9	1	10	5.92	.206	2.223	4.942	-0.239	0.225	-0.649	0.446
Valid N (listwise)	116											

The overall mean has a value of 5.92, with statistically non-significant differences according to the education level variable (graduate, m = 5.64; undergraduate, m = 6.14). Regarding the items associated with the occupational therapist profession, at the level of the entire sample, the results are presented in summary form in Figure 1.
A detailed discussion of the results will be provided in the Discussion section.

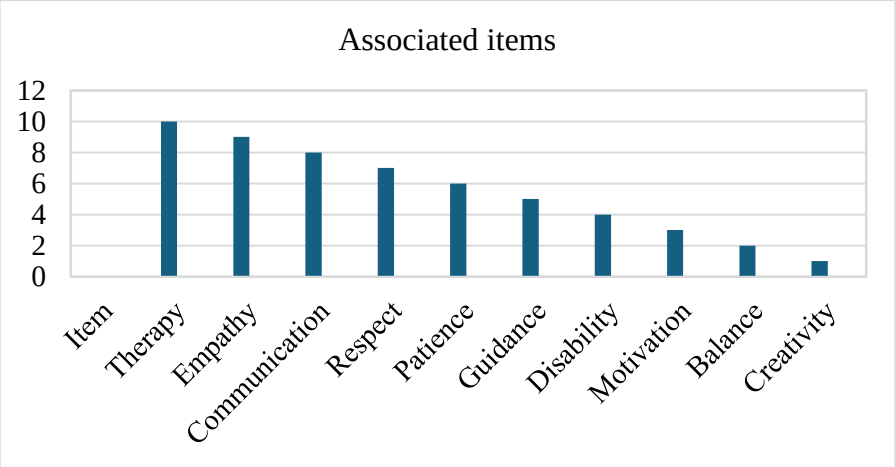

Figure 1. *Frequency and ranking of items associated with the occupational therapist*

Regarding the variable nutritional education, after a quantitative and qualitative analysis of the data, (no statistically significant differences were reported when comparing undergraduate and graduate participants), the results for the entire sample of subjects are presented in Figure 2.

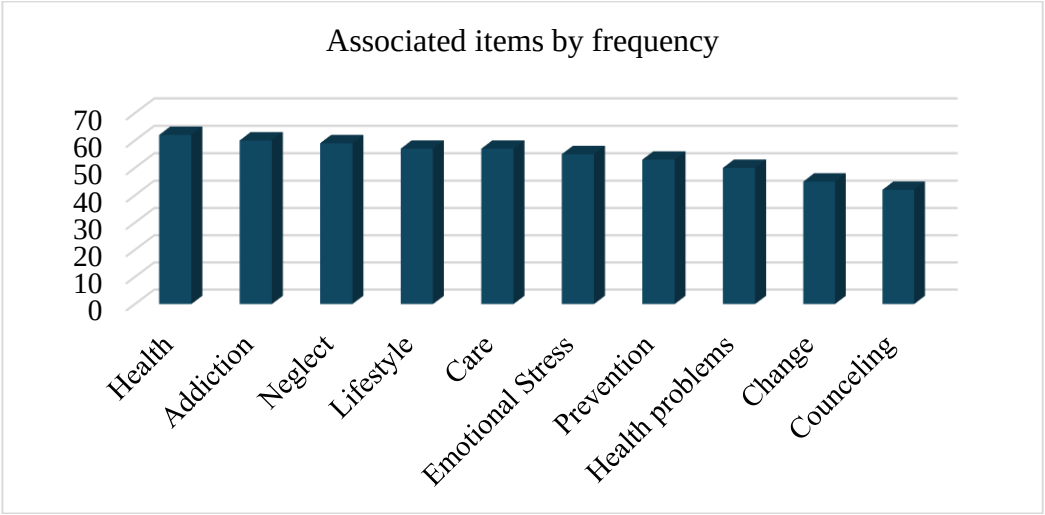

Figure 2. *Frequency and ranking of items associated with nutritional education*

Based on the statistical results from the entire sample, the general mean m = 96.24 indicates a below-average level of emotional intelligence. In real-life terms, this may explain a variety of behavioral attitudes and mildly irrational beliefs, such as feelings of inferiority, an inability to support a personal viewpoint with arguments, limitations in empathic communication, social withdrawal and isolation, or, conversely, intrapersonal and interpersonal conflictual behaviors. Within the graduate groups of subjects, emotional intelligence scores were predominantly distributed between average and below-average levels (n = 27 and n = 22, respectively). Notably, only one subject scored as above-average.

Considering that all subjects in this group, from a professional standpoint, are teachers in pre-university education, we may assume that there is a limitation in personal emotional

management, with a significant impact on the way they manage to engage with the emotional world of children, parents, and colleagues. Studies highlight that teachers have the ability to develop positive emotional responses through emotion regulation and to effectively manage both their own emotions and those of students. This ability is strongly connected to teachers' high level of emotional intelligence. This helps them maintain a generally positive psychological tone, full concentration, and authentic, engaging involvement in teaching activities [30]. At the level of the undergraduate group, the results are relatively similar to those obtained in the first group, with an equal distribution of 33 to 33 between the number of subjects with an average level and those with a below-average level of emotional intelligence. These results also indicate (even if the sample is statistically small) the existence of psychological dimensions correlated with low self-confidence, limited ability to recognize one's own emotions and associated physiological-somatic states. One of the important psychological dimensions that could be observed among today's students in general (and which may be correlated with low emotional intelligence) is limited patience, expressed through lack of focus on tasks, learning difficulties, difficulties in grasping the essence of a didactic discourse, or the inability to extract key ideas from specialized texts.

Regarding the level of knowledge of the profession of occupational therapist, the analysis of the entire sample resulted in an overall mean m = 5.92. This represents a mean m = 5.64, respectively m = 6.14, in the graduate, respectively in the undergraduate group. These numbers show a medium-to-low level of knowledge of this specialization. Behind these results, several factors can be identified. Regarding the first group (graduate), the fact that respondents are teachers and have a wide range of duties and responsibilities in their job description may limit the expansion of the "field of consciousness" - a dimension that is extremely important in the effort to understand each child in their deeper psychological and social essence. Today, in Romania, there is an emphasis on inclusive education for children who, through specialized and individualized education, can have their development maximized. The occupational therapist, as a member of the multidisciplinary team, can contribute through specific competencies to achieving this goal. In the undergraduate group, a slightly higher mean score was obtained, but not statistically significant ($p < 0.001$). Being first-year students in humanities-related fields, they have not had sufficient time to deepen the specificity of the specialization or, alternatively, they may not show interest in this field. In any case, the overall results indicate the need for professionals, training institutions, and professional associations in the field to initiate a series of activities (especially on social media) to promote this relatively new specialization in the field of psychology.

In interpreting the results, due to the relatively similar emotional intelligence scores obtained across the two groups of subjects, we chose to analyze associations on the entire sample.

According to the results presented in figure 1, the mean of the items with the strongest associations, in terms of frequency and assigned rank, were: *therapy, empathy, communication, respect, patience, guidance, disability, motivation, balance, and creativity*. The first-place association of the occupational therapist with the item "therapy" is not surprising, especially considering the professional status of the respondents - students and teachers - (this result cannot be statistically linked to the average level of emotional intelligence). Today, many children with various conditions requiring adapted psycho-pedagogical and medical assistance are present in mainstream education. In

Romania, there are counseling and psycho-pedagogical support services within most school centers, which also provide speech therapy or one-to-one pedagogical intervention. There are also special education schools that provide occupational therapy services. These therapies, regardless of their specific nature, cannot achieve their goals if there is no empathic behavior between the partners in the therapeutic relationship, expressed through verbal and/or non-verbal communication. Empathy - understood as a social competence that allows access to and understanding of another person's psychological states - proves to be essential in the professional practice of the occupational therapist. Empathy enables therapists to establish and effectively manage the therapeutic relationship with clients and their caregivers. However, empathy alone cannot design an effective therapeutic intervention. The capacity for assertive and context-sensitive communication, based on mutual *respect*, along with *guided* and needs-adapted instruction, may represent important variables that can predict the success of occupational therapy interventions. Likewise, a strong *motivational* structure can make a difference in the implementation of individualized occupational therapy plans, especially in cases where clients present various *disabilities* that require long-term therapeutic intervention. Moreover, in such complex cases, the occupational therapist needs to develop *creativity* in order to maintain the client's interest and engagement in their own recovery process.

Regarding the variable of *nutritional education*, the meaning of the associated items at the level of the entire sample demonstrates a good understanding of the phenomenon, of the problems associated with the lack of health education, of health risks, as well as of the opportunities that this form of education can offer at the population level.

In Table 6 we present in a centralized form the ratios between nutrients for different age categories, detailed in the first part of the study.

Table 6. *Ratio of nutrients by age category*

Category	**Nutrients**		
	Protein [%]	**Fat [%]**	**Sugars [%]**
Children	15	30	55
Adolescent	20	25	55
Elderly	25	25	50

We can state that, even if the level of emotional intelligence is average, the subjects, through their professional roles but also through other roles (parent, child, sibling, or colleague), demonstrate an empathic attitude (items such as *parental neglect, care, emotional stress*), as well as an openness of consciousness toward the need for scientific formation and behavioral change. Regarding children who turn to food or other health-risk behaviors, the most frequent causes are associated with a lack of effective parental communication and a lack of empathy from parents. Furthermore, feelings of non-belonging, lack of love and appreciation, isolation through lack of communication, alienation, and the absence of healthy daily routines are other equally important causes in the emergence of addictions and unhealthy eating behaviors [31].

CONCLUSIONS

This study explored the way in which the level of emotional intelligence and the tendency to associate the profession of occupational therapist with the emotional-empathic dimensions of personality can be connected. It was also supposed to identify a potential tie between the semantics of the terms, the phrase "nutritional education" and the level of emotional intelligence.

Although the overall mean score obtained for emotional intelligence was slightly below average, the terms associated with both the occupational therapy profession and nutritional education suggest that the study's main premise was confirmed.

Significance of the study. Emotional intelligence (EI) encompasses a wide range of non-cognitive abilities and competencies, including empathy, professionalism, and personal integrity. Each of these attributes influences a professional's capacity to meet occupational demands [26]. Higher levels of EI have been associated in many applied studies with professional success and improved workplace performance [32]. In this context, empathy and emotional intelligence have been described as fundamental transversal skills, as they may affect the ability to communicate effectively with patients and multidisciplinary teams [33].

In our study, the overall level of emotional intelligence was positioned in the lower-average range, which correlates with an acute need for personal development among those working in the humanities. Teachers, as well as professionals involved in the educational integration of children with special educational needs, require psychological and specialized training support. Empathy can also be developed through direct engagement with proximal reality. Furthermore, the fact that the occupational therapy profession is not well known among teachers and future specialists highlights the need for greater dissemination through concrete actions (conferences, workshops, media campaigns). On the other hand, the results of this study may serve as a starting point for future research aimed at capturing the dynamics of professional knowledge in occupational therapy, opportunities for personal and professional development, creativity and innovation in occupational therapy practice, as well as in teaching practice.

An effective use of emotional perception and understanding represents the therapist's essential ability to establish an effective therapeutic relationship centered on the client's needs. An effective and empathic therapeutic relationship is the central axis of the therapeutic process, and emotional skills enable sensitivity in responses, understanding of clients' emotions, and effective emotional support. Clients' emotional states are often influenced by context and/or environment-generated anxiety. The therapist must be able to decode the client's thoughts and feelings so that they can deal with emotional responses and their clients' needs. Thus, the occupational therapist's empathy and communication skills are necessary to make sure that the client is effectively engaged in therapy [34].

From the perspective of effective functioning within a multidisciplinary team, emotional intelligence is key. Effective teamwork and collaboration are essential. Within any team, there may be members who are more difficult, more egocentric, or less able to communicate assertively and professionally. Therefore, the emotionally mature occupational therapist must effectively manage both their own emotions and those experienced by colleagues, ensuring that the team's professional goals are optimally achieved.

In conclusion, an occupational therapist with a high level of emotional intelligence will understand, respect, and effectively manage both their own emotional content and that of others; they will be authentic, warm, optimistic, and engaged, facilitating communication with clients, their families, colleagues, and employers [35]. Therefore, the development of emotional intelligence skills is positively and significantly correlated with the practical improvement of occupational therapy interventions through the application of principles such as adaptability, responsiveness, creative problem-solving, and emotional resilience development [36].

Regarding nutritional education, it should become a priority of the Romanian national education system, given the increasing prevalence of overweight and obesity among children and adolescents. Parents should also be made aware of the multiple causes that can turn a child into a dependent, as an unconscious projection of the lack of secure parental attachment [37].

Limitations of the study. We admit the limited number of valid subjects included in the analysis, as well as the low overall score obtained for the independent variable -emotional intelligence - a factor that limited the ability to fully support and substantiate the central premise of the study. Future studies will revisit this topic, taking into account additional variables considered relevant in accordance with the identified research objectives.

At the end, we mention that all authors had an equal contribution to the research.

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