

Mental Health and Emotional Intelligence among University Students: A Correlational Study

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ABSTRACT

Mental health is a major concern among university students today because academic and personal challenges may be associated with symptoms of depression, anxiety, and stress. This study aimed to examine the association between emotional intelligence (EI) and mental health indicators, namely symptoms of depression, anxiety, and stress, among university students. In addition, this study also examined gender differences in emotional intelligence and mental health indicators. Data were collected from 61 university students and analyzed using descriptive statistics, Pearson correlation analysis, and an independent-samples t-test. Findings showed that there was a strong positive association between depression, anxiety, and stress. Meanwhile, emotional intelligence had a weak but significant negative association with anxiety ($r = -0.276, p = .031$) and depression ($r = -0.267, p = .038$), indicating that students with higher emotional intelligence tended to report lower levels of anxiety and depression. However, the association between emotional intelligence and stress was weak and not statistically significant ($r = -0.232, p = .072$). Results also indicated that there were no significant gender differences in emotional intelligence, depression, anxiety, or stress. Overall, this study's findings indicate that higher emotional intelligence scores were weakly associated with lower anxiety and depression scores in this sample. The findings may provide preliminary information for universities, counsellors, and policymakers as they consider student emotional well-being programmes and future intervention research.

Keywords: Emotional intelligence, Mental health, Depression, Anxiety, Stress

INTRODUCTION

Life at university is increasingly challenging, with students often facing significant academic, social, and psychological stress throughout their studies. University students frequently encounter a demanding academic workload, financial stress, and the difficulties of adjusting to a new environment, all of which may be associated with psychological distress. Mental health challenges such as depression, anxiety, and stress are among the mental health problems frequently reported by university students, which can negatively affect academic performance, quality of life, and interpersonal relationships [1]. There are also studies showing that undergraduate students who excel in academics are still burdened by this heavy psychological burden [2, 3]. Therefore, the mental well-being of students needs to be an important priority for higher education institutions.

Emotional intelligence (EI) is an important psychological concept that can help individuals manage stress. Emotional intelligence refers to a person's ability to recognize, control, and evaluate emotions, which has been identified as an important factor in maintaining psychological well-being [4] and protection against psychological stress in education [5]. Previous research suggests that individuals with higher emotional intelligence may have greater capacity to manage emotional experiences and cope with challenging situations. A study reported that emotional intelligence was associated with lower levels of depression and anxiety [6, 7]. These findings suggest that emotional intelligence may be associated with psychological stress for university students.

Many previous studies have consistently reported that depression, anxiety, and stress are closely related. Students who face high levels of stress are more likely to experience symptoms of anxiety and depression [8, 9] and report strong positive correlations between these mental indicators, namely symptoms of anxiety, depression, and stress

[9, 10]. In addition, a study conducted by [11] reported that someone with high emotional intelligence usually shows better coping skills, which can theoretically reduce their vulnerability to mental health problems. However, there are mixed findings on the extent to which this emotional intelligence reduces certain stressors. While some researchers argue that emotional intelligence can significantly reduce psychological stress, others find its protective effect against academic stress to be quite weak and not statistically significant [12].

Although previous studies have generally suggested an inverse relationship between emotional intelligence and psychological distress, the strength and consistency of this relationship vary across populations and contexts. Differences in measurement instruments, student characteristics, academic settings, and data collection periods may partly explain this inconsistency. In particular, findings from the COVID-19 pandemic may not be directly comparable to findings from post-pandemic academic environments, where students may face different psychological and academic demands. Therefore, further research is needed to examine this relationship in specific educational and cultural contexts.

Meanwhile, previous findings on the relationship between emotional intelligence and mental health and gender are still inconsistent. Although some studies have reported that female students experience higher levels of anxiety and depression than male students, others have not found significant gender differences [13]. These inconsistent findings suggest that further research is needed in different educational and cultural settings to identify other factors involved.

Although previous studies have examined emotional intelligence and student mental health, fewer studies have simultaneously examined the associations between emotional intelligence and mental health indicators (anxiety, depression, and stress) among university students in Malaysia. In addition, findings regarding gender differences in emotional intelligence and psychological distress remain inconsistent across studies and contexts. Therefore, further studies are needed to examine this relationship among Malaysian university students, especially in the post-COVID-19 academic environment.

The objectives of this study were: (1) to examine the association between mental health indicators, namely symptoms of depression, anxiety, and stress, and emotional intelligence among university students; and (2) to investigate gender differences in emotional intelligence, depression, anxiety, and stress. Based on the previous literature, the following hypotheses were proposed:

H1: Emotional intelligence is significantly associated with depression among university students.

H2: Emotional intelligence is significantly associated with anxiety among university students.

H3: Emotional intelligence is significantly associated with stress among university students.

H4: There are significant gender differences in emotional intelligence, depression, anxiety, and stress among university students.

Therefore, this study was conducted to examine the association between health indicators, especially symptoms of depression, anxiety, and stress, and emotional intelligence among university students at UiTM Perak Branch, Tapah Campus, Malaysia. In addition, this study also examined whether there are gender differences in mental health and emotional intelligence. Given the correlational cross-sectional design, the study focused on identifying associations rather than causal relationships.

METHODS AND MATERIALS

Research design and participants

A quantitative, cross-sectional correlational study was conducted among students at Universiti Teknologi MARA (UiTM) Perak Branch, Tapah Campus, Malaysia, to examine the association between mental health indicators, namely symptoms of depression, anxiety, and stress, and emotional intelligence. This study used a convenience sampling method, where participants were selected based on their accessibility, availability, and

willingness to participate in the questionnaire. The target population consisted of students currently enrolled in various academic programs at this university. Participants were eligible if they were currently enrolled as students at this university and were willing to participate in the study.

A total of 61 students participated in this study. The questionnaire was distributed online through WhatsApp and Telegram, enabling eligible students to access and complete the survey on their personal devices. Participation was voluntary, and participants received information about the study's purpose before filling out the questionnaire. Electronic informed consent was obtained before participation. Participants were informed that they could choose not to participate and their responses would be treated confidentially.

Research instruments

The questionnaire was divided into five sections. The first section collected information about the respondent's profile, including details regarding their personal and academic background. The second, third, and fourth sections assessed depression, anxiety, and stress, respectively, while the fifth section measured emotional intelligence. For the relevant sections, respondents were required to indicate the extent to which each statement applied to them using a Likert-type response scale. The response options ranged from 0 to 3, where 0 indicated "Did not apply to me at all," 1 indicated "Applied to me to some degree, or some of the time," 2 indicated "Applied to me to a considerable degree, or a good part of time," and 3 indicated "Applied to me very much, or most of the time."

The items measuring depression, anxiety, and stress were adapted from the Depression Anxiety Stress Scales (DASS-42) developed by [14]. The DASS-42 is a 42-item self-report instrument designed to measure three negative emotional states: depression, anxiety, and stress. Each subscale contains 14 items, resulting in a total of 42 items. The instrument is designed to assess the severity of symptoms associated with depression, anxiety, and stress. In this study, a total of 14 questions related to depression, along with 13 questions each for anxiety and stress, were used because one anxiety item and one stress item were considered less suitable for the target student population during questionnaire adaptation. The removal of these items resulted in modified anxiety and stress subscales. Therefore, the modified subscale scores were analyzed as continuous measures, and the standard DASS-42 severity cut-offs were not interpreted as directly equivalent to those of the original DASS-42.

The last section of the questionnaire assessed emotional intelligence (EI) using 25 items adapted from [15]. The questionnaire measured five key dimensions of emotional intelligence: self-awareness, managing emotions, motivating oneself, empathy, and social skills, with five items allocated to each dimension. The original EI questionnaire contained 50 items; however, it was reduced to 25 items to minimise respondent fatigue and encourage survey completion. The present study used a shortened 25-item version of the original instrument; the original scoring and classification procedures were adapted accordingly. The modified scoring procedure should be interpreted cautiously, as the validity of applying the original classification thresholds to the shortened instrument has not been established. A score between 35 and 50 indicates that the area is a strength. A score between 18 and 34 indicates that more attention should be paid to addressing areas of weakness. Meanwhile, a score of 10 to 17 indicates that the area should be prioritized for further development.

Statistical analysis

Data were analyzed using the Statistical Package for the Social Sciences (SPSS) version 26.0 [16]. Descriptive statistics were used to summarize the respondents' socio-demographic characteristics, including gender, age, semester, and Cumulative Grade Point Average (CGPA). Pearson's correlation analysis was used to examine the associations between emotional intelligence (EI) and the mental health indicators of depression, anxiety, and stress. An independent samples *t*-test was also conducted to compare emotional intelligence (EI), depression, anxiety, and stress between male and female students. Levene's test was used to check the equality of variances before interpreting the *t*-test results. In this study, a significance level of 0.05 was used to determine the statistical significance of the results.

In addition, Cronbach's alpha coefficient was used to assess the internal consistency and reliability of the item sets for each factor. Internal consistency was assessed using Cronbach's alpha, with values of 0.7 or above

considered acceptable for this study [17]. Nevertheless, internal consistency alone does not prove the construct validity of the modified instruments. Table 1 shows the Cronbach's alpha for mental health and emotional intelligence questions.

Table 1. Cronbach's Alpha

	Cronbach's Alpha	Cronbach's Alpha based on Standardized Items	No. of Items
Depression	0.929	0.931	14
Anxiety	0.916	0.918	13
Stress	0.940	0.942	13
Emotional Intelligence	0.937	0.938	25

RESULTS AND DISCUSSIONS

Socio-demographic data

Table 2 presents the socio-demographic characteristics of the respondents involved in this study. By gender, the majority were female (68.9%), while 31.1% were male. Regarding age, almost all respondents were 18 to 20 years old (96.7%), with only two respondents (3.3%) aged 21 to 23 years. For the semester of study, 31 respondents (50.8%) were in Semester 5 and above, followed by 18 respondents (29.5%) in Semesters 3 and 4, and 12 respondents (19.7%) in Semesters 1 and 2. The respondents generally demonstrated good academic performance, as indicated by their Cumulative Grade Point Average (CGPA). The largest percentage (42.6%) obtained a CGPA between 3.51 and 4.00, followed closely by 39.3% who obtained a CGPA between 3.01 and 3.50, indicating that most respondents reported CGPAs above 3.00.

Table 2. Socio-demographic data of the respondents

Characteristics		Frequency	Percentage (%)
Gender	Female	42	68.9
	Male	19	31.1
Age	18 – 20	59	96.7
	21 – 23	2	3.3
Semester	1 – 2	12	19.7
	3 – 4	18	29.5
	5 and above	31	50.8
Academic Achievement (CGPA)	Below 2.00	4	6.6
	2.01 - 2.50	0	0
	2.51 - 3.00	7	11.5
	3.01 - 3.50	24	39.3
	3.51 - 4.00	26	42.6

The relationship between Mental Health Indicators and Emotional Intelligence (EI)

Table 3 shows the correlation analysis between mental health indicators, namely symptoms of anxiety, depression, and stress, and emotional intelligence (EI), which revealed several significant patterns. The data from this study showed highly significant, strong-to-very-strong positive associations among depression, anxiety, and stress symptoms. In contrast, emotional intelligence showed a weak negative relationship with anxiety and depression and no significant relationship with stress.

Table 3. Correlation analysis between Mental Health Indicators and Emotional Intelligence (EI)

Relationship	Correlation (r)	Significance (p)	Strength
Depression ↔ Stress	0.812	0.000	Very Strong
Anxiety ↔ Stress	0.803	0.000	Very Strong
Anxiety ↔ Depression	0.699	0.000	Strong
Anxiety ↔ EI	- 0.276	0.031	Weak
Depression ↔ EI	- 0.267	0.038	Weak
Stress ↔ EI	- 0.232	0.072	Not Significant

Note: Correlation is significant at the 0.05 level

Based on this study, the strongest relationship was observed between depression and stress, which showed a very strong positive correlation ($r = 0.812$, $p = 0.000$), indicating that students with higher levels of depression also tend to experience higher levels of stress. These findings are consistent with the stress diathesis model, which suggests that the strong association observed between stress and depression is consistent with previous literature suggesting that these psychological symptoms frequently co-occur among university students [18]. This model emphasizes the interaction between environmental factors, such as stress, and individual vulnerability, illustrating how ongoing stress can exacerbate mental health problems. However, the cross-sectional design of the present study does not allow the direction or causality of this relationship to be established. Furthermore, prior research has consistently indicated a close relationship between depression and stress among university students. For instance, studies conducted by [14] and [19] have documented similar patterns, highlighting the importance of addressing stressors in educational settings to mitigate depressive symptoms. All of these findings underscore the need for mental health support services that not only focus on treatment for depression but also on stress management that can help students maintain their psychological well-being.

The results reveal that anxiety and stress also show a very strong positive correlation ($r = 0.803$, $p = 0.000$), where increased anxiety was closely related to increased stress levels. Anxiety and stress are important indicators of overall psychological health and are interrelated [20]. The results of this study are consistent with several studies involving students, showing that psychosocial stress is a strong contributing factor to mental health problems that can lead to high levels of anxiety [21, 22]. This strong association is theoretically expected because anxiety and stress are consistent with previous research showing that these psychological symptoms commonly co-occur among university students. However, the current findings do not determine whether stress precedes anxiety, contributes to anxiety, or if both are affected by various influencing factors.

Furthermore, this finding also indicates a strong positive relationship ($r = 0.699$, $p = 0.000$) between anxiety and depression, meaning that respondents with higher levels of anxiety also tend to report higher levels of depression. This was also consistent with previous studies among university students where strong positive correlations were observed between depression and both anxiety and stress [10]. Similarly, a study among osteopathic medical students reported that anxiety and depression were strongly associated with each other [23].

These consistent findings across different student populations support a well-established view in the psychological literature that anxiety and depression frequently co-occur and often share cognitive symptoms.

With respect to emotional intelligence, it showed a weak, statistically significant negative correlation with anxiety ($r = -0.276, p = 0.031$) and with depression ($r = -0.267, p = 0.038$). This suggests that higher emotional intelligence was associated with slightly lower levels of anxiety and depression. The weak negative associations indicate that higher emotional intelligence scores tended to coincide with lower anxiety and depression scores in this sample. However, the small correlation coefficients indicate that emotional intelligence was only weakly associated with these symptoms, suggesting that other psychological, social, academic, and environmental factors may also be relevant. This finding was consistent with [6], who reported that higher emotional intelligence was associated with lower anxiety and better psychological well-being. Similarly, [24] found that individuals who are proficient at coping with emotional problems generally report fewer symptoms of anxiety. Depression and emotional intelligence suggest that higher emotional intelligence is modestly associated with lower depression levels. This finding is consistent with a study conducted by [7], who reported a positive correlation between emotional intelligence and mental health, while reporting a negative correlation with depression. Specifically, their study highlighted that individuals with higher emotional intelligence tend to have better mental health with lower levels of depression. In addition, similar findings were reported by [6], who also claimed that evidence supports the notion that emotional intelligence plays an important role in improving psychological well-being and can reduce symptoms of depression. These findings provide preliminary evidence of an association between emotional intelligence and depression symptoms. However, the current study does not allow for the determination of the direction or causal nature of this association.

Unlike the other emotional intelligence relationships, stress and emotional intelligence have a weak negative correlation ($r = -0.232$); the relationship is not statistically significant ($p = 0.072$). Students in this study with higher emotional intelligence tended to report lower levels of stress. However, the association was not strong enough to show that emotional intelligence significantly influenced stress in this sample. This lack of a significant relationship may indicate that the stress experienced by university students was influenced by a variety of other factors, including academic workload, financial concerns, family problems, and time management, rather than emotional intelligence alone. Previous studies have identified these factors as sources of stress that commonly occur among university students and contribute more to psychological distress than individual characteristics [19, 25]. Stress among university students may be influenced by multiple contextual factors, such as academic workload, financial concerns, time management demands, and family circumstances, which were not examined in the present study.

Independent Samples t-test Analysis of Mental Health and Emotional Intelligence by Gender

Table 4. Independent Samples t-test on Mental Health Indicator and Emotional Intelligence by Gender

Variables		Levene's Test for Equality of Variances					Gender (n)	T-test for Equality of Means	
		F	Sig.	t	df	Sig (2-tailed)		Mean	Std. Deviation
Emotional Intelligence	Equal variances assumed	6.900	.011	-.568	59	.572	Female (42)	63.691	15.964
	Equal variances not assumed			-.678	53.497	.501	Male (19)	65.947	9.767

Depression	Equal variances assumed	.006	.941	1.076	59	.286	Female (42)	26.619	8.003
	Equal variances not assumed			1.012	30.330	.319	Male (19)	24.105	9.392
Anxiety	Equal variances assumed	1.479	.229	.938	59	.352	Female (42)	25.500	7.533
	Equal variances not assumed			.838	27.313	.409	Male (19)	23.316	10.166
Stress	Equal variances assumed	.002	.969	1.213	59	.230	Female (42)	23.310	7.426
	Equal variances not assumed			1.144	30.466	.262	Male (19)	20.684	8.667

Table 4 shows the results of the independent samples t-test to examine gender differences in emotional intelligence and mental health indicators, namely symptoms of depression, anxiety, and stress. Levene's Test for equality of variances was conducted to assess whether the assumption of homogeneity of variances was met before interpreting the t-test results. Based on Levene's test, only emotional intelligence ($F = 6.900, p = .011$) was significant, suggesting that the assumption of homogeneity of variances was violated. Therefore, the "equal variances not assumed" results were reported. Otherwise, Levene's test was not significant for all mental health indicators (all $p > .05$), indicating that the assumption of equal variances was satisfied and the "equal variances assumed" results were used.

For emotional intelligence, the t-test shows no statistically significant difference between female students (Mean = 63.691, SD = 15.964) and male students (Mean = 65.947, SD = 9.767), with t -value = -0.678, $p = .501$, and a 95% confidence interval of [-8.93, 4.42]. Although male students reported a slightly higher average emotional intelligence score than female students, the difference was still not significant.

In examining the mental health indicators among students, the results also show no significant gender differences across the various measures of well-being. For depression, female students (Mean = 26.619, SD = 8.003) reported a slightly higher mean score than male students (Mean = 24.105, SD = 9.392). However, the difference was not statistically significant, with t -value = 1.076, $p = .286$, and a 95% confidence interval of [-2.16, 7.19], suggesting that the difference in depression levels between genders does not warrant definitive conclusions.

Similarly, when dealing with anxiety levels, female students recorded a mean score of 25.500 and a standard deviation of 7.533, whereas male students reported a mean of 23.316 and a standard deviation of 10.166. Again, while female students appeared to have slightly higher anxiety scores, the analysis showed that the difference was not significant, as indicated by $t(59) = 0.938, p = .352$, and a 95% confidence interval of [-2.48, 6.84].

In the context of stress levels, female students also had a slightly higher mean score (Mean = 23.310, SD = 7.426) than male students (Mean = 20.684, SD = 8.667). Although female students had higher mean scores, the statistical analysis indicated that the difference was not significant ($t(59) = 1.213, p = .230$, with a 95%

confidence interval of $[-1.70, 6.95]$). Therefore, these results indicate that while there are some observable differences in mental health indicators between female and male students, they do not reach statistical significance. So, further research is needed to explore these trends.

Although this study indicated that female students reported slightly higher mean scores for all mental health indicators, while male students showed slightly higher emotional intelligence, these differences were small and not statistically significant. The absence of statistically significant gender differences suggests that the observed variation in emotional intelligence and mental health symptoms may not be adequately explained by gender alone in this sample. However, the small and unequal subgroup sizes limit the precision of these comparisons.

Similar findings were reported by [26], who claimed that levels of emotional intelligence tended to be similar between males and females despite slight differences in certain emotional competencies. In addition, [4] and [27] claimed that emotional intelligence can develop through learning, social interaction, and emotional regulation and is not inherently determined by gender alone.

However, there are also studies involving a larger scale during the COVID-19 pandemic that found clearer gender differences in emotional intelligence and mental health. This study found that male students had higher emotional intelligence and lower levels of anxiety, depression, and stress, while female students reported greater social support [28]. The study's results may be due to the different contexts in which the studies were conducted. Previous studies conducted during the COVID-19 pandemic were conducted during a period associated with increased psychological distress among male and female students. Differences between the current findings and studies conducted during the COVID-19 pandemic may be due to variations in study populations, institutional settings, and the timing of data collection. However, since this study did not directly measure factors related to the pandemic or post-pandemic period, this explanation is purely speculative. Inconsistencies across studies may be due to differences in study populations, research settings, and data collection periods [27].

CONCLUSION AND RECOMMENDATION

This study identified strong positive associations between symptoms of depression, anxiety, and stress among university students. Emotional intelligence exhibited a weak but significant relationship with anxiety and depression, whereas its association with stress was not statistically significant. Furthermore, this study found no significant gender differences in mental health and emotional intelligence. These findings indicate that emotional intelligence may be linked to certain aspects of students' psychological well-being. However, the strength of these associations was weak, and the cross-sectional design does not permit causal conclusions. The findings should also be interpreted in light of the small convenience sample drawn from a single UiTM campus. Consequently, the findings should not be generalized to the larger population of Malaysian university students without validation from larger samples.

Based on the findings of this study, various stakeholders can assume specific responsibilities. Universities may consider incorporating emotion regulation skills, emotional intelligence awareness, and psychological well-being activities into existing student support programs. Such initiatives should complement existing counselling and mental health services and not be seen as a substitute for professional psychological support. In addition, future studies should include larger samples from diverse universities and explore additional factors to provide a more comprehensive understanding of mental health among university students.

Universities may consider incorporating emotion regulation skills, emotional intelligence awareness, and psychological well-being activities into existing student support programs. Such initiatives should complement existing counseling and mental health services and not be seen as a substitute for professional psychological support. Future intervention studies are needed to determine whether emotional intelligence programs can produce measurable improvements in student mental health outcomes.

Limitation Of Study

There are several limitations to this study. The sample consisted of only 61 students recruited through convenience sampling from a single UiTM campus. The small sample size and the recruitment of respondents

from a single university affect the generalizability of the findings to the broader university student population. In addition, the cross-sectional design may preclude establishing a causal relationship between emotional intelligence and changes in mental health. This study may be subject to response bias, as it did not examine other factors that could contribute to this issue. Additionally, it failed to consider other elements that may influence students' mental health and emotional intelligence. Furthermore, the present study used modified versions of the DASS subscales and a shortened 25-item emotional intelligence measure. It is important to consider the validity and interpretation of the modified instruments and their scoring when analyzing the findings. Therefore, future studies should address these limitations using larger, more diverse samples and validated measurement instruments to provide stronger impact findings.

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