

Exploring Emotional Intelligence: Understanding Its Impact on Mental Health and Burnout in Medical Students

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Received: 09-03-2025

Revised: 10-04-2025

Accepted: 21-04-2025

Published: 03-05-2025

ABSTRACT

The present investigation was conducted to study the relationship among emotional intelligence, mental health and burnout in medical students. Many researches have highlighted the impact of emotional intelligence in reducing negative mental health symptoms and experience of burnout in medical students all over the world. The study explored this relationship in different medical universities of Karachi, Pakistan. A cross-sectional research design was employed and data was collected through non-probability convenient sampling. The questionnaire included a demographic form, Trait Emotional Intelligence Questionnaire (TEIQue), Malasch Burnout Inventory (MBI) and Depression, Anxiety, and Stress Scale (DASS-21). The data collected was analyzed through SPSS version 26 where descriptive frequency, correlation and chi-square analysis were applied. The findings revealed that medical students with high emotional intelligence indicated low levels of anxiety, depression and stress as well as burnout. The results exhibit emotional intelligence as a significant predictor of mental health and burnout in medical students.

Keywords: Emotional Intelligence, Mental Health, Burnout, Medical students

INTRODUCTION

Emotional intelligence is referred to the ability of recognizing, understanding, managing and utilizing emotions in an effective manner (Salovey & Mayer, 1990). Emotional intelligence has received popularity in relation to medical students since it can be helpful in managing psychological symptoms and burnout which is prevalent in the population (Cherry et al., 2014). Many researches have highlighted the positive role of Emotional intelligence in reducing psychological distress in medical students. Kotsou et al. (2019) reported in their study that that emotional intelligence significantly alleviated the feelings of anxiety and depression through effective regulation and enhanced interpersonal activity.

Yusoff et al. (2021) indicated that higher emotional intelligence in medical students helped improve their mental health as they were better equipped to manage academic stressors and developing supportive peer interactions. As reported by multi-centre research by Dyrbye et al. (2014), approximately half of the students enrolled in medicine experience some signs of burnout. However, Shariatpanahi et al. (2022)

indicated that high emotional intelligence was able to mitigate the symptoms of burnout and reduce it as emotional regulations helps medical students to deal with stressful clinical surroundings more effectively (Rooh, et al., 2025; Naseer, et al., 2024). A systematic review indicated that skill training of emotional intelligence and awareness campaigns increased the levels of resilience and coping skills in medical students concluding that emotional intelligence is trainable rather than just being an innate quality (Sánchez-Gómez & Bresó, 2020).

It is observed that cultural factors have an impact on the way medical students exhibit emotional intelligence i.e., Shahin (2020) indicated that medical students from societies Asia usually display emotional intelligence through collective coping and family support which has been helpful. Moreover, in Pakistan, medical students face immense academic pressure, competition, fatigue and lack of understanding from their families which increases their risk of developing mental health symptoms (Noreen et al., 2021). Aftab et al., (2012) reported that approximately 60% of students enrolled in medical education in Lahore experienced signs and symptoms of depression, anxiety and stress. However, findings by Batool (2013) indicates a significant negative correlation between feelings of stress and emotional intelligence in students of Pakistan as they are better equipped with healthy coping mechanisms (Azhar & Imran, 2024). Another study in Pakistan conducted by (Rizvi et al., 2023) reported that medical students with higher levels of emotional quotient exhibited lower levels of burnout specially in aspects of emotional exhaustion and depersonalisation.

According to the Azhar, Iqbal and Imran (2025) unfortunately, in Pakistan, medical students experience societal pressure to perform well academically and lack of understanding in terms of emotional difficulties and mental health issues. This makes it even more important to develop emotional intelligence for students studying medicine so that they are able to deal with interpersonal challenges and psychological distress effectively (Rehman & Mehmood, 2024). Adding on, students with higher emotional quotient are observed to have positive thinking, higher level of emotional regulation and support seeking behaviour, which are imperative for good mental health in medical students (Ghahramani et al., 2023). Hasan and Ansari (2016) led a quasi experiment which showed that emotional intelligence campaigns and workshops increased the level of emotional quotient and decreasing signs of stress in medical students indicating that emotional intelligence is a trainable skill. Consequently, it is imperative that emotional intelligence interventions are included in medical education curriculum and developed in medical students for better psychological outcomes.

Reserach Objectives

1. To explore the level of emotional intelligence in medical students.
2. To investigate the relationship between emotional intelligence and mental health indicators i.e., stress, anxiety and depression among medical students.
3. To examine the relationship between emotional intelligence and burnout among medical students.

LITERATURE REVIEW

Emotional Intelligence

One of the phenomena that has recently gained attention for a happy and satisfied life is Emotional Intelligence (Zaheer, et al., 2021; ul Haq, 2017; ul Haq, 2012). It is one's ability to recognize, understand, differentiate and manage one's own and other's feelings (Kaur, 2019). Researches indicate that higher level of emotional intelligence is significantly correlated with subjective well-being, life satisfaction, happiness, interpersonal relationships and academic achievement (Kotsou et al., 2019). In present times, mental health and understanding of human mind is one of the most researched topics (Drigas & Papoutsis, 2020) making emotional intelligence an essential element. A study conducted in Colombo, Sri Lanka with

471 participants indicated that emotional intelligence had a positive relationship with academic success and reduced stress levels (Ranasinghe et al., 2017). Research from Chinese medical university including 518 undergraduate and postgraduate students also showed that high level of emotional quotient led to resilience and well-being (Shengyao et al., 2024).

Emotional Intelligence and Mental Health

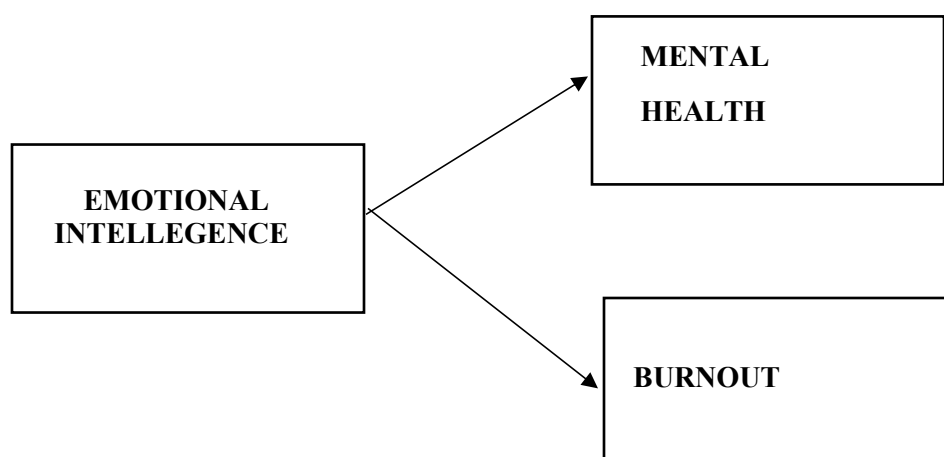
Emotional intelligence is seen as the potential risk factor or protective factor of stress and other mental health problems. Many recent researches have highlighted a positive correlation between emotional quotient and psychological wellbeing (Yco et al., 2023). Yco et al. (2023) elaborated that students with higher emotional intelligence indicated healthier psychological outcomes like reduced levels of stress, anxiety and depression. Findings suggests that individuals without employment had better mental health because of higher levels of emotional intelligence (Gómez-Hombrados & Extremera, 2025). Findings including 400 university students from Faisalabad reported that emotional intelligence had a significantly negative relationship with psychological stress and depressive symptoms (Hassan et al., 2023) . Latif et al. (2023) indicates in their research that medical students who scored high in emotional intelligence mediated their stress more effectively and showed higher life satisfaction.

Emotional Intelligence, Mental Health and Burnout

Burnout is considered as one of the psychological signs and symptoms which is an outcome of continued work stress and imbalance. Medical students and workers have often indicated of burnout which effects their physical and mental health including their care-giving ability (Chacón, 2023). A study with 400 healthcare providers indicated that emotional intelligence was inversely correlated to burnout i.e., individuals with high emotional intelligence reported lower levels of burnout (Ma, Liu, Peng, & Xu, 2021). Research suggests that approximately 50% students studying medicine suffers from burnout even before they reach the stage of residency (Frajerma et al., 2019). High academic pressure, excessive studying and competition is common in the field of medicine leading to academic burnout (Rodríguez-Villalobos et al., 2019) emphasizes the need for emotional intelligence integration. Ordoñez (2020) reported that the skill of emotional intelligence combat burnout along with recognition at workplace, financial security and competency (Ahmad, et al., 2024).

Conceptual Framework

Figure 1 represents the conceptual work which was designed with the help of literature:



RESEARCH METHODOLOGY

The present research included the sample of 500 students, ages from 18 to 25, recruited from different medical universities of Karachi. The non-probability, convenient sampling technique was used for this investigation. The inclusion criteria were based on that the participants must be 18 to 25 years old, enrolled in graduate or undergraduate programs and provided consent. All the participants outside the age range of 18 to 25 years, not enrolled in any educational program, provided incomplete or missing data, having any mental or physical illness, and did not provide informed consent were excluded from the research. The study was compliant to all the ethical guidelines, initially permission was taken from the ethical committee, and university authorities. Once approved, potential participants were approached for data collection through convenience sampling. Students who gave the consent and met the inclusion criteria were asked fill the survey. Following the demographic form, TEIQue for measuring emotional intelligence, DASS -21 for mental health and MBI for the burnout were employed. The data was then entered and analyzed using SPSS version 26. For emotional intelligence, Trait Emotional intelligence Questionnaire was used. It is a robust instrument designed to assess emotional intelligence through 15 distinct facets, covering well-being, self-control, emotionality, and sociability. Each of the facets is evaluated on a 5-point scale, with scores ranging from 1 to 5, resulting in an overall score range of 15-75. This detailed scale provides valuable insights into an individual's emotional competencies. The depression Anxiety Stress scales (DASS -21) is a 21 item self-report questionnaire designed to measure the negative emotional states of depression, anxiety, and stress. It is a short form of the original 42 item DASS and is suitable for both clinical and non-clinical settings. The DASS-21 is based on a dimensional rather than a categorical conception of psychological disorder, emphasizing the degree to which someone is experiencing symptoms rather than having diagnostic cut points. The DASS -21 scores are used to assess the severity of depression, anxiety, and stress. The MBI is a widely used psychological assessment instrument to measure occupational burnout. The Maslach Burnout Inventory (MBI) is designed to measure three dimensions of burnout; Emotional exhaustion which refers to feeling drained and depleted due to prolonged stress, Depersonalization that is feeling disconnected and detached from others due to burnout and personal accomplishment i.e., feeling a sense of accomplishment and fulfillment in one's work. Each item is rated on a 7-point scale ranging from 0-6, resulting in a total score range of 0-132. This scale provides a detailed evaluation of burnout. The relation between the variables was calculated through correlation and chi-square analysis in SPSS version 26.

Testing of Hypothesis

A total of 500 medical students participated in the study and the findings are as follows and represented in the tables given below. The chi-square test indicated a significant association between emotional intelligence and anxiety levels, $\chi^2(8) = 20.33, p = .009$ suggesting that the participants with low EI were more likely to experience severe and extremely severe anxiety. There was a significant association between emotional intelligence and depression levels, $\chi^2(6) = 12.64, p = .049$ indicating that the students with average and high EI had lower levels of moderate and severe depression compared to those with low EI. The chi-square test revealed a significant relationship between emotional intelligence and stress levels, $\chi^2(8) = 24.31, p = .002$ i.e., students with high EI were less likely to report severe and extremely severe stress. There was a significant association between emotional intelligence and burnout levels, $\chi^2(8) = 58.59, p < .001$ suggesting that the participants with low EI were more likely to fall into the "candidate of burnout" and "dangerous place" categories. The results indicate that emotional intelligence significantly impacts mental health and burnout among medical students. Students with higher EI reported lower levels of anxiety, depression, stress, and burnout compared to those with lower EI.

Table 1 Demographic Characteristics of Participants

Variable	Frequency	Percentage (%)
Gender		
Male	307	61.4
Female	193	38.6
Age Group		
18-19 years	49	9.8
20-21 years	161	32.2
21-24 years	200	40.0
24-25 years	90	18.0
Year of Study		
1st year	44	8.8
2nd year	140	28.0
3rd year	147	29.4
4th year	103	20.6
5th year	66	13.2

Table 2 Emotional Intelligence Categories

EI Category	Frequency	Percentage (%)
Low EI	135	27.0
Average EI	236	47.2
High EI	129	25.8

Table 3 Mental Health Categories

Category	Normal (%)	Mild (%)	Moderate (%)	Severe (%)	Extremely Severe (%)
Anxiety	6.6	3.0	22.2	19.4	48.8
Depression	30.6	32.4	36.6	0.4	-
Stress	32.6	18.4	31.0	13.2	4.8

Table 4 Burnout Categories

Burnout Category	Frequency	Percentage (%)
Fine	72	14.4
Stress is starting to show	95	19.0
Candidate of burnout	155	31.0
Burnout	147	29.4
Dangerous Place	31	6.2

TABLE 5: Chi-Square Association of Emotional Intelligence with DASS

DASS	Group A (Low EI, n=135)	Group B (Average EI, n=236)	Group C (High EI, n=129)	p value
Depression				
Mild	49 (30.2%)	72 (44.4%)	41 (25.3%)	0.049

Moderate	53 (29.0%)	94 (51.4%)	36 (19.7%)	
Severe	0 (0.0%)	2 (100.0%)	0 (0.0%)	
Anxiety				
Mild	0 (0.0%)	9 (60.0%)	6 (40.0%)	0.009
Moderate	16 (14.4%)	62 (55.9%)	33 (29.7%)	
Severe	29 (29.9%)	44 (45.4%)	24 (24.7%)	
Stress				
Mild	31 (33.7%)	44 (47.8%)	17 (18.5%)	0.002
Moderate	54 (34.8%)	64 (41.3%)	37 (23.9%)	
Severe	17 (25.8%)	35 (53.0%)	14 (21.2%)	
Burnout				
Fine	11 (15.3%)	33 (45.8%)	28 (38.9%)	0.000
Candidate	60 (38.7%)	70 (45.2%)	25 (16.1%)	
Burnout	16 (10.9%)	85 (57.8%)	46 (31.3%)	

DISCUSSION

The current study aims to find out the relationship between emotional intelligence and its effect on mental health and burnout in medical students. The discipline of medical education being extremely competitive, high pressure, academically demanding can lead to emotional and physical exhaustion (Azhar & Imran, 2024). A cross-sectional study design was employed along with demographic and psychological variables including age, education and mental health indicator to evaluate a complete picture. The findings suggests that emotional intelligence has a strong correlation with mental health and burnout in medical scholars. Students with higher level of emotional intelligence indicated lower levels of anxiety, depression, stress and burnout (Oad, Zaidi & Phulpoto, 2023). These findings are mostly consistent with the literature present.

Students with low EI exhibited higher rates of moderate to severe depression compared to peers with average or high EI ($\chi^2 (6) = 12.64, p = 0.049$). The findings are consistent with research conducted by Doyle et al. (2021) which indicated that high levels of emotional quotient was a protective factor from psychological distress and students with higher emotional intelligence reported increased psychological well-being. Findings from an investigation done on osteopathic medical students showed high levels of stress (mean PSS score, 19.9) in students with lower emotional quotient indicating a strong relationship between emotional intelligence and mental health (Gupta et al., 2017).

Literature suggests that burnout is extremely prevalent in medical students especially during training, internship and residency (IsHak et al. (2009). Tolentino-Ricoy et al. (2024) reported that since emotional intelligence led to better mental health, the students exhibited lower level of burnout showing that emotional intelligence can mitigate psychological distress. Findings indicate that burnout is one of the most significant reasons for career dissatisfaction among medical students and American surgeons (Shanafelt et al., 2009). The present research revealed that students with higher emotional quotient experienced less burnout. The finding aligns with the research reporting that emotional intelligence act as a buffer against pressure and academic challenges of medicine resulting in burnout (Irrarázabal et al., 2020). Moreover, Ricoy et al. (2024) that even though females have higher levels of emotional quotient in some aspects, they showed higher burnout levels indicating the need for interventions which are inline with gender needs in such professions. Both findings and previous literature indicate emotional intelligence as a strong predictor of mental health and burnout in medical students highlighting the importance of focused interventions and workshops in the curriculum to increase better mental health outcomes and life satisfaction.

CONCLUSION

The investigations from the current research suggests that emotional intelligence has a significant relationship with both mental health and burnout levels in terms of medical students. The findings revealed that students with higher level of emotional intelligence reported reduced levels of psychological distress i.e., stress, anxiety and depression. Furthermore, it shows that students with lower emotional quotient are more vulnerable towards burnout and indicated higher levels of burnout experience. The study is consistent with previous literature and further indicates the need for addition in the study of medicine i.e., emotional intelligence interventions and workshops so that health-care providers can have better mental health.

LIMITATIONS AND RECOMMENDATIONS

One of the limitations of the research is that the questionnaire was very lengthy due to which participants may have answered inaccurately. Since the study is a cross-sectional design, we are unable to assess long term effects of emotional intelligence on mental health and burnout. The present investigation did not include gender differences which can have a significant impact on the variables employed. A similar study integrating emotional intelligence intervention and its results can add more credibility to the results. Longitudinal studies including the same variable can reveal long term effects of emotional intelligence on mental health and career satisfaction. Moreover, including more cities, areas and increasing sample size can improve the generalisability of the study.

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